

## Arguments against charging in healthcare

*It is wrong to charge migrants 150% for NHS care. Here they are divided into 5 categories: economic, public health, racism, human rights and staffing issues. Use a variety to try to persuade healthcare workers or the general public! Feel free to add your own ideas.*

### ECONOMIC ARGUMENTS:

- Charging acts as a deterrent, meaning that people don't seek care in the early stages of illness, but are forced to go to A&E when that illness becomes a medical emergency, care for which is more expensive for the NHS.
- People working in the UK who require a visa are asked to pay a visa surcharge, of £200 or £250 per year of their visa, on top of their tax and national insurance contributions.
- Migrants are not an economic pressure on the NHS. Migrants are [less likely](#) to use the NHS than their UK resident counterparts.
- The government demonises migrants for their use of NHS healthcare at a negligible cost ([<0.5% of the annual budget](#)). At the same time, it champions the privatisation of the NHS through Private Finance Initiative (PFI) agreements that cost the public billions in interest alone.
- It is unclear whether the right people are even being charged, and whether the cost of implementing the charging system even works. Last year, the [Guardian](#) reported the story of a mother who was charged for the treatment of her son's meningitis, when this should be an exemption. Although the government has a list of exemptions, there is no scrutiny over whether these are followed, and how many bills sent are in fact for care that should have been free. According to FOIs sent by DocsNotCops to all foundation trusts in England, in 2015, a third of trusts spent more on the staffing and administration costs of implementing charging than they actually recouped. This is despite the fact that migrants are charged at 150% of NHS fees, supposedly in order to compensate for admin costs.

### PUBLIC HEALTH:

- Charging deters people from seeking care or attending screening. This has already been documented amongst migrants living with HIV, despite the fact that HIV treatment is exempt from charging.
- Patients will be required to show 2 forms of ID, including a passport. Data from the 2011 census shows that 17% of people in the UK do not hold a UK passport, the vast majority of these people (97%) were born in the UK ([ONS data](#) pg 7). That's over 10 million people who will find it harder to access healthcare for fear of facing charges .

### IT'S RACIST:

- In the absence of any training from the Department of Health ([FOI request](#)), staff rely on their internal biases about race and surnames to check if a patient is eligible for charging ([the Guardian](#)).
- The charging requirements introduce a hierarchy of migrants in the UK. Non-EEA residents on short term or visitors visas may already pay into the NHS through taxes

and other economic contributions, yet they are required to pay 150% of any costs incurred, and cannot insure themselves in advance. Meanwhile, non-EEA residents have to pay a yearly surcharge of £150 or £200, which insures them against any medical condition but can quickly add up to a hefty bill (a 5 year visa for a family of four comes with an upfront price tag of £4000, for example). In contrast, EEA residents are meant to be able to access care without having to worry about charging as the government has reciprocal agreements with EEA countries to recoup costs. This system is opaque for both users and providers, however, so often patients are misinformed about their status or charged incorrectly.

- The government is encouraging the British public to view one group of people's lives as more worthy and valuable than others, to the point that migrants are now discussed not as people, but as cost.

#### HUMAN RIGHTS:

- The right to health is a fundamental part of our human rights and of our understanding of a life in dignity.
- Human rights are based on non-discrimination.
- The UK is a signatory to the 1966 International Covenant on Economic, Social and Cultural Rights, which upholds the right to mental and physical health of all residents, regardless of their immigration status.
- According to the [OHCHR](#), 'A country's difficult financial situation does NOT absolve it from having to take action to realize the right to health.'
- Fear of charging deters people from seeking care, as was seen in the tragic case of [Dalton Messam](#), who died after he was too afraid to go to hospital because of potential consequences for his immigration status

#### NHS STAFFING ISSUES:

- NHS staff did not sign up to be border guards. In addition to the new Junior Doctors' contract and cuts to training bursaries for nursing staff, being forced to complete the work of the Home Office is another deterrent for medical students to staying in the UK following their training.
- The Immigration Act in healthcare, its implementation and exemptions are incredibly complex. NHS staff have not been given adequate training ([FOI request](#)), and are therefore unsupported in this complicated area.