

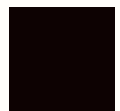
Underlying Causes



Unexplained migrant worker deaths
in Saudi Arabia

May 2025

FairSquare



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Summary

A FairSquare investigation into the deaths of low-paid migrant workers in Saudi Arabia suggests there is a critical absence of effective policies and processes to determine the cause of migrant worker deaths. An examination of the cases of 17 men - all from Nepal, employed in construction and other low-paid sectors, on major projects including NEOM - who died in Saudi Arabia in the last 18 months, finds serious shortcomings in the manner in which the authorities in Saudi Arabia investigate and certify migrant worker deaths.

Saudi Arabia’s migrant worker workforce grew by 40%, to 13.2 million, in the five years up to 2024. The surge in recruitment of foreign workers takes place in the context of Vision 2030, the guiding framework for Saudi policymaking, which aims to transform the country’s economy and which includes a plethora of “giga-projects”, such as the futuristic tech city NEOM.

Each of these projects requires hundreds of thousands of migrant workers to construct them, and this is before work has begun in earnest on preparations for the 2034 FIFA men’s World Cup, which will involve at the very least eight new stadiums, 73 new training facilities with associated accommodation, an increase in Saudi Arabia’s hotel capacity of nearly 500%, and a series of huge transport infrastructure projects. The context in which these giga-projects are taking place is one in which low-paid migrant workers face widespread labour abuses and serious health risks in connection to their employment. This is particularly the case in the construction industry, where harsh conditions of work - including extreme heat that is worsening by the year as a result of the drastic impact of climate change in the Gulf - combine with a high risk of workplace accidents, leaving migrant workers seriously exposed to illness, injury and even death.

On the vital issue of the deaths of migrant workers, Saudi Arabia has never provided the transparency that is urgently needed: government ministries provide no information that allows for meaningful analysis of the numbers and circumstances of deaths.

The problem goes deeper than a simple failure to share data, however. Death certification documents issued by the Ministry of Interior in cases of deaths of non-Saudi Arabian nationals often do not reflect information contained on medical death certificates and appear to state the cause of death in all non-violent deaths as “natural death”. This classification provides no meaningful information about the underlying cause of death. Based on the documentation seen by FairSquare, it appears that the Saudi authorities are using it as a



shorthand for any deaths that did not result from workplace accidents, road traffic accidents or other violent deaths.

In a three year period up to 2022, data provided by the Nepali government stated that 65% of reported deaths of Nepalis in Saudi Arabia were attributed either to “natural death”, “cardiac arrest”, and “other” - categories that give no meaningful information as to the cause of death. The effect of this is that significant proportions of deaths are effectively unexplained. Data obtained by the Guardian in relation to the deaths of Bangladeshis in Saudi Arabia is consistent with this analysis, with 76% of deaths in the first ten months of 2022 classified as “natural”.

In cases where workers were admitted to hospital prior to their deaths, and medical documentation on the circumstances that led to their deaths exists, that documentation provides more detailed information indicating the causes of the men’s deaths. However, there is also significant peer-reviewed evidence to suggest that there are also concerns about the certification of deaths in Saudi Arabia’s hospitals. A 2019 study by a Saudi pathologist examined all death certificates from a Riyadh hospital between 1997 and 2016 and found that in 100% of cases the cause of death was “either incorrect or absent” and that in 75% of cases there was no cause of death at all.

In cases of deaths resulting from workplace accidents, families received no information to suggest that investigations had taken place, despite varying amounts of circumstantial evidence indicating that employer negligence may have been a factor. This suggests that despite laws and policies in Saudi Arabia that require investigations after accidents, there does not seem in practice to be a system in place that ensures that investigations take place in cases where people die in workplace accidents.

FairSquare’s concerns about the lack of investigation into deaths in Saudi Arabia tally with the findings of other research organisations including Human Rights Watch, which in December 2024 found that 14 families of deceased workers from India, Nepal, and Pakistan reported apparently uninvestigated deaths of their relatives.

The failure to properly investigate and certify deaths of migrant workers has multiple serious impacts, including:

- It obstructs the implementation of effective public health measures that could prevent many deaths and injuries.

- It denies origin country governments of workers accurate information as to how their nationals are dying.
- It denies thousands of families their right to know precisely how their family members died, as well as their right to remedy, including compensation available to them under the Labour Law or Saudi’s Civil Code.

Based on the available data, it is highly probable that the surge of construction associated with giga-projects such as NEOM and the 2034 men’s World Cup will be accompanied by thousands of unexplained deaths among migrant workers from around the world, as a result of serious shortcomings in Saudi Arabia’s medico-legal system. In the absence of better death certification processes and better and more transparent data on worker deaths, it will be very difficult to determine how many of these deaths are linked to failures to mitigate the very serious risks to workers’ health. It is clear that many future deaths could be prevented if proper investigations were initiated, and if effective public health measures were put in place to respond to their findings.

The ultimate responsibility for the health and safety of migrant workers lies with the Saudi Arabian authorities, who must overhaul their systems for the investigation and certification of deaths, and take urgent steps to address the serious and systemic health risks migrant workers are facing in the country’s construction industry, booming as a result of the state’s breakneck economic development strategy. The final section of this report provides specific recommendations in this regard.

FIFA’s role and responsibilities must also be subjected to scrutiny. In the process of awarding the 2034 World Cup to Saudi Arabia, its human rights policies were once again exposed as a sham, most notably in the commissioning of an “independent” human rights context assessment that took no account of credible reporting on risks to migrant workers, and consulted no workers or human rights experts. In December 2024, FairSquare joined other human rights groups in warning that by awarding Saudi Arabia the World Cup regardless of the known risks, “FIFA will bear a heavy responsibility for much of what follows.” Additionally, in a context where Saudi Arabia is experiencing drastic temperature increases as a result of climate breakdown, and where migrant construction workers have minimal protection from heat and humidity, FIFA’s decision in 2024 to make Saudi Arabia’s national oil company Aramco one of its main sponsors is inexcusable. FIFA’s decision to generate revenue from promoting the image of one of the biggest polluters in history - Aramco accounted for 4.38% of global CO2 emissions in 2023 and Aramco’s CEO said in 2024 that “we should abandon the fantasy of phasing out oil and gas and instead invest in them” - will put the very workers who will prepare the infrastructure for its flagship tournament at greater and risk.



About this report

FairSquare has examined medical and government documentation relating to the deaths of 17 deaths of Nepali men in Saudi Arabia in 2023 and 2024, and spoken to the men’s families in Nepal and their former colleagues in Saudi Arabia, to ascertain as best as possible the circumstances surrounding their deaths. We also conducted a review of: the data that the Saudi Arabian authorities publish on the deaths of non-Saudi Arabian nationals, and on adherence to Saudi Arabia’s Labour Law, including its provisions on investigations and compensation for workplace accidents that result in death or permanent disability; and numerous peer-reviewed articles in medical and academic journals that address occupational health and safety in Saudi Arabia, and the capacity of the health system in Saudi Arabia to properly investigate and certify deaths.

The report also draws on FairSquare’s previous work on migrant workers in the Gulf. This includes the three research reports from our [Vital Signs project](#) on migrant workers in the Gulf: migrant worker deaths (2022); [migrant workers’ access to health](#) (2022); and [the impact of extreme heat and climate change on migrant workers](#) (2023), as well as ‘[This Weather Isn’t For Humans](#)’ (2023). FairSquare has also researched related reports on the topic for Amnesty International, on [Qatar’s failure to investigate, remedy and prevent migrant workers’ deaths](#) (2021) and [human rights risks linked to the 2030 and 2034 FIFA men’s World Cups](#) (2024).

