



# “IN THE PRIME OF THEIR LIVES”

QATAR'S FAILURE TO INVESTIGATE,  
REMEDY AND PREVENT MIGRANT  
WORKERS' DEATHS

AMNESTY  
INTERNATIONAL



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*Cover: Relatives and villagers carry the coffin of Balkisun Mandal Khatwe at Belhi village, Saptari district of Nepal. Balkisun, who had been working for a company in Qatar for less than a month, died in his sleep.*

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# GLOSSARY

***CESCR*** Committee on Economic, Social and Cultural Rights

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***ICCPR*** International Covenant on Civil and Political Rights

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***ICESCR*** International Covenant on Economic, Social and Cultural Rights

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***ILO*** International Labour Organization

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***PSA*** Planning and Statistics Authority (Qatar)

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***SUPREME COMMITTEE*** Supreme Committee for Delivery and Legacy

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***WBGT*** Wet bulb globe temperature

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***WHO*** World Health Organization



# EXECUTIVE SUMMARY

## **“I could not believe the news... I had talked to him a few hours earlier”**

Sumi Akter, the wife of 34-year-old Mohammed Suman Miah, who died suddenly after working outside all day in temperatures that reached 38°C.

Ever since FIFA awarded the 2022 World Cup to Qatar in 2010, there have been repeated allegations that migrant workers were dying in significant numbers while working on vast infrastructure projects, as a result of the country’s extremely hot climate and abusive working conditions. Following four years of high-profile and significant labour reforms aimed at dismantling Qatar’s exploitative ‘kafala’ sponsorship system, and with the World Cup just over one year away, the safety of workers in Qatar remains an issue of huge importance and continued controversy.

Over the last decade, thousands of migrant workers have died suddenly and unexpectedly in Qatar, despite passing their mandatory medical tests before travelling to the country. Yet despite clear evidence that heat stress has posed huge health risks to workers, and one peer-reviewed study suggesting that hundreds of lives could have been saved with adequate protection measures, it remains extremely difficult to know exactly how many people have died as a result of their working conditions. This is because in most cases Qatari authorities do not investigate the underlying cause of their death. Instead, death certificates usually report their deaths as simply due to “natural causes” or “cardiac arrest” - descriptions that are almost meaningless in certifying deaths – and thus no connection to their working conditions is made. As a result, bereaved families are denied the opportunity to know what happened to their loved ones. Importantly, in a context where many rely on remittances, this prevents them from receiving compensation from the employers or Qatari authorities.

Qatar has ratified both the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), yet this report shows that Qatar’s long-standing failures to prevent, investigate and remedy the deaths of migrant workers constitute violations of the right to life and the right to healthy working and environmental conditions. While new legislation on heat protection introduced in May 2021 will provide better protection for workers, experts have told Amnesty that it still falls far short of what is required to adequately protect workers’ health and lives. In contrast, Qatar has so far done little to improve its processes to investigate, certify and remedy migrant workers’ deaths.

The deaths of six of these migrant workers – four construction workers, one security guard and one truck driver – are featured in detail in this report. They highlight the personal tragedies for them and their families back home in Bangladesh or Nepal, as well as Qatar’s failures relating to their deaths. They also symbolise the tragedies of so many others who went to Qatar to provide a better future for their families but came back in a coffin, and whose deaths remain unexplained.

Four of the men were aged 34 when they died. **Mohammad Kaochar Khan**, a plasterer on a construction site, was found by his co-workers dead in his bed on 15 November 2017. He was married with a seven-year-old son. **Yam Bahadur Rana** was a security guard at the airport, a job that involved long hours sitting in the sun. He died suddenly at work on 22 February 2020. He was married with two children. **Mohammed Suman Miah (Suman)**, a construction worker, collapsed and died on 29 April 2020 at the end of a long shift in temperatures that had reached 38°C. He too was married with two children. **Tul Bahadur Gharti** died in his sleep on the night of 28 May 2020 after working outdoors for around 10 hours in temperatures of up to 39°C.

**Sujan Miah** was just 32 years old when workmates found him unresponsive in bed on the morning of 24 September 2020. He was a pipe fitter on a project in the desert and had been working in temperatures that exceeded 40°C in the four days before he died. **Manjur Kha Pathan** was 40 and had been working 12 to 13 hours a day as a truck driver. The air conditioning in his cabin was faulty. He collapsed in his accommodation on 9 February 2021 and died before the ambulance arrived. He was married with four children.

While the time elapsed means it may now be difficult to prove whether each death was a direct result of their working conditions, all of them were regularly exposed to dangerous temperatures at work, and in every case Qatar failed to investigate their deaths or provide an opportunity for their families to be compensated.

The emotional and economic impact on the families has been devastating.

“Now everything is shattered,” said Bhumisara, the wife of Yam Bahadur Rana. “Life itself has become like a broken mirror.” She told Amnesty International that since she was widowed, she and her two children have had to survive on 2,000 Nepali rupees (approximately US\$16) a month provided by the Nepali government.

Bipana, the wife of Tul Bahadur Gharti, said, “I have cried many times in emotion. Being alone is very difficult... My husband was set on fire. I feel like I’m burning in oil.”

The family of Suman Miah, who had paid more than US\$7,000 in recruitment fees to get him a work visa for Qatar, used the only financial assistance they received – from the Bangladeshi authorities – to pay off Suman’s recruitment fee debt.

In the process of researching the report, Amnesty International consulted nine leading experts in pathology, cardiology, public health, and occupational safety to analyse Qatar’s approach to preventing, investigating and certifying deaths, and drew on a range of published studies focusing on the impact of heat stress on workers, including in Qatar. In addition to documenting the cases of the six men highlighted above, Amnesty also spoke to the families and analysed death certificates of twelve other men who had died in Qatar. Finally, Amnesty requested information from the Qatari government, the Supreme Committee for Delivery and Legacy (Supreme Committee) - the Qatari body in charge of planning and delivering the World Cup infrastructure - and labour sending countries, and incorporated their responses into the report.

**“I HAVE CRIED MANY TIMES IN EMOTION. BEING ALONE IS VERY DIFFICULT...”**

**MY HUSBAND WAS SET ON FIRE.**

**I FEEL LIKE I’M BURNING IN OIL.”**

Bipana, the wife of Tul Bahadur Gharti





Migrant worker Tika Ram Tharu (r) and Anil Chaudhary (l) arrive along with a red coffin containing the body of their friend Buddiram Tharu, 42, at the International Airport in Kathmandu, Nepal on 18 December 2013. Buddiram went to Qatar in June 2012 as a migrant worker and died on 8 December 2013 after a heart attack. © Narendra Shrestha/EPA/Shutterstock

## THREATS TO WORKERS' HEALTH AND LIVES

A state's duty to protect the right to life, as well as its obligations to ensure healthy working and environmental conditions, includes adopting laws or other measures to protect life from reasonably foreseeable threats. One of the most well-documented and foreseeable risks to workers' life and health in Qatar is exposure to extreme heat and humidity.

Between 2007 and May 2021, Qatar's main measure in place to try and mitigate these risks was a directive prohibiting outdoor work between 11:00 and 13:00 in the summer months, between 15 June and 31 August. Frequent warnings about the serious public health risk of Qatar's migrant construction workers' exposure to heat, and the inadequacy of the country's mitigation measures, have been made:

- In 2005, three doctors employed at the intensive care unit of Hamad Hospital warned of the dangers of heat stroke and outlined recommendations to minimize the risks to workers' health.
- In 2017, Human Rights Watch repeated these concerns recommending that Qatar pass legislation to require that all death certificates include reference to a medically meaningful cause of death.
- In June 2019, the scientific journal *Cardiology* published a paper stating that "a large proportion" of deaths of Nepali migrant workers in Qatar were due to "serious heat stroke" and that "As many as 200 of the 571 cardiovascular deaths [of Nepali migrant workers] during 2009–2017 could have been prevented if effective heat protection measures had been implemented as a part of local occupational health and safety programs."
- In October 2019, *The Guardian* newspaper engaged climate data specialists to assess the risks to construction workers and other outdoor workers from heat and humidity and concluded that it was not safe to work during significant periods of the year not covered by the summer working hours ban in force at that time.
- In October 2019, a large study commissioned by the Qatari authorities highlighted how workers who were offered only the legal minimum protections under Qatari legislation, such as the 2007 summer working hours directive, were at significantly higher risk of heat stroke than workers on a World Cup stadium who have benefited from higher forms of protection.

In May 2021, the Qatari authorities introduced significant new legislation on heat protection, with a range of measures including an extension of the summer working hours restriction, the imposition of a temperature limit above which all work is prohibited, and granting workers the right to “self-pace” by taking breaks when needed. In June, the Qatari authorities temporarily closed 232 worksites in order to enforce the new regulations. While this legislation will provide greater protections for workers, leading experts in the field of environmental health and heat stress have told Amnesty International that much more needs to be done.

As one such expert noted, the legislation is: “an improvement that falls far short of what is necessary for the protection of labourers who are subject to heat stress exposures of all types.” In addition to enhanced enforcement, they stressed in particular the difficulty faced by workers to “self-pace” given the extremely unequal relationships between employer and worker in Qatar. They recommended that break times should be determined through the use of recognised activity modification guidelines which outline rest times based on the climatic conditions and the nature of the work performed.

## UNEXPLAINED DEATHS – THE FAILURE TO INVESTIGATE AND CERTIFY

While the risk to worker’s health and lives posed by exposure to extreme heat and humidity has been well documented, knowing exactly who and how many people have died from work-related causes is made much more difficult. This is due to Qatar’s persistent failure to meet its human rights obligations to uphold the right to life by adequately investigating and certifying thousands of migrant workers’ deaths.

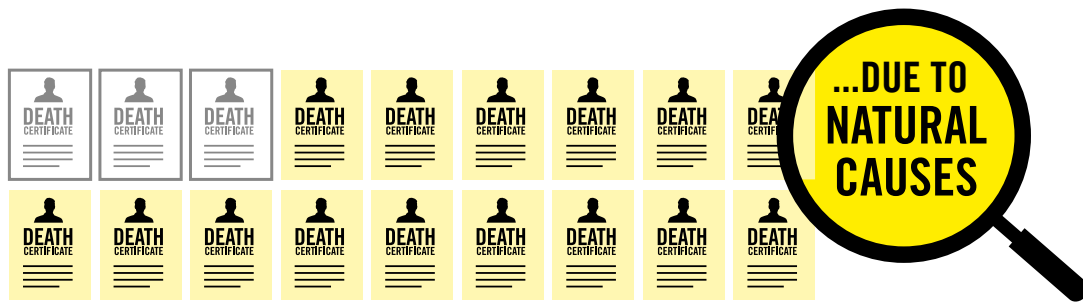
Data on the deaths of migrant workers in Qatar have, until recently, been scarce, though Qatar’s Planning and Statistics Authority (PSA) now publishes figures showing that a total of 15,021 non-Qataris - of all ages, occupations and causes - have died in Qatar in the past 10 years. However, the manner in which they have been collected and presented allows only very broad and tentative conclusions to be drawn.

In particular, the lack of meaningful investigations into the deaths of migrant workers make the data on the cause of death unreliable, and the way that a significant number of deaths are categorised as ‘cardiovascular diseases’ in official statistics – especially since 2016 – may be obscuring a high number of deaths that are, in reality, unexplained. For example, the proportion of deaths of working age non-Qatari men categorised either as from cardiovascular diseases or ‘unknown causes’ is significantly higher than for Qatari men of the same age and should be investigated further.

The high number of apparently unexplained deaths is also apparent from figures obtained by *The Guardian*, which showed that 69% of deaths of workers from India, Nepal and Bangladesh between 2008 and 2019 were attributed to ‘natural causes’ or ‘cardiac arrest’, and contained no information about the underlying causes of death. Similarly, Bangladeshi government records, seen by Amnesty International, attributed 71% of the deaths of Bangladeshi nationals in Qatar from November 2016 to October 2020 to ‘natural causes’, while a 2020 report by Nepal’s Ministry of Labour, Employment and Social Security found that 55% of Nepali deaths in Qatar between 2008 and 2019 were from either “cardiac arrest” or “natural causes”. This is despite the fact that experts consulted by Amnesty International have said that in a well-resourced health system, it should be possible to identify the cause of death in all but 1% of cases.

Similar problems are even evident in relation to World Cup projects overseen by the Supreme Committee, which are subject to higher safety standards and more rigorous processes. Of the 33 fatalities recorded in the Supreme Committee’s five Annual Workers’ Welfare Progress Reports to date, 18 cases included no reference to an underlying cause of death, instead using phrases such as “natural causes”, “cardiac arrest” or “acute respiratory failure”. 10 of these cases involved men in their twenties or thirties.





Likewise, the death certificates of 15 out of the 18 cases reviewed by Amnesty International provided no information about the underlying causes of death, attributing the cause of death to “acute cardio respiratory failure due to natural causes”, “acute heart failure natural causes”, “heart failure unspecified” and “acute respiratory failure due to natural causes”.

Dr David Bailey, a leading pathologist and member of the World Health Organization (WHO) Working Group on death certification, told Amnesty International:

***“These are phrases that should not be included on a death certificate without a further qualification explaining the underlying cause. Essentially, everyone dies of respiratory or cardiac failure in the end and the phrases are meaningless without an explanation of a reason why. “Natural causes” is not a sufficient explanation.”***

Under international standards, Qatar is obliged to investigate deaths of migrant workers and properly determine their cause in order to put in place effective measures to protect the lives of other migrant workers on its territory. Investigations can include interviews with the family, friends and colleagues of the deceased, verbal autopsies, non-invasive autopsies, full surgical autopsies or combinations of these methods. According to experts consulted by Amnesty International, even just using verbal autopsies should be able to reduce the number of unexplained deaths to just 15%, and reduce further using other methods. A number of countries have well-established practices from which Qatar can draw, and the WHO is in the process of establishing a set of international standards.

Qatar has continued to ignore repeated expert recommendations in this regard. In fact, very few, if any, autopsies are performed to determine the exact causes of death of migrant workers, while other forms of post-mortem examination appear to be rare. Amnesty International asked the authorities for the number of investigations carried out on migrant workers’ deaths since 2010. The authorities did not provide this data. Instead, the authorities cited obstacles they faced, including some families’ cultural objections to autopsies. However, none of the families interviewed by Amnesty had been asked whether they wished to have an autopsy conducted to identify the cause of death. In any case, advances in pathology mean that invasive autopsies are often not necessary to determine the cause of death.

## FAILURE TO PROVIDE REMEDY

As a state party to a wide range of international treaties, Qatar not only has a duty to ensure the full respect, protection and fulfilment of people’s rights, but also to provide remedies when those rights are violated. A number of International Labour Organization (ILO) Conventions, which Qatar has not ratified, also outline the obligations of states to provide compensation for families whose loved ones have died from work-related causes. The ILO has recommended that this includes “diseases caused by exposure to extreme temperature.”

## **NONE OF THE FAMILY MEMBERS OF THE MIGRANT WORKERS INTERVIEWED IN THE COURSE OF THIS RESEARCH RECEIVED ANY COMPENSATION FROM QATAR**



While Qatar's Labour Law does provide deceased workers' families with the right to compensation in the event of their family member dying "by reason of work", its 'list of occupational diseases' does not include deaths resulting from heat stress. Most importantly, the lack of meaningful investigations into the causes of many workers' deaths mean that any potential link to working conditions - especially in cases where exposure to heat stress may be a factor - is not made. Indeed, none of the family members of the migrant workers interviewed in the course of this research received any compensation from Qatar. As a result, they faced the double blow of losing their loved one and facing severe financial insecurity.

### **KEY RECOMMENDATIONS**

In light of the findings of this report, Amnesty International is calling on the Qatari authorities to:

- Strengthen the 2021 Ministerial Decision on heat stress to ensure that employers are required to provide outdoor workers with breaks of an appropriate duration, in cooled, shaded areas, when there is an occupational risk of heat stress; mandatory break times should take into account the environmental heat stress risks along with the exertional nature of the work being performed.
- Establish a specialist team of inspectors and medical examiners, with expertise in the investigation and certification of deaths, to ensure that all deaths of nationals and non-nationals in Qatar are investigated and certified in accordance with international best practice.
- Provide compensation to the families of any worker who has died after being exposed to high temperatures at work, unless an independent cause of death is identified. Add "diseases caused by exposure to extreme temperature" to Qatar's list of occupational diseases.
- Commission an independent, thorough and transparent investigation into the causes of past migrant workers' deaths and establish a mechanism to provide adequate compensation to families of all deceased migrant workers whose working conditions may have contributed to their death.

Amnesty International is also calling on FIFA and national football associations taking part in the 2022 World Cup to publicly call on the Qatari authorities to implement these recommendations.



# 1. METHODOLOGY

This report is based on a wide range of evidence. It builds on the extensive research that Amnesty International has conducted on migrant workers' rights in Qatar over the last decade.

