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The Scrounger Myth: Migrants and the NHS 1948-1971

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List of Acronyms:

BMA: British Medical Association

CO: Colonial Office (up to 1966, when merges with Commonwealth Relations Office to form Commonwealth Office)

CRO: Commonwealth Relations Office

DP: Displaced Persons

EVW: European Voluntary Worker

FO: Foreign Office

HC: House of Commons

HL: House of Lords

HMT: Her/ His Majesty's Transport

NHS: National Health Service

MLNS: Ministry of Labour and National Service (up to 1959)

MOH: Ministry of Health

MOL: Ministry of Labour (from 1959)

MRC: Medical Research Council

Introduction

“Tens of thousands in UK avoided universal credit during COVID over stigma” reads a headline in *The Guardian* newspaper from April 20th, 2021.¹ Universal credit is a catch-all cash benefit administered by the UK government intended to supply those out of work or on especially low incomes with financial assistance. It was announced by the Conservative Party in 2010, as part of their “austerity” measures seeking “rebalance” the economy following the 2008 global financial crash.² Ostensibly, it sought to consolidate a web of existing benefits offering means-tested financial assistance under one simpler payment, but in reality, it smuggled in a slashing of the social safety net as the amounts ultimately paid out under Universal Credit have been consistently lower than the amounts paid under its predecessors.³ Why then, did British residents shirk away from claiming even these paltry sums of assistance in the midst of global pandemic, the likes of which has not been seen for at least a century? The answer lies in what social scientists have termed a rise in “anti-welfare” ideology.⁴ These are a group of discourses which operate to problematise the use of welfare services in the interest of justifying cuts to public spending.⁵ In the British context, the target of these discourses is personified in the “feckless, lazy and behaviourally maladjusted” scrounger.⁶ Within British cultural discourse, a scrounger is a person who is seen as an unproductive net drain on society. Typically associated with the poor, unemployed, uneducated, and otherwise functionally useless, the term “scrounger” has been applied not only to migrants, but also extensively to the British white working class.⁷ Scroungers are portrayed as freeloaders who seek to reap the maximum benefit from a generous British state, funded by the hard work of the British taxpayer, whilst contributing nothing themselves. The British white working class have had the misfortune of being grouped in with the scrounger category through widespread associations of socioeconomic deprivation and welfare dependency, despite widespread

¹ Patrick Butler (April 20th, 2021) “Tens of thousands in UK avoided universal credit during COVID over stigma”, *The Guardian* [online] Available from: <https://www.theguardian.com/uk-news/2021/apr/19/tens-of-thousands-in-uk-avoided-universal-credit-during-covid-over-stigma> [Accessed on: July 12th, 2021].

² Author Unknown (October 5th, 2010) “Welfare reform will restore fairness, says Duncan Smith”, BBC News [online] Available from: <https://www.bbc.co.uk/news/uk-politics-11478801> [Accessed on: July 12th, 2021].

³ Patrick Butler (March 1st, 2017) “Universal credit cuts hit families with children hardest, study finds”, *The Guardian* [online] Available from: <https://www.theguardian.com/society/2017/mar/01/universal-credit-hits-families-with-children-hardest-study-finds> [Accessed on: July 12th, 2021].

⁴ James Morrison, (June 14th, 2021) “‘Scrounger-bashing’ as national pastime: the prevalence and ferocity of anti-welfare ideology on niche-interest online forums”, *Social Semiotics*, Volume 31, P.384.

⁵ Ibid.

⁶ Ibid.

⁷ Owen Jones (2012) *Chavs: The Demonization of the Working Class*, London: Verso Books.

evidence that most welfare claimants would be more accurately described as “working poor”, or underemployed, rather than truly unemployed.⁸ Whilst migrants have not been the only group to be tarred with the “scrounger” brush, as innate outsiders they are highly susceptible to this label. At their core, discourses surrounding “scrounging” are discourses concerned with belonging. After all, the scrounger is detested because they are presumed to take up more than their fair share of societal benefit and in order to establish what that fair share should be, one must first establish who belongs and who does not.