FairSquare wrote to the Saudi Arabian authorities setting out our key findings and inviting them to respond in general terms and on specific issues. At the time of publication no response had been received.

Interviews, document collation and case study preparation for this report were carried out by Pramod Acharya, an award-winning Nepali investigative journalist and social researcher who covers human rights, forced labour, human trafficking, climate change, immigration, and other social justice issues. The report was written by James Lynch, Nick McGeehan, and Marilyn Croser of FairSquare.

Opposite
A worker carries a bag containing coal, Saudi Arabia. Credit: REUTERS/Faisal Al Nasser

1. Background



1.1. An economy reliant on migrant workers for its ambitious plans

Saudi Arabia has relied heavily on migrant labour since the discovery of oil in the 1930s. In an effort to address widespread underemployment among the country’s large population of young people (63% of Saudi nationals are under 30), the government has in recent years sought to reduce this reliance, pursuing a policy known as Nitaqat or Saudization, which in 2018 introduced mandatory quotas for recruitment of Saudi nationals in the private sector.

Although this programme increased Saudi employment, the number of migrant workers in the country has also increased. In 2019 there were 9.4 million migrants in the workforce, and in 2024, there were 13.2 million. This non-Saudi population includes workers in all types of professions and sectors, but foreign workers, most of whom are low-paid workers from south Asia, are more heavily represented in low-paid labour intensive sectors of Saudi Arabia’s economy. In 2024, the construction sector, the country’s largest employer by a considerable margin, employed approximately ten times more foreign males (2.47 million) than Saudi Arabian males (0.24 million).

These figures do not account for workers who are part of the large population of undocumented migrants in the country, estimated to be over two million people. Mass arrests and deportations of foreign nationals are standard practice. In 2023, Amnesty International reported that according to the Saudi Ministry of Interior, between January and December at least 468,000 foreign nationals were returned to their home country, out of over 777,000 people arrested for “violating labour, residency and border security” regulations.

The country’s reliance on migrant workers looks set to deepen over the next decade, as the government seeks to deliver Vision 2030, the guiding framework for Saudi policymaking, which aims to diversify the economy, reducing dependence on oil and the state. The plan includes a plethora of “giga-projects”, such as the futuristic tech city NEOM, a 26,000 square kilometre development under construction, which will be used to host mega sporting events, including the 2034 men’s World Cup. The deputy CEO and Chief Development Officer of NEOM told delegates at the World Economic Forum in January 2025 that more than USD 50 billion had already been spent to build the basic foundational infrastructure. In 2022, the CEO stated that 450,000 migrant workers would be recruited to work at NEOM by 2026.

Saudi Arabia’s hosting of the 2034 men’s World Cup, confirmed in December 2024, is closely linked to Vision 2030. The bid book, the official document submitted to FIFA by Saudi Arabia, is littered with references to Vision 2030, describing it as “delivering the transformation that makes Saudi Arabia ready to

host the FIFA World Cup 2034™”, and stating that, “all the infrastructure plans for accommodation, transport, and other amenities are seamlessly integrated with Vision 2030 and our future growth strategy.”

As the bid book also makes clear, the construction demands related to the tournament are immense and will require the employment of many hundreds of thousands of migrant workers:

- 15 stadiums will be available. Only four of these exist at present (with refurbishments and expansions planned), another three are under construction, and a further eight must be built between 2026 and 2032.
- 134 training sites, including accommodation, are promised, of which 73 are yet to be constructed.
- The proposed venues for the International Broadcasting Centres - the Riyadh Exhibition and Conference Centre and the Qiddiya Creative District - are still to be built.
- Five new fan festival sites accommodating between 15,000 and 80,000 people are also required.
- To accommodate supporters in line with FIFA’s requirements, Saudi Arabia has pledged to increase hotel and serviced apartment capacity from 46,904 to 232,023, an increase of nearly 500 %.
- A new landbridge railway line from Jeddah to Riyadh is promised.
- Saudi Arabia also plans to increase the combined capacity of five airports from 95.1 million annual visitors in 2023 to 240 million annual visitors in 2030.

1.2. Abuse and the kafala system

Saudi Arabia’s heavy dependence on migrant workers, and the contribution they make to the country’s economy and society, is not matched by the treatment they receive. In December 2024, in a major report, Human Rights Watch concluded that migrant workers in Saudi Arabia face widespread labour abuses across employment sectors and geographic regions and that “Saudi authorities are systematically failing to protect them from and remedy these abuses.”

Migrant workers are subject to the kafala system that ties workers to their sponsors for their residency and work permits. In a report prepared with the

support of FairSquare, [Amnesty International](#) stated in 2024 that, “this [system] leaves workers with limited recourse when subjected to common abuses such as wage theft, excessive working hours, confiscation of passports, deprivation of basic social and health needs, restriction of movement, discrimination and violence.” In 2017, the ILO described Saudi Arabia as having the most restrictive kafala system in place in the region.¹ In 2021, the government introduced labour reforms that it said would ease restrictions for some migrant workers, enabling them to leave the country and change jobs without employer consent under specific circumstances. However, analysis by the Gulf migration organisation [Migrant-Rights.org](#), published in 2024, demonstrates that in practice these reforms have not dismantled the kafala system: “the Kafala’s essential components—where workers remain tied to and controlled by their employers—persist. The exact modes of control may have shifted, but the power imbalance remains heavily in employers’ favour”.

Although [charging recruitment fees](#) for private sector jobs is illegal under Saudi law, the practice is widespread and many workers incur significant debts to secure jobs in the country. In 2024 [Amazon reimbursed \\$1.9 million to 700 workers](#) who had been required to pay fees, including recruitment fees and other costs, by Saudi recruitment agents and labour supply companies.

1.3. Risks to migrant worker health

In a context where migrant workers are exposed to exploitation, abuse and discrimination, they also face a range of serious, interlinked risks to their health. FairSquare has previously examined these risks as part of the Vital Signs Partnership, which published three reports on this topic in 2022 and 2023.

The [first report](#) found that government data across the Gulf region, including Saudi Arabia, on migrant worker deaths is fragmented, incomplete and inconsistent, precluding effective analysis of the extent and gravity of the problem. Saudi Arabia publishes less data than any other Gulf state. However, even with a dearth of accurate data, it can be concluded that as many as 10,000 migrant workers from south and southeast Asia die in the Gulf every year and that more than 1 out of every 2 deaths is effectively unexplained, meaning that deaths are certified without any reference to an underlying cause of death, instead using terms such as “natural causes” or “cardiac arrest”. The report also detailed the series of cumulative risks to the health of low-paid migrant workers in the Gulf, including: extreme heat and humidity; air pollution; overwork and abusive working conditions; poor occupational health and safety practices; psychosocial stress; hypertension; and chronic kidney disease. Some of these risks are more measurable than others, but they are cumulative, and the likelihood is that, when they combine (as they often do), they can do so to deadly effect.

A [second Vital Signs report](#) found that the inability of low-paid migrant workers to easily access non-emergency healthcare services has a detrimental effect on the general physical and mental health of this population, and is likely to be a significant factor both in the number of preventable deaths, and the high rate of unexplained deaths. In 2018, the UN Committee on Racial Discrimination expressed concern at reports that people of Asian and African descent in Saudi Arabia faced [discrimination in access to health care](#). The Vital Signs project found that the gradual shift in the Gulf region to mandatory private health insurance is more likely to further restrict access to care than to improve low-paid migrant workers’ access to healthcare. The overwhelming majority of Saudi Arabia’s migrant workers are [not eligible for free non-emergency health care](#). While medical professionals in Saudi Arabia told us that migrant workers were entitled to emergency medical care in public hospitals, workers’ experience was that the system’s effectiveness is heavily dependent on employers paying employees’ insurance premiums and actively assisting them to access healthcare. Workers’ [ability to navigate the Saudi health system](#) therefore rested to a large extent on the willingness of their employers to support them through the process.