The report also draws heavily on the insights and expertise of leading medical experts with a diverse range of specialties. These are:

- Professor Dan Atar, a clinical cardiologist and head of research at Oslo University Hospital;
- Dr David Bailey, a consultant pathologist and Chair of the Royal College of Pathologists Death Investigation Committee and a member of the World Health Organization (WHO) Working Group on death certification;
- Professor Peter Blair, Professor of Epidemiology and Statistics at the University of Bristol;
- Professor Douglas Casa, an expert in exertional heat stroke and CEO of the Korey Stringer Institute at the University of Connecticut;
- Dr Edward Fottrell, Associate Professor in Epidemiology and Global Health at University College London (UCL) and Director of the UCL Centre for Global Non-communicable Diseases and a member of the WHO Working Group on verbal autopsies;
- Natasha Iskander, Associate Professor of Urban Planning and Public Service at New York University;
- Professor Vivekanand Jha, Executive Director at The George Institute for Global Health, India, Chair of Global Kidney Health, Faculty of Medicine, Imperial College of London, and Past-President of International Society of Nephrology;
- Margaret Morrissey, Director of Occupational Safety at the Korey Stringer Institute; and President of the National Heat Safety Coalition;
- Professor David Wegman, Emeritus Professor of Work Environment at UMass Lowell and Adjunct Professor at Harvard School of Public Health who is also an expert on health and safety in the construction industry.

Amnesty International analysed the data publicly reported by Qatar's Planning and Statistics Authority (PSA),<sup>1</sup> national regulations and international laws and standards pertaining to migrant workers' rights, and the processes for certifying and investigating worker deaths in Qatar. These laws include: Law No. 2 of 2012 on Autopsy of Human Bodies,<sup>2</sup> Labour Law No. 14 of 2004,<sup>3</sup> Law No. 22 of 2004 Regarding Promulgating the Civil Code,<sup>4</sup> and Ministerial Decision No. 16 of 2007.<sup>5</sup>

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1 Qatar Planning and Statistics Authority, <https://www.psa.gov.qa/en/statistics1/Pages/default.aspx>

2 Available at: <https://almeezan.qa/LawPage.aspx?id=4568&language=en>

3 Available at: [https://www.ilo.org/global/topics/hiv-aids/legislation/WCMS\\_125871/lang--en/index.htm](https://www.ilo.org/global/topics/hiv-aids/legislation/WCMS_125871/lang--en/index.htm)

4 Available at: <https://www.almeezan.qa/LawPage.aspx?ID=2559&language=en>

5 Available at: <https://www.almeezan.qa/LawView.aspx?opt&LawID=4406&language=ar>

Amnesty International also reviewed the main published research available on this issue including:

- “Migrant Labour in the Construction Sector in Qatar”, the DLA Piper law firm report published in April 2014;<sup>6</sup>
- “Study of Patients with Heat Stroke Admitted to the Intensive Care Unit of Hamad General Hospital, Doha, Qatar, During Summer of 2004”, published in the *Qatar Medical Journal* in 2005 by three doctors employed at the intensive care unit of Qatar's Hamad Hospital;<sup>7</sup>
- “Heat Stress Impacts on Cardiac Mortality in Nepali Migrant Workers in Qatar”, a seminal peer-reviewed paper published in the scientific journal *Cardiology* in June 2019;<sup>8</sup>
- “Assessment of Occupational Heat Strain and Mitigating Strategies” published in 2019 and summarizing the key findings of the Greece-based FAME Laboratory study to inform Qatar's strategies to mitigate heat stress.<sup>9</sup>

In the course of this research, Amnesty International identified cases of 18 deceased migrant workers in Bangladesh and Nepal, spoke with their family members and collected documentary evidence relating to their deaths in Qatar, including the death certificates issued by the Qatari Ministry of Public Health. In 13 cases, the cause of death was reported as “natural death”. Two cases related to cardiac diseases and three to other causes – a road traffic accident, poisoning and cancer. Amnesty International also conducted in-depth and face-to-face interviews with the families of six of the migrant workers who had died in Qatar; these cases are featured in detail in this report.

Between December 2020 and March 2021, Amnesty International wrote to various Qatari authorities and institutions, including the Ministry of Administrative Development, Labour and Social Affairs, the Ministry of Public Health and the Supreme Committee for Delivery and Legacy (Supreme Committee), which is the Qatari body in charge of planning and delivering the World Cup infrastructure, seeking information regarding the deaths of migrant workers.

In a letter sent on 1 December 2020 to the Qatari Ministry of Public Health, Amnesty International requested data on migrant worker deaths, disaggregated by age, occupation, sex and date of death.<sup>10</sup> In a follow-up letter sent to the Ministry on 22 February 2021, the organization requested further information and data related to investigations and autopsies.<sup>11</sup> Qatar's Government Communications Office acknowledged receipt of both letters and on 15 March 2021 provided background information related to the issue, which is reflected in this report.<sup>12</sup> It did not, however, share any data. Amnesty International subsequently learned that at some point in 2020, Qatar made national mortality statistics publicly available for the first time. Based on this, a third request for information was sent in June 2021<sup>13</sup> to which the government replied on 28 June 2021.<sup>14</sup>

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6 DLA Piper, *Migrant Labour in the Construction Sector in Qatar*, 2014, p. 15. The report was never formally released but can be seen online at <http://engineersagainstopoverty.org/wp-content/uploads/2018/07/Qatar-DLA-FINAL-REPORT-MAY-2014-FOR-PUBLICATION.pdf>

7 F.Y. Khan, A. Kamha, A. El Hiday, *Study of Patients with Heat Stroke Admitted to the Intensive Care Unit of Hamad General Hospital, Doha, Qatar, During Summer of 2004*, *Qatar Medical Journal*, Vol. 14, No. 2, November 2005, <https://www.qscience.com/docserver/fulltext/qmj/2005/2/qmj.2005.2.14.pdf?expires=1618568339&id=id&accname=guest&checksum=3A6287B3965218DC28FBBB6C3C543FB4>

8 Bandana Pradan, Tord Kjellstrom, Dan Atar, Puspa Sharma, Birendra Kayastha, Ghita Bhandari, Pushkar K. Pradhan, *Heat Stress Impacts on Cardiac Mortality in Nepali Migrant Workers in Qatar, 2019*, p. 46, <https://www.karger.com/Article/FullText/500853>

9 ILO Project Office for the State of Qatar, *Assessment of Occupational Heat Strain and Mitigating Strategies*, 11 October 2019, [https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms\\_723545.pdf](https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_723545.pdf)

10 Letter to Her Excellency Dr Hanan Mohamed Al Kuwari, Minister of Public Health, 1 December 2020.

11 Ibid, 22 February 2021.

12 On file with Amnesty International.

13 Letter to Dr. Saleh bin Mohammed Al-Nabit, President of Planning and Statistics Authority, 18 June 2021; and letter to Her Excellency Dr Hanan Mohamed Al Kuwari, Minister of Public Health, 18 June 2021.

14 On file with Amnesty International.

In December 2020, Amnesty International also wrote to all of the other Gulf countries (Bahrain,<sup>15</sup> Kuwait,<sup>16</sup> Oman,<sup>17</sup> Saudi Arabia<sup>18</sup> and the United Arab Emirates<sup>19</sup>), requesting data on migrant worker deaths disaggregated by age, occupation, sex and date. None provided this data. Amnesty International also requested similar information from major labour-sending countries, including Bangladesh,<sup>20</sup> India,<sup>21</sup> Kenya,<sup>22</sup> Nepal,<sup>23</sup> Nigeria,<sup>24</sup> Pakistan,<sup>25</sup> the Philippines<sup>26</sup> and Sri Lanka,<sup>27</sup> regarding the number of their nationals who had died in Gulf countries between 2010 and 2020. Only Nepal and Sri Lanka shared limited data on the issue; no replies were received from the other countries.<sup>28</sup>

On 5 April and 28 June 2021, the Supreme Committee replied to Amnesty International's requests for information, the content of which is reflected in this report.<sup>29</sup>

The organization sent the Qatar government its provisional findings and recommendations on 19 July 2021.<sup>30</sup> As of 18 August 2021, no reply had been received.

Amnesty International would like to thank all those who assisted with the research and preparation of this report, in particular all the family members who agreed to be interviewed about their traumatic experience. Without them, this report would not have been possible.

We would also like to express our gratitude to all the experts and academics who shared their knowledge and helped shape the recommendations for this report, and to FairSquare Research<sup>31</sup> for providing research support and advice.

Finally, Amnesty International appreciates the ongoing engagement with the International Labour Organization (ILO) office in Doha as well as the willingness of the Qatar government to engage with the organization and respond to correspondence.

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15 Letter to Her Excellency Faeqa bint Saeed AL Saleh, Minister of Health for Bahrain, 25 January 2021.

16 Letter to Dr. Basel Alsabab, Minister of Health for Kuwait, 25 January 2021.

17 Letter to Dr. Ahmed bin Mohammad Al Saidi, Minister of Health for Oman, 25 January 2021.

18 Letter to His Excellency Dr. Tawfiq bin Fawzan Al Rabiah, Minister of Health for Saudi Arabia, 21 January 2021.

19 Letter to H.E. Abdul Rahman Mohammed Al Oweis, Minister of Health and Prevention for the United Arab Emirates, 25 January 2021.

20 Letter to Dr. Ahmed Munirus Saleheen, Secretary for the Ministry of Expatriates' Welfare and Overseas Employment, 3 December 2020.

21 Letter to His Excellency Dr. Deepak Mittal, Ambassador of India to the State of Qatar, 2 December 2020.

22 Letter to the Principal Secretary of the Ministry of Labour and Social Protection, 14 December 2020.

23 Letter to Mr. Rajan Prasad Shrestha, Executive Director, Foreign Employment Board, 14 December 2020.

24 Letter to Mr Geoffrey Onyeama, The Honourable Minister of Foreign Affairs, 7 December 2020.

25 Letter to Mr. Sayed Zulfikar Abbas Bukhari, Special Assistant to the Prime Minister/Minister of State, 2 December 2020.

26 Letter to Ms. Sarah Lou Y. Arriola, Undersecretary for Migrant Workers' Affairs, 2 December 2020.

27 Letter to Mr. Kamal Ratwatte, Chairman Sri Lanka Bureau of Foreign Employment, 2 December 2020.

28 On file with Amnesty International.

29 On file with Amnesty International.

30 Memorandum sent by email to Qatar's Government Communications Office.

31 <https://fairsq.org/>

## ***“Our mother is still crying for her son”***

Jamal Molla, brother of Sujan Miah



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Sujan Miah from Bangladesh was 32 years old when he died in Qatar on 24 September 2020. His death certificate, issued by the Qatari authorities six days later, describes the cause of death as “acute heart failure due to natural causes.”<sup>32</sup> It provides no information on the underlying cause of death.

Sujan’s brother, Jamal Molla, told Amnesty International that Sujan had left for Qatar when he was 29 and had borrowed 300,000 Bangladeshi taka (approximately US\$3,500) to pay the 450,000 Bangladeshi taka (US\$5,250) to obtain a work visa for Qatar. His family could only settle the debt after his death, using money they received from the Bangladeshi authorities.<sup>33</sup>

Sujan had undergone a medical assessment in Dhaka prior to his departure for the Gulf, and his family said that he had generally been in good health. His family received a call from his workmates on the day of his death, informing them that he had apparently died in his sleep. “It was unbelievable,” said his brother. Neither the Qatari authorities nor his employers contacted the family to ask if they wanted an autopsy, his family told Amnesty International.

Sujan’s family said that at the time of his death he was working as a pipe fitter on a project in the desert. They said he was always working outside and indicated that his working conditions were not good. On each of the four days before he died, the temperature in Doha exceeded 40°C during the day and at night it only dropped below 30°C once. Despite these extreme temperatures, a ban on summer working hours was not in force during this period.

The family received 300,000 Bangladeshi Taka (approximately US\$3,540) in financial assistance from the Bangladeshi Welfare Board and 35,000 Bangladeshi Taka (US\$413) for funeral and transportation costs.

Sujan’s siblings told Amnesty International that his death represented an irreparable loss for the family.

32 According to the death certificate seen by Amnesty International.

33 Interview conducted with Sujan’s family on 27 March 2021 in Bangladesh.



## 2. BACKGROUND

The rights of migrant workers in Qatar have been in the global spotlight for more than a decade, ever since the country was awarded the right to host the FIFA World Cup 2022 – the first time the tournament will be held in the Middle East. There have been numerous controversies and scandals linked to persistent reports of labour exploitation and abuses as the country embarked on a vast infrastructure building programme in preparation for this tournament.

In the decade since being announced as the World Cup host, Qatar's population has grown by almost two thirds, with the number of migrant workers in the country increasing substantially.<sup>34</sup> Today, Qatar is home to over two million men and women migrant workers predominantly from Asia and Africa, who have passed medical tests and paid hefty recruitment fees to migrate to work in Qatar in construction, hospitality or domestic service.<sup>35</sup> They make up over 90% of the country's labour force and have over the past decade vastly contributed to the country's economy and development.<sup>36</sup> Without their hard work, Qatar's bid to host the FIFA World Cup 2022 would have remained out of reach.

However, while many migrant workers were able to take advantage of the economic opportunities offered to them, others have fallen victim to the country's exploitative 'kafala' sponsorship system. For decades this system has effectively bound foreign workers to their employers, who act as their official sponsor (or "kafeel") from the moment they enter the country and throughout their period of employment. The kafala system has long been a key element in facilitating exploitation and labour abuse, sometimes amounting to forced labour.<sup>37</sup>

Despite recent reforms, elements of this system still exist and grant enormous powers to employers, whose authorisation remains necessary for migrant workers to enter the country, as well as to work, and get and renew their residence permits. If their employers cancel or fail to renew their visa or report them as having "absconded" from their job, migrant workers become irregular in the country and at risk of arrest and deportation.<sup>38</sup> Until 2020, workers even needed their employer's permission to leave the country or change jobs.<sup>39</sup> Compounding the issue, the vast majority of low-income migrant workers have paid large and often illegal recruitment fees to secure their jobs, and have taken out debt to do so.<sup>40</sup> Amnesty International and other organisations have documented abuses connected to this system over many years.<sup>41</sup>

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34 Qatar Planning and Statistics Authority, *Monthly Figures on Total Population*, available at <https://www.psa.gov.qa/en/statistics1/StatisticsSite/pages/population.aspx?p=1>

35 Amnesty International, *Nepal: Turning people into profits: abusive recruitment, trafficking and forced labour of Nepali migrant workers*, 2017, <https://www.amnesty.org/en/documents/asa31/6206/2017/en/>

36 Qatar Planning Statistics Authority, *Labour Force sample survey 2019, June 2020*, p.10, [https://www.psa.gov.qa/en/statistics/Statistical%20Releases/Social/LaborForce/2019/statistical\\_analysis\\_labor\\_force\\_2019\\_En.pdf](https://www.psa.gov.qa/en/statistics/Statistical%20Releases/Social/LaborForce/2019/statistical_analysis_labor_force_2019_En.pdf)

37 Amnesty International, *Reality Check: Countdown to 2022 World Cup – Migrant workers in Qatar* (Index: MDE 22/3297/2020), 18 November 2020.

38 Ibid.

39 Amnesty International, *New laws to protect migrant workers are a step in the right direction*, 30 August 2020, <https://www.amnesty.org/en/latest/news/2020/08/qatar-announcement-kafala-reforms/>

40 Amnesty International, *Nepal: Turning people into profits: abusive recruitment, trafficking and forced labour of Nepali migrant workers*, 2017, <https://www.amnesty.org/en/documents/asa31/6206/2017/en/>

41 See for example, Amnesty International, *The dark side of migration: Spotlight on Qatar's construction sector ahead of the World Cup* (Index: MDE 22/010/2013), 18 November 2013 and *The ugly side of the beautiful game: Exploitation of migrant workers on a Qatar 2022 World Cup Site* (Index: MDE 22/3548/2016), 30 March 2016 and ITUC, *Qatar 2022 World Cup risks 4000 lives, warns International Trade Union Confederation*, 27 September 2013, <https://www.ituc-csi.org/qatar-2022-world-cup-risks-4000>, and Human Rights Watch, *Building a Better World Cup Protecting Migrant Workers in Qatar Ahead of FIFA 2022, 12 June 2012*, <https://www.hrw.org/report/2012/06/12/building-better-world-cup/protecting-migrant-workers-qatar-ahead-fifa-2022>.



Foreign workers lay an entrance road at the construction site of a new hotel in the new City Center and West Bay district on October 24, 2010 in Doha, Qatar. (Photo by Sean Gallup/Getty Images). © 2010 Getty Images

**QATAR IS HOME TO OVER**

**2 MILLION**  
MEN AND WOMEN MIGRANT WORKERS



predominantly from Asia and Africa, who have passed medical tests and paid hefty recruitment fees to migrate to work in Qatar in construction, hospitality or domestic service.

