

Israel does not fulfill its obligations under the Convention on the Rights of Persons with Disabilities when Refugees and Asylum Seekers with Disabilities are concerned.

A Status Report

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In 2014 Israel's State Comptroller wrote, regarding refugees and asylum seekers' (RAS) prevention of social and economic rights, that "The existing reality requires dealing with the question of how to ensure [RAS] who are not able to work, such as people with disabilities or with illness, the right to a minimally dignified living". The Comptroller noted that this question did not come up for discussion at all, and no solution was found. Close to 10 years have passed since then and approximately 1,200 RAS with disabilities¹ are still denied their right to a minimally dignified living and to the fulfillment of the principles enshrined in the Convention on the Rights of Persons with Disabilities (CRPD) which Israel has signed and ratified.

According to the Population and Immigration Authority (PIA), approximately 24,000 African RAS currently live in Israel, mostly Eritrean (18,544) and Sudanese (3,310) nationals. There are also approximately 8,200 children of African RAS, most of whom were born in Israel. Eritrean and Sudanese RAS have been residing in Israel legally for 10 to 16 years under temporary group protection from deportation.

Since the outbreak of the war in Ukraine, close to 50,000 Ukrainian nationals (URAS) have arrived in Israel and most of them have since left the state. Currently there are approximately 14,000 URAS residing in Israel who have arrived since the outbreak of the war (and who are not entitled to Israeli citizenship under the Law of Return). In addition, about 15,000-20,000 Ukrainian nationals resided in Israel prior to the war as migrant workers, asylum seekers or undocumented migrants. As of today, both groups are entitled to group protection from deportation to Ukraine.

This position paper will focus on African RAS, but it is becoming more evident that without improvement in Israel's policy and actions, the situation of URAS will be similarly dire relatively quickly.

African RAS

The African RAS community is one of the most marginalized communities in Israel, coping with extreme poverty and suffering from high rates of food insecurity and homelessness. Still, RAS are not entitled to State-subsidized

¹ According to ASSAF's rough assessments.

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

One of the main principles that are enshrined in the Convention (CRPD) is the "Respect for inherent dignity, individual autonomy and independence of persons;" (Art. 3). Without any social and economic rights, this principle is gravely violated by the state of Israel when it comes to RAS with disabilities.

The Convention - The CRPD states that State parties shall take effective and appropriate measures to enable people with disabilities the right to access a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community" (Art. 19). The Convention also states that people with disabilities have the right to "the enjoyment of the highest attainable standard of health..." (Art. 25) and the right to "an adequate standard of living for themselves and their families." (Art. 28). It also states that State parties shall "organize ...comprehensive habilitation and rehabilitation services and programs" (Art. 26). **None of these rights and services are eligible when it comes to adult RAS with disabilities in Israel, and many of them are not eligible with regards to RAS children with disabilities.**

Health - As mentioned above, Israel does not apply the National Health Insurance Law to RAS and therefore they do not have access to public health services except in a life endangering emergency.² As a result, often RAS wait for their condition to deteriorate in order to receive treatment, since only then they receive treatment in a hospital emergency room. Once their condition stabilizes, they are released to their homes without further treatment, follow-up or medication. Even private health insurances, which are dependent on employment and thus are many times not applicable to RAS with disabilities, do not provide a satisfactory answer, since they include only partial coverage and are interrupted when the person insured loses their job.

² for details on the health scheme available for the children see further on in the report.

The MoH operates only 3 clinics which are accessible to RAS - “Terem” clinic which mainly provides front-line health services, “Ruth” clinic which provides psychiatric care (and constantly holds a waiting list of patients who have been referred to the clinic and are unable to receive treatment) and the “Bederech” clinic which opened very recently and is due to provide psychiatric care for only the acute cases of torture survivors. All 3 clinics provide limited services and all are located in Tel-Aviv, and therefore are not accessible to RAS who live in other cities. These clinics are insufficient in providing RAS’s medical needs, let alone - the needs of RAS with disabilities.

