



## The medical consequences of the Safety of Rwanda (Asylum and Immigration) Bill

January 2024

As leading medical-humanitarian organisations, Médecins Sans Frontières / Doctors Without Borders UK (MSF) and Doctors of the World UK (DOTW) have grave concerns that the Safety of Rwanda (Asylum and Immigration) Bill will have serious implications for the health, wellbeing and dignity of people seeking safety in the UK.

### Summary

- The UK's Migration and Economic Development Partnership Memorandum of Understanding (MoU) with Rwanda, which seeks to fully outsource the UK asylum system to Rwanda, was ruled unlawful by the Supreme Court in November 2023. The Court concluded Rwanda's legal system and asylum processes are not fit for purpose and that sending asylum seekers to Rwanda presents a risk of mistreatment, particularly a risk of refoulement.
- In response to the ruling the UK Government hastily changed the MoU into a legally binding treaty and introduced the Safety of Rwanda (Asylum and Immigration) Bill to Parliament in an effort to legislate that Rwanda is a safe country.
- The Bill states that decision makers must 'conclusively treat' Rwanda as a safe country, disapplies parts of the Human Rights Act (1998) and gives ministers the powers to ignore interim measures issued by the European Court of Human Rights (ECtHR) [See here for a detailed legal analysis of the Bill.](#)
- Medical evidence from international examples of similar 'externalisation' policies shows the approach causes profound harm to individuals, communities, and lacks any real safeguards.
- Australia's 'offshoring and indefinite detention' policy, upon which the Rwanda policy is modelled, caused catastrophic and irreparable physical and mental consequences for those offshored. MSF teams working on Nauru island saw some of the worst mental health suffering in the organisation's 50-year history where sixty percent of their patients experienced suicidal ideation, and 30% attempted suicide, including children as young as 9 years old.
- We are concerned the men, women and children forcibly removed to Rwanda will struggle to access appropriate and timely healthcare. Many of those expelled will likely have survived torture, sexual violence and trafficking; most will have had traumatising migration journeys and should therefore receive specialised care and support.
- Furthermore, the BMA has expressed concern that, once in Rwanda, the complex physical and mental health needs of those seeking asylum will not be met due to critical shortage of skilled health workers, as evidenced by Rwanda's inclusion in the WHO health workforce support and safeguards list 2023.
- For those people removed from the UK to Rwanda, there is a real risk of re-entering migration routes to Europe via both smuggling and trafficking, which poses a significant threat to their health and protection.
- The UK's Rwanda policy is already causing profound harm to vulnerable individuals. Medical assessments of 36 men, women and age-disputed children targeted for removal to Rwanda documented medical indicators of torture in 26 cases, with 15 having symptoms or a diagnosis of PTSD and 11 having experienced suicidal thoughts while in detention. Charities that support asylum seekers say they are documenting a number of suicide attempts among those threatened with being sent to Rwanda.
- The British Medical Association (BMA), Royal Medical Colleges, Faculty of Public Health, MSF UK, Doctors of the World UK and other medical organisations described the policy as an indefensible on 'medical, ethical and humanitarian grounds' and called on the UK Government to immediately abandon it. [See the BMA's briefing on the Bill.](#)

## **Background**

In April 2022, the UK government signed the Migration and Economic Development Partnership with the Rwandan Government<sup>1</sup> to enable the Home Secretary to fully outsource the UK's asylum system to Rwanda and permanently remove men, women and children to Rwanda.

In July 2023 the Illegal Migration Act (IMA), which extinguishes the right to seek refugee protection in the UK for those who arrive irregularly (i.e. without prior permission), came into force. Under the IMA, refugee protection claims will be automatically rejected (considered 'inadmissible') and the Home Secretary is under a duty to remove everyone who arrives irregularly from the UK, meaning the IMA largely relies on the Rwanda policy (or a similar arrangement with another third country) being implemented.

The Rwanda scheme faced multiple legal challenges and in November 2023, the Supreme Court ruled that Rwanda policy is unlawful as they do not consider Rwanda a safe country<sup>2</sup>. The Court concluded that Rwanda's legal system and asylum processes are not fit for purpose and that sending asylum seekers to Rwanda presents a risk of mistreatment, potentially through refoulement to another country. Additionally, the Court highlighted instances where treaty commitments had been breached, raising significant human rights concerns.

In response to the Supreme Court ruling the government has hastily 'upgraded' the MoU to a legally binding treaty and introduced the Safety of Rwanda (Asylum and Immigration) Bill to Parliament in an effort to legislate that Rwanda is a safe country, so it can therefore forcibly expel people there.

