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## HUMAN RIGHTS AND HEALTH DISPARITIES FOR MIGRANT WORKERS IN THE UAE

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### ABSTRACT

*Systematic violations of migrant workers' human rights and striking health disparities among these populations in the United Arab Emirates (UAE) are the norm in member countries of the Gulf Cooperation Council (GCC). Migrant laborers comprise about 90 percent of the UAE workforce and include approximately 500,000 construction workers and 450,000 domestic workers. Like many other GCC member countries, the UAE witnessed an unprecedented construction boom during the early 2000s, attracting large numbers of Western expatriates and increasing demand for cheap migrant labor. Elite Emiratis' and Western expatriates' dependence on household staff further promoted labor migration. This paper offers a summary of existing literature on migrant workers and human rights in the UAE, focusing on their impact on related health ramifications and disparities, with specific attention to construction workers, domestic workers, and trafficked women and children. Construction workers and domestic laborers are victims of debt bondage and face severe wage exploitation, and experience serious health and safety problems resulting from inhumane work and living conditions. High rates of physical, sexual, and psychological abuse impact the health of domestic workers. Through a review of available literature, including official reports, scientific papers, and media reports, the paper discusses the responsibility of employers, governments, and the global community in mitigating these problems and reveals the paucity of systematic data on the health of migrant workers in the Gulf.*

### INTRODUCTION

From 2000 until 2009, the GDP of the United Arab Emirates (UAE) grew at an unprecedented average annual rate of 6.62 percent, fueled by increases in oil prices and foreign investment—accompanying this growth have been systematic violations of the human rights of migrant workers that have led to striking health disparities. There are 35 million people living in the six member countries of the Gulf Cooperation Council (GCC) (Saudi Arabia, Kuwait, Qatar, Oman, Bahrain, and the UAE); 17 million are migrants. Of these countries, Qatar, Kuwait, and the UAE have the highest percentage of foreigners. According to Human Rights Watch (HRW) and the International Labor Organization (ILO), migrant workers comprise about 95 percent of the UAE's workforce, and about half of its 4 million residents worked in the construction sector in Dubai or one of the other six emirates during the construction boom.<sup>1</sup> Large numbers of Western expatriates drawn to the UAE by tax-free salaries and numerous perks and wealthy Emiratis with large household staffs have further fueled the influx of cheap migrant labor. Economic growth has led also to a boom in the UAE's sex trade; women and girls are trafficked into the country, while others come voluntarily to make money—as a result, the UAE (Dubai in particular) has become known as “the ‘center for prostitution’ in the Middle East.”<sup>2</sup> Human trafficking is further fueled by the national sport of camel racing, with smugglers kid-

napping or buying young children to use as jockeys.<sup>3</sup>

The scarcity of hard evidence on the conditions of migrant labor in the UAE is closely related to the conditions themselves.<sup>4</sup> In recent years, the regulatory environment has improved, but enforcement is sporadic and ineffective, making official data unreliable. Moreover, strict government controls on outside research have made it difficult for scholars to document problems, which is why most available data comes from gray literature and investigative journalism. This review has relied primarily on reports from HRW, the ILO, the UN, the American Center for International Policy Studies, Amnesty International, Anti-Slavery International (ASI), and the US Department of State (USDOS) along with media reports. There is a body of scholarly work on migrant labor within the GCC in general and UAE specifically; much of it examines the international labor market and the growth of GCC economies over the past 30 years, which has significantly impacted the flow of migrant labor to the region.<sup>5</sup> Immigration policies are also examined, along with the *kafala* (sponsorship) system, the role of labor brokers in countries sending laborers abroad, and the harsh conditions for workers.<sup>6</sup>

The exploitation and abuse of migrant laborers is well documented, yet there is a troubling paucity of literature examining their plight with regard to health care, a basic tenet of human rights. This paper aims to synthesize information gleaned from scholarly, investigative, and official reports to create a picture of migrant laborers' health issues in the UAE. While the UAE has taken some public steps to improve conditions, they are merely a fraction of what is required. While laws are in place to address many of the foregoing issues, they are not enforced. Urgent action is needed to ensure basic human rights for migrant laborers who are entrapped by inhumane conditions, deprived of basic nourishment, susceptible to injuries and accidents, vulnerable to multiple types of abuse, and deprived of basic health care. Such meaningful change will require effort from the UAE, but also from countries with the power to impose sanctions to stop human rights violations. Though the media has shed light on the plight of migrant workers, UAE's institutional restrictions hinder progress toward solutions, prohibiting researchers from documenting problems. Hence, surreptitious investigative work—which only skims the problem's surface—constitutes the main source of available data, with

very limited scholarly research on issues of migrant laborers' health problems in the UAE.<sup>7</sup>

While migrant workers' exploitation, abuse, and health problems are a universal phenomenon, the scope of this paper is limited to the UAE. This paper aims to: (1) review existing literature on the UAE's violations of migrant workers' human rights with a focus on construction workers, domestic workers, trafficked women and children and related health ramifications and disparities, (2) discuss the responsibility of employers, governments, and the global community to mitigate the problems, and (3) offer recommendations for improving conditions for workers.