The [third and final Vital Signs report](#), published in 2023, found that extreme and rising temperatures in the Gulf states, combined with inadequate protective measures, are placing migrant workers across the region at acute risk of potentially fatal heat-related illnesses and injuries. [Riyadh experiences on average 117 days annually when the maximum daily temperature exceeds 40C](#), and this is set to increase to between 149 and 183 days due to climate change. According to the World Health Organization (WHO), exposure to excessive heat has wide-ranging physiological impacts, often exacerbating existing health conditions and resulting in premature death and disability. Extended periods of high day and night time temperatures create cumulative physiological stress on the body, and can exacerbate the impact of respiratory and cardiovascular diseases, diabetes and kidney disease. Rapid rises in heat gain due to exposure to hotter than average conditions compromise the body’s ability to regulate temperature and can result in what the WHO describes as “a cascade of illnesses”, including heat cramps, heat exhaustion, hyperthermia and heat stroke. Even minor differences in seasonal average temperatures are associated with increased illness and death.

Vision 2030, and the interlinked 2034 men’s World Cup, will very significantly increase the number of people exposed to these various risks.



1.4. Data on migrant worker deaths in Saudi Arabia

The authorities in Saudi Arabia do not currently publish any meaningful data on the numbers or causes of the deaths of non-nationals in the country. Indeed, as noted by the [Vital Signs project](#), Saudi Arabia publishes less information in this regard than any of the other five Gulf states, or any of the countries from which Saudi Arabia recruits large numbers of workers. A detailed [Ministry of Health statistical yearbook](#) contains vast amounts of data on a wide range of issues and metrics, but the only information on deaths is raw data on the numbers of deaths from road traffic accidents and the numbers of deaths reported during the Hajj pilgrimage. The [General Organization for Social Insurance \(GOSI\)](#) provides a single annual figure for all “work-related” deaths in the country, and generally mentions some examples of causes of death, without providing any detailed information. The [World Health Organisation’s Mortality Database](#) is a compilation of mortality data that is reported annually by Member States from their civil registration and vital statistics systems and is supposed to be in conformance with the International Classification of Diseases, a coding system designed to ensure that states record mortality data consistently and with sufficient detail and accuracy to aid public health efforts. FairSquare analysis of the database found that Saudi Arabia has not submitted any meaningful data to the database.

Authorities in Nepal have published basic data on the causes of the deaths of their nationals abroad, including in Saudi Arabia. Between 2008/9, and 2021/22, according to [2020](#) and [2022](#) migration reports published by the Ministry Of Labour, Employment and Social Security, a total of 2,452 Nepali nationals were reported to have died in Saudi Arabia. The annual rate of deaths more than doubled after 2020, for reasons that are not clear.

Annual deaths of Nepalis in Saudi Arabia	
2008/9 - 2018/19 (average)	159
2019/20	152
2020/21	342
2021/22	372

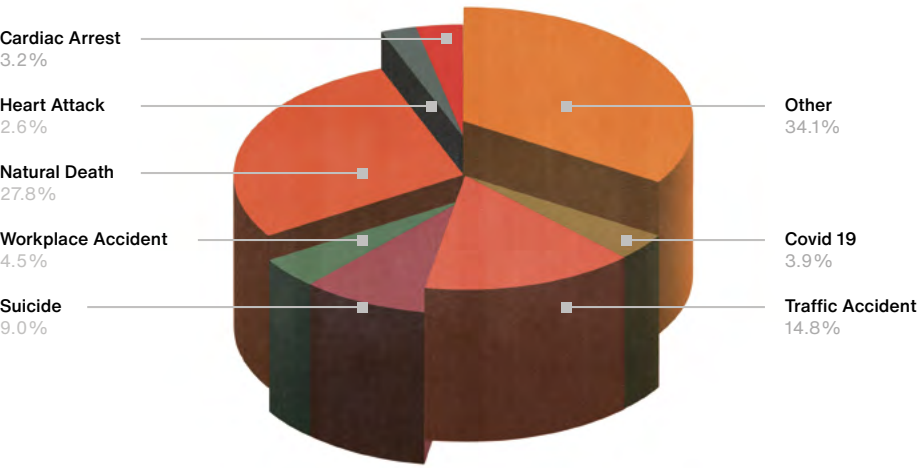
Between 2019/20 and 2021/22 (the only years for which gender data is available), 99% of deaths were male.¹

1 In the 2022 Saudi Arabian census, 2.2% of Nepali nationals in Saudi Arabia were recorded as female. Nepal has banned women from traveling to Saudi Arabia to work as domestic workers.

Cause of death	08/09 - 18/19		19/20 - 21/22		Total (08/09 - 21/22)	
Suicide	102	6%	78	9%	180	7%
Workplace accident	140	9%	39	4%	179	7%
“Natural cause” or “Natural death”	579	36%	242	28%	821	33%
Heart attack	59	4%	23	3%	82	3%
Cardiac arrest	105	7%	28	3%	133	5%
Traffic accident	465	29%	129	15%	594	24%
Covid-19	-	0%	34	4%	34	1%
Other	140	9%	297	34%	437	18%
Total	1,590	100%	870	100%	2,460	100%

Causes of Death of Nepali nationals in Saudi Arabia, 2019/20 – 2021/22

Source Nepal’s Ministry of Labour, Employment and Social Security



The Nepali authorities break down the deaths of their nationals in Saudi Arabia into eight categories of causes. Of these eight categories, three - ‘natural death’, ‘cardiac arrest’, and ‘other’ - do not specify a cause of death and these three categories in total account for 65% of the deaths between 2019/20 and 2021/22.² That is to say that the Nepali authorities in all likelihood do not know the cause of death in two thirds of cases where their nationals die in Saudi Arabia.

It should be noted that the deaths of Nepali nationals constitute a small proportion of the total number of non-Saudi deaths. The published results

2 The true figures for Nepali deaths abroad, including in Saudi Arabia, will be higher since the information is collated from claims for compensation that the deceased family members have made in Nepal. The deaths of individuals whose families did not make any claim for compensation for whatever reason are not included in these datasets.

of a [2022 census](#) show that Nepali nationals in Saudi Arabia numbered 297,000, compared to the three highest non-Saudi populations in the country: Bangladeshi nationals (numbering 2.1 million); Indian nationals (1.9 million); and Pakistani nationals (1.8 million).

There is some limited information available about the deaths of Indian and Bangladeshi nationals in Saudi Arabia. In response to a question by a member of India’s lower parliament, Lok Sabha, the country’s Ministry of External Affairs reported in November 2024 that [1,025 Indians](#) had died in Saudi Arabia since the beginning of the year, but provided no information on the causes of those deaths. In [November 2019](#), also responding to a question asked in the Lok Sabha, the government said that 12,595 Indians had died in Saudi Arabia between 2015 and October 2019. In [February 2022](#), the government stated in the Lok Sabha that 13,649 Indian nationals had died in Saudi Arabia between 2017 and 2021.

