# **AMNESTY** INTERNATIONAL



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Congressman Ted Deutch Chair, Subcommittee on the Middle East, North Africa, and Global Counterterrorism

Congressman Joe Wilson Ranking Member, Subcommittee on the Middle East, North Africa, and Global Counterterrorism House Foreign Affairs Committee

## RE: Amnesty International Statement for the Record for June 23<sup>rd</sup> Hearing on "COVID-19 in the MENA Region: Addressing the Impacts of the Pandemic and the Road to Recovery"

On behalf of Amnesty International USA and our members and supporters in the United States, we hereby submit this statement for the record to address how the COVID-19 pandemic in the Middle East and North Africa has worsened human rights conditions; the lack of access to basic services and health care, and broad systemic inequalities and discrimination; the already-precarious circumstances and suffering of refugees and migrant workers; and government repression and abuses.

Respect for human rights, government abuses, and societal conditions have continued to worsen throughout the Middle East and North Africa (MENA) due to the COVID-19 pandemic, exacerbating existing systematic violations and inequalities. Among the most prominent examples has been in public health sectors, namely via increasingly discriminatory policies and poor access to health care resources. Egypt authorities used COVID-19 restrictions as a mechanism to further crack down on human rights defenders and NGOs. Authorities in Egypt and Jordan have arbitrarily detained frontline health workers and journalists who criticized state responses to COVID-19.

Refugees, migrants, and internally displaced people - already at risk due to armed conflict, and restricted access to humanitarian and state-funded resources - were at heightened risk of contracting COVID-19 and human rights violations. The pandemic's effects compounded already weakened public health infrastructures, especially in areas impacted by recent armed conflict and crises, such as in Gaza, Syria, Lebanon, and Yemen.

The COVAX initiative and TRIPS waiver efforts, directed by the World Health Organization and the World Trade Organization respectively, each aim to improve equitable access to COVID-19 vaccines in low and middle income countries. In support, the U.S. committed \$2 billion to COVAX, toward access to safe and effective vaccines for 92 low and middle income nations, including countries in the MENA region. The Biden Administration also expressed its support for the TRIPS waiver for COVID-19 vaccines. However, the WTO has yet to implement the waiver, and Amnesty International has called upon the COVAX initiative to publish its contracts with vaccine developers and facilitate sharing of intellectual property to make vaccines more accessible and affordable for all. Faster action on these issues is essential to remain in line with human rights standards and principles of transparency and accountability, and remedy the global disparity in vaccine distribution.

With the enduring <u>slow, encumbered vaccination efforts</u> and the sweeping impact of the COVID-19 pandemic across the Middle East and North Africa, much greater U.S. action is necessary. As the leading global power, the U.S. holds substantial opportunity and massive influence to push for measures to end systemic human rights violations during or as a result of this pandemic, and ensure access to healthcare and COVID-19 vaccines isn't predetermined by a nation's wealth.

Amnesty International USA would like to highlight some of the key concerns we feel the United States must directly address with regards to the inequalities and impact of the COVID-19 pandemic on the MENA region:

- The protection and safety of health workers
- The lack of adequate, consistent, and non-discriminatory access to and provision of critical health care and COVID-19 vaccines
- Devastating impacts of the pandemic on public health infrastructure, especially in countries where it was already in crisis or overwhelmed by armed conflict
- Poor conditions, discrimination, and abuse faced by migrant workers and refugees
- Increasing government repression and violations of human rights

### Protection of healthcare workers

Health workers on the front lines of the COVID-19 pandemic throughout the region suffered significantly as a result of willfully neglected health care systems, pitiful social protection measures, and lack of available personal protective equipment (PPE). The Syrian government failed to provide adequate protective gear or access to testing for health workers. In Tunisia and Morocco, <u>health workers organized protests</u> against the lack of adequate protection measures provided to them, citing insufficient PPE, reliable access to testing, and the failure to designate COVID-19 as an occupational disease.

In Egypt and Iran, health workers faced reprisals including arbitrary detentions, threats, and punitive administrative measures for voicing their concerns or otherwise criticizing the authorities' handling of the pandemic. Amnesty documented the arbitrary detainment by Egyptian authorities of at least nine health workers who expressed safety concerns or criticized the government's handling of the pandemic. Conflict in Yemen and Syria has also endangered health workers, with parties in both conflicts indiscriminately attacking hospitals, clinics, and other public health infrastructure. In Syria, government and allied forces' artillery shelling and air strikes targeting hospitals killed scores of rescue and medical workers.