### ECONOMIC GROWTH IN THE UAE

Dubai and Abu Dhabi are two of UAE's most well-known emirates. Abu Dhabi, where the majority of the country's oil reserves are concentrated is the most powerful emirate and also the center of political, cultural, and business activity. The discovery of petroleum followed by Sheikh Zayed bin Sultan Al Nahyan's (then ruler of Abu Dhabi) allocation of considerable funds to public works kick-started rapid development.<sup>8</sup> The UAE was formed after the British-Trucial Sheikhdoms Treaty's 1971 expiration and the UK's subsequent withdrawal. Sheikh Zayed became the first President and the UAE joined the League of Arab States and the UN.<sup>9</sup>

The Emirates' societal layers show a classist and racist classification of people and a population imbalance. The country's 4.8 million population is comprised primarily of Westerners who dominate white-collar jobs and Asians, followed by other Arab and Iranian nationals; less than 20 percent are Emirati citizens or "nationals" and are headed by Sheikhs and the powerful elite.<sup>10</sup> Then there are migrant laborers from African, Asian, and Middle Eastern countries who are building the country, serving the expatriates and Emiratis, and experiencing systematic exploitation, mistreatment, and discrimination.<sup>11</sup> Systematic discrimination is exemplified by UAE's policies related to certain communicable diseases. In 1998, the UAE screened the entire population for HIV/AIDS and deported all migrant workers who tested positive.<sup>12</sup> The screenings—involving a blood test and chest x-ray—remain mandatory for getting (or renewing) a residence visa, regardless of country of origin. Those who test positive for HIV/AIDS, Hepatitis B (HBV)

or Hepatitis C (HCV), tuberculosis, or leprosy are disqualified from receiving or renewing their visas. Even long-term expatriates and those who were born in the UAE must undergo screenings for visa renewals and those who test positive are deported.<sup>13</sup> There are a number of anecdotal references to immediate arrest and incarceration of these individuals while their deportation proceedings are carried out.

### THE KAFALA SPONSORSHIP SYSTEM AND FORCED LABOR

Out of the six GCC countries, the UAE has among the highest percentage of foreign workers, increasing from 84.8 percent (1975), 89.5 percent (1985), 89.3 percent (1990), reaching its highest at 90.4 percent (1999), and falling back down to 85.0 percent (2008).<sup>14</sup> In order to fully appreciate migrant workers' difficulties, it is important to understand the *kafala* system of migrant labor, a routine practice of sponsorship in GCC countries.<sup>15</sup> Because GCC countries do not have a free labor market, migrant workers are not permitted to offer their labor to the highest bidder. Any competition—either among workers for best paying jobs or among employers for the best-qualified or cheapest laborers—occurs during the recruitment process in the sending country of laborers.<sup>16</sup> Once laborers acquire a work contract and permit for entry and residence, they are contractually tied to sponsors. The *kafala* system involves withholding laborers' passport to regulate their residency and employment, which gives employers near-total control over migrant workers' salary, living conditions, nutrition, ability to work elsewhere, and even their ability to return home.<sup>17</sup> If workers wish to break the contract, they are responsible for buying a ticket home—usually impossible given the circumstances. Furthermore, the region's labor laws favor the employer—a citizen—over the foreigner, further disempowering laborers.

The *kafala* system, which has been described as modern-day slavery, leaves migrant laborers vulnerable to human trafficking and forced labor practices, and has resulted in gross human rights abuses.<sup>18</sup> The system is described as a form of 'structural violence' by which employers confiscate passports and report "absconding" workers to authorities to avoid punishment themselves.<sup>19</sup> Economic incentives for sending and receiving countries and a system of employment agencies and brokers encourage migrant workers to seek work. Recruiting agencies as well as labor-

sending countries are aware of migrant worker abuse, but *kafala* continues as economic problems, growing unemployment, and remittances encourage the export of cheap labor.

Even though the UAE is not a party to the Migrant Workers Convention, it is illegal for employers to retain workers' identity documents. A representative of the UAE's Ministry of Labor (MoL) acknowledged that "...retaining workers' passports amounts to forcible work in violation of the ILO's Convention on the Abolition of Forced Labor, to which the UAE is a signatory"—nonetheless, it is fairly easy for Emiratis to bypass official procedures through the "issuance of a free visa," which requires a security deposit of \$1,500.<sup>20</sup> The visa is valid for two years and has no minimum income limit. Emiratis are eligible to sponsor up to three domestic workers, so to acquire more they engage in visa trading. Expatriates are required to pay a security deposit, an annual fee of \$1,300, and earn a minimum of \$1,640 per month.<sup>21</sup> Many acquire domestic workers via illegal means to avoid multiple fees and some seek out illegal workers who are not bound to their *kafael* (sponsor).

Several major construction firms are known to have an unwritten policy of not hiring workers who refuse to give up their passports, and in some documented cases even make money by charging fees to return passports.<sup>22</sup> Taking of passports and keeping workers' pay in arrears are two widespread methods employers use to control workers. Recently, thousands of migrant construction workers were left stranded without passports and without money in Dubai and Sharjah when their employers fled as Dubai's economy experienced a sudden decline. Having received no pay for months of work, laborers were left stranded in crowded camps without basic necessities and utilities and unable to buy food.<sup>23</sup>

The plight of migrant workers begins in their home countries, where recruiters charge up to \$4,000 in fees to secure employment in the UAE. Funds to pay these fees are often borrowed from relatives or commercial money lenders at high interest, or gleaned from selling homes, farmland, or livestock—jeopardizing the welfare of families left behind. Contracts typically last one to three years and pay \$100 to \$250 per month; workers arrive heavily indebted and powerless to bargain over contract terms.<sup>24</sup> They are forced into signing contracts written in Arabic or English, without understanding what they are signing

and with no one to explain the terms—some provide only a fingerprint as a signature.<sup>25</sup> Laborers' options are constrained by brutal work conditions, poor pay (often half the wages agreed upon), heavy debt, and threat of severe fines for quitting and jail or deportation for striking. Construction workers often earn average daily salaries of \$8 for 10-hour days including overtime, monthly salaries of about \$160 for 48-hour weeks, and annual salaries of \$2,575, including overtime.<sup>26</sup> Workers enter into a legal obligation to work for employers while they owe large sums of money to agents back home (\$2,000 on average) for visa and travel fees. The UAE law prohibiting companies from working with recruiting agencies that charge these fees is not enforced. The effect of the *kafala* system on migrant laborers' work and lives is discussed below with a focus on construction and domestic workers.