Meanwhile, a 2024 [Guardian investigation](#) found that between 2008 and 2022, at least 13,685 Bangladeshis died in Saudi Arabia, according to Bangladeshi government records. Between January and October 2022, 76% of deaths of Bangladeshis in Saudi Arabia were recorded as “natural” by the Bangladeshi authorities, based on documents provided by the Saudi authorities.

Opposite
A family member with offerings waits to receive the body of their relative at Kathmandu airport, Nepal, 2020. Credit: Narayan Maharjan/NurPhoto

2. Cases of recent deaths of Nepali workers



FairSquare’s examination of the cases of 17 Nepali men in Saudi Arabia who died in the last 18 months indicates serious shortcomings in the manner in which the authorities in Saudi Arabia investigate and certify migrant worker deaths. The men were aged between 23 and 57 and they all worked in low-paid labour-intensive sectors of the economy. Five died in workplace accidents, and 12 died from diseases or conditions.

2.1. ‘Natural’ deaths and certification processes

When foreign nationals die in Saudi Arabia, this generates a significant amount of official documentation that addresses the individual’s cause of death, including:

- A medical death certificate issued by either a private or a public hospital.
- A death certificate, entitled “Death Certificate for Non-Saudis” issued by the Civil Affairs Office in the Ministry of Interior.
- A “No Objection Certificate” issued by the embassy of the foreign worker, which enables the deceased’s remains to be repatriated.

Not all of the family members of the twelve men who died so-called natural deaths possessed all of the documents above, but the vast majority had the official Ministry of Interior death certificate and the no objection certificate from the Nepali embassy in Saudi Arabia. Those whose family members had been hospitalised prior to their deaths typically possessed some medical documentation attesting to the conditions from which they were suffering.

In cases where workers were admitted to hospital prior to their deaths, and where medical documentation on the circumstances that led to their deaths exists, that documentation provides detailed information indicating the causes of the men’s death. In contrast to this, the documentation provided by the Saudi Ministry of Interior gives little indication on the cause of the men’s death, even in cases where medical documentation exists.

The death of 39-year old **Badri Bhujel** is indicative of very serious shortcomings in the manner in which migrant worker deaths are investigated and reported. Bhujel worked as a machine operator for Samsung C&T, one of the key contractors in a project to construct nearly 30km of tunnels to enable high-speed and freight rail services for the proposed city of NEOM, in the north west of Saudi Arabia. According to a hospital-issued death certificate seen by FairSquare, the cause of Bhujel’s death on 11 April 2024 was “alveolar and parietoalveolar conditions”, and it also notes that Bhujel had been diagnosed with pulmonary tuberculosis two days prior to his death. This diagnosis is consistent with accounts given

by Bhujel’s colleagues, who told FairSquare that five days before his death Bhujel suddenly vomited large amounts of blood while at work and was taken to hospital by ambulance.



However, the death certificate issued by the Saudi Arabian Ministry of Interior states only that Bhujel died from a “natural death” and includes none of the information reported by the doctors who treated Bhujel. Similarly, official documentation issued by the Embassy of Nepal states that Bhujel died from a “natural death”. The dramatically different level of detail and precision between the hospital documentation and the official cause of death issued to the family by both governments highlights the apparent carelessness of the Ministry of Interior death certification process.

Bhujel’s wife told FairSquare that her husband, who had extensive experience of working on tunneling projects in Nepal, had only been in Saudi Arabia for six weeks when he fell ill, and that he had been in good health before his departure. “When he went from here, he was alright. He didn’t have health problems. He didn’t say he had any medical conditions.” She said he had undergone the mandatory pre-departure medical examination, which also indicated he was in good health. She also said that Bhujel had told her he was exposed to gases in the tunnel at NEOM. One of Bhujel’s colleagues, speaking on condition of anonymity confirmed that workers are exposed to gases. “We wear masks, but we can still smell it”, he said. According to [peer-reviewed medical research](#), “respiratory diseases are frequent in tunnel workers” and result from “a variety of exposures, including total and silica dust, diesel exhaust fumes and nitrogen dioxide.” FairSquare wrote to Samsung C&T on 20 March 2025 to inquire if they had initiated any investigation into the circumstances of Badri Bhujel’s death, but at the time of publication they had not responded.

Health and safety at NEOM

In December 2024, the Wall Street Journal reported serious problems in relation to health and safety at the NEOM site, describing the site as “[a hazard for workers](#)”. One NEOM employee described the site to journalists as being like “the wild west”. The newspaper had [earlier reported](#) in September 2024 that it had acquired audio recordings of Wayne Borg, the project’s managing director in charge of media, complaining about being required to attend a meeting on a Sunday evening after three workers on the project died. One was reportedly killed in a pipeline collapse, another was crushed by a wall collapse, while a third was killed in an explosion. Borg is reported to have described South Asian migrant workers as “f*cking morons”, and in another conversation about worker deaths to have said, “you can’t train for stupidity.” In other recordings heard by the paper, NEOM’s chief executive Nadhmi al-Nasr was reported as saying, “I drive everybody like a slave” ■

In the case of 25-year old Deni Rai’s death in May 2024, the Saudi Arabian authorities’ death certification states simply that he died from “natural death”, as does official documentation issued by the Nepali embassy in Saudi Arabia. However, similarly to Badri Bhujel’s case, hospital documentation and testimony from his colleagues provides significantly more detail, indicating that he died from complications linked to an infected boil in his back.

Rai had been working in Riyadh as a cleaning supervisor for approximately a year and a half before he fell sick, according to his father and a worker familiar with the circumstances of his death. Rai had been attempting to return home to Nepal to receive medical treatment, as the insurance his employers provided with him did not cover the care he needed, but according to his colleague, airport staff refused to allow him to board the plane because he did not possess the requisite medical documentation. Shortly after this, he collapsed at his employer-provided accommodation and was transferred to hospital, where he died one week later.

One of his colleagues expressed the view that it was Rai’s inability to access medical care that led to his death. “If he had been provided with top medical care here, he wouldn’t have died. Had the company told the hospital that they would cover all the expenses, he could have survived. But the company was too late.” Sukrim, Rai’s father, said that after his son’s death, he inquired about potential compensation from his Nepal-based recruitment firm, locally known as a manpower agency, and that they told him none would be provided because Rai’s death was categorised as natural rather than work-related.

Research by the Vital Signs Partnership in 2022 described how in Saudi Arabia, workers’ success in navigating the health system depends to a large extent on the willingness of their employers to support them through the process, which often involves negotiation between health-care providers and insurance companies. The death of Deni Rai appears to provide a tragic case in point.

The death of 39-year old **Ram Bahadur Khan** provides another example of how the Saudi authorities classify deaths as ‘natural’ even in cases where medical death certification describes a very clear cause of death. Khan had been working as a construction laborer in Saudi Arabia for eight years and had developed various health issues, including diabetes and hypertension. He died in May 2024 after being admitted to hospital suffering from severe head pain. A medical report issued by the hospital, signed by three doctors, provides a very clear description of the circumstances and cause of his death - an “acute cerebellar ischemic stroke”, which is to say a blood clot in the brain. Khan’s family do not possess the Saudi Ministry of Interior death certificate but the documentation issued by the Nepali embassy in Saudi Arabia states that his death was “natural.”

The term “natural” provides no information on the cause of a person’s death and based on the documentation seen by FairSquare and previous reports by the Vital Signs project, it appears that the Saudi authorities may be using it as shorthand for all deaths that did not result from workplace accidents, road traffic accidents or other violent deaths. In a 2022 [investigation published by Migrant-Rights.org](#), a representative of the Nepali government said it was aware of the increasing number of ‘natural’ deaths in Saudi. Rajan Prasad Shrestha, executive director of the FEB said: “we cannot do anything since the Saudi government does the investigations. We must rely on the reports received from the Nepali embassy.”