Until recently, Qatar resisted meaningful reforms of the kafala system, despite pressure from human rights organisations, trade unions and the media. Then, in 2017 it signed a landmark agreement with the International Labour Organization (ILO) to tackle widespread labour exploitation and “align its laws and practices with international labour standards”.<sup>42</sup> Since then, Qatar has indeed introduced important reforms dismantling key elements of the kafala system by allowing migrant workers to leave the country and change jobs without the permission of their employers. Qatar also established new labour courts to expedite workers’ access to justice and introduced a new non-discriminatory minimum wage.<sup>43</sup>

Qatar’s labour reforms have offered real hope that it may be possible to end widespread labour abuse in the country. While there have been improvements, weak implementation and enforcement of these reforms mean that progress has been slow and legal changes have not yet fully translated into better protection for all migrant workers. Many migrant workers still pay abusive recruitment fees, face delayed or unpaid wages, work excessively long hours, struggle to access justice and remain at the mercy of unscrupulous employers allowed to commit abuses with impunity.<sup>44</sup>

42 Technical cooperation programme agreed between the Government of Qatar and the ILO (2018–20), p.31, [https://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---relconf/documents/meetingdocument/wcms\\_586479.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_586479.pdf)

43 Amnesty International, *Reality check: The state of migrant workers’ rights with four years to go until the Qatar 2022 World Cup* (Index: MDE 22/9758/2019) and *Reality Check: Countdown to 2022 World Cup – Migrant workers in Qatar* (Index: MDE 22/3297/2020).

44 Ibid.





## 3. RISKS TO MIGRANT WORKERS' LIVES

**“We found a correlation between heat and deaths of Nepali migrant workers in Qatar”**

Professor Dan Atar

### OCCUPATIONAL DISEASES

Globally, the ILO has estimated that the vast majority of deaths from work-related accidents and diseases occur not from industrial accidents (14%), but from diseases or illnesses contracted as a result of exposure to risk factors arising from work (86%).<sup>45</sup> These risk factors include those faced by large numbers of workers in Qatar, such as heat stress and excessive working hours.

According to a report published in 2019, the ILO has specifically classified heat as an occupational safety and health hazard:

***“Exposure to excessive heat levels can lead to heatstroke, sometimes even with a fatal outcome. Workers in all sectors are affected, but certain occupations are especially at risk because they involve more physical effort and/or take place outdoors. Such jobs are typically found in agriculture, environmental goods and services (natural resource management), construction...”<sup>46</sup>***

45 According to the ILO, “An occupational disease is a disease contracted as a result of an exposure to risk factors arising from work. Recognition of the occupational origin of a disease, at the individual level, requires the establishment of a causal relationship between the disease and the exposure of the worker to certain hazardous agents at the workplace. This relationship is normally established on the basis of clinical and pathological data, occupational history (anamnesis) and job analysis, identification and evaluation of occupational hazards as well as exposure verification. When a disease is clinically diagnosed and a causal link is established, the disease is then recognized as occupational.” ILO, *The Prevention of Occupational Diseases*, 2013, [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---safework/documents/publication/wcms\\_208226.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_208226.pdf)

46 ILO, *Working on a warmer planet: The impact of heat stress on labour productivity and decent work*, 2019, p. 13.



The report also highlighted the greater risks of heat stress faced in Gulf countries with their high temperatures and humidity, combined with outdoor work.<sup>47</sup> Consequently “many workers are at risk of suffering heat-related health effects.”<sup>48</sup>

In 2020, researchers in Kuwait, which has a similar climate, demographics and labour system to Qatar, published a report on how heat affected the mortality rates of Kuwaitis and non-Kuwaitis.<sup>49</sup> The researchers “observed a health disparity where less-advantaged non-Kuwaitis have systematically adverse health impacts from heat exposure” and a “striking difference” between Kuwaitis and non-Kuwaitis in relation to exposure to hot temperatures and overall mortality rates. They noted that low-paid migrant workers are the non-Kuwaitis most exposed to the country’s harsh climate.<sup>50</sup>

In relation to excessive working hours, researchers in Taiwan published a peer-reviewed study in 2018 that concluded that overwork contributes to illness, disability and death from cerebrovascular diseases such as strokes, and cardiovascular diseases such as heart attacks.<sup>51</sup> They found that as working hours increase so does the risk of these outcomes. Excessive working hours have been widely documented in Qatar for many years, often in contravention of labour laws that are supposed to limit working hours to eight hours a day, six days a week, with the possibility of an extra two hours of overtime.<sup>52</sup> This includes on projects overseen by the Supreme Committee, which has higher worker welfare standards. For instance, an audit commissioned in 2020 found violations of rules on working hours in one in five of the companies investigated.<sup>53</sup>

47 Ibid, p.49.

48 Ibid, p.64.

49 Similar to Qatar, low-paid migrant workers coming predominantly from south Asian countries to work in Kuwait often face abusive and exploitative conditions in sectors such as construction. Barakarak Alahmad, Ahmed F. Shackarchi et al. *Extreme temperatures and mortality in Kuwait: Who is vulnerable?* Science of the Total Environment, vol. 732, 25 August 2020.

50 Ibid.

51 Lin Ro-Ting, Chien Lung-Chang, Kawachi Ichiro, *Nonlinear associations between working hours and overwork-related cerebrovascular and cardiovascular diseases (CCVD)*, Scientific Reports, (2018). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6018699/> The report noted, “Number of working hours was found to be a significant nonlinear predictor of each severity outcome of overwork-related cerebrovascular and cardiovascular diseases.”

52 See Articles 73 and 74 of the Labour Law No 14 of 2004. Since 2013 Amnesty International and other organizations have extensively documented how migrant workers are subjected to working hours that are far in excess of legal maximums, see Amnesty International, *The Dark Side of Migration: Spotlight on Qatar’s construction Sector ahead of the World Cup* (Index number: MDE 22/010/2013), October 2013 and *Reality check 2020: Countdown to the 2022 World Cup: Migrant Workers’ Rights in Qatar* (Index number: MDE 22/3297/2020), 18 November 2021. More recently, Amnesty International spoke to security guards deployed in Qatar who said they work on average 12 hours a day and were frequently denied their weekly day off. A recent report by Human Rights Watch found that many workers interviewed were working a 12-hour shift, see *How Can We Work Without Wages? Salary Abuses Facing Migrant Workers Ahead of Qatar’s FIFA World Cup 2022*, 24 August 2020, <https://www.hrw.org/report/2020/08/24/how-can-we-work-without-wages/salary-abuses-facing-migrant-workers-ahead-qatars>.

53 Impactt, *Annual External Compliance Report of the Supreme Committee for Delivery & Legacy’s Workers’ Welfare Standards – Building a legacy: laying the foundation*, <https://impacttlimited.com/wp-content/uploads/2020/07/IMPA09-2020-Qatar-Annual-Report-v12-Digital.pdf>, p.7.

Some 80% of all deaths from occupational diseases globally involve men.<sup>54</sup> Occupational health specialists have partly attributed this to men's disproportionately high rate of involvement in occupations with a heavy physical workload.<sup>55</sup> This is particularly relevant in Qatar where, according to Qatar's PSA, half of non-Qatari male employment is in the construction sector.<sup>56</sup>

In respect to the right to life, states are obliged under international law to have in place "appropriate laws or other measures in order to protect life from all reasonably foreseeable threats."<sup>57</sup> In addition, the right to "healthy working and environmental conditions" is a key part of the right to the highest attainable standard of physical and mental health (see Figure 2 later in the chapter).<sup>58</sup> Indeed, the ILO Convention on Occupational Safety and Health requires states to "formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment."<sup>59</sup>

**Figure 1**

## **RIGHT TO LIFE**

Article 6 of the International Covenant on Civil and Political Rights (ICCPR), which Qatar has ratified, states: "Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life."

According to the UN Human Rights Committee, the key substantive element of the positive obligations attaching to the right to life is that states have in place "appropriate laws or other measures in order to protect life from all reasonably foreseeable threats."<sup>60</sup> The key procedural element of the right to life is that the state has "adequate institutions and procedures for preventing deprivation of life, investigating and prosecuting potential cases of unlawful deprivation of life, meting out punishment and providing full reparation."<sup>61</sup>

The Human Rights Committee makes it clear that states parties to the ICCPR should take "appropriate measures to address the general conditions in society that may give rise to direct threats to life" and these include "threats emanating from private persons and entities."<sup>62</sup>

Thus, if there is a reasonably foreseeable risk to workers' lives from their working conditions, the state has a clear responsibility to: put in place a legal framework to adequately mitigate that risk; have procedures to prevent deprivation of life; investigate and prosecute potential cases of unlawful deprivation of life; and sanction offenders and provide reparation.<sup>63</sup>

54 See Paivi Hamalainen, Juka Takala, Kaija Leena Saarela, *Global Estimates of Fatal Work-Related Diseases*, *American Journal of Industrial Medicine* 50, 2007, p.2.

55 Ibid.

56 Qatar Planning and Statistics Authority, *Labour Force Sample Survey 2019*, June 2020, p.14.

57 United Nations Human Rights Committee, General Comment No. 36 (2018) on article 6 of the ICCPR, on the right to life, para. 18.

58 According to article 7(b) of the ICESCR, states parties recognize the right of everyone to enjoy just and favourable conditions of work which ensure, particularly, safe and healthy working conditions.

59 Article 2 of the ILO Occupational Health Services Convention, 1985 (No. 161), [https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C161](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C161)

60 Human Rights Committee General comment No. 36 (2018) on article 6 of the International Covenant on Civil and Political Rights, on the right to life, para 18, [https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/1\\_Global/CCPR\\_C\\_GC\\_36\\_8785\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/1_Global/CCPR_C_GC_36_8785_E.pdf)

61 Ibid, para 19.

62 Ibid, paras 18 and 26.

63 The Committee states in paragraph 26 that "general conditions" may include "pervasive industrial accidents" and "degradation of the environment". It also refers in paragraph 62 to the link between the right to life and environmental degradation and climate change: "environmental degradation, climate change and unsustainable development constitute some of the most pressing and serious threats to the ability of present and future generations to enjoy the right to life."

# HEAT AND HUMIDITY IN QATAR

In Qatar and the other Arab Gulf States there is a clear risk to workers' health from the environmental conditions and physically strenuous work in sectors such as construction, often exacerbated by excessive working hours. With temperatures reaching 45°C in summer months, these risks have been evident in Qatar for many years and have been the subject of a number of reports.<sup>64</sup>

For example, in 2005, three doctors employed at the intensive care unit of Qatar's Hamad Hospital warned of the dangers of heat stroke and outlined recommendations to minimize the risks to workers' health.<sup>65</sup> Their paper said that, "national public health authorities need to update the current heat emergency response plans with emphasis on their ability to predict mortality and morbidity associated with specific climatologic factors and their public health effect."

To address this issue, in 2007 the government banned working in open workplaces from 11:30 to 15:00 between 15 June and 31 August every year.<sup>66</sup> However subsequent research exposed the limited impact of this measure.

A peer-reviewed paper published in the scientific journal *Cardiology* in June 2019 examined the heat stress impact on mortality statistics for Nepali migrant workers in Qatar. The heat exposure was assessed by monthly estimates of daily wet bulb globe temperature (WBGT), a measure of environmental heat that assesses the cumulative effect of air temperature and humidity and sunlight, for in-shade conditions. The study was based on data collected between 2009 and 2017 at the Doha weather station and from the records of the Foreign Employment Promotion Board in Nepal on daily deaths and their causes. The authors also interviewed returnee migrant workers about their working conditions and their impacts.

The research found:

- a strong correlation between monthly WBGTmax and the death rate due to cardiovascular causes, which was recorded as the cause of death in 42% of Nepali workers in Qatar;
- a large proportion of these cardiovascular deaths during hot months were likely due to serious heat stroke; and
- 22% of Nepali workers' deaths in the cool season were from cardiovascular causes, increasing to 58% during the hot months.<sup>67</sup>

WITH TEMPERATURES REACHING **45°C**  
IN SUMMER MONTHS, THESE RISKS  
HAVE BEEN EVIDENT IN QATAR FOR MANY YEARS  
AND HAVE BEEN THE SUBJECT OF A NUMBER OF REPORTS.



64 AlJazeera, *FIFA rules out summer World Cup for Qatar*, 8 January 2014, <https://www.aljazeera.com/sports/2014/1/8/fifa-rules-out-summer-world-cup-for-qatar>

65 F.Y. Khan, A. Kamha, A. El Hiday, *Study of Patients with Heat Stroke Admitted to the Intensive Care Unit of Hamad General Hospital, Doha, Qatar, During Summer of 2004*, *Qatar Medical Journal*, Vol. 14, No. 2, November 2005, <https://www.qscience.com/docserver/fulltext/qmj/2005/2/qmj.2005.2.14.pdf?expires=1618568339&id=id&accname=guest&checksum=3A6287B3965218DC28FB6C3C543FB4>

66 See Ministerial Decision No. 16 of 2007, <https://www.almeezan.qa/LawView.aspx?opt&LawID=4406&language=ar>

67 Bandana Pradan, Tord Kjellstrom, Dan Atar, Puspa Sharma, Birendra Kayastha, Ghita Bhandari, Pushkar K. Pradhan, *Heat Stress Impacts on Cardiac Mortality in Nepali Migrant Workers in Qatar, 2019*, p. 46, <https://www.karger.com/Article/FullText/500853>

The study concluded:

***“As many as 200 of the 571 cardiovascular deaths [of Nepali migrant workers] during 2009-2017 could have been prevented if effective heat protection measures had been implemented as a part of local occupational health and safety programs... Based on the ongoing trends of monthly heat conditions in Qatar, we also conclude that climate change is already contributing to these occupational health risks, and it will further increase the risks in the future.”<sup>68</sup>***

The article recommended that “cause of death records for workers dying in hot conditions should be more precise than ‘cardiac arrest’.”

Amnesty International consulted one of the report’s primary authors, cardiology professor Dan Atar from the University of Oslo. He said:

***“In our work, we found a correlation between heat and deaths of Nepali migrant workers in Qatar. There is no reason to doubt this link, as it shows that the death toll follows the peaks in the annual heat waves. Indeed, the curves not only follow each other up during the hot months, but likewise down during cooler periods. Since relatively young male workers selected for their ability to sustain physical work usually don’t suffer from deadly cardiovascular disease, my conclusion as a cardiologist is that these deaths are caused by heatstrokes. The concern is that the bodies of the workers cannot take the heat stress they are being exposed to.”<sup>69</sup>***

Also in 2019, the FAME Laboratory at the University of Thessaly in Greece published the finding of its “Assessment of Occupational Heat Strain and Mitigating Strategies”<sup>70</sup> commissioned by Qatar.<sup>71</sup>

The FAME report analysed two groups of manual labourers: 40 agricultural workers subject only to the protection of the existing legal and regulatory framework; and around 4,000 construction workers on a World Cup stadium site, who were provided with a wide range of additional extra-legal precautionary and protective measures. These additional measures, which applied to projects under the purview of Qatar’s Supreme Committee, included “cooled and shaded rest areas; water stations with cool water and rehydration salts; mandatory water bottles for each worker; medical care plans; annual medical checks; training for workers and medical staff on the effects of heat stress and dehydration” as well as cooling suits “designed to reduce thermal skin temperature.”<sup>72</sup>

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68 Ibid, p.47.

69 Email from Professor Dan Atar, University of Oslo, 26 March 2021.

70 ILO Project Office for the State of Qatar, *Assessment of Occupational Heat Strain and Mitigating Strategies*, 11 October 2019, [https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms\\_723545.pdf](https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/publication/wcms_723545.pdf)

71 Under Pillar 2 of the technical cooperation agreement that Qatar signed with the ILO in 2018, Qatar committed to implement an occupational and safety health policy “including with respect to heat related risks”, see Technical Cooperation Between Qatar and the ILO (2018-2020), [https://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---relconf/documents/meetingdocument/wcms\\_586479.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_586479.pdf)

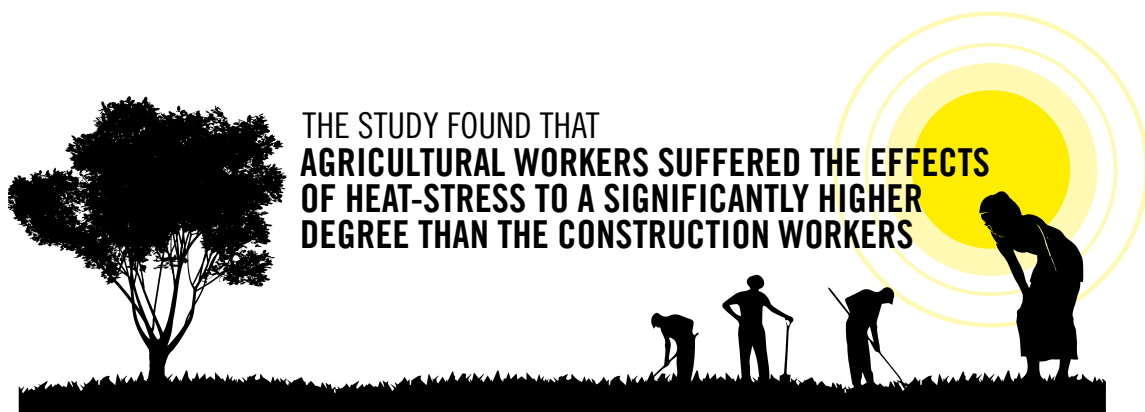
72 Supreme Committee letter to Amnesty International, 5 April 2021.