### *Building boom and construction workers*

The UAE has about 1,300 construction projects worth over \$418 billion in development; mostly in Dubai and Abu Dhabi. Work proceeds rapidly as a result of round-the-clock construction facilitated by labor laws permitting 12-hour shifts.<sup>27</sup> The construction boom requires and is driven by immigrant workers and low labor costs. Heat, exhaustion, and inadequate safety requirements pose serious health and safety problems for laborers, who are subject to substandard and often inhumane work and living conditions and systematic violation of basic human rights. In 2007, the UAE Ministry of Labor released its first annual report, *The Protection of the Rights of Workers in the UAE*, which acknowledges that “more needs to be done to expand capacity to enforce labor laws and fully protect the rights of workers in the country.” While there is little evidence that the resolution has prompted change, some sources report steps that the UAE is taking to enforce its labor laws.<sup>28</sup>

According to the Dubai chapter of the World Safety Organization, heat-related illnesses are the primary health issues construction workers face.<sup>29</sup> Between April and September, temperatures can reach 131°F in the shade with humidity levels exceeding 80 percent; workers often stay in this heat for up to 14 hours per day.<sup>30</sup> Even though UAE law requires workers to break during the hottest hours, most remain at

the job site for 12 hours per day and face risk for severe heat stroke and dehydration, often leading to hospitalization for heat exhaustion and cramps. In 2005, the UAE MoL banned work between 12:30 and 4:30 in July and August, but in 2006, construction companies successfully lobbied to restrict the break to 12:30 and 3:00. In 2004, Dubai's Rashid Hospital recorded 2,500 heat-related hospitalizations per month, which was doubled following a secondary assessment of patients; in 2006 “only 1,200 to 1,500 cases were anticipated in the month of July.”<sup>31</sup> HRW interviewed workers who revealed that some companies further changed the break by rescheduling work hours between 2:00 p.m. and 2:00 a.m. (with a second shift from 2:00 a.m. to 2:00 p.m.), forcing workers to remain on the worksite through the government-mandated break. Other companies openly ignored the decree; in fact, government inspectors reported that in July and August 2005, over 60 percent of inspected construction firms ignored the law; nevertheless, not a single company was fined until 2009, when government inspections found 73 firms in violation.<sup>32</sup> Despite this, laborers continued to work throughout the day in the summer of 2010; 12-hour shifts with harsh work and climate conditions remain standard.

Construction workers risk severe exhaustion from lifting or carrying heavy materials in the heat for many hours. Over 30 percent of workers spend 50 hours or more per week on the job.<sup>33</sup> They work seven days per week, often continuously for weeks or months without days off. Labor laws call for a maximum of eight working hours per day, up to 48 hours per week. The maximum for certain jobs is nine and 54 hours, respectively, but not more than seven and 42 hours, respectively, for jobs in petrol refineries, the cement/asbestos industry, and others.<sup>34</sup> The law requires a minimum one-hour break every five hours; during Ramadan, the work day must be shortened by two hours; when asked to work overtime (maximum two hours per day), employees are to receive overtime pay; and workers who have worked more than six months during their first year require two days per month off, and a one-month paid annual leave after that. These laws are not enforced and most companies do not permit leaves until the worker's second year.

Laborers often suffer accidents, such as getting pieces of cement and steel chips in eyes, sustaining hand injuries from grinders or power tools, and falls. Saadiyat Island workers told HRW:

Medical care for heatstroke, fever, and workplace injuries (for example, a welder whose leg was injured by a grinding machine) consisted of male nurses handing out ‘Panadol,’ a generic painkiller.<sup>35</sup>

Only the most serious injuries receive medical care; the employer pays for transportation to the hospital and for medical expenses, which laborers must repay upon recovery—thereby increasing their debt. Both local and foreign contractors have been resistant to safety laws that protect construction workers; in fact, accidents and injuries are often attributed to workers’ inexperience and language problems. In 2004, five workers died and 12 were injured when a reinforcement cage supporting a wall collapsed.<sup>36</sup> In the same year, 5,000 construction workers in Dubai were admitted to Rashid Hospital’s emergency room between July and August alone; in 2007, seven workers died and 15 were injured when a bridge collapsed at the Dubai Marina.<sup>37</sup> There are conflicting reports on numbers of injuries and deaths; for example, two construction workers are reportedly killed each week (104 per year) in Abu Dhabi, while the Municipality of Dubai recorded only 34 construction worker deaths in all of 2004 and 39 in 2005, despite the significantly greater construction activity there.<sup>38</sup> Independent research reported 880 deaths in the UAE among migrant construction workers in 2004 (483 Indians, 397 Pakistanis). Although the causes of death were not disclosed, a representative of the Indian Community Welfare Committee noted that 30 percent of deaths among Indians in Dubai were related to accidents on construction sites.<sup>39</sup> An official at Dubai’s Indian Consulate reported to HRW that 971 deaths were registered in 2005, from which 61 were attributed to site accidents. The Bangladesh Embassy in Abu Dhabi estimates repatriating about eight to 10 bodies of construction workers each month, of which three are work-related deaths. The authors speculate that discrepancies in reporting site accidents are due to the UAE’s efforts to downplay

risks associated with construction work.