Extreme heat

Several of the workers whose cases are featured in this report had described the brutal impacts of heat to their families before their deaths. For migrant workers exposed to Saudi Arabia’s heat on a daily basis, carrying out strenuous labour, it is punishing and potentially deadly. Workers described the physical effects of heat in Saudi Arabia in graphic terms for a [2023 report](#) by the Vital Signs Partnership. For an electrician who was responsible for laying underground cables in Saudi Arabia, the ferocity of the heat felt like an imminent threat to his life: “Ten minutes after the bus dropped us off at the work site, I felt like life was exiting my

body,” he said. His co-workers would faint regularly as a consequence of the heat. Although he was considered good at his job and was in line for a promotion, he chose to return to India because the conditions in the Gulf were unbearable. Another worker in Saudi Arabia, who had to unload goods including bags of cement as part of his job at a hardware store, found the Gulf to be “three times as hot” as India.

Rapid rises in heat gain due to exposure to hotter than average conditions compromise the body’s ability to regulate temperature and can result in what the WHO describes as “a cascade of illnesses”, including heat cramps, heat exhaustion, hyperthermia and heat stroke. Even minor differences in seasonal average temperatures are associated with increased illness and death. Heat simultaneously affects cognition. Epidemiologist Dr Barrak Alahmad comments that, “there is emerging evidence that judgement is impaired during exposure to extreme heat,” increasing the risk of occupational injuries, particularly in high-risk sectors such as construction. Heat can severely impact internal organs, with the heart and kidneys being particularly susceptible to substantial damage. There is a very strong association between extreme heat and heart failure, heart attack, arrhythmia and stroke. In a [2022 investigation by Migrant-Rights.org](#), a representative of the Nepali government said he believed that many “natural deaths” of Nepalis in Saudi Arabia were related to “working in searing heat”.

Saudi Arabia is set to experience hugely significant increases in the number of extremely hot days even if global warming is kept at 1.5 degrees, and potentially catastrophic increases if global warming reaches 3 degrees. [Riyadh experiences on average 117 days annually when maximum daily temperature exceeds 40C](#), and this is set to increase to between 149 and 183 days due to climate change. The government has [imposed restrictions on outdoor work during the summer](#), between noon and 3pm, between 15 June to 15 September. The insufficient, arbitrary nature of Saudi Arabia’s ban on outdoor work during the summer has been criticised as non-scientific by public health specialists. Dr. Barrak Alahmad says: “Policymakers pick three to five hours during the day, mainly the hottest hours, and they choose three months during the summer and they ban work during those hours. To me, this does not make any sense. Nature does not work this way. Is 11:59 am different from 12:01 pm? It’s not. Chances are it’s not going to make a difference.” Alahmad argues for a quantifiable, risk-based method that can be applied indoors and outdoors, for all hours of the day uniformly to protect workers. This is a [long-standing approach](#) in occupational health ■

FairSquare reviewed the death certificates of another eight Nepali men, aged between 30 and 57, whose deaths the Saudi Arabian Ministry of Interior classified as “natural”. In the case of one 50-year old man who died in November 2023, the Ministry of Interior certificate says that the cause of his death was “normal death”. In only one of the death certificates seen by FairSquare did the Saudi Arabian Ministry of Interior acknowledge that they did not know the case of death, in the case of a 45-year old man, **Gir Bahadur Khadka** who died in December 2023 and whose death was attributed to “Stoppage of heart and breath for unknown causes.” The man’s son, Suraj, explained that neither the company management nor his father’s friends provided the family with any detailed information: “I don’t know what happened in detail. He didn’t have any problems at home. He suddenly became like this when he went there”. The documentation issued by the Nepali embassy in Saudi Arabia stated that Khadka’s death was “natural”.

Medical experts consulted by the Vital Signs project clarify that in cases where death certificates provide no underlying cause of death (for example when they are are certified without further context or explanation to “natural causes”, “cardiac arrest”, “acute heart failure”, or “acute respiratory failure”) they should be attributed in government records to “ill-defined or unknown cause of mortality”.

The families of 8 of the 12 men whose deaths did not result from workplace accidents had no medical documentation and no information on the specific cause of their family member’s death.

A 2021 International Labour Organization (ILO) report analysing work-related deaths and injuries in Qatar made the following recommendation on “natural causes”, unexplained deaths of death, and autopsies:

“There is a need to review the approach taken to investigating deaths of seemingly healthy young workers from “natural causes”, to be able to determine whether they are in fact work-related, and ensure more accurate identification of the cause. This is important for OSH [occupational safety and health] data collection purposes, but more importantly to ensure workers’ families receive due compensation. There is a need to cast a wider net when identifying possible work related injuries at the outset, as they may otherwise not be identified in secondary reviews. For example, investigations by the labour inspectorate should be made more systematic in cases of deaths of “natural causes” that meet certain criteria, e.g. young men who work outdoors... In addition, more consultation is required on the situations in which autopsies may be viable from a legal, cultural, medical and practical perspective.”

Concerns around death certification processes in Saudi Arabia’s hospitals

Peer-reviewed research conducted by physicians in Saudi Arabia provides support for FairSquare’s concerns, based on its examination of the 12 deaths classed as ‘natural’, that there are serious problems relating to how deaths are investigated and certified.

A 2019 study by a Saudi pathologist examined all death certificates from King Khalid University Hospital in Riyadh between 1997 and 2016 and found that in 100% of cases the cause of death was “either incorrect or absent” and that in 75% of cases there was no cause of death at all. 70% of the certificates listed “cardiopulmonary arrest” as the cause of death, “a practice that is unacceptable according to the WHO, because it is more a mechanism of death and not a cause”. The study notes that “if all certificates incorrectly list cause of death, legal proceedings (insurance, compensation) and national statistics on epidemiology and quality of life will be based on incorrect information and could lead to errors in resource allocation”, and also that “there are no courses for death certification at any teaching level” in Saudi Arabia. A separate earlier study of 410 death certificates issued by the same hospital in 2008 found that 62% of the certificates described “the mode or mechanism of death (such as cardiopulmonary arrest or natural death) instead of the actual or ‘true’ cause of death.”

A 2022 peer-reviewed academic paper by five physicians from King Saud University, titled “Medical Autopsy for Sudden Unexplained Death in Saudi Arabia: A Call to Action”, described how “because of the perceived disfigurements, the medical environment [in Saudi Arabia] is generally opposed to autopsy.” The paper cited a 2022 survey of Saudi physicians and interns which found that 98% of those surveyed had never taken part in an autopsy and only 4% had ever been offered the opportunity to attend an autopsy. 86% of those surveyed felt that autopsies were important to perform. It noted that in recent years forensic medical education in Saudi Arabia had expanded but “both the system and training program focus on homicide cases” and that “there is no system for medical autopsies and no training program that trains pathologists to do medical autopsy.” The report, which was co-authored by a pathologist, called for “an urgent change to implement routine medical autopsy and family screening with the ultimate goal of preventing SCD [sudden cardiac death] in affected families.” The paper also noted that non-invasive autopsies, which do not risk conflicting with Islamic principles, could be used to detect diseases and reduce the rate of unexplained deaths.

2.2. Workplace accidents

Migrants are disproportionately at risk of workplace accidents because they carry out the majority of high-risk roles involving manual labour in Saudi Arabia. FairSquare examined five deaths that were the result of accidents at the workplace. In these cases, families received no information to suggest that investigations had taken place despite varying amounts of circumstantial evidence indicating that employer negligence may have been a factor. This suggests in practice that there is no system in place that ensures that investigations take place in cases where people die in workplace accidents.