Amnesty International has called on authorities to guarantee that healthcare workers are adequately protected, including via the provision of PPE and prioritizing health workers in state vaccine allocation <u>plans</u>, and immediately ending all abuses, including arbitrary reprisals, against health workers.

#### Health care provided without discrimination, including in prisons

Barriers presented by discriminatory policies, ongoing conflict, and occupation critically limited public access to essential health resources such as medical care and vaccinations. In Libya, Tabus and Touaregs civilians faced barriers in accessing adequate health care as rival armed groups controlled access to major hospitals and, in some cases, a lack of identity documents. The Israeli Health Ministry began its distribution of COVID-19 vaccines exclusively to citizens of Israel and Palestinians living in illegally annexed East Jerusalem, while leaving behind the nearly five million Palestinians living under Israeli military occupation in the West Bank and Gaza - in <u>violation</u> of its obligation as the occupying power to ensure preventive measures to combat the spread of epidemics.

Prisoners - across a region where tens of thousands are politically and arbitrarily detained - were also at <u>heightened risk of exposure</u> due to persistent overcrowding, denial of healthcare, and in many cases, inhumane living conditions, particularly in Egypt, Saudi Arabia, and Iran. Prison officials broadly failed to use the pandemic to address the overcrowding by releasing pre-trial detainees or those arbitrarily detained for offenses not recognized by international law, and already inadequate health care in unsanitary prisons was exacerbated. Recently reported was the case of an inmate in Bahrain who died from suspected COVID-19 complications, following case outbreaks at the Jaw Prison in March and April and failure of the prison administration to distribute

PPE supplies. In Lebanon, a number of riots took place inside prisons, and family members held sit-ins outside prisons and police stations calling for the release of detainees as a measure to contain the spread of COVID-19.

And in Egypt, where government-released numbers of the total incarcerated population have long far-exceeded the stated capacity of the prison system, Amnesty and Human Rights Watch documented the unlawful <u>denial of adequate healthcare</u> and other abuses that has led or contributed to in the deaths of dozens of - largely political - prisoners either during detainment or immediately after release. Further, Amnesty has verified a pattern of Egyptian authorities deliberately denying detainees access to health care to punish dissent. In Yemen, <u>Tawfiq al-Mansouri</u>, one of four journalists sentenced to death by de-facto Huthi authorities in 2020, has been continuously denied life-saving medical treatment despite chronic illnesses and contraction of COVID-19, and remains unlawfully detained and on death row. Such abuse was also seen in Morocco, particularly against Sahrawi activists in Western Sahara. In a 2021 report, Amnesty documented how Moroccan authorities tortured, abused, imposed inhumane prison conditions on, and denied critical medical care to Sahrawi detainees <u>Mohamed Lamine Haddi</u>, <u>Sidi Abdallah Abbahah</u>, and <u>Bachir Khadda</u> in flagrant violation of international human rights standards.

Amnesty International urges authorities to ensure that the health care they provide, including vaccines, is delivered in a timely and transparent manner without discrimination.

#### The impact of the COVID-19 pandemic on public health infrastructures already in crisis

Following half a century of Israeli occupation, over 14 years of an illegal land and water <u>blockade</u> on Gaza by the Israeli and Egyptian governments, escalations of violence and missile strikes between the Israeli military and Hamas, and socioeconomic decline, the public health infrastructure in Gaza had already been devastated and in deteriorated condition. Facilities are overstretched and lack essential medications and supplies due to the blockade, with their services often interrupted by <u>power cuts</u>; access to public health services - and essential services more broadly - is extremely limited. The COVID-19 pandemic ravaged an already fragile health sector and in turn magnified the discrimination, inequality, and the existing public health crisis faced by the occupied Palestinian population, particularly in Gaza.

The recent escalation in hostilities across the West Bank and Gaza, the loss of doctors leading the response to the COVID-19 pandemic, such as <u>Dr. Abu Al-Ouf</u> - who led the central Al-Shifa hospital's response to the pandemic, and the Israeli authorities' decision to shut down the Palestinian Health Work Committees only added to the challenges facing Gaza. The hostilities also led to the closing of the remaining crossings into the territory, halting all delivery of vaccines to Gazans. The damage to dozens of Gaza's hospitals and medical centers, including Al-Shifa, from targeted Israeli missile strikes harmfully deprived Gazans of access to healthcare, and warrants international investigation.