Migrant construction workers are housed in state-sanctioned labor camps, better described as shantytowns, whose overcrowded and grossly unhealthy living conditions are well documented in the media.<sup>40</sup> Inadequate sewage and ventilation, substandard drinking water, sleeping facilities and unsanitary food preparation areas are common.<sup>41</sup> These conditions create ideal incubators for disease acquisition and spread.<sup>42</sup> A 2006 HRW report detailed living conditions at labor camps that pushed Dubai’s government to announce a series of reforms—in particular related to hygienic conditions. Dubai’s Permanent Committee for Labor Affairs found 75 percent of the camps to be below government standards. Inspections in 2008 found that 70 percent of worker accommodations violated hygiene and safety rules. Paying fines (about \$545 for the third violation) for allowing sewage to remain in the open is cheaper than removal and repair.<sup>43</sup> Addressing public health risks presented by these conditions does not appear to be a priority for employers or the government.

An ILO report estimates the annual cost of exploitation to migrant workers at \$21 billion.<sup>44</sup> Sadly, some workers find suicide to be their only escape from their desperate circumstances. As one worker explains:

The company that brought him [Venketesan] to Dubai was being paid between 15 AED [\$4.10] and 20 AED [\$5.50] per hour for the labor they supplied to contractors. But this company passed on a mere 3 AED [\$0.80] per hour to its workers....in his suicide note, Venketesan wrote: ‘I have been made to work without any money for months. Now, for a month I’ve been suffering from a constant headache and wanted to visit a doctor to examine my condition. I asked my camp boss for 50 AED [\$14] but he refused and told me to get back to work...after my death I want the company to pay all my salary dues to my family and repay the financial debt my family has incurred because of them’.<sup>45</sup>

*Exploitation of domestic workers*

In the UAE, the number of domestic servants one has is a status symbol; household staff often outnumber family members. An estimated 150,000 Emirati families employ about 300,000 domestic workers, while about 150,000 expatriate families employ about 150,000.<sup>46</sup> Domestic workers represent between 5 and 10% of the UAE's 4.6 million population, depending on the source of information.<sup>47</sup> In 2007 alone, 83,600 visas were issued for domestic workers—twice that of Saudi Arabia, a much larger country.<sup>48</sup> Emirati citizens, whose major industries less than two generations ago were fishing and pearl diving, now enjoy free land, homes, education, healthcare, and other tax-free benefits and rely more than ever on domestic workers.<sup>49</sup> As for Western expatriates, their high tax-free salaries further drive the demand for maids, nannies, and other domestic labor.

Between 50 and 76 percent of documented international migrants are women and the feminization of international labor migration is particularly visible among migrants from Bangladesh, Ethiopia, India, Sri Lanka, and the Philippines to GCC countries.<sup>50</sup> In recent years, more women have traveled to Gulf countries to clean homes and care for children and elders, in order to send money to families back home. Particularly for the Philippines and Sri Lanka, migrant domestic workers represent a lucrative export commodity: “the commodification of the transnational ‘maid trade’ provides a cheap and flexible labor force willing to endure low wages...and also reduces migrants to mere objects to be bought and sold in the global marketplace.”<sup>51</sup>

As with construction workers, the *kafala* system fuels trafficking and forced labor for domestic laborers, who rely on employment agencies and brokers and enter contractual bondage with employers, thereby exposing themselves to exploitation and abuse.<sup>52</sup> Domestic servants are not covered by either the 1980 UAE Labor Law or the 2007 Draft Labor Law and so are not entitled to labor protection; domestic servants are not considered employees, households where they work are not considered workplaces, private persons who hire them are not considered employers, and so labor inspectors are forbidden from visiting private households. Their isolation inside private homes leaves them more vulnerable to abuse and exploitation. The USDOS recently reported that

domestic workers are vulnerable especially “...since authorities cannot inspect private property...” and there are many reports of “...untreated illnesses and, tragically, widespread sexual abuse, which in some cases may be symptoms of a situation of involuntary servitude.”<sup>53</sup>

Workers experience wage exploitation and excessively long work hours (between 16-21 hours a day without rest breaks or days off and often exceeding 100 hours per week without rest); sleep and food deprivation and inadequate living conditions; and verbal, physical, psychological, and sexual abuse. The average monthly salary ranges between \$150 and \$200 and typical work hours range between 16 and 21 hours per day bringing hourly wages to between 15 and 30 cents.<sup>54</sup> The standard employment contract does not provide for rest days; nor does it establish right to overtime pay or limit work hours. Employers arbitrarily deduct the cost of food and medical care with apparent impunity from official intervention, despite the ILO Convention No. 95 on the Protection of Wages, which prohibits salary deductions.<sup>55</sup> These contracts also only vaguely address the provision of adequate food, accommodation, and overall treatment of workers. The government has not established clear minimum standards about the quantity, quality, and frequency of meals, or about not deducting meals from salaries. Many employers deprive their domestic workers of food—often giving spoiled food, inedible leftovers, tiny portions of rice or bread, or only one meal per day. In addition, over a quarter of domestic workers interviewed by HRW reported having to sleep under stairwells, in hallways, on living-room floors, or in common living quarters, and some reported having to sleep on the bare floor.<sup>56</sup>

While general occupational health risks of domestic labor include musculoskeletal injuries, fractures, overexertion, exposure to chemicals and cleaning products, and assault or violent acts—particularly common in the UAE are sleep disturbances, psychological stress, and physical and sexual abuse.<sup>57</sup> Occupational health literature links continued exposure to the type of schedule mentioned above to chronic fatigue and long-term health problems such as increased risk of cardiovascular disease, diabetes, depression, anxiety, and injury. Habitual short sleep duration is also associated with increased mortality.<sup>58</sup> Sleep-deprived and exhausted workers are impaired in their abilities and more prone to accidents.<sup>59</sup> The conditions reported

by domestic workers in the UAE imply that many are routinely sleep-deprived and have sub-standard sleeping accommodations.