The study found that the agricultural workers suffered the effects of heat-stress to a significantly higher degree than the construction workers, confirming both the risk of heat stress and the inadequacy of Qatar’s existing legal and regulatory framework. Other findings of the FAME assessment included:

- Outdoor work in the sun in the summer results in a worker spending 55% of the time being exposed to either a high or an extreme risk of heat stroke.
- Half of the agricultural workers and 21% of the construction workers tested “had symptoms or conditions that increase the likelihood of heat illness when working under occupational heat stress”. The difference was attributed to the regular medical screening and monitoring available to construction workers.
- Hyperthermia (having a body temperature significantly above normal), even for a few minutes, was relatively frequent in the tested manual labourers: one in three of them exceeded the WHO safety threshold of a body temperature of 38°C at some time during their shift.
- On average, workers spent 35% of their shift at “borderline-hyperthermic” and 5% at “hyperthermic”. The construction workers spent 0-3% of their shift at hyperthermic levels, but the figure was 8% for the agricultural workers.
- The proportion of workers who were dehydrated rose from 33% to 41% during the course of the shift. Dehydration was “very frequent” among agricultural workers.
- No difference was found among nationalities and ethnic groups in terms of susceptibility to heat strain.<sup>73</sup>

The study concluded that the prohibition on working between 11:30 and 15:00 was only partially effective and that additional measures were needed.

While recognising that the Supreme Committee’s sites “operate under comprehensive heat stress management plans, focusing on worker empowerment and self-pacing on site”, the FAME report highlighted that this was “a practice that is not prevalent in the mainstream.”<sup>74</sup> Given that sites managed by the Supreme Committee cover less than 2% of Qatar’s workforce, it begs the question of why similar higher standards have not been introduced for the vast majority of Qatar’s workers.



73 ILO Project Office for the State of Qatar, *Assessment of Occupational Heat Strain and Mitigating Strategies*, 11 October 2019.

74 Supreme Committee letter to Amnesty International, 5 April 2021.

Figure 2

## RIGHT TO HEALTH

The right to the enjoyment of the highest attainable standard of physical and mental health is outlined in article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR). The Committee on Economic, Social and Cultural Rights (CESCR), the body responsible for monitoring the ICESCR, has described “healthy working and environmental conditions” as one of the underlying determinants of health.

In the Committee’s General Comment on the right to health, which should be regarded as an authoritative interpretation of states parties’ obligations, it states:

***“The improvement of all aspects of environmental and industrial hygiene” (art. 12.2 (b)) comprises, inter alia, preventive measures in respect of occupational accidents and diseases; the requirement to ensure an adequate supply of safe and potable water and basic sanitation; the prevention and reduction of the population’s exposure to harmful substances such as radiation and harmful chemicals or other detrimental environmental conditions that directly or indirectly impact upon human health. Furthermore, industrial hygiene refers to the minimization, so far as is reasonably practicable, of the causes of health hazards inherent in the working environment.”<sup>75</sup>***

The Office of the UN High Commissioner for Human Rights and the WHO have drawn attention to the specific requirements of migrant workers in relation to the right to health:

***“Migrants’ right to health is closely related to and dependent on their working and living conditions and legal status. In order to comprehensively address migrants’ health issues, States should also take steps to realize their rights to, among other things, adequate housing, safe and healthy working conditions, an adequate standard of living, food, information, liberty and security of person, due process, and freedom from slavery and compulsory labour.”<sup>76</sup>***

75 CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), 2000, para. 15.

76 The Office of the United Nations High Commissioner for Human Rights and the WHO, *The Right to Health: Fact Sheet no. 31*, June 2008, <https://www.ohchr.org/documents/publications/factsheet31.pdf>



Construction workers in Lusail Stadium in Doha, Qatar © 2019 AMA Sports Photo Agency

## KIDNEY DISEASE

A study conducted in a tertiary care centre in Nepal in January-July 2019 found increased incidence of chronic kidney disease among Nepali migrant workers returning from Gulf States and Malaysia.<sup>77</sup> The report said it was not possible to identify the cause of the illness, but noted that “long working hours and access to timely medical care may be contributing factors”.

Professor Vivekanand Jha, the Executive Director at The George Institute for Global Health, India, and Chair of Global Kidney Health at Imperial College London, told Amnesty International that there is strong evidence that prolonged exposure to heat has adverse impact on kidney health, and that undocumented heat-related illnesses including kidney diseases may be part of the cause of excess deaths among migrant workers in Qatar and other Gulf States.<sup>78</sup> He drew attention to the lack of data and research on the issue, but added that the problem of high levels of chronic kidney disease in migrant workers was noted in health circles in south Asia.<sup>79</sup>

## CONCLUSION

The risks to workers undertaking strenuous work in Qatar’s extreme heat and humidity have long been well-known, and studies in recent years have underlined in even greater detail the significant impact that exposure to such conditions can have on worker’s health. While the lack of adequate investigations makes accurate estimates difficult, one peer-reviewed study suggest that adequate heat protection measures could have prevented the deaths of hundreds of workers over the last decade.

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77 N. Dhakal, N. Bhurtyal, P. Singh, D. Shah Singh, *Chronic Kidney Disease in Migrant Workers in Nepal, Kidney International Reports* (2020), p. 58.

78 Telephone interview with Professor Vivekanand Jha, 9 April 2021.

79 There is no definitive study linking heat stress to chronic kidney disease but there is a lot of research that points to it being a key contributory factor. See for example, Clin J Am Soc Nephrol, *Climate Change and the Emergent Epidemic of CKD from Heat Stress in Rural Communities: The Case for Heat Stress Nephropathy*, 8 August 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4974898/>





## CASE 2: MOHAMMAD KAOCHAR KHAN



### “All our dreams vanished when my brother passed away”

Didarul Islam, brother of Mohammad Kaochar Khan



© Private

Mohammad Kaochar Khan from Bangladesh died in Qatar on 15 November 2017 at the age of 34. He was married with a seven-year-old son. His death certificate, issued by the Qatari authorities on 20 November 2017, describes the cause of death as “acute respiratory failure due to natural causes”.<sup>80</sup> It provides no information on the underlying cause of death.

Amnesty International met Mohammad’s family in Kishoreganj district, north of Bangladesh’s capital Dhaka. His brother said that Mohammad had undergone a medical test before leaving for Qatar in 2014 and that they believed he was in good health at the time of his death.<sup>81</sup>

The family had partly funded the 350,000 Bangladeshi taka (approximately US\$4,130) that Mohammad had paid in recruitment fees by selling land and taking out loans.

Mohammad was working as a plasterer on a construction site - both indoors and outdoors - at the time of his death. His family said he received his salary on time, although he had not fully repaid his debt before he died.

The family found out about Mohammad’s death through a phone call from his co-workers, who said they found him unresponsive in the morning and that he appeared to have died in his sleep.

The family said that they were never offered an autopsy but had been in regular contact with Bangladeshi officials in Qatar to arrange the repatriation of Mohammad’s body. His employers sent the wages he was due, but not the end-of-service benefits that the family believed he was owed. The Bangladeshi Welfare Board provided the family with 35,000 Bangladeshi taka (approximately US\$413) to cover his burial and transportation costs and three months later financial assistance of 300,000 Bangladeshi taka (approximately US\$3,540), which the family used to pay off the remainder of Mohammad’s debt. They said they received no compensation from the Qatari authorities.

“All our dreams vanished when my brother passed away,” Mohammad’s younger brother Didarul Islam told Amnesty International. “He hoped to improve all of our living standards but we were never able to save any money because most of his wages were used to repay the cost of migration.”

Didarul Islam described the devastating impact of Mohammad’s death on his wife and son, particularly on their ability to pay for the son’s specialist treatment and education.

80 According to the death certificate seen by Amnesty International.

81 Interview conducted with the family of Mohammad Kaochar Khan on 4 April 2021 in Bangladesh.



# 4. QATAR'S LAWS AND RESPONSES

## WEAK LAWS AND IMPLEMENTATION

The primary measure to combat heat stress across the Gulf countries has historically been a ban on working specific hours during the summer months. As noted earlier, Qatar introduced such a regulation in 2007, prohibiting outdoor work under the sun between 11:30 and 15:00 from 15 June to 31 August each year.<sup>82</sup> New legislation was introduced in May 2021 and is analysed later in this chapter.

This prohibition has been clearly demonstrated to be inadequate. As detailed in the previous chapter, scientists from the Greece-based FAME Laboratory recorded in 2019 how the summer working hours ban failed to protect workers from the risks of heat stress, and that further measures were needed.<sup>83</sup>

These findings echoed the 2019 ILO report on heat stress (also see Chapter 3). The report noted that temperatures are sometimes extremely high outside of the banned period, and that a lack of compliance was undermining the policy's effectiveness. Consequently, the report recommended that the ban "be adjusted to reflect real-time temperature, humidity and workload for all outdoor worksites".<sup>84</sup>

Also in 2019, *The Guardian* newspaper engaged climate data specialists to assess the risks to construction workers and other outdoor workers from heat and humidity.<sup>85</sup> The assessment concluded that there were significant periods of the year not covered by the summer working hours ban in force at that time – and significant parts of the day even when the ban was in force – where working conditions were unsafe. Despite this, employers in Qatar had free reign to make their employees work outdoors during these times, without any measures to protect them.<sup>86</sup>

Amnesty International provided Professor David Wegman, Emeritus Professor of Work Environment at UMass Lowell, and an expert on health and safety in the construction industry, with an analysis of the meteorological data that formed the basis of *The Guardian's* analysis and other publicly available data that measures the risk from heat stress associated with outdoor work. He said:

***"These data clearly demonstrate the inadequacy of the laws in place to protect migrant workers in sectors such as construction. The summer working hours ban, which is a blanket ban on all work at certain hours of the day during the hottest months of the year, has offered no protection to workers for significant amounts of time when risks from heat still require rigorously adhered to rest schedules and appropriate pacing of the work tempo to prevent heat-related illness or death."***<sup>87</sup>

82 Ministerial decision No.16 of 2007, <https://www.almeezan.qa/LawView.aspx?opt&LawID=4406&language=ar>

83 ILO Project Office for the State of Qatar, *Assessment of Occupational Heat Strain and Mitigating Strategies*, 11 October 2019.

84 ILO, *Working on a warmer planet*, p.53.

85 *The Guardian*, *Revealed: hundreds of migrant workers dying of heat stress in Qatar each year*, 2 October 2019, <https://www.theguardian.com/global-development/2019/oct/02/revealed-hundreds-of-migrant-workers-dying-of-heat-stress-in-qatar-each-year>.

86 The specialists assessed climate data from 1 January 2008 to 31 August 2018 and found that outdoor workers in Qatar are exposed to heat stress exposure levels that exceed the recommended WBGT for moderate physical activity for 79% of the summer daytime when outdoor/non-shaded work is permitted. FairSquare briefing paper, copy on file with FairSquare Research.

87 Email correspondence with Professor David Wegman, 18 May 2021.

# NEW LEGISLATION ON HEAT STRESS

In May 2021, Qatar passed a Ministerial Decision extending the summer working hours ban and introducing additional measures.<sup>88</sup> These require employers to mitigate the risk to workers from the harsh climate in Qatar by:

- completing and regularly updating heat stress risk assessments;
- performing annual health check-ups to diagnose and manage chronic diseases that may contribute to the risk of heat stress; and
- providing workers with appropriate personal protective equipment for the hot weather including thin, loose and light-coloured clothing.

Importantly, the regulation includes steps that employers should take to modify work schedules in response to different levels of heat stress. Employers must:

- extend the summer working hours ban, prohibiting “work in the sun, in outdoor workplaces or in places that are not shaded and ventilated” between 10:00 to 15:30 from 1 June to 15 September every year;
- adopt the ‘WBGT heat stress index’<sup>89</sup> to assess the level of occupational heat stress and stop work if the index rises above 32.1°C; and
- provide workers with “the right to stop working and submit a complaint before the Ministry when they have good reason to believe that heat stress is a threat to their safety or health”.

These measures offer workers greater protection from climate risks, but fall short of what is needed, according to experts consulted by Amnesty International. For example, while the use of a WBGT heat stress index is appropriate, the new legislation does not complement this with ‘activity modification guidelines’, requiring hourly periods of rest depending on the heat-stress index reading and the level of exertion involved in the work being done.<sup>90</sup> This approach, for instance, is widely used by military agencies, occupational safety agencies and governing bodies in athletics in the US.<sup>91</sup> Instead, Qatar’s legislation relies on “self-pacing”, which places responsibility on workers to stop work. Many workers may find this difficult given the unequal power relations between employees and employers in Qatar.

Professor David Wegman, who is an expert on health and safety in the construction industry described the new legislation as “an improvement that falls far short of what is necessary for the protection of labourers who are subject to heat stress exposures of all types”.<sup>92</sup> He told Amnesty International that ensuring work is safely performed without risk of heat-related illness “is **critically dependent** on a balance of work and rest periods” and that limits on work “should be determined objectively according to WBGT measurements combined with an objective assessment of work effort”. He added that periods of work

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88 Decision of the Minister of Administrative Development, Labour and Social Affairs No. 17 for 2021 specifying measures to protect workers from heat stress available at [https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/legaldocument/wcms\\_794551.pdf](https://www.ilo.org/wcmsp5/groups/public/---arabstates/---ro-beirut/documents/legaldocument/wcms_794551.pdf)

89 WBGT is the measure of the combined effect of heat and humidity in shaded area.

90 To give an indication of how extreme a WBGT temperature of 32.1°C is, an air temperature of 45°C and relative humidity of 20% would yield a WBGT of 31.9°C. In these cases, employers would be under no legal obligation to provide workers with any breaks if these conditions arose outside of the summer working hours ban dates and times. See <https://www.climatechip.org/heat-stress-index-calculation>. There is no single accepted international standard on how to protect individuals from occupational heat-related injuries although a wide range of regulatory bodies issue detailed guidance. The US Centers for Disease Control and Prevention National Institute for Occupational Safety and Health has issued some of the most detailed available guidance in a 192-page report, *Criteria for a Recommended Standard Occupational Exposure to Heat and Hot Environments*, published in 2016. The report states that “in most situations environmental heat exposures should be assessed by the Wet Bulb Globe Thermometer (WBGT) method or equivalent techniques, such as Effective Temperature (ET), Corrected Effective Temperature (CET), or Wet Globe Temperature (WGT), which are then converted to estimated WBGT values.”

91 See, for example, Hosokawa, Casa et al., *Activity modification in heat: critical assessment of guidelines across athletic, occupational and military settings in the USA*, *International Journal of Biometeorology*, Issue 63, 2019, pp. 405-427.

92 Memo from Professor David Wegman, 2 June 2021.

rest “should not be voluntary” on the basis that “individuals are unable to perceive work-rest ratios with sufficient accuracy to rest voluntarily as frequently or for sufficient duration as is necessary to protect health.”<sup>93</sup> He said that rather than only banning work in the hottest hours, efforts needed to be made to understand and manage heat risks throughout the day:

***“Apart from adapted work/rest schedules this includes addressing factors such as the drivers of work tempo and overwork, heat levels in worker residencies, and the possibility to abstain from work when feeling unwell. Inadequate cooling and recovery after heat stress, and heat stress combined with even minor infections, is likely to compound the risks of working in heat.”<sup>94</sup>***

Natasha Iskander, an Associate Professor of Urban Planning and Public Service at New York University, who spent more than a year researching practices on construction sites in Doha, offered similar views on the likely ineffectiveness of “self-pacing” in Qatar’s construction sector:

***“For workers to self-pace, they need to be able to consistently and reliably exercise autonomy at the worksite. Based on the time I spent observing construction sites in Qatar, that is almost impossible to imagine. In addition to workers’ inherent vulnerability and deportability, construction projects work under intense and unpredictable time pressures. In this context, the notion that workers could self-pace is fanciful. The larger issue is that this law shunts the primary responsibility to avoid injury onto workers. In addition to giving companies a pass, it gives them legal cover. If a worker suffers from heat injury, now or in the future, then it henceforth becomes their fault, formally and legally, for not self-pacing well enough.”<sup>95</sup>***

Maggie Morissey, the Director of Occupational Safety at the Korey Stringer Institute at the University of Connecticut said that she “agreed wholeheartedly” with the concerns of Professors Wegman and Iskander as expressed above. She added that employers should also be required to implement “timely communication strategies to inform workers of acceptable work-to-rest ratios based on environmental conditions” and noted that some workers in sectors like construction are required to wear heavy personal protective equipment that further increases the risk of heat stress.<sup>96</sup>

Similarly while the FAME Laboratory highlighted that self-pacing could be an effective measure for workers who felt empowered request breaks, it also highlighted the importance of work rest ratios for workers who are not in a position to request rest, stating:

***“The work-rest ratio strategy offered the most effective mitigation for those who were less empowered to self-pace and negotiate breaks with their supervisors.”<sup>97</sup>***

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93 Ibid.