As this analysis will show when these questions were historically applied to different migrant groups, the responses to questions of belonging varied significantly from group to group. In short, some groups were more detested than others. This analysis then seeks to unpack the hierarchies of desirability established between these different migrant groups arriving in the post-war period. In particular, it seeks to home in on how another potent political symbol in British society – the “crown jewel” of the welfare state, the National Health Service (NHS)⁹ – interacted with questions of entitlement and belonging to decide who was and who was not a scrounger. It focuses on the period between 1948 and 1971 - a period of relatively free movement for many migrants arriving in the UK - since this period is bracketed at one end with the creation of the NHS, and at the other with the passage of the 1971 Immigration Act, an act that sounded the final death knell of post-war free movement from the British Commonwealth. The passage of the 1971 Act indicates that this period clearly covers years of mounting tensions concerning inward migration, and thus suggests that it is sure to be fruitful ground in searching for the origins of the migrant “scrounger” symbol.

Throughout this analysis when referring to “Commonwealth” migrants this should be understood as referring to individuals from the New Commonwealth i.e., the black and brown populations of former imperial territories like the West Indies, India, Pakistan, and Ceylon. Where “Commonwealth” is used to refer to white migrants from Old Commonwealth countries such as Australia, New Zealand, and Canada this shall be explicitly stated. This use of terminology allows the most amount of consistency with the archival material as the term “Commonwealth” is there too used exclusively to refer to black and brown migrant groups

⁸ Phillip Inman (May 26th, 2021) “Poverty rate among working households in UK is highest ever”, *The Guardian* [online] Available from: <https://www.theguardian.com/society/2021/may/26/poverty-rate-among-working-households-in-uk-is-highest-ever> [Accessed on: August 2nd, 2021].

⁹ Nicholas Timmins (July 4th, 1998) “The jewel in welfare’s crown”, *British Medical Journal*, Vol. 317, Issue, 7150, P.2.

unless otherwise stated. The decision has also been made to use the terms “black” and “brown” rather than the standard terminology of the British census, which refers to “BAME” groups - meaning Black Asian and Minority Ethnic - to highlight the importance of phenotypical racial characteristics in dictating how different migrant groups were received. To put it bluntly, the most important factor in determining attitudes towards individual migrants was not whether that individual was a “minority” or not, it was whether that individual was a *black* or *brown* minority. The BAME term is thus needlessly obscure, as it attempts to tiptoe round the question of race, something this analysis seeks to foreground. A fuller list of definitions will also be provided in the methodology section, but this point is worth emphasising from the start.

Historic Background

The years 1948 to 1971 cover a period in which several large-scale changes were sweeping through British society. Much like the rest of Western Europe, the immediate post-war years saw the UK begin to erect, adapt and strengthen structures that came to be known as the welfare state. On July 5th, 1948, the National Health Service (NHS) - perhaps the most unique and certainly most cherished of these structures - opened its doors to the British public. Whereas many other European states opted for insurance-based public healthcare systems, the funding of the NHS from general taxation, and the stated core principles that it should provide universal coverage, which was free at the point of use, has up to this day, set the British model apart from many of its continental neighbours.¹⁰ At virtually the same time, the end of World War II had ushered in a period of enormous human movement. Indeed, the inauguration of the NHS was preceded by the arrival of passenger ship, the *HMT Empire Windrush*, by just thirteen days. The *Empire Windrush* brought some 400 Caribbean migrants – primarily Jamaican men – to British shores, and its highly publicised docking in Tilbury is now widely interpreted as the symbolic beginning of post-war migration to Britain.¹¹ Once again, Britain was not alone in experiencing this shift. In part owing to the expanding waves of decolonization, and in part also owing to the economic opportunities offered by European reconstruction, migrants from all over the global South were flocking into Western Europe.¹² Black and brown migrants had been present in Europe since at least the early modern period.¹³ However, these populations were often quite small, transient, and geographically concentrated in a few migration centres, such as port towns.¹⁴ It was only in the post-war era that significant numbers began to permanently settle in European states.¹⁵

¹⁰ Directorate General for Research (May, 1998) 'Health care systems in the EU: A Comparative Study', *European Parliament* [online] Available from: https://www.europarl.europa.eu/workingpapers/saco/pdf/101_en.pdf [Accessed on: September 30th, 2020], P.18.