With occupational stress being one of the greatest workplace hazards for American domestic workers in terms of long-term health risks, it is safe to surmise that their counterparts in the UAE functioning under the aforementioned conditions are subject to exceptionally high levels of stress. In addition, there are widespread reports of physical abuse and torture, including beatings, kicking, slapping, hair-pulling, and burning with hot irons or coals.<sup>60</sup> When domestic workers try to assert their rights on wage issues, contact with family, rest, food, or medical care, the abuse often escalates and employers accuse workers of lying or stealing. Health consequences of injuries resulting from the abuse alone range from headaches, back pain, and loss of range of movement in arms and legs to more serious permanent damage and sometimes death. Since workers have no access to health care, medical attention is infrequent even when the abuse results in serious injuries. Additionally, female domestic workers are vulnerable to sexual abuse by male employers and other male relatives or visitors to the home. In the Gulf, domestic workers who complain of sexual assault open themselves to allegations of adultery or fornication, which are punishable by law. There are documented cases of domestic workers who have become pregnant as a result of rape and then jailed.<sup>61</sup> In addition to the physical risks of sexual abuse, domestic workers are at increased risk of depression and anxiety.<sup>62</sup>

Workers who try to escape from their abusive employers are considered absconders. Both running away from the sponsor's home and hiding or protecting runaway domestic workers are illegal and punishable by law.<sup>63</sup> Government officials have even labeled runaway maids as threats to national security. Police are dispatched to search for runaway workers while the local newspapers publish photographs of absconders. When found, workers are imprisoned and then deported. The women are treated as criminals and some have reported being physically or sexually abused while in the custody of police or other authorities.<sup>64</sup> In order to get their passports, workers may be required to pay back their employers for the sponsorship fees without receiving salaries earned. Many workers are thus trapped in catch-22 situations in which they are unable to pay their debts to recover their passports, to travel home without passports, or

to find new sponsors. In those cases, they have no choice but to return to their abusive employers from whom they ran away to begin with.<sup>65</sup>

Confiscation of passports by the *kafeel* makes domestic workers particularly subject to forced labor and other practices illegal under international conventions to which the UAE is a signatory. According to the USDOS, "a person may agree to migrate legally or illegally or take a job willingly...but once that work or service is no longer voluntary, that person becomes a victim of forced labor and should accordingly receive the protections contemplated by the 2000 UN TIP Protocol...once a person's work is recruited or compelled by the use or threat of physical violence or the abuse or threatened abuse of the legal process, the person's previous consent or effort to obtain employment becomes irrelevant."<sup>66</sup> These abuses have severe health implications. Physical and legal isolation of domestic workers in private homes heightens their risk for all types of ill treatment, psychological, physical, sexual abuse, food deprivation, illness, and forced confinement. In the worst cases, workers die from murder, failed escape attempts, or suicide.

#### HUMAN TRAFFICKING AND SEXUAL EXPLOITATION

Human trafficking in its various forms (such as debt bondage, and forced labor) is flourishing in the UAE. Particularly vulnerable are women who are trafficked into the sex trade and children sold into slavery.<sup>67</sup>

##### *The sex trade*

In 2007, the UAE received 6.7 million tourists and set a target of 21.1 million (15 million for Dubai alone) for 2010.<sup>68</sup> Scores of taxi drivers, maids, hotel and restaurant employees, and entertainment personnel were deemed necessary to meet growing tourist demand. As a result of lenient laws and entertainment not easily found in neighboring countries, Dubai has become a sex tourism destination.<sup>69</sup> Prostitution is not new to Dubai; in fact it has been viewed as another act of commerce since the 1970s—if not earlier—and has been regulated for health purposes. While illegal, prostitution may represent 30 percent of Dubai's economy.<sup>70</sup> Commercial sex workers operate out of apartment brothels and hotels, walk the streets, and work in clubs.<sup>71</sup> Many sex workers in the UAE have

been trafficked into the country for the purpose of commercial sexual exploitation and labor to meet increased demand.<sup>72</sup> Foreign women are reportedly recruited under the guise of work as secretaries, waitresses, or hotel workers by third-country recruiters and coerced into prostitution upon arrival.<sup>73</sup>

Sex workers in the UAE fall into two categories: (a) women trafficked with deceptive promises of well-paying jobs, whose passports are confiscated, who are held in debt bondage by recruiters, who are physically, psychologically, and sexually abused and forced into prostitution and (b) women in financial need who enter the UAE on tourist visas in order to stay and sell sex. The USDOS estimates that 10,000 women, from sub-Saharan Africa, Eastern Europe, South and East Asia, Iran, Iraq and Morocco, have been trafficked into the UAE for sex work.<sup>74</sup> Investigative reports reveal that Dubai's sex trade is not only booming but that it is seemingly condoned by the authorities. In one documentary on Dubai's sex trade, the emirate's social conservatism is contrasted with the wide availability of information on finding sex workers—corroborated by the quote below on the ease of buying sex in Dubai:

The ability to buy sex so easily, while the government looks the other way, has certainly kept many of the tourists and businessmen who visit Dubai coming back.<sup>75</sup>

Although the accurate number of sex workers is not known, some estimate as high as 30,000 in Dubai alone.<sup>76</sup> Other sources refer to these persons as sex slaves, estimated to be at least 10,000 just in Dubai in 2005.<sup>77</sup> In 2007, when human trafficking became a serious concern for the UAE and surrounding countries, a committee of senior officials ordered the closing of 40 hotels and clubs known for prostitution, and publicly deported 4,300 sex workers.<sup>78</sup> Trafficked women are highly vulnerable to abuse and have little or no legal recourse. In fact, instead of being treated as victims, they are routinely jailed and deported for prostitution with far fewer arrests and penalties involving traffickers, pimps, and madams of brothels.

