

1 UK offshore immigration detention: Why the medical community  
2 should act now

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4 **Ryan Essex, Erika Kalocsanyiova, Frances Timberlake, Marta Welandar**

5 r.w.essex@gre.ac.uk

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10 In late September reports emerged that the UK government had been drawing up plans to hold  
11 asylum seekers in detention centres overseas. Several news outlets reported on leaked  
12 government documents revealing “potential offshoring of asylum processing centres for those  
13 using clandestine entry routes to the UK” (1). Locations under consideration include British  
14 Overseas Territories as well as Moldova, Morocco, and Papua New Guinea. At this point, the  
15 Home Office has given little away, however sources have suggested that the government is  
16 presently looking at “every option that can stop small boat crossings and fix the asylum system”  
17 (2), while other reports suggest that the Home Office has already carried out assessments for  
18 an offshore centre on Ascension Island, over 4,000 miles from the UK (2).

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20 The UK’s policies of ‘*non-entrée*’ are of course nothing new – it has a long history of seeking  
21 to prevent the arrival of asylum seekers, not least through its extraterritorial ‘juxtaposed  
22 controls’. With immigration checks taking place prior to passengers boarding a train or ferry  
23 rather than upon arrival in the UK, the UK border has in practice been moved from Dover to  
24 seven locations in Belgium and France (Calais, Calais-Fréthun, Dunkirk, Coquelles, Paris,  
25 Brussels, and Lille). The juxtaposed arrangements have been heavily criticised by rights groups  
26 arguing that this policy, in the absence of means to access the UK asylum system, contributes  
27 to a breach of the UK’s international legal obligations by “circumventing the right to asylum,  
28 and as a result, also the protection against *non-refoulement*.”(3)<sup>1</sup>. In addition to these controls,  
29 within the UK the government has continued to defend its policy of indefinite detention despite  
30 being the only European country to have no statutory time limit. The UK’s most recent plans,  
31 to hold asylum seekers in offshore detention centres would take matters to an entirely new  
32 level, raising a range of additional concerns.

33

34 There are already many well-founded reasons to oppose the dangers of detention of asylum  
35 seekers. When operated offshore, these dangers – medical, legal and other – only increase, and  
36 thus opposition to it is vital; on human rights grounds, for the lack of transparency and  
37 accountability that results, for financial and logistical reasons, or because of the simple fact

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<sup>1</sup> Also see: [https://refugee-rights.eu/wp-content/uploads/2020/11/RRE\\_PP\\_NewWaysAccessUKAsylum-2020.pdf](https://refugee-rights.eu/wp-content/uploads/2020/11/RRE_PP_NewWaysAccessUKAsylum-2020.pdf)

38 that the UK has the capacity to help. There are also well-founded reasons to oppose offshore  
39 detention on health grounds, with a substantial evidence base that comes from the Australian  
40 experience of offshore detention on which the UK appears to be modelling itself.

41

42 While relatively few people seek asylum in Australia, over the last three decades successive  
43 Australian governments have implemented increasingly harsh measures aimed at deterring  
44 asylum seekers, especially those travelling to Australia by boat. Throughout the Asia-Pacific  
45 region, Australia has invested heavily in policies and infrastructure aimed at immobilising  
46 asylum seekers and for decades has even turned asylum seeker boats back at sea (4). Arguably  
47 the most controversial of these deterrence measures however has been the use of offshore  
48 immigration detention. Australia first established offshore detention centres on Manus Island  
49 (Papua New Guinea) and Nauru, from 2001 to 2008. This policy was more recently re-  
50 introduced, and since 2013 boats with asylum seekers bound for Australia have again been sent  
51 to Nauru and Papua New Guinea, this time with no chance of resettlement in Australia.  
52 Thousands were detained offshore for a number of years and seven years later hundreds still  
53 await news about possible third-country resettlement. Investigation and testimony have shed  
54 light on riots, physical and sexual abuse (of adults and children) and violence, issues which  
55 have persisted for over seven years (5). Australia's offshore asylum policies have been called  
56 "cruel, inhuman, or degrading treatment" by the International Criminal Court (6) and "state-  
57 sanctioned child abuse" by the Australian Medical Association (7). Amnesty International  
58 recently concluded that, "The conditions on Nauru – refugees' severe mental anguish, the  
59 intentional nature of the system, and the fact that the goal of offshore processing is to intimidate  
60 or coerce people to achieve a specific outcome – amounts to torture" (8). Rather than act on  
61 these issues and take steps toward a more humane approach, the Australian government has  
62 instead dismissed such concerns and attacked critics, insisting that this approach is necessary  
63 as a means of deterring others that would otherwise seek Australia's protection.