In Syria, hospitals and clinics have been consistently destroyed since the beginning of the country's devastating civil war a decade ago by Syrian-Russian military <u>alliance strikes</u>, bearing substantial responsibility for <u>the</u> <u>damaging of over 50 medical facilities between just April to September 2020</u> in Idlib, Hama, and northern Aleppo. Via the UN Security Council, the Russian government is now pushing for the baseless and devastating closure of the last remaining international humanitarian aid corridor in Northwest Syria, over 3 million overwhelmingly displaced persons are in critical need of aid and medical care. In both Yemen and Syria, warring parties impeded access for critical humanitarian and rescue aid.

Conflict in Libya and the war in Yemen have similarly ravaged the health care <u>system</u> in each country, and the Saudi Arabia-led coalition's bombings in Yemen have caused massive displacement and destruction of hospitals and medical centers, possibly amounting to war crimes. As a result, large populations overwhelmingly composed of refugees and internally displaced people, already deprived of essential access to medical care and preventive

measures, have been subjected to greater suffering and susceptibility to COVID-19. In Yemen, where millions already face malnourishment, devastating public health crises predating the current pandemic have already overwhelmed the little health care infrastructure that remains on top of the civil war. Yemenis with disabilities were also impacted disproportionately by the conflict and the pandemic.

Efforts to increase vaccination rates in these countries would critically aid in decreasing the spread of the COVID-19 pandemic, saving countless lives. The COVAX initiative has the potential to directly support low- and middleincome countries across the MENA region. In the West Bank and Gaza, Syria, and Yemen especially, civilians are left to rely on global cooperation mechanisms such as COVAX to acquire life-saving vaccines. Amnesty International <u>encourages</u> the COVAX initiative to employ transparency and accountability mechanisms to ensure the vaccines are distributed equitably to all people, rather than being subject to existing discriminatory policies that disproportionately impact migrants, refugees, internally displaced people, minorities, and detainees.

#### Tenuous status of migrant workers and refugees

The pandemic has also aggravated the already precarious situation of <u>migrant workers</u> across MENA who are bound by the abusive *kafala* (sponsorship) system particularly in Bahrain, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia and the United Arab Emirates (UAE). While some Gulf countries brought in measures to waive penalties for overstaying visas, many migrant workers have faced arbitrary dismissal from their jobs and were not paid for months. In Jordan, thousands of migrant workers who lost their jobs rarely had access to social protection or alternative employment. In Lebanon, migrant workers have faced, and continue to face, physical abuse and discrimination by employers and others with impunity.

Similarly, many refugees, migrants, and internally displaced people were at heightened risk of contracting COVID-19 due to <u>discrimination and overcrowding</u> in run-down camps and detention centers. Refugees and migrants in Libya continue to face harsh restrictions on their movement, limiting their access to employment, protection, and the ability of humanitarian workers to deliver critical aid. Jordan, which continues to host approximately 2,745,500 refugees, barred aid convoys from delivering medical equipment to refugees in the "berm" - a no-man's land along the Jordanian-Syrian border. The UNHCR estimates that one third of the Syrian refugees residing in Jordan have lost their jobs and experienced a 40% drop in income, leading some to return to unsafe, government-controlled areas in Syria. Under the guise of COVID-19 prevention measures in early 2020, Iraqi authorities closed at least ten refugee camps, displacing thousands in the process. And <u>in Yemen</u>, continued violence displaced thousands more refugees while Huthi forces detained migrants in poor conditions, denied protection and care, and unlawfully expelled thousands of migrants to Saudi Arabia when the pandemic spread.

In May 2021, the Moroccan government intentionally loosened control of its border with the Spanish enclave of Ceuta in response to news that Western Sahara's Polisario Front leader received medical care in Spain and was not detained per Morocco's request. Spanish military forces deployed on the Ceuta border brutalized the influx of 8,000 migrants and asylum-seekers - including about 2,000 unaccompanied children - and began to collectively expel them without any humanitarian safeguards in violation of international laws. Moroccan authorities therein used the country's own refugees as political pawns, and broadly during the pandemic have made refugees unsafe through inadequate protection measures in crowded detention centers and lesser access to public services.