In 2009, the USDOS again listed the UAE on Tier 2 of its watch list of countries whose governments do not fully comply with the Trafficking Victims Protection Act's minimum standards, criticizing

the government for not acknowledging that others, such as laborers and domestic workers can also be victims of human trafficking and “for its failure to show increased efforts to combat trafficking...particularly in its efforts to address large-scale trafficking of foreign girls and women for commercial sexual exploitation...despite a significant problem of sex trafficking, UAE authorities failed to take adequate measures to screen women found in prostitution in order to determine whether they were victims of trafficking.”<sup>79</sup>

### *Child slavery and camel jockeys*

Since the mid-1990s, camel racing has grown into the UAE's national sport.<sup>80</sup> Success depends mostly on the lightness of the rider, making very young children highly desirable jockeys. There are reports of boys as young as six months being kidnapped by traffickers or sold by impoverished parents and brought into the UAE for this purpose. Numbers vary widely, ranging between 1,200 and 2,700 children (as per UAE estimates) and 5,000 and 6,000 (according to some NGOs), and the children are mainly from Pakistan, Bangladesh, Sudan, and Mauritania.<sup>81</sup>

UAE's 1980 Federal Labor Code bans the employment of children under 15, but “those who own racing camels and employ the children come from powerful local families that are in effect above the law.”<sup>82</sup> In 1993, in response to international pressure, the UAE outlawed the use of child camel jockeys (to those over 15 years and 100 pounds). In 2002 and 2005, these bans were reinstated again in response to continuing international pressure. When in 2004, continuation of this practice was caught on camera during an international sport program, the USDOS downgraded the UAE from Tier 2 to 3.<sup>83</sup> In 2005, the UAE publicly replaced child jockeys with lightweight robots, prior to which, about 3,000 child camel jockeys were believed to be in the UAE.<sup>84</sup> While some race tracks have started using robot jockeys, others were believed to continue using enslaved children in unpublicized late-night races well into 2007.<sup>85</sup> In 2007, several class-action lawsuits accused Sheikh Mohammed, Dubai's ruler, and his brother, Sheikh Hamdan, the Finance and Industry Minister of “obtaining boys through abduction, false inducement, or agreement” to serve as jockeys. The suit was dismissed on jurisdictional grounds and Dubai's lead-



ership hired public relations experts to repair their reputation. During this period, the UAE returned more than 1,100 children to Bangladesh alone, and compensated 879 former child camel jockeys for abuses suffered.<sup>86</sup>

Camel jockeys are subject not only to mental and physical disorders shared with other migrant workers, but also to abuses unique to the sport. To keep the children's weight low, trainers deprive them of food and give them salty water to drink, which increases diarrhea. They are forced to run in the desert heat carrying weights to lose any weight they might gain.<sup>87</sup> Serious injuries are common; jockeys may be trampled or trapped underneath camels.<sup>88</sup> One rider told investigative reporters that he had personally seen 20 children killed and numerous others severely injured during races:

There was this one kid whose strap broke at the beginning of the race...his head was crushed between the legs of the running camel...once the race has started it cannot stop.<sup>89</sup>

Ansar Burney Trust, a charity named after its founder, a Pakistani human rights advocate, is devoted to freeing enslaved children. Burney's repeated visits to UAE training camps paint a very disturbing picture:

Most of them are boys but there are also some girls. It's clear that many of them are sexually abused by the men running the camps....it's hard and painful work and, after a while, the boys have permanent damage to their sexual organs from bouncing up and down on the camels.<sup>90</sup>

Despite the outcry, the official ban is largely a dead letter, with cameras forbidden from races. According to ASI, children as young as 10 were photographed as recently as 2010, competing in a camel race in Abu Dhabi as part of a festival attended by dignitaries and uniformed police officers. ASI observers photographed and questioned the children, who said they were from the UAE but their accents and demeanors aroused suspicion. It is clear that fewer children are being used as camel jockeys due to the international outcry and those currently involved are older; how-

ever, presence of officials at these races is believed to imply that bans are not strictly enforced.<sup>91</sup>

Overall, trafficking victims—generally women and children—face a host of negative health impacts, including greater vulnerability to ill health; inability to make healthy choices; exposure to health hazards and infectious diseases; physical violence or bad conditions related to servitude; negative impacts on sexual and reproductive health, including STIs/HIV, unwanted pregnancies, infertility, and unsafe abortions; and emotional and mental health implications.<sup>92</sup>

## DISCUSSION AND RECOMMENDATIONS

Increasing global economic, social, political, and environmental problems fuel migration. As per the ILO, there are currently 214 million migrants, expected to rise to 405 million by 2050. Migrant laborers represent about 100 million (in 2009) of this number and trafficked individuals about 800,000 (in 2006).<sup>93</sup> The WHO describes the scale of this human displacement as a top global public health priority and notes that increasing mobility is linked with growing potential for infectious diseases, and adds that basic health needs are not being met.<sup>94</sup> Some countries with large migrant populations, including refugees and migrant workers, are addressing the issue of health access. While the provision of health care for migrants varies greatly among countries, there are positive examples: the Netherlands has focused on systematic attention to migrant health since 2000, Italy has set health policy for migrants beginning in the 1990s, and Australia has been delivering specialized health care services for migrants since the 1990s.<sup>95</sup>

Currently, the UAE is not a signatory for most international human rights and labor rights treaties, which limits its accountability to international systems. The exploitation of migrant workers and trafficked persons in the UAE is documented by investigative journalists, human rights activists and organizations, and is a matter of increasing interest to scholars of international migration.

