Statement on the Health and Human Cost of South Africa's Mass Displacement and Deportation of Migrants

13 July 2026

On 29 June, South African public health professionals warned [1] that the unlawful '30 June' deadline set by anti-migrant groups risked triggering a public health emergency. That warning has materialised: in just over a week, the government has processed tens of thousands of people, [2] driven from their homes by violence or the threat of violence, through the Musina Temporary Repatriation Processing Centre and the Beitbridge border post. The government's speed of removal is not evidence that this crisis has been addressed. A durable response must instead be judged by whether people's rights, health and dignity—including the constitutional right to healthcare regardless of documentation status—are protected throughout this process.

A failure of government, not a migration crisis.

The unlawful deadline was allowed to stand for weeks before the government intervened. It then processed people at a pace that outstripped its own capacity to provide shelter, food, water, sanitation, and continuity of healthcare. The people processed through Musina, many of whom are documented and have lived in South Africa for years, were never the cause of this crisis. Removing them does not address the crisis, nor does it fulfil the government's constitutional obligations to those who were processed or to those who remain.

The risk was foreseeable. The same site was linked to a cholera outbreak under similar conditions in 2008, and this was publicly acknowledged by the government at the time. [3] Presenting this outcome as a policy achievement is a failure of accountability and should be recognised as such.

The health and psychological toll continues.

Beyond the terror inflicted on non-nationals—which has violated multiple laws and the Bill of Rights without consequence—people forced to leave mid-treatment have lost access to ART, TB treatment, antenatal care, and chronic disease management, with consequences that will outlast the processing centres themselves.

Despite the Department of Home Affairs' assurances that the centres are being managed in accordance with the law and the state's humanitarian obligations, there is little evidence to support this. Overcrowding and inadequate sanitation at Musina and other sites create conditions for disease transmission, while exposing infants, pregnant women, and older persons to increased risks of hypothermia and respiratory illness. The psychological impact of displacement, family separation, and violence is profound and enduring, and is being absorbed by community health services already under strain.

These pressures extend far beyond Musina. In Durban, the Denis Hurley Centre—the city's only provider of free healthcare for foreign nationals—has reported patient numbers three times higher than before the blockade and a tenfold increase in medicine expenditure, suggesting that the crisis extends well beyond the processing centres. Similarly, the Ashraful Aid Humanitarian Roshnee IMA Mobile Clinic has treated 74 patients who were unable to access public healthcare, including adults and children presenting with respiratory infections, eye infections, urinary tract infections, and chest pain. Médecins Sans Frontières (MSF) has launched an emergency medical response, [4] deploying mobile clinics across Gauteng, KwaZulu-Natal, and the Western Cape, while highlighting serious concerns about continuity of care for patients with chronic conditions including HIV, TB, diabetes, and hypertension.

We are also concerned by the human cost of the rapid transport of displaced people, illustrated by the reported death [5] of an unwell Malawian national during transport to Beitbridge and a separate crash near Musina [6] in which a fatigued driver was killed and eleven passengers were injured.

The threat has not passed.

March and March, Operation Dudula, and several politicians and political parties that promote xenophobic rhetoric have threatened weekly protests for the next six months. Vigilante groups—sometimes acting alongside police [7]—continue to target refugees, asylum seekers, and

documented migrants regardless of their legal status. Many people remain camped outside Home Affairs offices, too afraid to return home.

MSF has linked the violence to at least four deaths, numerous injuries, and the destruction of homes, [8] warning that the crisis is not over but risks further escalation. This climate of fear carries its own health consequences, as people delay or avoid clinic visits, ART collection, and antenatal care to avoid moving through public spaces. The emptying of one camp does not mean the threat has passed. Rather, the violence has expanded beyond an unlawful campaign allegedly directed at undocumented migrants to target anyone perceived to be a foreign national.

This is a Call for Legally Required Protection of Migrants' Rights

We call on the government to implement all lawful measures, consistent with South Africa's constitutional values and international human rights obligations, to protect those affected, safeguard their property and belongings, and prevent avoidable harm and degrading treatment.