94 Email correspondence with Professor David Wegman, 18 May 2021.

95 Telephone interview with Natasha Iskander, 31 May 2021, and follow up correspondence, 6 June 2021.

96 Correspondence with Maggie Morissey, 15 June 2021.

97 ILO Project Office for the State of Qatar, *Assessment of Occupational Heat Strain and Mitigating Strategies*, 11 October 2019.

Focus group discussions with each group of workers further confirmed these findings. In cases where workers were empowered, they were able to inform their supervisors about their need to rest, however those who were able to negotiate breaks with their supervisors “described the peace of mind that came from knowing that they could rest for ten minutes without any pressure to get back to work”.<sup>98</sup>

**Figure 3**

## **BUSINESS AND HUMAN RIGHTS RESPONSIBILITIES**

This report focuses on measures that Qatar has taken, or must take, in order to protect the many migrants exposed to harsh working conditions in the country. But the companies that employ them must also take action.

All companies, wherever they operate in the world, have a responsibility to respect human rights, including those of their workers. This responsibility – which means that businesses must avoid causing, contributing to, or being directly linked with human rights harm - is articulated in the United Nations Guiding Principles on Business and Human Rights (UN Guiding Principles), an internationally endorsed set of expected standards.<sup>99</sup>

To meet its responsibility to respect human rights, a company must take proactive and ongoing steps to identify and respond to its potential or actual human rights impacts. The responsibility of companies to respect human rights is independent of a state’s own human rights responsibilities and exists over and above compliance with national laws and regulations protecting human rights.<sup>100</sup>

Given the well documented risks faced by workers exposed to the extreme heat of Qatar’s summers, companies have no excuse not to take adequate steps in response. Not only should they abide by the regulations provided by Qatari laws such the ban on summer working hours, but they should also consider introducing additional measures to protect those working in extreme conditions.

Failure to do so could mean that companies are causing or contributing to human rights harm – for example if their workers become unwell or die due to being forced to work in dangerous conditions. In these cases, companies have a responsibility to provide workers, or their surviving family members with an adequate remedy.

The UN Guiding Principles apply to all relevant actors engaged in construction-related activities in Qatar or linked to preparations for the 2022 World Cup, including world football’s governing body, FIFA, and the national football associations who will participate in the 2022 World Cup.

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98 Ibid.

99 This responsibility was expressly recognised by the UN Human Rights Council on 16 June 2011, when it endorsed the UN Guiding Principles on Business and Human Rights (UN Guiding Principles), and on 25 May 2011 when the 42 governments that had then adhered to the Declaration on International Investment and Multinational Enterprises of the OECD unanimously endorsed a revised version of the OECD Guidelines for Multinational Enterprises. See Human Rights Council, Human Rights and Transnational Corporations and other Business Enterprises, Resolution 17/4, UN Doc A/HRC/RES/17/4, 6 July 2011, [https://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/HRC/RES/17/4](https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/RES/17/4); OECD Guidelines for Multinational Enterprises, 2011, OECD Publishing, [www.oecd.org/corporate/mne/](http://www.oecd.org/corporate/mne/). The state of Qatar has also declared its support for the UN Guiding Principles, stating that it will “will spare no effort to participate actively in promoting” them. Qatar Ministry of Foreign Affairs, *Qatar Reaffirms Support for UN Guiding Principles on Business and Human Rights*, 18 November 2015, <https://mofa.gov.qa/en/all-mofa-news/details/2015/11/18/qatar-reaffirms-support-for-un-guiding-principles-on-business-and-human-rights>

100 UN Guiding Principles, Principle 11 including Commentary.



FOR MANY YEARS THE MEASURES PUT IN PLACE BY QATAR TO MITIGATE

**THE RISK OF HEAT STRESS ON WORKERS' HEALTH**

HAVE BEEN GROSSLY INADEQUATE AND REPRESENTED A CLEAR VIOLATION OF THE RIGHT TO HEALTHY WORKING ENVIRONMENTAL CONDITIONS, AND THE RIGHT TO LIFE.

## OTHER INITIATIVES

Qatar has promised additional steps designed to provide greater protection to workers.<sup>101</sup> These include the adoption of clear national heat stress guidance, cooling jackets and promising increased numbers of labour inspectors to ensure compliance with the summer working hours ban. However, it is unclear if these measures have been fully implemented and rolled out at a national level and whether the cooling jackets have been piloted on projects other than for the World Cup.

According to the ILO annual progress report, Qatar's Ministry of Administrative Development, Labour and Social Affairs and the Ministry of Public Health developed the national Occupational Safety and Health policy that was adopted in March 2020. This sets out the principles, scope and responsibilities of both ministries. The policy focuses on strengthening the system for registering work injuries and occupational diseases, and improving data collection and analysis of data on work-related injuries with a view to informing training strategies, information campaigns, inspection visits and labour inspectors' investigations of occupational accidents.<sup>102</sup>

In order to monitor compliance with the heat stress legislation, a pilot project training 25 inspectors and three interpreters was conducted in 2020. Between 15 June and 31 August 2020, labour inspectors ordered the closure of 263 work sites for violating the legislation on heat stress.<sup>103</sup> More recently, media outlets reported that Qatar temporarily closed 232 work sites in just one month following the introduction of the new regulation for violating summer working hours.<sup>104</sup> The Ministry of Public Health issued guidelines on heat stress management in the workplace to both employers and workers,<sup>105</sup> and launched a social media campaign<sup>106</sup> to further raise awareness about the danger of heat exposure and measures to protect oneself from heat illness at work.<sup>107</sup>

101 Qatar's Government Communications Office letter to Amnesty International, 15 March 2021.

102 ILO Progress Report 2020, p. 5.

103 Ibid, p.4.

104 Doha News, *Qatar closes 232 work sites in just one month for violating summer working hours*, 4 July 2021, <https://www.dohanews.co/qatar-closes-232-work-sites-in-just-one-month-for-violating-summer-working-hours/>

105 Ministry of Public Health, *Heat Stress: Recommendations and Guidelines*, [https://www.moph.gov.qa/\\_layouts/download.aspx?SourceUrl=/Admin/Lists/PublicationsAttachments/Attachments/132/Heat%20Stress%20BOOKLET.pdf](https://www.moph.gov.qa/_layouts/download.aspx?SourceUrl=/Admin/Lists/PublicationsAttachments/Attachments/132/Heat%20Stress%20BOOKLET.pdf)

106 See for example: <https://twitter.com/MOPHQatar/status/1416631332575272965?s=20> ; <https://twitter.com/MOPHQatar/status/1416638955643146244?s=20> ; and <https://twitter.com/MOPHQatar/status/1416642693749411844?s=20>.

107 The Peninsula, *MoPH cautions against heat illness at work*, 19 July 2021, <https://www.thepeninsulaqatar.com/article/19/07/2021/MoPH-cautions-against-heat-illness-at-work>

# CONCLUSION

For many years, the measures put in place by Qatar to mitigate the risk of heat stress on workers' health have been grossly inadequate and represented a clear violation of the right to healthy working environmental conditions, and the right to life. The fact that standards have been higher on World Cup sites overseen by the Supreme Committee shows that stronger measures to protect workers could have been introduced more widely years ago. The new heat protection legislation introduced in May 2021 is significant and will provide greater protection for workers if fully enforced, though experts consulted by Amnesty believe it does not yet go far enough and Qatar should introduce mandatory rest periods proportionate to the nature of work and environmental conditions.

Figure 4

## ILO CONVENTIONS

Although Qatar has ratified five of the eight core ILO Conventions and one governance convention,<sup>108</sup> it has not ratified any of the ILO's technical conventions such as the Occupational Safety and Health Convention.<sup>109</sup> This Convention would oblige Qatar to "formulate, implement and periodically review a coherent national policy on occupational safety, occupational health and the working environment."<sup>110</sup> Moreover, states that ratify the Convention are bound to: determine prohibitions and limitations on work processes; establish and apply procedures for the notification of occupational accidents and diseases; produce annual statistics on occupational accidents and diseases; and hold inquiries "where cases of occupational accidents, occupational diseases or any other injuries to health which arise in the course of or in connection with work appear to reflect situations which are serious."<sup>111</sup>

Qatar has also not ratified the ILO's Employment Injury Benefits Convention, 1964 (no. 121), which outlines the obligation of state parties to provide compensation in the event of a work-related injury, illness or death.<sup>112</sup> Building on this convention, in 2002, the ILO Governing Body included 'diseases caused by exposure to extreme temperatures' in its updated List of Occupational Diseases, recommending that states include this and other diseases in their regulations governing the monitoring, prevention and compensation of occupational illnesses.<sup>113</sup> To date Qatar has not included diseases related to exposure to extreme temperatures in the list of occupational diseases attached to Qatar's Labour Law 2004.<sup>114</sup>

108 Qatar has ratified the Forced Labour Convention No. 29, the Abolition of Forced Labour Convention, No. 105, the Discrimination (Employment and Occupation) Convention No. 111, the Minimum Wage Convention No. 138, and the Worst Forms of Child Labour Convention No. 182.

109 C155 - Occupational Safety and Health Convention, 1981 (No. 155), and R164 - Occupational Safety and Health Recommendation, 1981 supplementing the convention.

110 Article 4 of the Occupational Safety and Health Convention.

111 Article 11 of the Occupational Safety and Health Convention.

112 See the Employment Injury Benefits Convention, 1964 (no. 121) available at: [https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---safework/documents/publication/wcms\\_125137.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_125137.pdf) and its 2002 Protocol.

113 To be included in the most recent ILO List, a disease must meet three criteria: have a causal relationship with a specific agent, exposure or work process; occur in specific work environments or occupations; and occur more frequently among certain groups of workers than the general population. List of Occupational Diseases Recommendation 2002 (No. 194) (Revised 2010).

114 Qatar's list of occupational diseases schedule (1), <https://www.almeezan.qa/ClarificationsNoteDetails.aspx?id=6301&language=ar>



## CASE 3: MOHAMMED SUMAN MIAH (SUMAN)



***“I had talked to him a few hours earlier [before his death]”***

Sumi Akter, the wife of Mohammed Suman Miah



© Private

Mohammed Suman Miah (Suman) from Bangladesh died in Qatar on 29 April 2020 at the age of 34. His death certificate, issued by the Qatari Ministry of Public Health four days later, describes the cause of death as “acute heart failure natural causes”.<sup>115</sup> It provides no information on the underlying cause of death.

Amnesty International met Suman’s wife Sumi Akter, their two sons aged eight and four, his brother and parents in their home in Narsingdi district, 50km north-east of Bangladesh’s capital Dhaka.<sup>116</sup> They said that Suman had undergone a medical test prior to his departure for Qatar in 2016 and had not complained of any health issues before he died.

Suman had travelled on a “free visa”, whereby migrant workers effectively buy a work visa from a national sponsor who allows them to work in an unregulated “free” labour market. The family had borrowed more than half of the 600,000 Bangladeshi taka (approximately US\$7,000) to secure the visa. Suman had struggled to find work in Qatar and there were times when he had not been paid, but at the time of his death he was working in construction. There were no summer work restrictions on outdoor work at that time and on the day Suman died, the temperature reached 38°C.

Suman’s co-workers, some of whom came from his village in Bangladesh, called his family to tell them he had died from a heart attack at the end of his shift. They said that he had been taken to hospital but declared dead.

The family said the Qatari authorities had not contacted them and they had not been offered an autopsy.

The family hired an ambulance to retrieve Suman’s body from the airport. Suman’s Qatari employer sent the family 100,000 Bangladeshi taka (approximately US\$1,180) in due wages and end of service benefits, and the Bangladeshi Welfare Board provided 35,000 Bangladeshi taka (US\$413) for burial and transportation costs. Three months later, the family received a further 300,000 Bangladeshi taka (approximately US\$3,500) from the Bangladeshi Welfare Board. They used the money to pay off Suman’s remaining debt.

As the elder son, the entire family depended on Suman’s income. Sumi Akter said she worried that his death would affect their children’s education and future.

115 Death certificate reviewed by Amnesty International.

116 Interview conducted with the family of Mohammed Suman Miah on 27 March 2021 in Bangladesh.





## 5. INVESTIGATION AND CERTIFICATION OF DEATHS

**“It’s very rare for deaths to not be explained. We have the know-how to properly certify deaths in all but less than 1% of cases in the UK.”**

Professor Peter Blair<sup>117</sup>

Chapters 3 and 4 have demonstrated that workers in Qatar have been exposed to dangerously high temperatures at work, and that the lack of adequate mitigation measures may have led to hundreds of preventable deaths over the past decade. Yet knowing for sure which workers – and precisely how many - have died as a result of these conditions is made extremely difficult by Qatar’s failure to adequately investigate and certify their deaths.

Any determination of a states’ adherence to its obligations to protect the lives of all people under its jurisdiction relies to a large extent on deaths being properly investigated and correctly certified. When people die, the authorities should fully examine the circumstances around their deaths and, based on this investigation, record an accurate and specific cause of death.

### INTERNATIONAL BEST PRACTICE

While there are currently no internationally recognized guidelines detailing how states should investigate the cause of someone’s death, there are internationally accepted standards on death certification and these are inextricably linked to investigations.

A WHO working group is developing a set of standards, and a number of countries have established processes from which a set of best practice standards can be drawn. Consultant pathologist Dr David Bailey, Chair of the UK Royal College of Pathologists Death Investigations Committee and member of the WHO working group, outlined to Amnesty International some of this best practice.

*“When somebody dies, regardless of the cause, the certifying doctor should gather as much information as possible about the deceased’s medical history and the circumstances surrounding the death (usually from family, friends, colleagues, other witnesses) and complete a full external examination of the body. If the cause of death is not clear after all of that, the death should be further investigated by referral to the coroner or equivalent legal entity depending on the country, which would usually result in a post-mortem, either traditional [i.e. a surgical, invasive examination] or based on a CT scan, or both.*

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117 Telephone interview with Professor Peter Blair, 23 March 2021.

*“Once a coroner’s investigation is complete, whether or not it includes a post-mortem, if the death is deemed natural, it can be certified by a doctor, and the death registered with the local registrar of births, deaths and marriages. If the death is not natural, i.e. an accident, industrial disease, due to negligence etc, an inquest is held, the outcome of which is for the coroner to decide what category of death has occurred and then allows registration of the death as before.”<sup>118</sup>*

In addition, there are detailed and consistent guidelines on death certification issued by a range of national bodies. In the USA, for example, the Center for Disease Control and Prevention offers clear guidance to doctors: “The mechanism of death (for example, cardiac or respiratory arrest) should not be reported as the immediate cause of death as it is a statement not specifically related to the disease process, and it merely attests to the fact of death.”<sup>119</sup>

In the UK, the Office of National Statistics Death Certification Advisory Group offers similar guidance to doctors in England and Wales on the completion of death certificates:

“Terms that do not identify a disease or pathological process clearly are not acceptable as the only cause of death. This includes terminal events, or modes of dying such as cardiac or respiratory arrest, syncope or shock.”<sup>120</sup>

The Advisory Group states:

***“The term ‘natural causes’ alone, with no specification of any disease on a doctor’s MCCD [medical certificate of cause of death], is not sufficient to allow the death to be registered without referral to the coroner. If you do not have any idea what disease caused your patient’s death, it is up to the [UK] coroner to decide what investigations may be needed.”***

According to experts consulted by Amnesty International, there are a variety of methods that can be used to determine the cause of any individual’s death and it is nearly always possible to do so. Epidemiological experts Professors Peter Blair and Vivekanand Jha told Amnesty International that typically less than 1% of deaths are unexplained in well-run, properly resourced health systems.<sup>121</sup> In many cases, traditional invasive autopsies are not necessary.

Verbal autopsies and non-invasive autopsies using examination methods including CT scanning, MRI and needle biopsies can be almost as effective as traditional autopsies in identifying causes of death. Peer-reviewed research has found that non-invasive autopsies - post-mortem examinations in which there is minimal to no disruption of major bodies cavities - are almost as effective as traditional autopsies in identifying causes of death.<sup>122</sup>

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118 Email from Dr David Bailey, 6 April 2021.