It is notable that two of the men’s families received death certificates for their relatives which contained categorically incorrect information about the causes of their death.

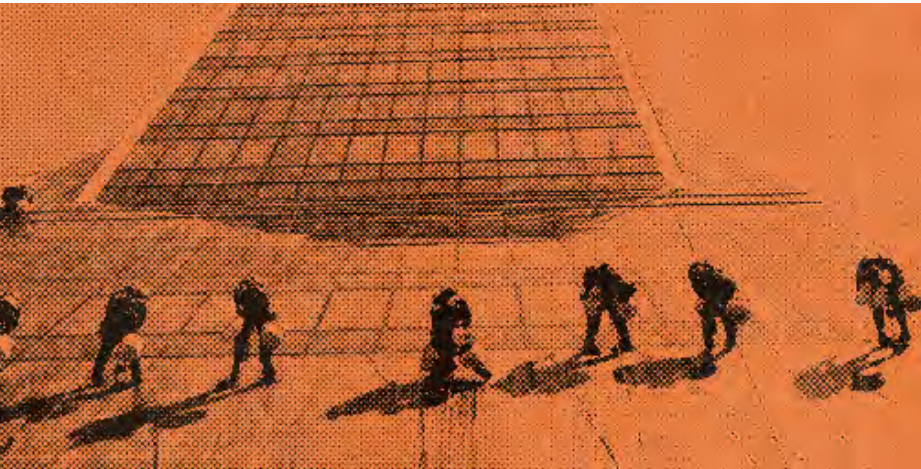
28-year old **Arbind Kumar Sah** died in April 2024 after being struck by a vehicle engaged in road construction in Riyadh, although his death certificate states that he died from a fall at work. On the day of his death, Sah called his cousin in Nepal and said that he was unwell with a fever but that his boss was forcing him to go to work. He had been preparing to return to Nepal, but died from injuries sustained after he was struck by what his colleagues described as “a company vehicle”. His cousin said the family grew suspicious about the circumstances of his death when Sah’s colleagues were reluctant to share details about the incident. “One guy [a colleague] just said, ‘He had an accident. He died.’” Another worker told the family, “I cannot tell you more. But he died.”

36-year old **Sitaram Das** died in February 2024 after he was struck on the head by a slab of asphalt while working in a ditch to lay a pipeline for a project in Riyadh, although his Ministry of Interior death certificate says that he died from a fall at work. An image of the incident shows workers gathered around Das in a narrow ditch, approximately three meters deep. A large section of concrete from the road above is missing as is a large chunk of the earth beneath it. “The slab and the desert pavement fell upon him”, said a colleague with knowledge of the incident. A colleague of Das also said that it had been raining in Riyadh in the days leading up to his death. This is corroborated by historical weather data for Riyadh, which shows three periods of heavy rain and one thunderstorm in the days leading up to his death. One of Das’s colleagues said that a foreman was forcing the men to work despite the rain and the fact that they were supposed to be on a lunch break at the time. “It was raining, but the foreman asked the leadman [work supervisor] to send us to do overtime work. That’s why the leadman sent us there to work inside the ditch. What could we do?” A colleague of Das said that in the previous two years, three other workers had died on the same project. Das’s Ministry of Interior death certificate misrepresents the circumstances of his death, stating that he died



from a “fall during work”.

40-year old **Suk Bahadur Ghale** died in April 2024 after falling from the roof of the Jeddah Superdome. He was part of a team of workers cleaning the curved roof. The website of the company that employed him states that they conduct “external facade cleaning” of “high-rise buildings” and shows images of teams of workers with cleaning equipment suspended from the outside of multi-storey buildings.



His colleagues described how they work exceptionally long hours in grueling conditions. They said that due to the difficulty of getting up to and down from their work, workers limited their water intake to minimise the number of bathroom breaks. “When the humidity is high, it’s very difficult to breathe”, a worker said. He said that on two occasions since Ghale’s death, during the intense heat and humidity of June and July, workers had been unable to descend safely of their own accord and had had to be assisted by colleagues. One colleague of Ghale said that in one emergency incident, they had had to work continuously for 36 hours. A colleague familiar with the circumstances of Ghale’s death said that “safety measures were not followed” and other workers said he was not wearing his safety helmet when he fell. Images of the aftermath of his fall show Ghale lying on the ground, apparently lifeless, in a pool of blood.

In the other two fatalities that resulted from workplace accidents, while the precise circumstances of their deaths need further investigation, both men had described harsh working conditions to their families in the period before their deaths.

42-year old **Hari Sunar** died in June 2024 after falling from a water tank at Qiddiya, an entertainment and tourism ‘megaproject’ under construction in Riyadh. He appeared to have been employed in a multitude of roles, as a

cleaner, a machine operator and a driver. His widow said that her husband told her that he had to operate machines in the heat without safety equipment and was forced to drive without a licence and threatened with deductions from his salary if he failed to comply.

23-year old **Surya Nath Ray Amat** died in May 2024 from burns sustained in an explosion in an underground access tunnel. His widow said that he described arduous working conditions in their regular phone calls. Colleagues familiar with the circumstances of the incident say that the explosion also killed two other men, one Indian national and one Sudanese national, and injured another Nepali worker. On the day of the accident, Surya was working inside a tank when an explosion occurred, followed by a fire. Photos and videos show Surya’s face burned. According to workers familiar with the incident, Surya died instantly from the burns and possibly from exposure to gases inside the tank.

Health and safety in Saudi Arabia

Saudi Arabia’s Labour Law includes multiple provisions on “protection against occupational hazards” (articles 121 to 126) and “protection against major industrial accidents” (articles 127 to 131). Article 198 of [Saudi Arabia’s Labour Law](#) empowers work inspectors to “perform any examination or investigation required to ascertain proper implementation of the Law”. Article 206 obliges the relevant authorities (in this case the Ministry of Human Resources and Social Development) to prepare an annual report that includes, among other things, “statistics on the violations [of the Labour Law] committed and the penalties imposed” and “statistics on work injuries.” The [Occupational Safety and Health Management Regulation](#) requires companies to carry out investigations into major HSE accidents, and in 2023 a [national policy on reporting and investigating accidents, work injuries, and occupational diseases](#) was issued.

Despite these measures, in December 2024 the [UN Committee on the Elimination of Racial Discrimination](#) stated in its report on Saudi Arabia that “measures taken to protect the occupational health and safety of migrant workers are reportedly ineffective, with reports of a high mortality rate among migrant workers due to harsh working environments, extreme heat and poor living conditions”. A [2018 study for the WHO Eastern Mediterranean Health Journal](#) found that migrant workers had a 14 times higher chance than Saudi Arabian nationals of suffering an occupational injury. A [2024 study](#) found that migrants experienced a disproportionately higher share of both fatal and non-fatal accidents compared to Saudis in the construction sector, which is the sector with the highest number of accidents. Migrant workers work far longer hours, with 64% working [48 hours a week or longer](#), compared to 25% of Saudi nationals.