The Bill states that decision makers must 'conclusively treat' Rwanda as a safe country and that courts and tribunals cannot consider claims challenging removal to Rwanda on these grounds, including a risk of refoulement<sup>3</sup>. The Bill disapplies parts of the Human Rights act and gives ministers the powers to ignore interim measures issued by the European Court of Human Rights. For a more detailed legal analysis of the Bill on the law and constitution please read [this briefing from ILPA, JUSTICE and Freedom from Torture](#).

## **Medical evidence on consequences of outsourcing asylum processes**

The UK's policy of fully outsourcing its asylum system to Rwanda is directly drawn from Australia's 'offshoring' model, where people who attempt to reach Australia via small boats are forcibly relocated and indefinitely detained on the islands of Nauru and Papua New Guinea. This approach has caused catastrophic and irreparable physical and mental consequences for the men, women and children offshored.

In 2017-18, MSF worked on Nauru island and there witnessed an alarming mental health epidemic among adult and child refugees and asylum seekers on Nauru Island, closely linked to Australia's offshoring policy. There was a high prevalence of severe mental health morbidities amongst MSF's 208 asylum seeker and refugee patients: 60% had suicidal ideation and 30% had attempted suicide, including children as young as 9 years old. MSF witnessed a disturbing collapse of children's mental health and the teams diagnosed 10 children and 2 adults with 'Resignation Syndrome', a life-threatening psychiatric condition where patients enter a comatose state in response to an 'intolerable reality' and where medical care is required to keep them alive<sup>4</sup>. Fifty-five (26%) of MSF's asylum seeker and refugee patients were medically evacuated from Nauru, the majority for psychiatric reasons after years of distress on the island and unable to access the medical care required.

The refugee and asylum seekers MSF treated were very vulnerable and the scale of traumatic events they had encountered prior to their indefinite detention on Nauru was extremely high. Seventy-five percent of MSF's asylum seeker and refugee patients (including children) reported experiencing traumatic events in their country of origin and/or during their migration journey, including combat situations, threats of harm or death, sexual violence, torture and detention. In total, 92% reported facing difficulties in Nauru, which likely exacerbated their feelings of vulnerability and mental health problems. Among stressors experienced, 64%

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<sup>1</sup> See: <https://questions-statements.parliament.uk/written-questions/detail/2023-03-29/HL6965/> UK Home Office, 'Migration and Economic Development Partnership factsheet', November 2022

<sup>2</sup> [UK Supreme Court Ruling](#), 15 November 2023

<sup>3</sup> [Safety of Rwanda \(Asylum and Immigration\) Bill](#), 2023

<sup>4</sup> Newman, L.K. 2018, 'Explainer: what is resignation syndrome and why is it affecting refugee children?', The Conversation, 22 August 2018

felt they could not control events in their lives and 64% said they had fears about the future. A recurrent theme that emerged was the sense of hopelessness that people felt at having no control over events in their own lives.

MSF cited the forced relocation, lack of pathways to protection, family separation and the indefinite nature of offshore processing policy to be the most significant contributory factors in the mental health suffering, which was some of the worst MSF has encountered in its 50-year history. [See here for the detailed MSF report](#).

### **Access to medical care in Rwanda**

We are concerned that people seeking asylum forcibly removed to Rwanda (or elsewhere) will struggle to access appropriate and timely healthcare. Many of those expelled will likely have survived torture, sexual violence and trafficking; most will have had traumatising migration journeys. They should receive specialised care and support, yet expelling them to another country is dangerous, exposing them to further traumatising and harm.

Furthermore, the BMA has expressed concern that, once in Rwanda, the complex physical and mental health needs of asylum seekers will not be met due to critical shortage of skilled health workers, as evidenced by Rwanda's inclusion in the WHO health workforce support and safeguards list 2023.<sup>5</sup>

### **Risks of being forced to return to dangerous migration routes between Rwanda and the UK**

UNHCR and other experts lay out the risks that people deported from the UK to Rwanda may end up re-entering migration routes through smuggling and trafficking<sup>6</sup>. One of the key migration routes from East Africa to the UK (and other parts of Europe) passes through the Sahara Desert, Libya, the Central Mediterranean Sea then on to northern European countries. Along this route, migrants face numerous and significant health, humanitarian and protection risks. MSF is present in several countries along the route including Libya, the Central Mediterranean, Belgium and France and its medical teams have witnessed and documented some of these risks. These include:

- Migrants regularly being victims, and at immediate risk of trafficking, enslavement, torture, sexual abuse, extortion, arbitrary and indefinite detention in horrific conditions, and other extreme forms of indiscriminate violence more generally, as well as disease (Libya)<sup>7</sup>.
- The risk of death at sea due to people being crammed into overcrowded, unseaworthy vessels, and high levels of trauma and compounding vulnerabilities of those rescued as well as fuel burns, hypothermia, severe exhaustion and psychological distress are commonly seen and treated by our medical teams on our Search and Rescue ship. Furthermore, MSF has witnessed the Libyan Coast Guard intercepting boats forcibly returning people to detention centres in Libya, where extreme violence is commonplace (Central Mediterranean)<sup>8</sup>.
- Limited access to medical care, a lack of access to basic needs, including safe shelter, food and drinking water and police brutality. Psychological harm and compounding of pre-existing trauma due to an increasingly hostile environment (Belgium and France)<sup>9</sup>.