We salute the health workers, community leaders, and activists who, often at great personal risk from xenophobic mobs, continue to protect the health and rights of all those affected, regardless of immigration status, while challenging the rhetoric that fuelled this crisis.

The Constitutional Court judgment of 5 July 2026 [9] makes it clear that key provisions of the immigration legislation on which the government relies are unconstitutional. Thirty years into South Africa's constitutional democracy, these defects should already have been remedied.

The people of South Africa fought against exclusionary and dehumanising practices such as these, often at great personal cost. The government's failure to uphold that legacy is an indictment of its commitment to the Constitution. Its willingness to rapidly process people through the immigration system while failing to protect their rights sits uneasily with its claims to uphold the Bill of Rights.

Health workers will always provide care and humanitarian assistance to all who need it, without exception. But this cannot absolve the government of its constitutional responsibilities. Nor should it rely on non-governmental organisations and frontline health workers to fill gaps created by its own actions while it enables the continued demonisation of migrants as convenient scapegoats.

We call for:

1. An end to government rhetoric portraying rapid repatriation as a success, and public acknowledgement of the humanitarian and health consequences of this crisis.

2. Uninterrupted access to ART, TB treatment, and other essential medicines at all processing sites, regardless of documentation status.

3. Mandatory medical screening before transport to ensure no one unfit to travel is placed on a repatriation vehicle, together with a full, independent investigation into the recent transport-related death.

4. Independent monitoring of health and psychological wellbeing at all processing and repatriation sites, with adequate support and funding for frontline community organisations providing care.

5. Public disclosure of the government's concrete plan for the next six to twelve months, setting out the specific measures it will take at every healthcare clinic and facility across the country- including emergency and primary healthcare services- to ensure access to healthcare and proactive support for those experiencing the health impacts of widespread displacement and threats to their lives. This should be accompanied by clear guidance and structured engagement with healthcare workers and facility staff – including trainings - to address medical xenophobia and ensure migrant-sensitive and rights-based practices.

6. Full enforcement of the November 2025 High Court order in *Kopanang Africa Against Xenophobia v Operation Dudula*, and effective protection of all migrants, refugees, and asylum seekers from vigilante violence, regardless of documentation status.

7. A credible pathway to regularise the status of long-settled migrants to ensure continuity of healthcare and other essential services, rather than mass repatriation as the default response.

8. A public, evidence-based government statement rejecting the false claim that migrants are responsible for failures in healthcare, employment, or public services, together with a permanent cross-government, early warning mechanism that includes mental health expertise, to identify and respond to xenophobic violence and its health impacts.

Issued by: Healthcare Workers Against Xenophobia

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This statement is endorsed by the following organisations:

1. Africa Revival Foundation
2. African alliance
3. Amnesty International South Africa
4. Collective Voices for Health Access
5. Foods Not Bombs Jozie
6. Health Justice Initiative
7. Healthcare Workers 4 Palestine South Africa
8. International Commission of Jurists
9. International Labour Research and Information Group (ILRIG)
10. Kensington Palestine Solidarity Group
11. Kopanang Africa Against Xenophobia
12. Lawyers for Human Rights
13. Legal Resources Centre
14. Mothers 4 Gaza
15. Ndifuna Ukwazi
16. Palestine Solidarity Alliance South Africa
17. Palestine Solidarity Campaign
18. People's Health Movement South Africa
19. Potch for Palestine
20. Progressive Health Forum
21. Section 27
22. Siyafana Sonke Action Campaign
23. Socio-economic Rights Institute of South Africa
24. Solidarity Action Committee Collective
25. South African BDS Coalition
26. South African Jews for a Free Palestine
27. South African Medical Association
28. Treatment Action Campaign
29. Union Against Hunger
30. Wits Planetary Health Research (PHR)


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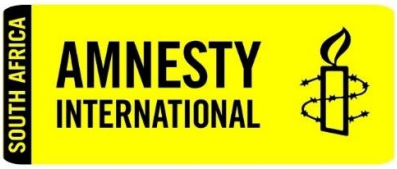
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SOUTH AFRICAN MEDICAL ASSOCIATION
UNITING DOCTORS FOR THE HEALTH OF THE NATION


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