64

65 Australian healthcare professionals have been central to the day to day function of Australian  
66 immigration detention centres and also instrumental in bringing to light the devastating impacts  
67 of offshore detention, as well as in opposing the country's offshore asylum policies. Much has  
68 been written about healthcare within Australian immigration detention centres, and arguably  
69 few contemporary issues have been as vexing for the healthcare community. At the heart of  
70 these issues remains the fact that immigration detention is antithetical to health and wellbeing,

71 it violates almost every human rights instrument to which Australia is signatory and is an  
72 affront to the dignity of those who are detained.

73

74 While the government has long blocked researchers from accessing detention centres, some  
75 recent studies begin to quantify the harms to health in more detail. Médecins Sans Frontières  
76 (MSF) ‘Indefinite Despair’ report, for example, shows that among the 208 refugee and asylum  
77 seekers assessed by MSF on Nauru, 62% were diagnosed with moderate to severe depression,  
78 25% with an anxiety disorder and 18% with PTSD, among a range of other psychiatric  
79 diagnoses (9). For the 74 refugees and asylum seekers seen over time, 15 (20%) remained  
80 stable, while 51 (69%) deteriorated and only eight (11%) showed improvement in their daily  
81 functioning. More recently, Hedrick et. al. (10) utilised health records to analyse episodes of  
82 self-harm between August 2014 and July 2015. Rates of self-harm were found to be 260 per  
83 1000 asylum seekers on Nauru, meaning rates of self-harm in offshore detention were up to  
84 216 times higher than that seen in the Australian community. Beyond the mental health  
85 impacts, offshore immigration detention has also resulted in numerous deficits in the delivery  
86 of healthcare. One of the most pressing issues related to offshore detention has been the transfer  
87 of those who are unwell to the Australian mainland. That is, the Australian government has  
88 long resisted transferring people to Australia for medical treatment, with the government  
89 refusing to move suicidal children to the Australian mainland. On a number of occasions this  
90 has had fatal consequences, with multiple deaths reported from issues that would have  
91 otherwise been preventable (11).

92

93 There are lessons that can be taken from the Australian healthcare community in its opposition  
94 to offshore detention as well. Recognising that the Australian government has been unmoved  
95 by evidence and the harms of these policies, healthcare professionals have been instrumental  
96 in bringing to light the devastating health impacts of offshore detention, whistleblowing and  
97 even engaging in acts of civil disobedience (5). Such evidence and action have been relatively  
98 successful in Australia. While offshore detention remains, a number of small victories can be  
99 counted. Children are now no longer detained onshore or on Nauru (12), and many people who  
100 needed urgent medical intervention offshore have now been transferred to Australia for  
101 treatment (13). In 2018 for example, amid increasingly disturbing reports about the health of  
102 detainees offshore, the Australian government passed what became known as the Medevac  
103 legislation, a law which strengthened doctors’ positions to advocate for those offshore to be  
104 transferred. Whilst this legislation was repealed in late 2019, the healthcare community was

105 instrumental in pushing for its introduction and in resisting its repeal, co-ordinating with  
106 lawyers and placing pressure on the government. During the time Medevac was in force,  
107 hundreds of unwell refugees were transferred to the mainland (11).

108

109 Beyond the Australian experience, there are already a number of warning signs closer to home,  
110 with the British Medical Association raising concerns about the current immigration detention  
111 policies in the UK (14). Likewise, medical organisations including Doctors of the World and  
112 Freedom from Torture <sup>2</sup> have already warned of the health impacts of the detention-like  
113 conditions in the military barracks already being used to house asylum seekers. Further warning  
114 can be found in the UK's current policies, with widely unscrutinised use of UK detention  
115 facilities on French soil (15). Whilst these Short-Term Holding Facilities have a 24-hour time  
116 limit and are intended only to hold people with incorrect documentation at the border controls  
117 in Calais and Dunkirk, the lack of oversight and accountability due to 'lack of jurisdictional  
118 clarity', their poor access to healthcare and their relative invisibility, provide an exemplar of  
119 the issues that would be encountered in more comprehensive UK detention offshoring.  
120 Offshore detention would only exacerbate these issues and Australia's approach should serve  
121 as a warning to the UK government and healthcare community alike. While the UK is looking  
122 to other countries such as Australia for 'solutions', they also need to look at the consequences  
123 of these policies, with offshore detention having a devastating impact on health and wellbeing.  
124 The healthcare community should and could take a stand against these policies, which are at  
125 best, antithetical to health and at worst a human rights disaster in the making.