Migrant *kafala* workers were especially vulnerable in Lebanon, where many were fired and trapped in the country and faced abuses with little recourse. The Ministry of Labor adopted a revised unified contract for migrant workers that included <u>new protections and safeguards</u> against forced labor, but a judicial review body suspended its implementation soon after. The Lebanese government and local municipalities have also maintained and further imposed discriminatory policies against the country's roughly two million Palestinian and Syrian refugees during the pandemic, making it even more difficult for them to access health care and basic public <u>services</u>. In Syria

itself, military offensives including those led by Bashar al-Assad's Syrian government in the north internally displaced nearly one million people in 2020 alone. Tens of thousands of displaced Syrians continued to live in makeshift camps and centers that lacked adequate standard of living, let alone health care or protection.

The shift to virtual school and the risks brought on by the COVID-19 pandemic made education even more inaccessible for many displaced children - and children in low-income countries more broadly - who lacked access to consistent shelter, food and clean water, medical treatment, public services, and electronic devices.

#### Increased repression by governments

2020 and the COVID-19 pandemic saw an increase in human rights abuses by governments across the region. In Egypt, Iran and Saudi Arabia authorities continued with their relentless persecution of human rights defenders, protesters, and peaceful critics. Israeli authorities resorted to raids, judicial harassments, and travel bans to intimidate Palestinian protestors and their families as well as human rights advocates – including Amnesty International's campaigner Laith Abu Zeyad who remains under a travel ban. In Egypt, the rubber-stamp parliament used the pandemic to expand President al-Sisi's indefinite "state of emergency" for the fourth consecutive year, providing impunity to <u>arbitrarily arrest and detain, and forcibly disappear Egyptians</u>. To date, thousands of people remain arbitrarily detained solely for exercising their human rights or on the basis of grossly unfair trials, including mass and military trials, and hundreds of people, including prisoners of conscience, are subjected to enforced disappearance in undisclosed locations - at least <u>several hundred during the pandemic</u>.

In January 2021, the Egyptian government issued the executive regulations of the 2019 NGO law, which maintains the most draconian provisions of the 2017 law it replaced, including giving the authorities wide powers to dissolve independent human rights groups and criminalizing legitimate activities of NGOs. Across the Gulf states, <u>authorities used the COVID-19 pandemic as a pretext to further suppress</u> freedom of expression, including by prosecuting individuals who posted comments on social media about government responses to the pandemic for spreading "false news." In addition to unlawfully detaining and prosecuting online critics of government responses to the COVID-19 pandemic, Saudi officials managed to have <u>virtually all known Saudi Arabian human rights defenders inside the country</u> detained or imprisoned by the end of 2020.

Today, at least 28 journalists remained detained pending investigations on trumped-up terrorism-related and other charges in relation to their work or critical views. Following media reports that <u>authorities underreported COVID-19 cases</u>, the Iraqi government said it would suspend the presence of the Reuters news agency in the country. Similarly, Jordanian authorities <u>detained two television executives</u> over COVID-19 reporting. In Algeria, new laws were created that criminalized "fake news" and gatherings during health emergencies, later used to prosecute activists and critics of authorities' handling of the pandemic. Thirty-one Hirak protestors remain in prison, subject to arbitrary arrests, intrusive phone searches, and torture or other <u>ill-treatment</u>. In Morocco, Sahrawi journalist and activist <u>Ibrahim Amrikli was arrested and beaten</u> in May 2020, coerced to sign a "confession" to false charges; and prominent journalist and critic Omar Radi has faced unlawful detention by authorities since July 2020.

Moroccan security forces have continued to <u>abuse prominent Sahrawi independence and human rights activist</u> <u>Sultana Khaya</u> and her family, holding them under arbitrary house arrest since November 2020 without cause. The abuse against Khaya and her family has only escalated since the initial house arrest. On May 10, 2021, security forces raided Khaya's home, arresting three activists whom authorities proceeded to torture for several hours. <u>Khaya further told Amnesty that on the eve of the Muslim celebration of Eid-al-Fitr, May 12</u>, dozens of security force members entered her house and attempted to rape her, and also attacked and raped her sister.

Prior to the COVID-19 pandemic, Lebanon, Iraq, and Algeria were all experiencing protest movements demanding sweeping reform, including an end to government corruption and repression, and access to basic

services such as water, electricity, and health care. However, with the rise of the pandemic, government officials imposed <u>newly-implemented COVID-19 restrictions</u> that repressed protests, civil society, and free speech; in many cases, the repression involved violence and brutality by security forces against protestors and bystanders. Several thousands of protestors in <u>Iraq</u> and <u>Lebanon</u> were unlawfully injured via excessive force, tortured, arbitrarily arrested, and forcibly disappeared since protest movements that began in late 2019; in Iraq alone, security forces have killed at least 600 protestors in the past 20 months in a horrifying crackdown on dissent.