119 Center for Disease Control and Prevention, *Physicians’ Handbook on Medical Certification of Death*, 2003 Revision, p:13, [https://www.cdc.gov/nchs/data/misc/hb\\_cod.pdf](https://www.cdc.gov/nchs/data/misc/hb_cod.pdf)

120 Office for National Statistics Death Certification Advisory Group, *Guidance for doctors completing Medical Certificates of Cause of Death in England and Wales*, revised July 2010.

121 Telephone interview with Professor Peter Blair, 23 March 2021; and telephone interview with Professor Vivekanand Jha, 9 April 2021, and follow up correspondence, 31 May 2021.

122 Britt M. Blocker et al., *Conventional Autopsy versus Minimally Invasive Autopsy with Postmortem MRI, CT, and CT-guided Biopsy: Comparison of Diagnostic Performance, Radiology*, December 2018, <https://pubmed.ncbi.nlm.nih.gov/30251930/>



The coffin carrying the body of Balkisun Mandal Khatwe, a migrant laborer who died in his sleep in Qatar, lies outside Tribhuvan International airport in Kathmandu, Nepal. © Narendra Shrestha/EPA/Shutterstock

A verbal autopsy involves trained interviewers collecting information about the signs, symptoms and demographic characteristics of a recently deceased person from someone familiar with the deceased.<sup>123</sup> Dr Edward Fottrell, an associate professor in epidemiology and global health and a member of the WHO's working group on verbal autopsies, said that in contexts where death registration is lacking or absent, verbal autopsies can typically identify a probable cause of death in approximately 85% of cases.<sup>124</sup>

Experts on post-mortem diagnosis have noted that although diagnosing heat-related deaths can present challenges, "The diagnosis of hyperthermia is... essentially based on scene investigation, the circumstances of death, and the reasonable exclusion of other causes of death."<sup>125</sup>

Dr Edward Fottrell told Amnesty International that verbal autopsies could be effective in identifying heat stroke deaths so long as investigators collect sufficient information on the deceased's medical history, their symptoms before death, and the context and circumstances of death.<sup>126</sup>

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123 For more information on the WHO's verbal autopsy tool, see: <https://www.who.int/standards/classifications/other-classifications/verbal-autopsy-standards-ascertaining-and-attributing-causes-of-death-tool>

124 Telephone interview with Dr Edward Fottrell, 27 April 2021. For more information on the WHO's verbal autopsy tool, see <https://www.who.int/standards/classifications/other-classifications/verbal-autopsy-standards-ascertaining-and-attributing-causes-of-death-tool>

125 Cristian Palmiere and Patrice Mangin, *Hyperthermia and postmortem biochemical investigations*, International Journal of Legal Medicine, January 2013. <https://pubmed.ncbi.nlm.nih.gov/22669324/>

126 Email correspondence with Dr Edward Fottrell, 19 July 2021.

## QATAR'S POOR PRACTICES

In Qatar, migrant worker deaths are not being certified in line with these best practice standards which indicates a failure to conduct investigations into worker deaths in cases where the cause of death is not immediately obvious.<sup>127</sup> The ability to investigate and properly certify death is key to help the authorities put in place adequate measures capable of preventing avoidable deaths and to help families of victims to receive adequate compensation for their loss (see chapter 6).

These failures continue despite recommendations made by different organisations over many years, with the issue of poor certification first being raised in 2011 in a research paper written by three Qatari health professionals on death certification practice in Qatar.<sup>128</sup> The paper concluded that a “lack of training appears to play a major role in the poor completion of death certification forms.”

Further, in 2014 a report by DLA Piper, commissioned by the Qatari authorities in light of allegations of labour abuses by Amnesty International and others, noted that the number of deaths attributed to cardiac arrest was “seemingly high” and urged the government to reform its laws to mandate autopsies or post-mortem examinations into “unexpected or sudden deaths”. It added:

***“It is crucial that the State of Qatar properly classifies causes of deaths. It is critical to collect and disseminate accurate statistics and data in relation to work-related injuries and deaths. If there are any sudden or unexpected deaths, autopsies or post-mortems should be performed in order to determine the cause of death. If there are any unusual trends in causes of deaths, such as high instances of cardiac arrest, then these ought to be properly studied in order to determine whether preventative measures need to be taken.”***<sup>129</sup>

In 2017, Human Rights Watch also recommended that Qatar pass legislation to require that all death certificates include reference to a medically meaningful cause of death, such as a trauma, a disease or a pathological process, and that it amend its existing law governing autopsies to require medical examinations and allow forensic investigations, including autopsies if necessary, into all sudden or unexplained deaths.<sup>130</sup>

On 22 February 2021, Amnesty International wrote to the Ministry of Public Health to request further information on Qatar’s Law No 2 of 2012, which regulates the use of autopsies. The letter requested details on: the number of autopsies that the Qatari health authorities conducted between the start of 2015 and 2020, disaggregated by nationality; the Qatari health authorities’ capacity to perform non-invasive or minimally invasive autopsies; the death certification guidelines used by the Ministry of Health; and the training that the Ministry offers to its doctors on death certification. The organisation sent another request on 19 July 2021 reiterating the same questions, but as 18 August 2021 had received no reply.

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127 The Births and Deaths Record Department at the Ministry of Public Health issues death certificates and arranges for the repatriation of non-citizens who die in Qatar. The information that the Ministry requires to issue a death certificate includes the nationality, age, occupation and gender of the deceased, as well as a hospital-issued notification of death, <https://hukoomi.gov.qa/en/service/request-to-issue-death-certificate>

128 N.J. Al-Kubaisi, H.Said and N.A. Horeesh, *Death Certification Practice in Qatar*, Public Health 127 (2013) 854 859. [https://scholar.cu.edu.eg/sites/default/files/nhoreesh/files/death\\_Yecertification\\_practice\\_in\\_qatar.pdf](https://scholar.cu.edu.eg/sites/default/files/nhoreesh/files/death_Yecertification_practice_in_qatar.pdf)

129 DLA Piper, *Migrant Labour in the Construction Sector in Qatar*, p. 15. The report was never formally released but can be seen online at <http://engineersagainstpoverity.org/wp-content/uploads/2018/07/Qatar-DLA-FINAL-REPORT-MAY-2014-FOR-PUBLICATION.pdf>

130 Human Rights Watch, *Qatar: Take Urgent Action to Protect Construction Workers*, 27 September 2017, <https://www.hrw.org/news/2017/09/27/qatar-take-urgent-action-protect-construction-workers>

The government did not provide this information but responded explaining the procedures followed in the event of the death of a migrant worker through an office set up to streamline and simplify the process.<sup>131</sup> However, the process set out focuses on the burial and repatriation of bodies, not on investigations into the causes of death.

In a briefing paper circulated to journalists in March 2021, the Supreme Committee stated that the state of Qatar “has robust investigation procedures in place” and that “a post-mortem examination can be requested by immediate family members or by the authorities when medical examinations are unable to determine the cause of death.”<sup>132</sup>

It also stated that, “in accordance with the law, the family of the deceased must first approve an autopsy before it is carried out” and that “in most cases related to guest workers, families refuse an autopsy due to their desire to have the body repatriated as quickly as possible for the completion of religious burial rites.” It said that, “in some circumstances, families refuse to eat or drink until the remains of a loved one have been properly buried or cremated”, adding that “this creates difficulties in respect to investigating the cause of death.”<sup>133</sup>

In its communication with Amnesty International, the Qatari authorities said that autopsies are conducted when requested by immediate family members except when the death is suspected to involve criminal activity, in which case a forensic doctor from the Ministry of Interior can perform the post-mortem following a request from the police.<sup>134</sup>

However, an examination of Law No 2 of 2012 suggests that it in fact provides for a broader range of circumstances in which autopsies are permitted. Article 2 states: “If the cause of death cannot be determined by means of clinical, laboratory, radiological (X-ray) or medical examination” an autopsy can be conducted with the approval of the medical director of the hospital authorized by the Minister as well as the consent of the deceased’s relatives. However, article 4 outlines circumstances in which autopsies can be conducted without the consent of the deceased’s relatives, including “for the purpose of protecting public health”. Therefore, the law in itself does not preclude invasive autopsies in some circumstances.

Critically, consent appears not to be required to use a wide range of other non-invasive post-mortem investigation methods that should, in all but a small percentage of cases, be able to identify the cause of death. Yet the evidence presented in this report strongly suggests that Qatar rarely conducts any post-mortem investigations into migrant worker deaths where the cause of death is not obvious, and does not systematically reach out to families to request their consent to conduct an investigation. In the six cases featured in this report, the Qatari authorities asked none of the families whether or not they would like an autopsy to be conducted to identify the cause of death. Consequently, a significant number of deaths are certified without any underlying causes of death.

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131 Qatar’s Government Communications Office letter to Amnesty International, 15 March 2021.

132 Supreme Committee, Briefing Pack, March 2021, copy on file with Amnesty International.

133 Ibid.

134 Qatar’s Government Communications Office letter to Amnesty International, 15 March 2021.

## IMPACT IN PRACTICE – THOUSANDS OF UNEXPLAINED DEATHS

While it has already been noted that in a well-resourced health system it should be possible to identify the cause of all but less than 1% of deaths,<sup>135</sup> the records of five labour-sending countries that rely on the information provided by the Qatari authorities suggest that this figure may typically be around 70%.

For example, the data compiled and published by *The Guardian* newspaper in February 2021 shows that thousands of deaths have been left effectively unexplained over the last decade. Analysing the deaths of 6,751 workers from five South Asian countries, the research revealed that 69% of the deaths of Indian, Nepali and Bangladeshi nationals between 2010 and 2020 were attributed to ‘natural causes’ or ‘cardiac arrest’, and contained no information about the underlying causes of death.<sup>136</sup> Similarly, Bangladeshi government records, seen by Amnesty International, attributed 71% of the deaths of Bangladeshi nationals in Qatar from November 2016 to October 2020 to ‘natural causes’.<sup>137</sup> And a 2020 report by Nepal’s Ministry of Labour, Employment and Social Security found that 55% of Nepali deaths in Qatar between 2008 and 2019 were from either “cardiac arrest” or “natural causes”.<sup>138</sup>

Taken together, such figures show that thousands of deaths have gone effectively unexplained over the last decade, without any meaningful cause of death reported.

The death certificates of 15 out of the 18 cases reviewed by Amnesty International during the research for this report also did not provide any information about the underlying causes of deaths, attributing the cause of death to “acute cardio respiratory failure due to natural causes”, “acute heart failure natural causes”, “heart failure unspecified” and “acute respiratory failure due to natural causes”.<sup>139</sup>

Experts consulted by Amnesty International confirmed that such terms are not meaningful descriptions of how someone has died and indicate that adequate investigations are unlikely to have been carried out. As a leading consultant pathologist and the Chair of the Royal College of Pathologists Death Investigations Committee, and a member of the WHO Working Group on death certification, Dr David Bailey told Amnesty International **“these are phrases that should not be included on a death certificate without a further qualification explaining the underlying cause. Essentially, everyone dies of respiratory or cardiac failure in the end and the phrases are meaningless without an explanation of the reason why. “Natural causes” is not a sufficient explanation.”**<sup>140</sup>

It is a similar situation with data provided by Qatar’s Supreme Committee, which oversees construction of stadiums and other infrastructure linked to the 2022 football World Cup. Out of the 33 fatalities recorded in the Supreme Committee’s Workers’ Welfare Progress Reports, 18 cases dating from October 2015 to October 2019 included no reference to an underlying cause of death, instead using terms such as “natural causes”, “cardiac arrest” or “acute respiratory failure”.<sup>141</sup>

Amnesty International showed all of these cases to Dr David Bailey. With reference to the six case

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135 According to views expressed by Professors Peter Blair and Vivekanand Jha.

136 *The Guardian*, *Revealed: 6,500 migrant workers have died in Qatar since World Cup awarded*, 23 February 2021, <https://www.theguardian.com/global-development/2021/feb/23/revealed-migrant-worker-deaths-qatar-fifa-world-cup-2022>

137 Bangladesh’s Wage Earners Welfare Board Records - Claims for Burial Cost of 440 Bangladeshi Migrants who Died in Qatar from 1 November 2016 to 8 October 2020, copy on file with Amnesty International.

138 Government of Nepal, Ministry of Labour, Employment and Social Security, *Nepal Migration Report 2020*, p. 83, <https://moless.gov.np/wp-content/uploads/2020/03/Migration-Report-2020-English.pdf>

139 In the course of this research, Amnesty International identified cases of 18 deceased migrant workers in Bangladesh and Nepal and reviewed their death certificates. In 13 cases, the cause of death was reported as “natural death”, two cases related to cardiac diseases and three to other causes – a road traffic accident, poisoning and cancer.

140 Email from Dr David Bailey, 6 April 2021.

141 The Supreme Committee has released five annual worker welfare reports, covering April 2015 to December 2019. These, as well as all third-party auditor reports, can be found at <https://www.qatar2022.qa/en/opportunities/workers-welfare/news-reports>. The Supreme Committee told Amnesty International in April 2021 that there had been three work-related fatalities and 35 non-work-related fatalities on their projects “since construction began in 2016.” The Supreme Committee said that their incident investigation procedure involves evidence collection and analysis, plus witness interviews to establish the facts, and that they prepare detailed reports. They added that “the responsibility to investigate the underlying causes of death in the case of non-work-related deaths lies with the relevant local authorities”, and that “the cause of death published in our Annual Reports are determined by the certificates issued by the Public Health Department.”



شهادة وفاة  
DEATH CERTIFICATE

QID Number : [REDACTED]  
Full Name : MOHAMMAD SUMUN MIAH MD SHAH ALAM

Name : MOHAMMAD SUMUN MIAH

Age : 34 YEARS

العمر :

Sex : MALE

الجنس :

Nationality : BANGLADESHI

الجنسية :

Religion : MUSLIM

الديانة :

Father's Name : [REDACTED]

اسم الأب :

Address : DOHA - QATAR

العنوان :

Place Of Death : QATAR

محل الوفاة :

Cause Of Death : ACUTE HEART FAILURE NATURAL CAUSE

سبب الوفاة :

Date Of Death : 2020/04/29

تاريخ الوفاة :

Registration No : 797 / 2020 : رقم التسجيل

Date Of Issue : 03/05/2020 : تاريخ الإصدار

أشهد أن ما ورد أعلاه هو نقل صحيح عن

CERTIFIED THAT ABOVE IS A TRUE COPY OF AN ENTRY IN THE  
سجل وفيات قسم الصحة العامة بالدوحة  
REGISTER OF DEATHS OF THE PUBLIC HEALTH SECTION DOHA



[REDACTED SIGNATURE]

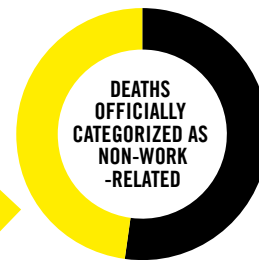
مدبر إدارة الصحة العامة  
Director of Public Health Department



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**The fact that nearly half of deaths officially categorized as non-work-related on Qatar’s most high-profile construction project have not identified an underlying cause of death, despite higher safety standards and more rigorous processes in place than most other projects in Qatar, suggests that**

**THESE DEATHS HAVE NOT BEEN ADEQUATELY INVESTIGATED OR EXPLAINED**



studies documented by Amnesty International, and 18 of the 33 fatalities documented in the Supreme Committee’s welfare reports, Dr Bailey wrote:

*“Based on the certified causes of death, it seems highly unlikely that any meaningful investigation was carried out into these deaths. It also seems extremely unlikely that any post-mortem examination was carried out and that if there was any other investigation, for example an interview with colleagues or a check of medical history, that investigation revealed nothing useful. The causes of death are non-specific to the point of having no value other than to suggest that the certifying doctors did not know the underlying reason(s) the person died.”<sup>142</sup>*

In correspondence in April and June 2021, the Supreme Committee highlighted that its Incident Investigating Procedure (IIP) includes evidence collection and analysis, plus witness interviews to establish the facts, in order to prepare detailed reports. It noted that “the responsibility to investigate the underlying causes of death in the case of non-work-related deaths lies with the relevant local authorities”, and that “the cause of death published in our Annual Reports are determined by the certificates issued by the Public Health Department.”<sup>143</sup> In response to a question about how many autopsies had been conducted in relation to the deaths classified as non-work related, the Supreme Committee’s response was that “We are aware that relevant government authorities conducted autopsies on several occasions. That said, the information is not made public and as such we are not aware of the outcomes of the autopsies.”<sup>144</sup>

The fact that nearly half of deaths officially categorized as non-work-related on Qatar’s most high-profile construction project have not identified an underlying cause of death, despite higher safety standards and more rigorous processes in place than most other projects in Qatar, suggests that these deaths have not been adequately investigated or explained. This also points to a wider systematic failure to investigate migrant worker deaths, and casts further doubt on the manner in which migrant worker deaths have been categorized in Qatar’s official data.