In recent years the ILO, Build Safe UAE (BSU) and the UAE MoL have moved to establish federal-level occupational health and safety regulations for the construction sector.<sup>96</sup> BSU has crafted a document outlining best practice guidelines for labor camp

accommodation standards to improve conditions. It remains to the UAE, however, to place these efforts on the national agenda and make substantive changes. The lack of reliable and systematic research data on migrant workers' work and living conditions, and particularly their state of health and level and type of access to medical care, is exacerbated by the UAE's lack of interest in addressing these issues. Without the UAE's cooperation and willingness to end abuse and exploitation and improve health and safety conditions, researchers have little hope of making any notable progress to address problems.

Human rights abuses of migrant workers and trafficked individuals hinder the achievement of UN's Millennium Development Goals (MDGs):

(1) to eradicate extreme hunger and poverty (not when migrant workers are underpaid, have wages withheld, remain unable to care for their families dependent on their remittances, or when vulnerable workers or trafficked persons are deprived of food); (2) to assure gender equality and empowerment and efforts to combat HIV/AIDS and other infectious diseases (not when persons are trafficked for sexual exploitation and exposed to STI risks and discriminated against as a result of their HIV status); and (3) to improve living conditions for at least 100 million slum dwellers (not when poverty of migrant workers and their families is perpetuated, when workers are confined to labor camps with substandard living conditions and domestic workers live in conditions worse than slums they left behind and are deprived of basic medical care).<sup>97</sup>

There are particular challenges to achieving the MDGs, particularly for migrant workers. Nevertheless, health must be viewed as "a fundamental human right to be enjoyed by every human being without discrimination."<sup>98</sup> The World Health Organization's (WHO) work is guided by this principle and belief that vulnerable and marginalized populations require priority attention; in fact, its 1946 constitution states "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every

human being...health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."<sup>99</sup> Every country in the world is party to at least one human rights treaty addressing health-related rights, which includes the right to health as well as other rights that relate to conditions necessary for health—such as nutrition, rest, and access to medical care.

There are only two international treaties recognizing migrants' health rights, focusing primarily on undocumented migrants. Further, the interpretation of the "right to health" by the UN's Committee on Economic, Social, and Cultural Rights states that countries are obligated "to respect the right to health by refraining from denying or limiting equal access—on economic, physical, and cultural grounds—for all persons, including...asylum seekers and illegal immigrants, to preventive, curative and palliative health services."<sup>100</sup> It is striking that more recent international treaties to protect migrants' health rights, regardless of status, do not exist and that indentured/bonded laborers and trafficked persons are not clearly included.

The global community has a moral obligation to pressure the UAE and source countries to eradicate systematic exploitation, abuse, and discrimination of vulnerable populations. Only a multipronged international effort can end these conditions. Unfortunately, there are only pockets of response from the global community to the work conditions and abuses faced by UAE's migrant laborers: a group of artists' intention to boycott the \$800 million Guggenheim Museum under construction in Abu Dhabi's Saadiyat Island; and HRW appeals to the Guggenheim and Louvre museums and to New York University regarding 2006/2009 reports of violations of migrant construction workers' human rights.<sup>101</sup> Abu Dhabi showed some effort to respond, with reimbursements of recruiting fees, wage/work hour regulations, right to keep passports—but these have fallen short of HRW's requests.<sup>102</sup>

Several organizations and government bodies, such as HRW, the ILO, UN, and USDOS,<sup>103</sup> have offered guidelines to the UAE and migrant worker-sending countries for monitoring, reporting and investigating human rights violations, strengthening and putting in place policies to protect workers, and criminal prosecution of traffickers. In its 2010 report on trafficking, the USDOS recommended that the UAE:

(a) “utilize the new Ministry of Labor unit on labor trafficking to identify, investigate, and prosecute labor trafficking offenses, and convict and punish offenders, including recruitment agents and employers;” (b) “develop and institute formal procedures of law enforcement for Ministry of Labor officials to proactively identify victims of trafficking among vulnerable groups, such as workers subjected to labor abuses, those apprehended for violations of immigration laws, domestic workers who have fled their employers, and foreign females in prostitution;” (c) “improve protection services for victims of sex trafficking and forced labor, including adequate and accessible shelter space that is not detention-based for both males and females, referral to available aid, and credible recourse for obtaining financial restitution;” (d) “ensure trafficking victims are not incarcerated, fined, or otherwise penalized for unlawful acts committed as a direct result of being trafficked;” (e) “enforce prohibitions on withholding passports for all workers;” (f) “offer domestic workers protections given to other migrant laborers;” and (g) “reform the (*kafala*) sponsorship system so it does not provide excessive power to sponsors or employers in granting and sustaining the legal status of workers.”<sup>104</sup>

Other recommendations include:

(a) prohibiting UAE-based companies from collaborating with recruiters that charge illegal fees; (b) aggressively investigating and prosecuting employers who violate UAE labor law; (c) imposing meaningful penalties on companies for violating workers’ rights to end the impunity they currently enjoy; (d) providing migrant laborers safe and healthy working conditions through protective clothing or other equipment, proper training for dangerous machinery, and creating awareness of work-related health and safety risks; (e) providing

adequate food and housing to ensure a decent quality-of-life and avoid potential morbidities linked with substandard food and accommodations; (f) providing essential medicines and vaccines to all internal and international migrants on the same terms as citizens or residents, regardless of national or social origin; (g) passing and strongly enforcing a law that mandates all employers, whether individuals or companies, to provide easy access (in terms of location, hours, interpreters) to culturally appropriate medical and dental care to all migrant laborers (not just emergency services, but annual check-ups, access to prescription medication, care for conditions that arise), the cost of which is not to be deducted from salaries; (h) repealing existing health-related restrictions on entry, stay, and residence and ensuring that national laws permitting the deportation of HIV-, HBV-, or HCV-positive individuals to countries where treatment is inaccessible comply with international law obligations against refoulement (unlawful return); and (f) implementing policies to allow migrant laborers to live with their families to avoid isolation and social disruption and to improve productivity.<sup>105</sup>

The systematic implementation of the foregoing recommendations has potential to at least decrease the number of agencies that deceive, recruit, and exploit workers and improve their conditions. Additionally, giving migrant workers regular access to medical care would also facilitate collection of reliable health data on these populations in order to develop a country health information system, which in turn can identify gaps in health service delivery—without which, it is highly unlikely to have reliable and valid data on the health of UAE’s migrant workers.