In the last year, the Saudi Arabian government has published statements and documents stating that there have been significant health and safety improvements in the country. In a [May 2024 press release](#), the Ministry of Human Resources and Social Development stated that, “over the past six years, the Kingdom has witnessed tangible achievements and indexes in the field of occupational safety and health, as the injury rate decreased from 416.1 to 287.8 per 100,000 workers, and the improvement was not limited to the injury rate, but also witnessed a decrease in the fatality rate from 3.828 to 1.12 per 100,000 workers.” Later in 2024, in response to questions from [Human Rights Watch](#), Saudi Arabia’s National Council for Occupational Safety and Health (NCOSH), offered identical statistics for the same period and said that the figures came from data provided by Saudi Arabia’s General Organization for Social Insurance (GOSI), stating that “injury rates have decreased by 30.7%, and fatality rates by 70.6%, despite the rapid growth in construction and labor-intensive projects across the Kingdom.” NCOSH also responded to an ITV documentary in [November 2024](#), stating that it “unequivocally refutes” assertions regarding worker fatalities, citing the same figure of 1.12 per 100,000 workers.

The key limitation of the health and safety data provided by the Saudi Arabian authorities is that it only includes data in relation to insurance compensation claims. It therefore excludes any incidents involving undocumented (and therefore uninsured) migrants in the country, who are [estimated to be over two million people](#). It also [excludes](#) the [3.9 million](#) foreign nationals registered as domestic workers, large numbers of whom are likely working in other jobs, as companies strive to [bypass Saudization requirements](#). These statistics are also influenced by which cases GOSI pays out on, and which it does not. As noted in the section below, some families did not even lodge claims in relation to their relatives’ deaths, on the advice of Saudi Arabian employers. It is notable that previous years have seen dramatic shifts in numbers of cases reported by GOSI. For example, [in 2016 the agency reported 506 work-related deaths](#). In 2017, this figure had dropped to 189 - a fall of 63%. There is not any obvious real-world explanation that FairSquare is aware of to explain such a remarkable improvement in safety standards in a single year.³ These various factors create doubts about the reliability of Saudi Arabia’s official health and safety statistics.

FairSquare wrote to the Saudi Arabian authorities to ask how many investigations the Ministry of Human Resources and Social Development had conducted into workplace accidents that resulted in death or permanent disability since the

3 While Saudi Arabia’s construction industry experienced a downturn in this period, the number of workers insured by GOSI during 2017 was only 3% lower than in 2016.

start of 2019, and how many companies the Ministry of Human Resources and Social Development had sanctioned for accidents that resulted in death or permanent disability in this period, and what was the nature of those sanctions. At the time of publication no response had been received.

The role of FIFA

In the process of awarding the 2034 World Cup to Saudi Arabia, FIFA’s human rights policies were exposed as a sham, most notably in the [commissioning of an “independent” human rights context assessment](#) that took no account of credible reporting on risks to migrant workers, and consulted no workers or human rights experts. FIFA’s own [evaluation of the Saudi 2034 bid](#), drawing on this assessment, stated that the tournament was “medium risk” for human rights, and the World Cup could “contribute to positive human rights outcomes for people in Saudi Arabia and the region”. This contrasts with a June 2024 [Amnesty International study, completed with assistance from FairSquare](#), that found that “Saudi



Arabia has an appalling human rights record and its bid carries a broad range of very serious risks.” In December 2024, FairSquare joined other human rights groups in [warning](#) that by awarding Saudi Arabia the World Cup regardless of the known risks, “FIFA will bear a heavy responsibility for much of what follows.”

This decision looked even worse given that in April 2024, FIFA had announced that it had concluded a deal - reportedly worth hundreds of millions of dollars - to make Saudi Arabia’s national oil company Aramco a “Major Worldwide Partner” until 2027. In 2021 FIFA had presented its [Climate Strategy](#) at the UN Climate Change Conference (COP26), announcing it would sign up to the [United Nations Sports for Climate](#)

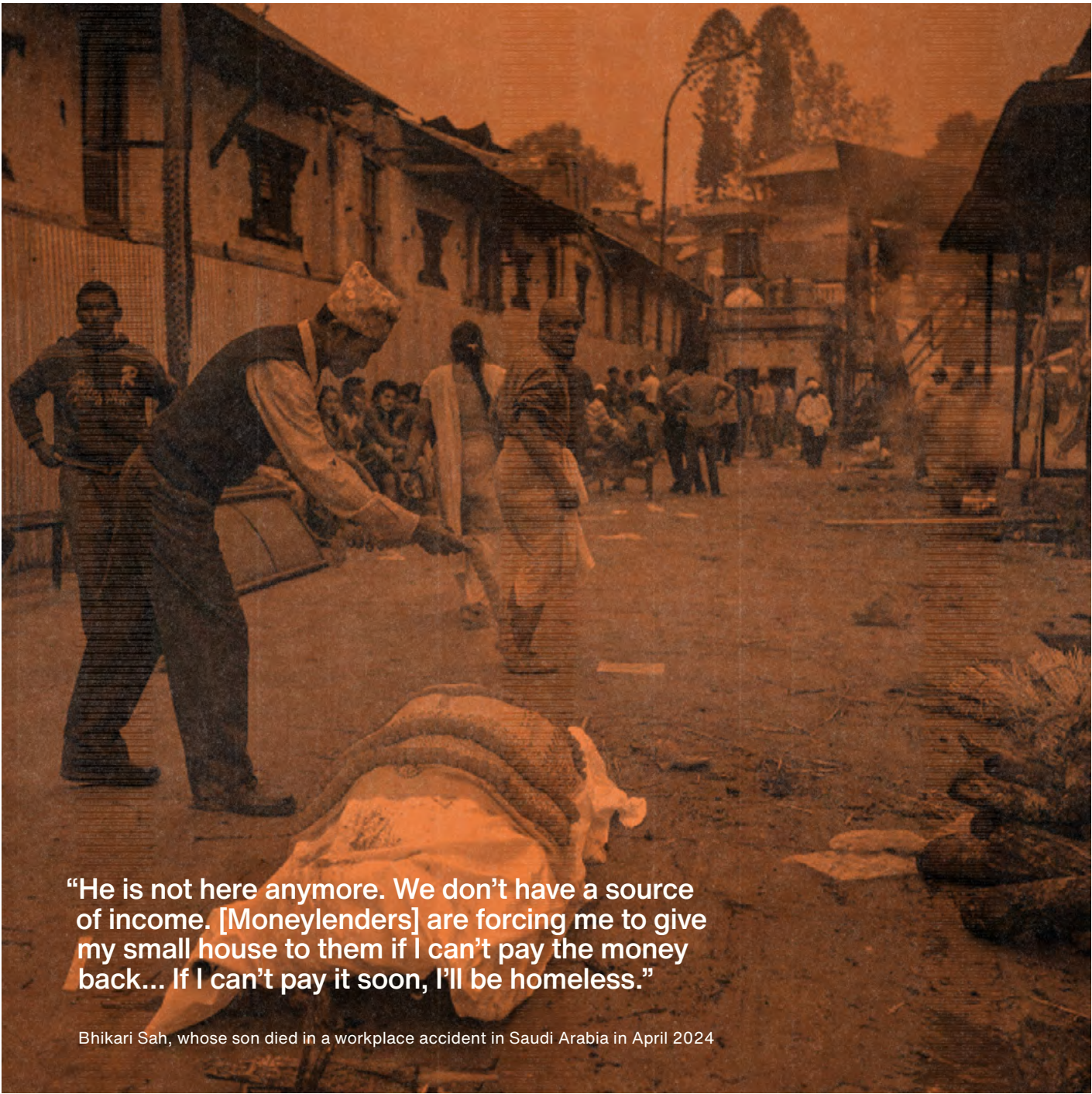
LEFT
FIFA World Cup trophy against the background of Saudi Arabia flag.
Credit: Fauzan Fitria/Alamy Stock Photo

Action Framework. FIFA has said its Climate Strategy “lays out plans to accelerate the delivery of solutions to protect our beautiful planet and our beautiful game”. Aramco accounts for 4.38% of global CO2 emissions. In 2023, the UN Working Group on Business and Human Rights warned that, “Saudi Aramco’s actions may contribute to undermining the Paris Agreement and international cooperation in the face of the existential threat to human rights posed by climate change”. As if to underline this point, the company’s CEO said in 2024 that “we should abandon the fantasy of phasing out oil and gas and instead invest in them”.