¹¹ Kennetta Hammond Perry (2015) *London is the Place for Me: Black Britons, Citizenship and the Politics of Race*, Oxford: Oxford University Press, P.13.

¹² Leo Lucassen (2005) *The Immigrant Threat: The Integration of Old and New Migrants in Western Europe since 1850*, Urbana and Chicago: University of Illinois Press, P.2.; Anthony M Messina (2007) *The Logics of Post-WWII Migration to Western Europe*, Cambridge: Cambridge University Press, P.2.

¹³ *Ibid.*, P.3; and David Olusuga (2017) *Black and British: A Forgotten History*, London: Pan Books.

¹⁴ Ian R G Spencer (1997) *British Immigration Policy since 1939: The Making of multi-racial Britain*, London and New York: Routledge, P.11.

¹⁵ *Ibid.*, P. xviii.

In the present day, the black and brown groups who formed part of the so-called “Windrush” generation arriving in the UK between 1948 and 1971, are often conjured as the archetypal image of the post-war migrant. Indeed, the political focus on this group recently climaxed in 2018 with the breaking of the Windrush Scandal by *The Guardian* newspaper, wherein it was revealed that the Home Office has been systematically misclassifying legally resident Windrush migrants, as undocumented, and subjecting them to years of wrongful sanctions, harassment and in some cases deportation.¹⁶ The Windrush generation have thus something of a symbol for anti-racism work in the UK, and their treatment is seen as a prime example of the racism of the British state.

However, migration at this time was not solely comprised of these groups. Indeed, significant numbers of white migrants flowed into Britain from European countries, not least through the Displaced Persons (DP) resettlement schemes which were operational in the late 1940s and early 1950s.¹⁷ Additionally, movement continued and intensified between Britain and white-majority countries with which it had historic ties, such as Ireland and the Old Dominions (Canada, New Zealand, Australia, South Africa and the United States). Significantly however, at all times - barring a few exceptional years when proposed immigration restrictions prompted “beat the ban” rushes - migration into the UK was outstripped by emigration from the UK.¹⁸ Given the inadequacy of migration statistics at the time, politicians remained unaware of these trends and from the mid-1950s onwards became increasingly concerned with the alleged overpopulation of the British Isles. This led to several renewals of the 1922 Empire Settlement Act – which was dubbed the Commonwealth Settlement Act in the post-WWII era – in 1952, 1957, 1962 and 1967. The Acts sought to promote British emigration, particularly to the Old Dominions to alleviate alleged overpopulation and boost international trade with these regions. Unbeknownst to many political actors at the time, these actions served to increase NHS’s structural dependence on

¹⁶ Amelia Gentleman (April 20th, 2018) “The week that took Windrush from low-profile investigation to national scandal”, *The Guardian* [online] Available from: <https://www.theguardian.com/uk-news/2018/apr/20/the-week-that-took-windrush-from-low-profile-investigation-to-national-scandal> [Accessed on: May 7th, 2021].

¹⁷ Diana Kay and Robert Miles (1988) “Refugees or Migrant Workers: The Case of the European Volunteer in Britain (1946-1951)”, *Journal of Refugee Studies*, Vol. 1, No.3/4, P.215.