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<sup>2</sup> [https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/11/Letter-on-the-use-of-MoD-sites-as-accommodation\\_26.11.2020.pdf](https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/11/Letter-on-the-use-of-MoD-sites-as-accommodation_26.11.2020.pdf)

130 References

- 131 1. Pegg D, Lewis P. Australian-style offshore asylum plan driven by No 10. The Guardian.  
132 2020. [https://www.theguardian.com/uk-news/2020/sep/30/australian-style-offshore-](https://www.theguardian.com/uk-news/2020/sep/30/australian-style-offshore-asylum-plan-driven-by-no-10)  
133 [asylum-plan-driven-by-no-10](https://www.theguardian.com/uk-news/2020/sep/30/australian-style-offshore-asylum-plan-driven-by-no-10)
- 134 2. BBC News. Ascension Island: Priti Patel considered outpost for UK asylum centre  
135 location. 2020. <https://www.bbc.co.uk/news/uk-politics-54349796>
- 136 3. Amnesty International. The Human Rights Risks of External Migration Policies. 2017.  
137 <https://www.amnesty.org/en/documents/pol30/6200/2017/en/>
- 138 4. Nethery A, Rafferty-Brown B, Taylor S. Exporting Detention: Australia-funded  
139 Immigration Detention in Indonesia. *Journal of Refugee Studies*. 2013;26(1):88-109.
- 140 5. Essex R. *The Healthcare Community and Australian Immigration Detention: The Case*  
141 *for Non-Violent Resistance*. Palgrave Macmillan; 2020.
- 142 6. Doherty B. Australia's offshore detention is unlawful, says international criminal court  
143 prosecutor. The Guardian. 2020. [https://www.theguardian.com/australia-](https://www.theguardian.com/australia-news/2020/feb/15/australias-offshore-detention-is-unlawful-says-international-criminal-court-prosecutor)  
144 [news/2020/feb/15/australias-offshore-detention-is-unlawful-says-international-](https://www.theguardian.com/australia-news/2020/feb/15/australias-offshore-detention-is-unlawful-says-international-criminal-court-prosecutor)  
145 [criminal-court-prosecutor](https://www.theguardian.com/australia-news/2020/feb/15/australias-offshore-detention-is-unlawful-says-international-criminal-court-prosecutor)
- 146 7. Oowler B. Speech to AMA forum on health of asylum seekers 2016 [Available from:  
147 <https://ama.com.au/media/ama-speech-prof-owler-ama-asylum-seeker-health-forum>.
- 148 8. Amnesty International. Island of Despair: Australia's "processing" of refugees on  
149 Nauru. 2016.
- 150 9. Médecins Sans Frontières. Indefinite Despair: The tragic mental health consequences  
151 of offshore processing on Nauru. 2018. [https://msf.org.au/article/statements-](https://msf.org.au/article/statements-opinion/indefinite-despair-mental-health-consequences-nauru)  
152 [opinion/indefinite-despair-mental-health-consequences-nauru](https://msf.org.au/article/statements-opinion/indefinite-despair-mental-health-consequences-nauru)
- 153 10. Hedrick K, Armstrong G, Coffey G, Borschmann R. Self-harm in the Australian asylum  
154 seeker population: A national records-based study. *SSM-population health*.  
155 2019;8:100452.
- 156 11. Talbot A, Newhouse G. Strategic litigation, offshore detention and the Medevac Bill.  
157 *Court of Conscience Issue 13*, 2019. 2019:85.
- 158 12. ABC News. Last remaining asylum seeker children on Nauru to leave the island for the  
159 US, Scott Morrison confirms. ABC News. 2019. [https://www.abc.net.au/news/2019-](https://www.abc.net.au/news/2019-02-03/nauru-last-asylum-seeker-children-to-leave-detention-pm-says/10774910)  
160 [02-03/nauru-last-asylum-seeker-children-to-leave-detention-pm-says/10774910](https://www.abc.net.au/news/2019-02-03/nauru-last-asylum-seeker-children-to-leave-detention-pm-says/10774910)
- 161 13. Royal Australian College of Physicians. Over 5,000 doctors sign open letter to save  
162 Medevac ahead of possible Senate vote. 2019. <https://www.racp.edu.au/news-and->

- 163 events/media-releases/over-5-000-doctors-sign-open-letter-to-save-medevac-ahead-  
164 of-possible-senate-vote
- 165 14. British Medical Association. Locked up, locked out: health and human rights in  
166 immigration detention. 2017. <https://www.bma.org.uk/media/1862/bma-locked-up-locked-out-immigration-detention-report-2017.pdf>
- 168 15. Bosworth M. Immigration detention and juxtaposed border controls on the French north  
169 coast. *European Journal of Criminology*. 2019:1477370820902971.
- 170