The Intergovernmental Panel on Climate Change’s (IPCC) 1.5°C report, published in 2018, warned that the Gulf region’s population and fragile ecosystems are “highly vulnerable to the impacts of climate change, such as... high temperature and humidity with future levels potentially beyond adaptive capacities.” In a context where Saudi Arabia is experiencing drastic temperature increases as a result of climate breakdown, and where migrant construction workers are overwhelmingly exposed and unprotected against this heat and humidity, FIFA’s decision to generate revenue from promoting the image and social licence of one of the biggest polluters in history is inexcusable, putting the very workers who will prepare the infrastructure for its flagship tournament at greater and greater risk. The organisation’s twin decisions to award Saudi Arabia the World Cup in a sham selection process that rode roughshod over its own human rights policies, and to partner with Aramco, demonstrate that, as FairSquare has argued, FIFA is not capable of self-regulation and in the absence of external reform it will continue to cause or exacerbate human rights abuses and other social harms ■

Opposite
Cremation ceremony for a worker who died while working in the Gulf.
Kathmandu, Nepal, 2014

3. Personal and financial impact of deaths



“He is not here anymore. We don’t have a source of income. [Moneylenders] are forcing me to give my small house to them if I can’t pay the money back... If I can’t pay it soon, I’ll be homeless.”

Bhikari Sah, whose son died in a workplace accident in Saudi Arabia in April 2024

The personal and financial impact of these men’s deaths has in most of these cases been significantly damaging for their families. Relatives struggled to obtain the most basic information about the deaths of their family members, in almost all of the cases relying on colleagues of the deceased men.

None of the families whose relatives died in workplace accidents received compensation in line with Saudi Arabia’s labour law. Article 138 of Saudi Arabia’s Labour Law states that work injuries that result in either permanent total disability or death entitle the injured person or his or her beneficiaries to compensation equal to three years of wages, with the minimum sum of compensation set at fifty four thousand riyals (\$14,397). None of the families were aware of this provision.

Additionally, it does not appear that any investigations took place to examine if employer negligence played a part in any of the deaths, including those which did not result from physical workplace accidents. As such, family members are denied the remedies that could be provided under [Saudi Arabia’s Civil Code](#), which entered into force in December 2023.

The family of Surya Nath Ray Amat, after repeated attempts, managed to speak to a company staff member who suggested they not file a case for compensation with the authorities. They said they would send the family Surya’s wages and end of service benefits. Anjali, Surya’s 22-year old widow is suffering from cancer and has two children, aged 4 and 2, and is also responsible for the care of elderly parents-in-law. The family relied on Surya’s income for medical treatments and daily expenses and Anjali accumulated significant debt for her medical care: “We have loans. We have taken loans from the village money lenders. We have 1 million rupees [\$7,250] that we took to pay for my medical bills. I don’t have to say more. I just need help.”

Arbinda Kumar Sah’s employer did not inform his family about the accident that killed him and they are unaware of any compensation that may be due to them. His family, including daughters aged 5 and 6, live in a village in Nepal’s southern belt and relied entirely on his income to survive. Arbind’s 65-year-old father, Bhikari, lamented, “We’re poor people. We don’t have money. We don’t have much land. We just have a small house. We are in trouble. We don’t have anyone to earn money. He [Arbind] was the only one earning some money. But he is not here anymore. We don’t have a source of income.” The family say they are in significant debt to usurious moneylenders. “They are forcing me to give my small house to them if I can’t pay the money back. Three or four moneylenders are pressuring me to give them my house. Whom should I give it to? If I can’t pay it soon, I’ll be homeless”, said his father.

Sitaram Das had five daughters and one son, all under 15 years of age. “It’s very difficult for me now. We don’t have a person to earn money now. How can I feed my children? They all are small”, said his widow Binita. She has received 2.1 million rupees (\$15,000) from Nepal’s foreign employment board and Nepal’s insurance scheme, which all workers pay into before leaving for work abroad, but has no other means of income to raise her children “How can I do the wedding of my daughters? How can I send them to school? How can I feed them? There is no one to earn money. How can I do it alone?” she said.

Suk Bahadur Ghale’s wife said he went to Saudi Arabia with a view to providing a good education for his 6-year old daughter. He was the family’s only source of income. “How can I explain the pain of losing my husband? It’s within me,” said his widow. “If he died in the room or elsewhere, it’s a different story. He risked his life at work every day and died on duty. The company should understand our situation. We haven’t received anything. I should look after my daughter’s future. I have to provide her education. It would be helpful if I get some relief and compensation. We are far away and don’t know whom to reach out to and coordinate with. It’s a problem.” The family has received Ghale’s salary and end-of-service benefits, and his employers are assisting the family with an insurance claim for compensation.

Hari Sunar’s death has left the family with a huge debt that they are unable to repay. “If he was alive, I wouldn’t need any compensation. He is no more; I don’t have the support to be alive. He was the only one earning money”, said his widow, who found out about his death after Sunar’s colleagues got in touch with the family through social media. She has been unable to contact his employers to ask about compensation and at the time of writing has yet to receive any of the 13,000 Saudi riyals (\$3,500) in salary and end-of-service benefits that her husband’s colleagues say is due to the family.

Badri Bhujel, the worker who died after working in a tunneling project at NEOM, paid 250,000 rupees (\$1,785) in recruitment fees to secure his job. He is survived by his wife, Urmila, and their 14-year old son and 3-year old daughter. “It would be helpful if the company could provide something for my children. They’re small. I don’t have a job or property. We lost the breadwinner.” Meanwhile, Raj Kumari, the widow of Pawan Tharu, a 30-year old whose death was attributed to “natural causes” now has to raise their two daughters – aged eight and three – alone, with limited financial resources.



4. Recommendations to the Saudi Arabian authorities

The ultimate responsibility for the health and safety of migrant workers lies with the Saudi Arabian authorities, who must overhaul their systems for the investigation and certification of deaths, and take urgent steps to address the serious and systemic health risks migrant workers are facing in the country’s construction industry, booming as a result of the state’s radical economic development strategy.

Specifically we recommend that Saudi Arabia:

- Commission independent investigations into the causes of migrant workers’ deaths and ensure that any investigation examines the possible role played by heat and humidity, overwork, air pollution, psychosocial stress, and workers’ ability to access health care.
- Carry out autopsies in the case of sudden and unexplained deaths of migrant workers. Ensure a clear cause of death is recorded on death certificates, noting that recording the cause of death as “natural causes”, “cardiac arrest”, or similar is not in line with internationally recognised good practice. To take account of circumstances and contexts where invasive autopsies are not possible, introduce non-invasive and verbal autopsy procedures after consultation with experts.
- Make primary and emergency healthcare for low paid migrant workers free of charge at the point of care, irrespective of workers’ immigration status or their possession of a health card, and ensure that fully resourced clinics and emergency rooms are in close proximity to areas with large populations of low-paid migrant workers.
- Improve the quality of available data on mortality statistics for migrants. 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.
- Adopt a risk-based, rather than a calendar-based approach to limit workers’ exposure to heat. Pass legislation to ensure that employers are required to provide 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.