Throughout the 2019-2021 protests in Lebanon, security forces used excessive force against peaceful protesters through the use of live ammunition, tear gas, and rubber bullets. Authorities also dismantled protester tents in Beirut, and were found by Amnesty to have been undertaking a years-long campaign to arbitrarily arrest and torture Syrian refugees. Amnesty has further documented an <u>increasing and disproportionate use of terrorism-related charges</u> by Lebanese authorities against protestors, summoning protestors to military courts, in violation of international law, including the rights to freedom of speech, assembly, and fair trial.

The August 4th, 2020 explosion in Beirut - among the largest non-nuclear explosions ever recorded - overwhelmed already-struggling Lebanese hospitals, killing over 200 people, injuring over 7,000, and displacing some 300,000 more. The blast caused between \$3.8 to \$4.6 billion dollars of damage, and caused COVID-19 cases and deaths to skyrocket nationwide. Lebanese government officials rejected calls for an international investigation into the blast, using government powers and political interference to impede the domestic investigation, violate due process rights, and shield high-level officials from accountability. The government was largely <u>absent from critical recovery efforts</u>, leaving the public to heavily rely on international assistance for basic needs and support. The COVID-19 pandemic greatly compounded these already-devastating crises in Lebanon.

The Assad government's security forces in <u>Syria</u> arbitrarily arrested hundreds of civilians in 2020 and continued to detain tens of thousands more, including peaceful activists, humanitarian workers, lawyers and journalists, subjecting many to enforced disappearance and torture or other ill-treatment, and causing deaths in detention. Government and allied forces, as well as other parties including rebel forces and the Turkish military, continued to commit war crimes and carry out indiscriminate attacks and bombings on civilian homes, schools, shelters, rescue operations, and refugees in 2020 that killed and injured hundreds of civilians.

In Iraq, authorities have continued to treat not only the killings of hundreds of protestors by security forces with impunity, <u>but have further upheld little to no accountability</u> for the forced disappearances and killings of dozens of Iraqi activists, journalists, and lawyers in. Following waves of protests in August 2020 in the Kurdistan Region of Iraq (KRI), regional authorities began an ongoing crackdown on protests and free speech. <u>Amnesty documented the arbitrary arrest, unfair sentencing, and forced disappearances of hundreds</u> of protestors, activists, critics, and journalists over the past year in the KRI. Human Rights Watch <u>documented the case of Haitham Sulaiman</u>, an Iraqi activist arrested and beaten by authorities in April 2020 after posting a call on social media for officials to investigate allegations of government corruption linked to the purchase of COVID-19 masks.

Amnesty has called for an end to the intimidation and repression of governments' actual or perceived opponents, and the trampling of people's human rights more broadly across the MENA. This includes releasing individuals arbitrarily detained or unjustly sentenced after unfair trials, and immediately ending the exploitation of legal proceedings, exemplified by vague and extreme laws used as tools to deprive freedom of expression.

#### Recommendations

Amnesty International USA recommends that the United States government – both Congress and the Biden Administration - take the following actions to support the right to health across the Middle East and North Africa, as the region attempts to recover from the COVID-19 pandemic:

- Introduce accountability structure into the distribution of COVAX-initiative vaccines to countries in the Middle East and North Africa, with transparency and the fast-tracking of a TRIPS waiver to increase access to COVID-19 vaccines.
- Hold accountable all actors responsible for impeding timely, universal access to COVID-19 vaccines, critical medical care, and other essential public services; and address obstacles to public health in conflict and other crisis situations.
- Call for an end to the erosion of human rights and violent crackdowns in countries experiencing protest movements particularly abuses committed under the pretext of emergency response to the pandemic as seen in Algeria, Egypt, Iraq, and Lebanon.
- Provide medical and humanitarian aid to countries overwhelmed by the pandemic, and work to ensure that aid is distributed in an equitable manner.
- Halt the sale of US-made weapons and policing equipment to governments that use the weapons and equipment to crack down on civil society, human rights activists, journalists, medical workers, and human rights defenders.

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Sincerely,

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