

# Immigrants to be charged for non-emergency health care in Britain

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The Conservative-Liberal Democrat coalition has revealed plans that would compel general practitioners (GPs) to refuse to treat “ineligible” immigrants on the National Health Service (NHS) unless the immigrants have paid a £200 annual charge.

Behind the proposal to charge immigrants to access the NHS is the drive to completely eliminate free access to public health care, which has been systematically undermined by successive governments. A precedent is being set that could easily be applied to other sections of the population.

These proposals are inseparable from the cuts being imposed across all areas of public spending.

According to the plans, immigrants from non-EU countries who apply for a visa would have to pay an annual “healthcare levy” of £200. Doctors will be given the task of policing a system in which non-emergency treatment would not be performed unless the individual has paid for it. Health Minister Jeremy Hunt bluntly declared, “It is the national health service, not the international health service.”

Along with the intention to charge the health care levy, an alternative plan brought forward to the consultation stage was for an increase in the use of private health insurance. To enforce the stringent measures, the government is considering issuing biometric residency cards for all of those who move to the UK. Discussions will take place over the next six weeks before legislation is introduced later this year.

Hunt sought to argue that the proposal was not supposed to turn doctors into “border guards.” This was directly contradicted when it was revealed that the government intends to use a database of NHS patients to check their immigration status and to ask GPs to verify the immigration status of their patients before offering treatment.

Coming in the wake of legislation to strengthen the powers of education institutions to monitor international students and plans to ban non-English-speaking immigrants from claiming welfare benefits, this measure is part of a wider witch-hunt. On the same day as the intention to charge immigrants for health care was unveiled, Home Secretary Theresa May announced plans to force landlords to collect information on the immigrant status of everyone to whom they lease a property. Failure to do so could result in the landlord being fined up to £3,000.

Official claims that the measures are necessary to save money in the health service are disproved by the government’s own figures. Only £33 million was spent last year on treating people on the NHS who are now being deemed “ineligible,” and two thirds of this was recovered. The £11 million shortfall is equivalent to what the NHS spends overall in just 40 minutes.

This has not stopped government and media attempts to whip up a fever of hostility towards migrants as “health tourists” who are a drain on resources and who threaten to cause the NHS to collapse.

A report ostensibly based on “research” commissioned by the home office and released the day after the unveiling of the new measures blamed migrants for putting “pressure” on the health care system and other public services because they were more likely to suffer from depression and mental illness.

The report went on to complain that due to poor English language skills, appointments with a doctor took “appreciably longer,” and that since migrants have more children, they caused “additional demands for midwifery, maternity and health visiting services.” The report then added for good measure that “destitute migrants and asylum seekers” were “disproportionately

involved in crimes like shoplifting and disorderly behaviour.”

One tragic result of this campaign emerged in March, when news broke of an eight-month-old baby, Sanika Ahmed, being denied treatment that could have prevented lifelong paralysis. According to the Royal College of Midwives, charging for primary care services could prevent women from receiving maternity treatment and block access to health care for asylum seekers and victims of sex trafficking.

Severe public health risks could also result. Organisations representing GPs warned that those who cannot pay the charge would avoid seeking treatment even if they were seriously unwell, leading to an increased threat of the spread of infectious diseases.

The real source of the crisis in the NHS is the determination of the ruling class to do away with public health care and turn it into a source of huge profits for the financial elite. The government has imposed cuts to the NHS budget of 20 percent through attacks on jobs and working conditions, the closure of hospitals and vital health care services, and an increasing use of the private sector. Specialist facilities that offer critical treatments for patients with serious and complex illnesses have either been amalgamated or shut down altogether.

Since the passage of the Health and Social Care Act in 2012, the previous duty that the government had to provide health care has been done away with and replaced with a “duty to arrange”—opening the door to private tendering for specific services and the full-scale takeover of entire hospitals by private health corporations.

Given this record, the attempt by Hunt to pose as a defender of “fairness” for the taxpayer was grotesque. He told the broadcaster ITV that he intended the new system of charges to be “fair to hard-working British taxpayers,” adding that the average family pays £5,000 per year in taxes to fund the health service. Hunt did not care to explain precisely how it is “fair” that a growing percentage of these funds are being used to boost the profits of private health care providers, in opposition to the interests of the vast majority.

Press coverage has pointed out that the new initiative was launched by the government in response to the strong performance of the nationalist and anti-immigrant UK Independence Party (UKIP) in recent

local elections.

The right-wing xenophobia espoused by the UKIP is being embraced across the political establishment. Labour accepted the government proposals without any opposition, including the premise that those deemed “ineligible” to receive treatment should be barred or charged a fee. Shadow Health Minister Liz Kendall’s only concern was that the measures were implemented efficiently: “We will have many questions to ask about the details when they are published but the key tests for their proposals are: can they be properly enforced and will they save more money than they cost to put in place?”



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