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142 Telephone interview with Dr David Bailey, 13 May 2021.

143 In a follow up correspondence with the Supreme Committee, Amnesty International requested redacted samples of their Incident Investigation Procedure (IIP) report. The Supreme Committee said it will not be able to do so in light of the “confidential requirements and the nature of information contained in the reports”, but insisted that their IIP “is comprehensive and designed to provide clear understanding of why and how an incident occurred and aimed at preventing a recurrence.”

144 Letter from the Supreme Committee, 28 June 2021.





## CASE 4: TUL BAHADUR GHARTI



### ***“He used to say that the work was a little difficult”***

Bipana, the wife of Tul Bahadur Gharti



© Private

Tul Bahadur Gharti from Nepal died in Qatar during the night of 28 May 2020 at the age of 34. His death certificate, issued by the Qatari authorities on 3 June 2020, describes the cause of death as “acute cardio respiratory failure due to natural causes”.<sup>145</sup> It provides no information on the underlying cause of death.

On the day of his death the temperature in Doha reached 39°C and never fell below 20°C. There were no restrictions on outdoor work at the time.

His wife Bipana told Amnesty International that her husband was generally healthy and that they spoke every day before and after his shift.<sup>146</sup> His job involved cutting wire in the construction sector and he was outdoors for 10 hours a day – 8 hours of his normal shift plus 2 hours of overtime, with an additional 2 hours of travel to and from his accommodation.

“My last phone call with him was on the evening of 28 May 2020. We had a good chat that day and we ended the call by saying we would talk the next morning. I waited all day online that day. I thought he was in a meeting. I was hoping he would call me. Suddenly in the afternoon, the company’s camp boss phoned me. He informed me that my husband had died in his sleep at night. I didn’t get any information other than what he said. After that, no one contacted me. I had never heard him mention a single illness... it was hard to believe when I heard the news of his sudden death.”

She said she was not offered an autopsy. “There was a man from our village in Qatar. I contacted him and asked about it. He said there would be no such post-mortem abroad. I wanted to explore in more detail, but everyone told me not to go after it. We can’t do much in our own Nepal; what else can be done abroad?”

After Tul’s death, Bipana said that his employers sent QR3,100 (US\$850) in dues. She also received 700,000 Nepalese rupees (US\$5,800) from Nepal’s welfare board and 1 million rupees (US\$8,275) from a private insurance scheme. She said that she received no compensation from Qatar or her husband’s employer.

“I have cried many times in emotion... Being alone is very difficult. I feel like my life has been wasted. There is a big difference between doing this alone and doing it together. Now, I have a mother-in-law, elder and younger brothers-in-law at home. Now I am in parent’s home. I don’t feel like going back home. I have no children. My husband was set on fire. I feel like I’m burning in oil.”

145 According to the death certificate seen by Amnesty International.

146 Interview conducted with the family of Tul Bahadur Gharti 23 March 2021 in Nepal.

## 6. LACK OF COMPENSATION FOR VICTIMS' FAMILIES

***“I did not receive any compensation from Qatar. The camp boss said the company had no compensation rules for those who died of heart attacks and those not on duty.”***

Bipana, the wife of Tul Bahadur Gharti who died in Qatar on 28 May 2020 aged 34

None of the families of migrant workers who died in Qatar who were interviewed by Amnesty International received any compensation from Qatar. Any money they received came either from their own insurance policies or from the government of their home country. This is not surprising, as the lack of investigation into the circumstances of their relatives' death precluded any determination of the cause of death, which in turn precluded any possibility of evidence that their deaths were caused by their working conditions, negligence on the part of their employers, or the weaknesses in Qatar's legal framework. The failure to carry out investigations therefore denied the families the option of making civil claims against employers or the Qatari state, which can be brought under Qatar's civil code.<sup>147</sup>



*The family of Mohammad Suman Miah, a Bangladeshi migrant worker who died suddenly aged 34 after working outside all day in temperatures that reached 38°C © Private*

Qatar's Government Communications Office did not respond to a request for information on the compensation that the Qatari authorities may have paid to families of deceased migrant workers.<sup>148</sup> In response to a similar question, however, the Supreme Committee provided details of the compensation it had paid out to the families of workers who died on projects under their purview.<sup>149</sup> In relation to the three fatalities that the Supreme Committee classified as work-related, an average of QR158,628 (US\$43,567) was paid to the deceased men's families. In relation to 34 of the 35 fatalities that the Supreme Committee classified as non-work-related, an average of QR41,360 (US\$11,360) was paid to the families.<sup>150</sup> In a follow up to Amnesty International, the Supreme Committee explained that the compensation includes “outstanding salaries and benefits, group life insurance, voluntary company contributions or Sharia law payments where applicable.”

The investigation into the final case is ongoing.

147 Law No.22 of 2004 Regarding Promulgating the Civil Code. Chapter 3, Responsibility for unlawful acts.

148 Qatar's Government Communications Office letter to Amnesty International, 15 March 2021.

149 In its April 2021 response to Amnesty International, the Supreme Committee said that to date there have been 35 non-work-related fatalities and three work-related deaths since construction on its sites began in 2014, bringing the total to 38 deaths on projects under its purview.

150 Letter from the Supreme Committee to Amnesty International, 5 April 2021.”

**QATAR'S FAILURE TO PROVIDE REMEDY, INCLUDING FINANCIAL COMPENSATION, FOR MIGRANT WORKERS WHO DIED IN THE COUNTRY BECAUSE OF THEIR WORK**

**BREACHES ITS INTERNATIONAL AND DOMESTIC LAW OBLIGATIONS**



## **BREACHES OF INTERNATIONAL OBLIGATIONS**

Qatar's failure to provide remedy, including financial compensation, for migrant workers who died in the country because of their work breaches its international and domestic law obligations.

As a state party to a wide range of international treaties, Qatar is obliged to provide remedies to anyone living and working in Qatar whose human rights are violated.<sup>151</sup> The right to remedy encompasses the victims' right to equal and effective access to justice as well as adequate, effective and prompt reparation for the harm suffered.

The Human Rights Committee addresses the issue of remedy in the context of state violations of the right to life. It states: "Investigations into allegations of violation of article 6 [of the ICCPR] must always be independent, impartial, prompt, thorough, effective, credible, and transparent, and in the event that a violation is found, full reparation must be provided, including, in view of the particular circumstances of the case, adequate measures of compensation, rehabilitation and satisfaction."<sup>152</sup>

Consequently, Qatar is required to provide appropriate and effective remedy for the families of the deceased migrant workers as part of its obligation to take all appropriate measures to implement the rights recognized in these treaties and to do so in an affordable and timely manner.<sup>153</sup>

Article 110 of Qatar's Labour Law does provide deceased workers' families with the right to compensation in the event of their family member dying "by reason of work" or being wholly or partially disabled by an occupational injury.<sup>154</sup> Qatar's civil code also provides for compensation for people who have suffered loss or injury as a result of unlawful acts.<sup>155</sup> However, Qatar's failure to properly investigate migrant worker deaths precludes any determination of whether the deaths were linked either to overwork in violation of Qatari labour law, or work in unsafe conditions such as excessive heat or humidity.<sup>156</sup>

Qatar has also not ratified the ILO Employment Injury Benefits Convention, 1964 (no. 121), nor included diseases linked to exposure to high temperatures in Qatar's list of occupational diseases, outlined in Schedule 1 of the 2004 Labour Law.<sup>157</sup>

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151 Article 2(3), ICCPR; Article 2, ICESCR; Article 6, International Convention on the Elimination of All Forms of Racial Discrimination; Articles 12, 13 and 23 of the Arab Charter on Human Rights.

152 Human Rights Committee's General Comment 36, para 28.

153 CESCR, General Comment 9, The domestic application of the Covenant, UN Doc. E/C.12/1998/24, para. 9.

154 Law No.14 of 2004, article 110.

155 Law No.22 of 2004 Regarding Promulgating the Civil Code. Chapter 3, Responsibility for unlawful acts.

156 Law No.22 of 2004 Regarding Promulgating the Civil Code. Chapter 3, Responsibility for unlawful acts.

157 Qatar's list of occupational diseases schedule (1), <https://www.almeezan.qa/ClarificationsNoteDetails.aspx?id=6301&language=ar>

***“He had to work for 12 or 13 hours a day”***

Ahmad Hussain, brother of Manjur Kha Pathan



© Private

Manjur Kha Pathan from Nepal died in Qatar on 9 February 2021 at the age of 40. His death certificate, issued by the Qatari authorities on 16 February 2021, describes the cause of death as “heart failure unspecified”.<sup>158</sup> It provides no information on the underlying cause of death.

His brother Ahmad Hussain told Amnesty International that Manjur worked as a truck driver and that he was generally healthy.<sup>159</sup> “He had never been so sick before. There were regular conversations with us. He had never said that his health was in danger. However, he had a lot of work to do. The AC [air conditioning] in the vehicle did not always work. He had to work for 12 or 13 hours a day. He used to sweat a lot when the AC was not functioning. On the day he died, he had tea in the morning. Suddenly he felt dizzy and returned to the room. He fell there in the room. The doctor was called immediately. The ambulance arrived half an hour later. He died when the ambulance arrived.”

Manjur’s wife Tetari Khatun said that nobody in Qatar asked them if they wanted a post-mortem. She said she was left to raise alone three daughters, aged 7, 8 and 15, and a son, aged 11. “We only have a house to live in. There is no farming. The financial situation is very fragile.”

Ahmad Hussain told Amnesty International that the family received 316,000 Nepalese rupees (around US\$2,666) in wages and end-of-service benefits from the employer in Qatar, but nothing more. The employers told the family that because he died in the camp, not in a work-related accident, he was not eligible for compensation under Qatari law.

Tetari Khatun said that an insurance scheme that the family had taken out in Nepal had expired just before his death. “If the company had sent some compensation, it would have been a great relief to educate the children.”

158 According to the death certificate seen by Amnesty International.

159 Interview conducted with the family of Manjur Kha Pathan on 1 April 2021 in Nepal.



## 7. DATA ON MIGRANT WORKER DEATHS

***“He had to sit in the sun for a long time, I feel like he had a heart attack due to dryness and heat because I never knew he was sick.”***

Bhumisara, the wife of migrant worker Yam Bahadur Rana who died in Qatar aged 34

***“[H]ealth systems worldwide depend on reliable information about causes of mortality to be able to respond effectively to changing epidemiological circumstances”***

World Health Organization<sup>160</sup>

Much of the debate and controversy around migrant workers' deaths has focused around estimates of how many workers have died in Qatar since FIFA awarded the country the right to host the 2022 World Cup, and how many of them were work related.<sup>161</sup> The lack of any official publicly available mortality figures until recent years fueled this debate, and the poor quality of the data – explained in this chapter – now made available means that key questions remain unanswered.

The importance of data collection has been highlighted by bodies including the WHO, which has stated that responses to patterns of death “depend critically on accurate data to guide decision-making.”<sup>162</sup> Further, a commitment to “collect and utilize disaggregated data as a basis for evidence-based policies” in the field of migration is the first objective set out in the Global Compact for Safe, Orderly and Regular Migration, endorsed in 2018 by the UN General Assembly.<sup>163</sup> All six Gulf States, including Qatar, and all major labour-sending countries, voted for the Global Compact.

Until recently, Qatar did not publish official information on migrant worker deaths, despite calls from a number of bodies to do so. For example, in 2013, a report by the multinational law firm DLA Piper commissioned by the Qatari authorities strongly recommended “the regular collection and reporting/ dissemination of national statistics and data in relation to work-related injuries and deaths, the causes

160 Rasika Rampatige, Lene Mikkelsen, Bernardo Hernandez, Ian Riley and Alan D Lopez, *Systematic review of statistics on causes of deaths in hospitals: strengthening the evidence for policy-makers*, *Bulletin of the World Health Organization*, 16 September 2014, <https://www.who.int/bulletin/volumes/92/11/14-137935/en/#R5>

161 The Guardian, *Revealed: hundreds of migrant workers dying of heat stress in Qatar each year*, 2 October 2019.

162 Ibid.

163 UN General Assembly, *Global Compact for Safe, Orderly and Regular Migration*, A/RES/73/195, 11 January 2019.

and the extent to which these are attributable to breaches of health and safety rules.”<sup>164</sup> Yet in 2017, Human Rights Watch was still unable to obtain data on worker deaths from the Qatari authorities, and called on Qatar to “release data on migrant worker deaths for the past five years, broken down by age, gender, occupation, and cause of death.”<sup>165</sup>

## IMPROVED TRANSPARENCY, BUT POOR-QUALITY DATA

After years of failing to publish any data on mortality, Qatar’s Public Statistics Authority (PSA) began in recent years to publish official data going back to 1985. According to the data, 15,021 non-Qataris have died in the ten years between 2010 and 2019 – of all ages, causes and occupations. It also provides breakdown of the data by various categories, showing, for example, that 9,405 (63%) of these deaths were Asian nationals and of these, the vast majority (87%) were men.<sup>166</sup>

Despite this increased transparency, the data has a number of critical weaknesses which allows only for very broad and general conclusions to be drawn.

First, while the data is disaggregated by categories including occupation, age group, cause and month of death, it is not presented in a form that allows analysis across categories. Categories may also be broad, for example providing groups of nationalities (‘Asian’, ‘European’ etc.) rather than specific nationalities (‘Nepali’, ‘Indian’ etc.), and does not provide details on specific occupations such as ‘construction’. As a result, it is impossible to analyse, for example, how many outdoor construction workers from Nepal died from cardiovascular diseases in the hotter months, or compare this to deaths of other workers at other times. Because of these limitations, Professor Vivekanand Jha told Amnesty International that such weaknesses “precludes any useful comparisons with other countries.”<sup>167</sup>

Secondly, the published data on the cause of deaths is unlikely to be reliable given the fact that – as explained further in chapter 5 – the classification of deaths in official statistics is not based on meaningful investigations of workers deaths. This may especially be the case for workers whose deaths are attributed merely to ‘natural causes’ or ‘cardiac arrest’ and classified as such.

Thirdly, the classifications themselves have shifted significantly over time, suggesting that the official data may be obscuring a high number of unexplained deaths, especially since 2016.<sup>168</sup> Specifically, analysis of the published data shows that up until 2015, a significant number of deaths were coded in categories indicating that the cause of death was unknown.<sup>169</sup> However, from 2016 onwards these numbers drop dramatically, while at the same time numbers of deaths classified as “circulatory diseases” increase correspondingly. To illustrate this, in 2015, 376 non-Qataris of all ages were reported in official PSA statistics to have died from unknown causes, dropping to 82 in 2016. In contrast, the equivalent figures for circulatory diseases increased from 221 in 2015 to 464 in 2016. As shown in the tables below, the same pattern was evident with non-Qatari men aged 20-49.

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164 DLA Piper, *Migrant Labour in the Construction Sector in Qatar*, April 2014, p. 14.

165 Human Rights Watch, *Qatar: Take Urgent Action to Protect Construction Workers*, 27 September 2017.

166 Planning and Statistics Authorities, Births and deaths statistics, available at: <https://www.psa.gov.qa/en/statistics1/pages/topicslisting.aspx?parent=Population&child=BirthsDeaths>

167 Telephone interview with Professor Vivekanand Jha, 9 April 2021, and follow up correspondence, 31 May 2021.

168 The PSA data categorizes all Qatari and non-Qatari deaths into groups and sub-groups that conform to the WHO’s International Classification of Diseases (ICD) code. This code is the foundation for the identification of health trends and statistics globally, and the international standard for reporting diseases and health conditions. It groups deaths into broad categories, such as cancers and cardiovascular diseases, and sub-categories that ascribe detailed causes of death. There is an ICD code for every type of death, including situations where no cause of death can be determined. For more information see: <https://www.who.int/standards/classifications/classification-of-diseases>

169 Until 2011, over 30% of the deaths of non-Qatari nationals were attributed in Qatar’s PSA data to the ICD code for “sudden death, cause unknown.” From 2012, the use of this category was replaced with a broader category entitled “symptoms signs & abnormal clinical & laboratory findings not elsewhere classified.”

