



10 February 2026

Senate Legal and Constitutional Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600
Dear Committee Secretary

Submission: Offshore processing and resettlement arrangements

Médecins Sans Frontières / Doctors Without Borders Australia (MSF) welcomes the opportunity to make a submission to the Senate Legal and Constitutional Affairs References Committee inquiry into offshore processing and resettlement arrangements.

This submission draws on MSF's direct clinical experience providing medical and mental health care to people subjected to Australia's offshore processing and temporary protection policies, including in Nauru.

It addresses the outcomes, effectiveness, integrity, and value for money of these arrangements, and outlines evidence-based alternatives that better support protection outcomes while reducing long-term human and public costs.

Best Regards,



Thomas Roth

Executive Director
Médecins Sans Frontières Australia

Submission to the Senate Legal and Constitutional Affairs References Committee Inquiry into Offshore Processing and Resettlement Arrangements

Médecins Sans Frontières / Doctors Without Borders Australia (MSF) is an independent medical humanitarian organisation providing assistance to people affected by conflict, displacement, epidemics, and exclusion from healthcare.

This submission draws on MSF's direct clinical experience with people subjected to Australia's offshore processing and temporary protection policies, including through MSF's provision of mental health services on Nauru between November 2017 and October 2018, tele-mental health services and support for medical evacuation (medevac) services in 2019. Due to the conditions that MSF witnessed on Nauru, the circumstances of our departure and the legacy health issues of the patients that MSF treated, MSF has remained actively engaged in advocacy for the Australian Government to adopt more humane policies.

MSF understands that the Committee will have particular reference to offshore processing and resettlement arrangements since 2022. However, it is not possible to fully understand these arrangements without considering the harm caused by offshore processing over more than 13 years. The way this policy operated in the past has directly shaped how it operates today.

Australia's offshore processing arrangement is a harm-producing system that causes or exacerbates mental health injury to vulnerable people. This harm cannot be mitigated through service provision and delivers poor value for public expenditure. The evidence demonstrates that the harms associated with offshore processing are not incidental or historical, but structural, foreseeable, and persistent.

Offshore processing and temporary protection: outcomes and integrity

Between 2017 and 2018, MSF provided independent mental health care in Nauru under a formal Memorandum of Understanding with the Government of Nauru. MSF treated hundreds of refugee and asylum seeker patients under offshore processing arrangements presenting with severe psychiatric conditions—as well as local Nauruans. With specific mention to the refugee and asylum seeker population, a majority were diagnosed with moderate to severe depression, anxiety disorders, or post-traumatic stress disorder. Rates of self-harm, suicidal ideation, and suicide attempts were exceptionally high, including among children.

Most importantly, our international experience shows, **these rates were exceptionally high** when compared to other displaced persons camps and high intensity conflict contexts where MSF works globally.

MSF clinicians documented cases of resignation syndrome (also referred to as traumatic withdrawal syndrome), a rare and life-threatening psychiatric condition most commonly observed in children exposed to prolonged, inescapable trauma. This condition has been documented in very few populations globally. Its presence among children subjected to offshore processing indicates extreme psychological injury rather than individual vulnerability.

MSF's clinical findings were consistent across age, nationality, and family status. The principal drivers of deterioration were not pre-migration trauma alone, but directly as a result of Australia's policy of indefinite detention, prolonged uncertainty, family separation, and the absence of any credible pathway to permanent legal status.

MSF concluded that curative treatment for the overwhelming majority of patients was not possible while these policy conditions remained in place. Medical care was rendered clinically and ethically inadequate by policy design.

MSF's operations on Nauru were prematurely terminated following government (Nauru) action that required MSF to cease clinical activities with minimal notice, leaving patients without continuity of care. MSF shared its clinical findings with the Government of Nauru and the Government of Australia and was compelled to publicly speak out about the harmful and life-threatening situation it was witnessing in Nauru.

This chaotic expulsion, and subsequent restrictions on independent medical access, illustrate the extent to which offshore processing arrangements prioritise security and secrecy over clinical necessity, undermining both access to health care and the rights of patients.

Although MSF's clinical operations in Nauru concluded in 2018, the relevance of this evidence has not diminished. The underlying policy architecture that produced this harm remains intact. As of January 2026, people continue to be detained offshore, and hundreds more remain in Australia on temporary visas without permanent protection. The continuation of these arrangements demonstrates policy continuity, not resolution.

Value for money and effectiveness

Offshore processing and associated deportation arrangements have required billions of dollars in public expenditure through payments to primary contractors, subcontractors, and third-party service providers. From MSF's experience, these actors deliver, at best, a temporary expansion of health services not available offshore, they do not build sustainable local health capacity and instead replace it on a short-term basis. **Despite this enormous expenditure, the system has failed to deliver durable protection outcomes or acceptable health and welfare standards.**

From a health and public policy perspective, offshore processing externalises and inflates costs rather than reducing them. Prolonged mental ill-health, delayed recovery from trauma, and social exclusion generate long-term demands on health, disability, and social services once individuals are eventually transferred or released. These costs are foreseeable and avoidable. The system therefore represents poor value for money, failing both humanitarian and fiscal tests.

MSF's experience further raises concerns regarding integrity and transparency. During its operations on Nauru, MSF observed systemic limitations in the capacity of contracted health providers and the national health system to respond to severe psychiatric deterioration. MSF also experienced obstruction of clinical activities and was ultimately required to abruptly cease operations, leaving extremely vulnerable patients without continuity of care.

Humanitarian intake and resettlement pathways

Evidence consistently demonstrates that community-based processing and permanent settlement are more cost-effective, produce better health outcomes, and support social and economic participation¹. Recent expansions of resettlement pathways, including community-supported models, demonstrate that viable alternatives exist. However, resettlement cannot compensate for the harms generated by offshore detention and prolonged temporariness. It must function as an alternative to offshore processing, not an adjunct to it.

Recommendations

MSF concludes that the rights and health needs of asylum seekers and refugees seeking to come to Australia would be better, and more humanely, served through Australian Government policies that:

1. **End offshore processing and forced deportations to Nauru**, evacuate all remaining offshore detainees to Australia, and refrain from renewing or extending offshore processing contracts. Reallocate funding to humane, Australian-based processing, permanent protection, and settlement support.
2. **Increase Australia's humanitarian intake to at least 30,000 places annually**, including expanded use of CRISP, and embed climate-related displacement within humanitarian protection assessments.
3. **Maintain and increase humanitarian funding and regional protection engagement** to support durable outcomes, including legal status and accountability, in protracted displacement contexts.

¹ https://humanrights.gov.au/resource-hub/by-resource-type/books/books-missing-assets/community-arrangements-asylum-seekers-refugees-and-stateless-persons?utm_source=chatgpt.com