As to mental health services, RAS with disabilities, including survivors of torture, trafficking and slavery from the torture camps in the Sinai Peninsula, are excluded from the services provided to people with mental disabilities according to the Rehabilitation in the Community of People with Mental Disabilities Law, 5760-2000.

RAS with disabilities are therefore not receiving the health services they need and their right to healthcare is severely violated.

Adequate standard of living and social protection - As mentioned above RAS are denied access to social security benefits and allowances.³ They are also not entitled to social services provided in the community, such as housing or even aid in rent fees, aid at home, etc.

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

Living independently and being included in the community - As mentioned above, RAS with disabilities are only entitled to placements in institutions,⁴ provided they have health insurance, which they usually do not have since RAS are not entitled to public health insurance. With no access to health and social services and to social security allowances and benefits, even those who have a rehabilitative potential and who could have enjoyed a full participation and inclusion in the community are being denied these rights.

In the absence of social and health rights and access to “in-home, residential and other community support services” oftentimes RAS with disabilities are left with no alternative except institutional placements. Many times, the institutions

³ Except for Employer bankruptcy allowance, Work accident allowance and Maternity pay if they are legally employed.

⁴ MoWSA’s General Director’s Circular No. 168

on offer are incompatible with their needs and they are hesitant to enter them or leave them a short while after entering. Sometimes the placement itself causes deterioration of their situation due to the institution's incompatibility with their needs or condition.

Habilitation and Rehabilitation - RAS with disabilities are not eligible to any habilitation and rehabilitation, including occupational rehabilitation and access to Rehabilitative Work Centers and to Sheltered Employment.

Children with disabilities of African RAS

Naturally, the rights of RAS children with disabilities are strongly interlinked to their parents' rights. Hence, the children live in extreme poverty and many families (ASSAF's estimation is 50% of RAS families) consist of single mothers.⁵ At-risk RAS children are entitled to social services.⁶ However, in practice these services fall short of the holistic services that Israeli citizen's families of at-risk children receive, mainly because neither the children nor their parents are entitled to social security benefits, including child allowances and disabled child allowances.

As to healthcare, RAS children⁷ are entitled to join subsidized health insurance (known as the Meuhedet health scheme) at a monthly cost of 120 NIS (approx. 30 EU) per month for the first child, and 240 NIS per month for two children and over. Those among RAS children who have joined the Meuhedet health scheme and have been able to meet the monthly premiums enjoy adequate access to health services, similar in scope to that of Israeli citizens' children. However, those whose parents are not able to pay the insurance fees are left without healthcare, including assessment of individual needs and strengths at the earliest possible stage (Art. 26(a)) and habilitation services.

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

Statistics and data collection - The convention states that States Parties will "undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the

⁵ See also: Status Report 2022, [Status Report: Asylum Seekers in Israel During Covid19 Pandemic](#), ASSAF, 2021 (Hebrew; [Summary in English](#));

⁶ According to MoWSA's Director General's Circular No. 100

⁷ but not children of URAS

present Convention" (Art. 31). To the best of our knowledge, Israel does not gather and hold full statistics and data on RAS with disabilities.

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

Israel must immediately ensure that RAS with disabilities and their children with disabilities receive full access to healthcare, social security allowances and benefits and full social services, similar in scope to that of Israeli citizens with disabilities. In particular:

- **Full access to healthcare** must include all habilitation and rehabilitation services, home care and accessibility services.
- **Full access to social security allowances and benefits** must include disability allowances, child allowances and disabled child allowances.
- **Full welfare and social services** must include full services provided in the community with the aim of enabling RAS with disabilities to lead a dignified and independent life.

Israel should include RAS with disabilities in the 2022 Social Services for People with Disabilities' Law or, alternatively, rectify MoWSA's GD Circular 168 so that it is compatible with the Law's provisions.

Israel should grant RAS with disabilities and parent RAS to children with disabilities access to the Ministry of Construction and Housing's programs of public housing and assistance in rent payments.

Israel should gather full and credible information and data on RAS with disabilities and RAS children with disabilities.

For further details:

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