Table 1



## CAUSE OF DEATH OF NON-QATARI MEN **ALL AGES**

ACCORDING TO QATAR'S PSA

YEAR	2012	2013	2014	2015	2016	2017	2018	2019
<b>UNKNOWN CAUSES</b> <sup>170</sup>	448	424	436	376	82	20	3	7
<b>CARDIOVASCULAR DISEASES</b>	125	157	192	221	464	466	471	419

Table 2



## CAUSE OF DEATH OF NON-QATARI MEN **AGED 20 – 49**

ACCORDING TO QATAR'S PSA

YEAR	2012	2013	2014	2015	2016	2017	2018	2019
<b>UNKNOWN CAUSES</b> <sup>171</sup>	271	259	251	222	42	12	1	1
<b>CARDIOVASCULAR DISEASES</b>	41	82	82	95	232	217	227	202

Professor Peter Blair told Amnesty International that such huge diagnostic shifts are “extremely rare and tend to relate to how unexplained deaths are categorised.”<sup>172</sup>

Unless there has been a major change in the way deaths have been investigated from 2016 – for which we have found no evidence in the research for this report – it appears likely that the increased number of migrant workers categorised as dying of “circulatory diseases” since 2016 is obscuring the fact that in many cases their cause of death may, in reality, be unknown.

If, on the other hand, the categorization is correct, it suggests that non-Qatari men are dying from cardiovascular diseases at a significantly higher rate than Qatari men. The above figures show that between, 2012 and 2019, 43% of non-Qatari male deaths aged 20-49 were classified either as from cardiovascular diseases or unknown causes. This is significantly higher than the corresponding figure (28%) for Qatari males of the same age, and surely warrants serious investigation.

Amnesty International wrote to the Qatari authorities seeking further information about the reasons behind the change in classification, but received no response.

170 ICD classification: “symptoms signs & abnormal clinical & laboratory findings not elsewhere classified.”

171 Ibid.

172 Telephone interview with Professor Peter Blair, 11 June 2021.

# SCALE OF WORK-RELATED AND UNEXPLAINED DEATHS

## ***“These are men in the prime of their lives”***

Professor Peter Blair

The evidence outlined in this report shows that no meaningful cause of death has been provided for the deaths of thousands of non-Qataris over the last decade, with a lack of adequate investigations meaning many deaths are merely reported as due to ‘natural causes’, ‘cardiac arrest’ or other categories that leave them effectively unexplained.

Based on the weaknesses in investigations and limitations of the official data, it is difficult to know precisely how many of these workers may have died as a result of their working conditions, though there is little doubt that the studies highlighted in chapter 3 show that large numbers of workers are exposed to serious risks to their health and lives.

Indeed, the Qatari authorities claim that there is no evidence of increased death rates of workers as a result of working conditions. For example, in responding to *The Guardian* article in February 2021,<sup>173</sup> which highlighted that 6,751 people from five labour-sending countries had died in Qatar from all causes between 2010 and 2020, Qatar’s Government Communications Office said:

*“More than 1.4 million expatriates from India, Sri Lanka, Bangladesh, and Nepal live in Qatar. This includes students, seniors, and workers employed across a range of industries. Millions more have lived in Qatar during the last 10 years and returned home...”*

*“Unfortunately, of the millions of residents from India, Sri Lanka, Bangladesh, and Nepal who have lived in Qatar from 2011 to 2019, a very small percentage have sadly passed away. Although each loss of life is upsetting, the mortality rate among these communities is within the expected range for the size and demographics of the population.”<sup>174</sup>*

However, epidemiological experts Professors Peter Blair and Vivekanand Jha both expressed skepticism about the authorities’ ability to make this claim, precisely because of the low quality of data available.<sup>175</sup>

Professors Blair and Jha also both drew attention to the fact that migrant workers are generally fit, healthy and relatively young – “in the prime of their lives”. This point was also highlighted in a 2016 ILO report on Nepali workers abroad, which noted that “migrant workers should generally be healthier and fitter than the average population” because they are required to pass a medical test before obtaining a visa to work abroad, and noted that this should be taken into consideration when comparing mortality statistics.<sup>176</sup>

In the same report, the ILO described the deaths of Nepali migrant workers abroad as “an emerging public health problem”. But it acknowledged that the quality of the data on which it relied “suffers from lack of knowledge and poor classification” and “the interpretation of existing data is impeded by lack of critical information, such as age, ethnic identity and period of employment before death.”<sup>177</sup>

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173 The Guardian, *Revealed: 6,500 migrant workers have died in Qatar since World Cup awarded*, 23 February 2021.

174 Government Communication Office, *Statement in response to the Guardian article*, 24 February 2021, <https://www.gco.gov.qa/en/2021/02/24/gco-statement-guardian-article/>

175 According to information shared with Amnesty International by both Professor Peter Blair and Professor Vivekanand Jha.

176 International Labour Organization (ILO), *When the Safety Of Nepali Migrant Worker Fails*, 2016, p. 10, [https://ilo.org/wcmsp5/groups/public/--asia/---ro-bangkok/---ilo-kathmandu/documents/publication/wcms\\_493777.pdf](https://ilo.org/wcmsp5/groups/public/--asia/---ro-bangkok/---ilo-kathmandu/documents/publication/wcms_493777.pdf)

177 Ibid, p.15.





Relatives and villagers gather around the coffin of Balkisun Mandal Khatwe at Belhi village, Saptari district of Nepal. Balkisun, who had been working with his employer in Qatar for less than a month, died in his sleep. © Narendra Shrestha/EPA/Shutterstock

To better understand whether workers have been dying from their working conditions would require a closer analysis of a specific group of workers exposed to the hazards of working in Qatar’s hot and humid conditions. This is provided by the research published in the scientific journal *Cardiology* in June 2019, explained in more detail in chapter 3, which concluded that “as many as 200 of the 571 cardiovascular deaths [of Nepali migrant workers] during 2009–2017 could have been prevented if effective heat protection measures had been implemented.”<sup>178</sup>

While Nepali workers make up a significant proportion of Qatar’s construction workers, there are also large and comparable numbers of construction workers from countries such as India, Bangladesh, Sri Lanka, Pakistan and elsewhere. Given these workers face similar risks and conditions, and come from comparable backgrounds, it would be reasonable to assume the scale of preventable deaths would be larger still when considering these workers too. No similar study exists, however, to analyse whether there have been any changes since 2017.

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178 Pradhan B, Kjellstrom T, Atar D, Sharma P, Kayastha B, Bhandari G, Pradhan P K. *Heat Stress Impacts on Cardiac Mortality in Nepali Migrant Workers in Qatar*, *Cardiology* 2019;143:37-48.

**“Now everything is shattered. Life itself has become like a broken mirror”**

Bhumisara Rana, wife of Yam Bahadur Rana



© Private

Yam Bahadur Rana from Nepal died in Qatar on 22 February 2020 when he was 34 years old. He was married with two children, a daughter aged 11 and a son aged 13. His death certificate, issued by the Qatari authorities on 1 March 2020, describes the cause of death as “acute cardiorespiratory failure due to natural causes”.<sup>179</sup> It provides no information on the underlying cause of death. His wife Bhumisara said no one from Qatar contacted her to see if the family wanted a post-mortem.<sup>180</sup>

Yam worked as a security guard, usually at Hamad International Airport. “I used to speak with my husband on the phone daily”, Bhumisara told Amnesty International. “His duty was all day long. He used to call me around 1am to midnight Nepal time.” She learnt of Yam’s death from his supervisor. “He was working on the day he died of a heart attack. He could not be rushed to the hospital even at that time.”

She believes that his death was linked to his working conditions. “He had to sit in the sun for a long time. I feel like he had a heart attack due to dryness and heat because I never knew he was sick. He was very careful even in food consumption.” The only compensation that the family received came from Nepal’s insurance and welfare fund. Bhumisara told Amnesty International that no compensation came from Qatar “even though he died while on duty”, and that her husband’s employers told her they would not provide any compensation. She said she filed a claim with Qatar’s consulate, but they told her that there is no compensation for death caused by a heart attack.

“Since becoming a widow, I get 2,000 rupees [approximately US\$16] monthly from the [Nepali] government. Sometimes when I get a job, I go to work on roads, farm and drainage. It is the only way to meet the family’s needs.”

179 According to the death certificate seen by Amnesty International.

180 Interview conducted with family of Yam Bahadur Rana on 27 March 2021 in Nepal.



## 8. CONCLUSIONS AND RECOMMENDATIONS

***“As many as 200 of the 571 cardiovascular deaths [of Nepali migrant workers] during 2009-2017 could have been prevented if effective heat protection measures had been implemented...”***

Research findings published in *Cardiology*, June 2019

### CONCLUSIONS

This report provides clear evidence of Qatar’s longstanding failure to prevent, investigate and remedy the deaths of migrant workers, and places thousands of unexplained migrant workers deaths over the last decade in a very troubling context. While it is not possible to say precisely how many migrant workers’ deaths over the last decade have been work-related, the evidence suggests that the failure to protect workers from Qatar’s extreme climate, combined with other factors such as strenuous work and excessive working hours, may have led to hundreds of workers’ deaths over this period. Given the number of scientific, academic and media reports on this issue, such deaths were foreseeable and, in many cases, preventable. As such, Qatar has failed to protect the core substantive element of the right to life.

Recent reforms introduced in May 2021, as part of the wider programme of reforms introduced recently by the Qatari government, are important and will offer workers greater protection from heat if fully enforced. But the new regulations will remain insufficient unless further legislation is introduced, including to mandate rest periods in proportion to the climatic conditions and the nature of work undertaken.

Little has yet been done, however, to improve the woeful investigation, certification and compensation of migrant workers’ deaths, meaning deaths continue to go unexplained, and bereaved families are left in financial dire straits, and without knowing why their loved ones have died. As such, Qatar is also failing to adhere to the procedural dimension of the right to life – the need to investigate potential cases of unlawful deprivation of life. The exceptionally high rate of unexplained deaths – deaths that are certified without documenting any underlying cause of death – points to serial failings in relation to the investigation and certification of deaths. These failings mean Qatar is also breaching its obligation to provide victims of human rights violations with an effective remedy.

Finally, the data on deaths published by Qatar is of not of sufficient quality to provide an accurate assessment of how many migrant workers’ deaths are linked to their working conditions, or to enable public health experts to propose specific solutions.

# RECOMMENDATIONS

To address these serious failings in Qatar's response to the health and safety needs of migrant workers, Amnesty International is making the following recommendations.

## TO THE QATAR GOVERNMENT:

### INVESTIGATION AND CLASSIFICATION

- Set up a special cross-governmental unit involving the ministries of labour, health and justice to be in charge of investigating and where appropriate prosecuting breaches of Qatar's health and safety regulations.
- In the event of the death of a migrant worker, in whatever location, the special unit should be immediately informed and a thorough investigation into the cause of death initiated. The special unit should include specialist inspectors or other experts who are trained to investigate such deaths and are familiar with the possible factors that could have contributed to the death, including exposure to high environmental temperatures.
- The special unit should also include a team of medical examiners, with expertise in the investigation and certification of deaths, to ensure that all deaths of nationals and non-nationals in Qatar are investigated and certified in accordance with international best practice on investigations and accepted international guidelines on death certification.
- Introduce non-invasive and verbal autopsy procedures and provide training to all medical staff involved in the certification of deaths to ensure that they are aware of the law on autopsies and the circumstances in which they should ask for invasive autopsies.
- In the interim, provide death certification training to all medical staff involved in the certification of deaths, and ensure that senior physicians sign off on all hospital-issued notifications of death to ensure that these include reference to any underlying cause of death.
- Request the informed consent from migrant workers prior to their departure from their home countries or upon their arrival in Qatar to conduct medical procedures, including autopsies, in the event of their deaths to allow proper investigation into the cause of death and thereby allow families to be compensated when applicable.

### REMEDY

- Provide compensation to the families of any worker who dies after being exposed to high temperatures at work, similar to that received for workplace accidents, unless investigations identify an independent cause of death.
- Commission an independent, thorough and transparent investigation into previous cases of migrant workers who died of unknown causes such as "natural causes", "cardiac arrest" or "acute respiratory failure", examining all possible contributory factors, including but not limited to heat and humidity, working and living conditions, access to healthcare, and the incidence of chronic kidney disease. Establish a mechanism to compensate families accordingly, with an assumption that the deaths of workers exposed to extreme heat were work-related, unless there is evidence to the contrary.

- Add “diseases caused by exposure to extreme temperature” to Qatar’s list of occupational diseases attached to Qatar’s Labour Law, and fully update the list to reflect the ILO’s List of Occupational Diseases that was revised in 2010.
- Amend Article 110 of Qatar’s Labour Law (Law No. 14 of 2004) or publish interpretative guidance to ensure that it is not only applied to cases when workers die or suffer injury as a result of workplace accidents but also when workers die or suffer health problems as a result of occupational diseases such as exertional heat stroke and chronic kidney disease.

## **DATA**

- Improve the quality of available data on mortality statistics for nationals and non-nationals in Qatar in order to facilitate a thorough analysis of the problem of heat stress, and enable experts to propose solutions that would adequately protect the health and lives of migrant workers. The data should be fully disaggregated by age, sex, occupation, nationality, date of death, and underlying cause of death to allow comparison across multiple categories. Classification of causes of death should be made after thorough investigation.

## **PREVENTIVE MEASURES**

- Strengthen the 2021 Ministerial Decision on heat stress to ensure that employers are required to provide outdoor workers with breaks of an appropriate duration, in cooled, shaded areas, when there is an occupational risk of heat stress; mandatory break times should take into account the environmental heat stress risks along with the exertional nature of the work being performed.
- Ensure that employers follow the published guidance issued by the Ministry of Public Health to provide safe working conditions for their employees especially those working outside.
- Strengthen the inspection regime by further increasing the capacity of the Labour Inspection Department to effectively implement the heat stress legislation and monitor its compliance.
- Provide criminal sanctions for company owners and directors who violate the regulations, including meaningful financial penalties and prison sentences for egregious violations.
- Inform migrant workers about the occupational safety and health measures available in languages they understand to enable them to better identify and mitigate the risks.
- Ensure that migrant workers do not face any repercussions for not reporting to work because of heat stress-related illness.

## **INTERNATIONAL STANDARDS**

- Ratify the ILO’s relevant technical conventions and protocols, particularly the Occupational Safety and Health Convention (C-155) and the Convention on Employment Injury Benefits Convention (C-121).

## **TO FIFA:**

- Commission an independent review of the Supreme Committee's incident investigation procedure and the reports it prepares on all deaths on projects under its purview, with a particular focus on the 35 deaths that the Supreme Committee has classified as "non-work-related" to date. The review should lead to a public report, with findings and recommendations that should, at a minimum, include an assessment of the Supreme Committee's investigation procedures and the extent to which the compensation that the Supreme Committee has paid to workers' families amounts to an effective remedy.
- Publicly call on the Qatari authorities to:
  - » Strengthen the 2021 Ministerial Decision on heat stress to fully reflect the risks to outdoor workers from Qatar's climate, and take account of the strenuous nature of work performed in sectors such as construction.
  - » Conduct an independent, thorough and transparent investigation into all migrant worker deaths and establish a mechanism to provide adequate compensation to families of all deceased migrant workers whose working conditions may have contributed to their death.
  - » Add "diseases caused by exposure to extreme temperature" to Qatar's list of occupational diseases and provide compensation to the families of any worker who has died after being exposed to high temperatures at work, unless an independent cause of death is identified.


## **TO NATIONAL FOOTBALL ASSOCIATIONS HOPING TO PARTICIPATE IN THE QATAR 2022 WORLD CUP:**


- Publicly call on the Qatari authorities to:
  - » Strengthen the 2021 Ministerial Decision on heat stress to fully reflect the risks to outdoor workers from Qatar's climate, and take account of the strenuous nature of work performed in sectors such as construction.
  - » Conduct an independent, thorough and transparent investigation into all migrant worker deaths and establish a mechanism to provide adequate compensation to families of all deceased migrant workers whose working conditions may have contributed to their death.
  - » Provide compensation to the families of any workers who has died after being exposed to high temperatures at work, unless an independent cause of death is identified, and add "diseases caused by exposure to extreme temperature" to Qatar's list of occupational diseases.
- Publicly call on FIFA to commission an independent review of the Supreme Committee's incident investigation procedure and the reports it prepares into all deaths on projects under its purview, with a particular focus on the 35 deaths that the Supreme Committee has classified as "non-work-related" to date.



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# “IN THE PRIME OF THEIR LIVES”

## QATAR’S FAILURE TO INVESTIGATE, REMEDY AND PREVENT MIGRANT WORKERS’ DEATHS

Over the last decade, thousands of young migrant workers have died suddenly and unexpectedly in Qatar despite passing their mandatory medical tests before travelling to the country. Yet the Qatari authorities have to date failed to properly investigate their deaths in way that would make it possible to determine the underlying causes of these death, precluding any assessment of whether they are work-related. As a result, the workers' bereaved families have been denied the opportunity to receive any compensation from the employer or the Qatari authorities.

Qatar's climate conditions could play a role in a significant number of these deaths particularly in light of the absence of adequate mitigating measures. While newly introduced measures will offer some protection to workers, they do not yet go far enough.

Until this happens, Qatar will continue to fail to protect the core substantive element of the right to life and by failing to investigate and certify these deaths, it is also breaching its obligation to provide victims of human rights violations with an effective remedy.