The situation for migrant workers in the UAE is not unique, but does warrant particular attention. The UAE’s success is linked to its efforts to promote itself as a Westernized Gulf country, a popular tourist destination, and worthy of international investment. Therefore, international trade partners, Western expatriates representing an important and steady stream of skilled labor, international trade partners,

and tourist-generating countries have an ethical obligation to demand improved treatment of migrant workers, and are able to apply economic pressure. NGOs and the international media must continue to apply pressure through investigative reporting; this exposure can cause public relations problems that could threaten UAE's welfare. Linking demands for social equity and justice to UAE's financial well-being may be the most efficacious path to success. For example, negative press linked to the 2006 HRW report "Building Towers, Cheating Workers" led Dubai's ruler, Sheikh Mohammed, to order the labor minister to institute immediate reforms structured around HRW recommendations. A special labor court was established "to resolve labor disputes, increase the number of government inspectors, require employers to provide health insurance for low-skilled workers, and develop mandatory mechanisms enabling workers to collect unpaid wages."<sup>106</sup> Unfortunately, by the 2009 publication of HRW's report on Abu Dhabi's Saadiyat Island titled "The 'Island of Happiness,'" hardly any of the reforms had materialized and the 2007 draft labor law was abandoned. Also in 2006, HRW published "Exported and Abused," which focused on the condition of domestic workers in several Gulf countries including the UAE. In response, Sheikh Mohammed announced contracts for domestic workers limiting work hours and detailed a number of other reforms, along with a medical insurance plan and the following year, the Director-General of the Dubai Naturalization and Residency Department stated that work hours would be limited in accordance with international standards. Although the new contract went into effect on April 1, 2007, it articulated no limits on work hours, no requirements for rest days, overtime pay, or worker's compensation—only vague references to "adequate breaks" and one month of paid vacation every two years. A few countries, such as Pakistan, are taking these problems seriously and refusing to allow their citizens to go to GCC countries as domestic workers, while others (Philippines, India, Sri Lanka, Indonesia, and Bangladesh) are working with the UAE government to negotiate monthly minimum wage requirements. In 2010, the UAE announced plans to publish a multi-lingual booklet that would outline foreign workers' rights and responsibilities and Abu Dhabi's MoL announced efforts to improve migrant workers' housing and to allow migrants to change employers if their wages are delayed by a minimum of two months. At the time of writing this paper, no information is available on the status of these efforts.<sup>107</sup>

Recommendations for migrant workers' countries of origin include:

- (a) encouraging embassies and labor departments to inform their citizens about migration standards in the Gulf and best practices for migration, such as finding agencies that do not require fees; (b) informing citizens of their basic human rights (including access to essential nutrition, rest, and health care); (c) enhancing their UAE embassies'/consulates' labor departments to assist those whose rights are violated; (d) working with their UAE government counterparts to establish an independent commission to investigate and report labor-related abuses, and (e) working to minimize or eliminate stigma attached to being mistreated abroad and countering the spread of rumors by migrants themselves who are embarrassed by their mistreatment abroad and as a result tend to highlight or falsely describe positive experiences to show success to family and friends.

The US, EU member countries, and Australia are also encouraged to:

- (a) ratify improved worker rights and health protections as part of free trade agreements with the UAE; (b) insist on UAE labor law reforms, prior to adoption of any accords, to assure their compliance with international standards of workers' health and human rights; (c) require the UAE to effectively enforce its labor laws, prior to the ratification of any agreements; and (d) include in free trade agreements with the UAE strong, binding, and enforceable workers' rights provisions that require that parties' labor laws conform with international standards and that they are enforced.

The UAE must provide accurate data on labor disputes, deaths and injuries at construction sites, complaints by domestic workers, and government response.<sup>108</sup> The government must honor compensation obligations according to its 1980 Labor Law

to implement minimum wage and to hold companies accountable. In addition, the UAE must allow the establishment of independent human rights and workers' rights organizations to give migrant laborers opportunities to report violations and provide local advocates for their rights. The UAE should also stop discouraging NGOs from monitoring and reporting human rights violations in the country. These changes alone would constitute significant strides toward meeting its obligations for the protection of migrant workers' human rights including safety and health protections. Finally, it is important for international organizations to underscore the importance of migrant health in the scope of their work.

An example of good practices for migrant laborers is offered from Jordan, which has ratified major human and labor rights conventions including the Universal Declaration on Human Rights; the International Covenant on Social, Cultural, and Political Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; and a large number of ILO conventions and standards on Fundamental Principles and Rights at Work.<sup>109</sup> Like several other countries, Jordan's labor law excluded domestic workers until 2001, when UNIFEM, Jordan's MoL, and the National Workshop on Protecting Migrant Workers helped develop the Special Working Contract for Non-Jordanian Domestic Workers—a requirement for obtaining residency, work permit, and visa to enter Jordan. As a result, migrant domestic workers in Jordan are guaranteed rights to medical care, life insurance, rest days, and repatriation at the end of the contract. While not perfect, this effort is the first of its kind in the Arab world and a significant step. A decade has passed since Jordan's good faith efforts, and other efforts from the Middle East or GCC countries remain to be seen. Good practices as described here remain a model for other countries with large migrant populations, and for GCC member countries in particular.

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