

## Behind the UK government attack on “health tourism”

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Earlier this month, Britain’s right-wing tabloid press screamed about the damage “health tourism” was doing to the National Health Service (NHS).

The *Express*, owned by soft-porn millionaire Richard Desmond, fulminated against “Health Tourism Outrage.” The pro-Conservative *Daily Mail* proclaimed, “Health tourism ‘chaos’ draining the NHS,” quoting “Whitehall research” that “puts the cost to taxpayers of health tourism at anywhere between £200 million and £2 billion a year.”

Rupert Murdoch’s *Sun* plumbed new depths, condemning a supposed “£500k health tourist,” who in fact was an expectant mother, returning to Nigeria from the US when she experienced complications and had to be taken to hospital from Heathrow.

The *Daily Mail* wrote of the woman, “A hospital in Luton is chasing a £350,000 bill racked up by a Nigerian mother,” saying the “shocking figure exposes the scale of abuse of the crumbling NHS by health tourists.”

The mother was subjected to this inhumane treatment by the *Mail* hate sheet, despite it being forced to acknowledge: “The woman had been transferred from another hospital nearby due to complications during the pregnancy and the babies spent two months on the paediatric intensive care unit.” The local NHS Trust was cited as saying that it could not refuse treatment “if there was a danger to life.”

The *Sun* attacked NHS staff too, in an article headlined, “Shocking health tourism abuse exposed”—for allegedly bringing their relatives to Britain for free treatment.

The headlines were prompted by Health Secretary Jeremy Hunt announcing that the government planned to collect £500 million a year from so-called “health tourists,” following publication of the House of

Commons Public Accounts Committee report “NHS treatment for overseas patients.”

Nowhere to be found in the lurid press coverage was the fact that the £500 million the Tories are seeking to obtain represents under 0.5 percent of the current NHS budget of £107 billion.

As the footnotes of the parliamentary report attest, the much reported “£2 billion a year” the NHS is said to be losing to “health tourists” turns out to be a completely made-up figure. It is not based on any scientific examination of actual costs that might be chargeable under the current rules.

The report asserts as a fact: “The research also estimated that the total cost to the NHS of treating people who were not ordinarily resident in this country was around £2 billion.” However, the footnote for this statement refers to another document by the National Audit Office, in which a further footnote about the figure points out, “There is significant uncertainty about the amounts that are potentially chargeable.”

In oral evidence to the committee, the senior civil servant at the Department of Health, Permanent Secretary Chris Wormald, said the £2 billion figure was a “very rough estimate” from which “we came to the figure of £500 million as the chargeable amount.”

When pressed on how the figure of £500 million had been arrived at, Wormald said it was “based on a series of assumptions about the number of people here” [i.e., in the UK].

To implement the government’s proposal means turning doctors and other medical staff into border guards, whose responsibilities would include checking the immigration status of those they are meant to treat.

For the Tory government, this initiative has absolutely nothing to do with the money that might be recoverable from overseas visitors for receiving health

treatment in the UK. Blaming foreigners, immigrants and asylum seekers for the dire state of the National Health Service, which has been eviscerated by tens of billions of pounds in cuts since 2010, has long been a staple of government propaganda—faithfully repeated by their media echo chamber. This whipping up of nationalism is now being ramped up, as a central element of the government’s Brexit agenda.

The attack on “health tourists” is vital in diverting the public’s attention from the ruling elite’s plans to completely gut the NHS, turning over those elements that could turn a profit to the private sector. Moreover, scapegoating foreign “health tourists” is just a prelude to introducing charges throughout the NHS for everyone for such routine matters as GP visits.

In the last months, a number of developments point to the dire situation already confronting the NHS.

\* **Sustainability and Transformation Plans:** These mark a significant step towards the dismantling of the NHS. Their aim is to exacerbate the crisis in health care to the point of collapse in order to justify wholesale privatisation.

\* **Spending Cuts:** The Tories are imposing £22 billion in “efficiency savings” on the NHS by 2020. In 2018-19 NHS spending per person in England will go down in real terms. This prompted the chief executive of NHS England to say “let’s not pretend that’s not placing huge pressure on the service.”

\* **Staff shortages:** In England, 96 percent or 214 out of 224 acute hospitals operated without an adequate level of nursing staff during day shifts last October, while 85 percent of them did not have the right staff levels on nightshifts. According to Janet Davies, chief executive of the Royal College of Nursing, “There are already at least 24,000 nursing vacancies in the UK and it’s getting worse every day.”

\* **Closure of Accident & Emergency Departments:** 24 A&E units could face closure over the next four years—seven units have been already identified, and a further 17 face an uncertain future.

Those immediately at risk include departments in East London, West Bromwich and Birmingham. Others threatened include Dewsbury and District Hospital and Huddersfield Royal Infirmary in West Yorkshire, Poole Hospital in Dorset, Southport and Warrington hospitals on Merseyside, Darlington Memorial and University Hospital of North Tees, Southend University Hospital

and Broomfield Hospital in Essex.

This would represent the closure or downgrading of 14 percent of England’s “type one” emergency units—those that are consultant-led and offer comprehensive 24-hour services. The effect would be to send emergency cases to a smaller number of units. Dr. Chris Moulton, vice president of the Royal College of Emergency Medicine, said, “Even hospitals that could cope with a large increase in emergency attendances do not have sufficient bed numbers or other facilities to care for the accompanying surge in admitted patients.”

The “urgent care centres” that would replace some of the A&E departments would only offer a limited service and would not have the wide range of medical expertise or equipment available in Accident & Emergency units.

In 2012 the Socialist Equality Party launched the NHS FightBack campaign, warning that “the destruction of the National Health Service as a universal and comprehensive service free at the point of delivery” was underway. In order to defend public health care as a social right, not a privilege, the working class must begin to organise a counteroffensive against the government, which must be waged independently of Labour and the trade unions on the basis of a socialist programme.

*For further information, contact NHS FightBack.*



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