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<sup>5</sup> WHO ['WHO renews alert on safeguards for health worker recruitment'](#), March 2023

<sup>6</sup> UNHCR, ['UNHCR analysis of the Legality and Appropriateness of the Transfer of Asylum Seekers under the UK-Rwanda arrangement'](#), June 2022; International Refugee Rights Initiative, ['I was left with nothing': "Voluntary" departures of asylum seekers from Israel to Rwanda and Uganda'](#) 2015, pg. 7; S. Shoham, L. Bolzman and L. Birger, [Moving under Threats: The Treacherous Journeys of Refugees who "Voluntary" Departed from Israel to Rwanda and Uganda and Reached Europe](#), October 2018

<sup>7</sup> See MSF Medical and Humanitarian Aid, Libya <https://www.msf.org/libya>

<sup>8</sup> MSF, ['No one came to our rescue'](https://www.msf.org/no-one-came-our-rescue-human-costs-eu-central-mediterranean-migration-policies), 2023 : <https://www.msf.org/no-one-came-our-rescue-human-costs-eu-central-mediterranean-migration-policies>

<sup>9</sup> MSF in France <https://www.msf.org/france> ; MSF in Belgium <https://www.msf.org/belgium>

## Harm in the UK

There is evidence that the UK's Rwanda policy is already causing profound harm to vulnerable individuals. In 2022, Medical Justice's medical assessments of 36 men, women and age-disputed children targeted for removal to Rwanda documented medical indicators of torture in 26 cases, with 15 having symptoms or a diagnosis of PTSD and 11 having experienced suicidal thoughts while in detention<sup>10</sup>. Clinical assessments, which were conducted with people from Iran, Iraq, Sudan, Syria, Eritrea, Vietnam, Egypt and Albanian, found that the threat of being deported to Rwanda was further exacerbating people's mental health conditions, causing them to experience fear, confusion, and uncertainty about their safety and a loss of hope. For some clients there was an increased risk of suicide and self-harm. Charities that support asylum seekers say they are documenting a number of suicide attempts among those threatened with being sent to Rwanda.<sup>11</sup>

The UK medical community in united in its opposition to the Rwanda policy, raising concerns about the physical and mental health, wellbeing and protection consequences. The British Medical Association (BMA), Royal Medical Colleges, Faculty of Public Health, MSF UK, Doctors of the Work UK and other medical organisations have repeatedly called on the government to abandon the policy, describing it as indefensible on 'medical, ethical and humanitarian grounds'.<sup>12</sup>

Welcoming the Supreme Court's judgment on the Rwanda policy, the BMA said *"Doctors' priority is protecting the health of people, regardless of their immigration status, and we will not stand by while callous policies actively put people's health, wellbeing and safety in danger.... The Government should now redirect its focus, replacing this inhumane plan with a compassionate, fair and effective asylum system that protects the health, wellbeing and dignity of people seeking safety. See the [BMA's briefing on the Bill](#).*

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The UK Government has a responsibility to process asylum claims of those arriving on our shores and must not transfer this to Rwanda or any other country, where the resulting human suffering can be hidden away from legal and public scrutiny. There is no evidence to suggest that this approach will work as a deterrent, but plenty that this will cause irreparable harm and shatter the lives, families and communities who are forcibly expelled to Rwanda, or elsewhere.

**On medical and ethical grounds alone, it is unconscionable for the UK Government to forcibly expel people seeking asylum to Rwanda, or anywhere else outside of the UK.** Médecins Sans Frontières UK and Doctors of the World UK are resolutely opposed to the forced expulsion of people seeking safety to Rwanda (or anywhere else outside of the UK) and call on the UK government to abandon this policy with immediate effect.

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<sup>10</sup> Medical Justice, '[Who is Paying the Price? The human cost of the Rwanda scheme](#)', September 2022

<sup>11</sup> [Guardian "Despair" over Rwanda deportation leading to suicide attempts, say UK charities', 2022.](#)

<sup>12</sup> [Letter to Prime Minister from medical organisations](#), 23rd September 2022; [Public letter from the UK medical community on the dangerous health consequences of Rwanda expulsions](#), 21 June 2022.