



Treatment Action Group

October 2018: UAE Immigration Law Continues to Violate Rights of People Suspected of prior TB

Background: in 2017, TAG conducted qualitative research among former migrants to the UAE to document how UAE immigration law and practice violate immigrants' human rights in the context of the Right to Science (RtS) and TB. Based on analysis of the testimony and international legal frameworks, TAG submitted a parallel report to the 3rd Cycle UPR of the UAE and provided oral testimony at the UAE UPR session in Geneva. In September 2018, TAG documented two cases from June and July 2018 that in addition to previously documented violations of Freedom of Information and Right to Science highlight the intense stigma and deprivation of liberty that can accompany deportation based on suspected prior TB.

UAE's Migrant TB Policy

Cabinet Decree 7/2008 stipulates that migrants seeking employment must undergo medical exams to detect infectious diseases (including HIV/TB/HCV). Cabinet Decree 5/2016 further demands that migrants seeking annual renewal of residence permits must undergo medical examinations. First time migrants found to have any lung scars on chest X-Rays are declared medically unfit, forcibly deported, and issued with a lifetime ban to entering the UAE. Those found to have lung scars on X-rays during visa renewal procedures are diagnosed and treated in the UAE, in some cases under involuntary isolation.

Continued Violations of Right to Science

A year after TAG's UPR submission, the UAE's screening procedure still does not reflect the current standard of scientific evidence. Immigration health exams continue to use chest X-Rays as initial diagnosis for potential current or prior TB. Chest X-Rays are unable to distinguish between latent TB infection (LTBI), lung scars from previously treated TB or non-TB lung infections, and active TB disease. In one newly documented case, a lung scar triggered additional TB tests. Regardless, the migrant was declared medically unfit based on the original lung scar. A second medical opinion did not find any reason for unfit status. In the second documented case, the migrant was diagnosed

with pneumonia and received antibiotic treatment. Upon completion of treatment, medical authorities conducted a chest X-Ray and no further TB tests. The migrant was declared unfit despite not having received any additional diagnosis. Neither of the migrants received a written TB diagnosis, nor medical records despite their requests. Contact with medical authorities was channeled exclusively through their employers.

Deprivation Liberty

Both migrants experienced deprivation of liberty at the hands of their employers as part of their treatment and deportation procedures. The pneumonia patient described experiencing intense stigma from colleagues and discrimination as part of the forced isolation within company accommodation, including being called "haram" (illegal), refusal of family visits, refusal of spending time outside. The migrant who underwent additional TB tests was placed in isolation in company accommodation for at least 10 days, despite having no medical diagnosis nor receiving treatment of any current infectious disease.

In neither case it is clear whether isolation was mandated by health authorities or implemented as so-called "precaution" by the migrants' employers.

Recommendations

- Immediately end practice of involuntary isolation as part of deportation procedures by medical authorities or corporations.
- Any use of quarantine must be in line with WHO Ethics Guidelines and occur in a healthcare facility.
- Protect migrants' Right to Information and never delay diagnosis or withhold medical information.
- End the practice of directly informing migrants' employers of medical test results.
- Discontinue the use of lung scars on chest X-rays as grounds for deportation.
- Migrants' immigration status should not be affected by a TB diagnosis, with right to remain granted on the basis of smear-negative results after the successful initiation of treatment for active TB. Treatment of LTBI should be offered but not compulsory.
- Link migrants to quality-assured care following WHO recommendations and standards.

TAG is an independent, not-for-profit, community-based research and policy think tank, working to ensure all people with HIV, TB and Hepatitis C receive lifesaving treatment, care and information.