¹⁸ Op Cit., Ian R G Spencer (1997) *British Immigration Policy since 1939*, P.160.; Wendy Williams (March 19, 2020) ‘Windrush Lessons Learned Review’, *Independent Review for the House of Commons* [online] Available from: <https://www.gov.uk/government/publications/windrush-lessons-learned-review> [Accessed on, April 1, 2020], P.64.

migrant labour, particularly since medical doctors made up a significant portion of those emigrating to Australia and the like.¹⁹

From the perspective of the nascent Health Service then, these trends meant that just as it was beginning to find its feet, the very composition of the population which it aimed to serve was changing. This was not because of a “flood” of migrants, as has often been foretold by certain hysterical political commentators; indeed, the country was by no means “full”. Rather, newcomers were taking the place of native Brits who themselves were leaving in droves, as the access to migration expanded greatly on both sides of the fence. This analysis argues that these developments should not be examined in isolation: it is not the case of writing a history of the NHS *or* a history of migration. There can be no history of the NHS without the history of migration. Instead, this thesis cuts across several existing research agendas to weave these processes together. Thus, this analysis is a history of the relationship *between* migration and the British National Health Service. In surveying the relevant literature, it will thus be necessary to explore both histories of migration to Britain, and histories of the National Health Service itself, as well as the areas in which these have already intersected. At a theoretical level, this analysis is also a history of discourse – specifically the discursive construction of insider and outsider groups – so attention must also be given to more theoretical discussions about the construction of exclusion and belonging. Whilst much has already been written on political discourses surrounding migration in the period, this analysis seeks to home in on the specific role of the NHS within these discourses. It seeks to ask how the spectre of a new, and potentially vulnerable, health service influenced political and public thinking on migration at the time. In doing so, it hopes to reveal wider trends about the relationship between migration discourses and welfare states.

¹⁹ David Wright, Sasha Mullally, and Mary Colleen Cordukes, “‘Worse than Being Married’: The Exodus of British Doctor from the National Health Service to Canada, c.1955-75”, *Journal of the History of Medicine and Allied Sciences*, Vol.65, No.4 (October 2010),

Literature Review

Historians have analysed human movement since at least 1830, however up to the mid 1960s these analyses were rather limited in their understanding of what constituted “migration”.²⁰ For the most part, early histories of migration did not consider emigration at all, and analysed immigration solely from the perspective of the “assimilation” of new migrants.²¹ There was also a disproportionate focus on European migrants to “America” as the archetypal migrant group, with all other groups largely ignored, and scant attention given to the dynamics of race and gender.²² In large part this was due to the lack of recognition that transatlantic slavery constituted a form of migration – albeit forced – and also a kind of collective amnesia about the presence of non-white migrant groups in Europe and the Americas, who were not in fact slaves.²³ From the early 1970s onwards, histories of migration have expanded rapidly in scope.²⁴ This shift also reflects the broader ‘cultural turn’ occurring throughout the academy during the mid to late sixties wherein the ideas of postmodern philosophers such as Michel Foucault and Antonio Gramsci inspired greater analysis of epistemological frameworks and how meaning came to be assigned in society – or simply put, greater analysis of “culture”.²⁵ In the British context, cultural theorist Stuart Hall was instrumental in translating these ideas into a greater focus on questions of race and gender related to human movement, particularly during his tenure as the director of Birmingham University’s Centre for Contemporary Cultural Studies from 1972 onwards.²⁶ Since Hall’s time, much more consideration is now given to gender and racial minorities, as well as to the social and cultural impacts of migration.²⁷

²⁰ Christiane Harzig, Dirk Hoerder and Donna R. Gabaccia (2009) *What is Migration History*, Cambridge: Polity, P.1.

²¹ *Ibid.*, P.2.

²² *Ibid.*, P.1.

²³ *Op Cit.*, David Olusuga (2017) *Black and British: A Forgotten History*, London: Pan Books.

²⁴ *Op Cit.*, Christiane Harzig, Dirk Hoerder and Donna R. Gabaccia (2009), *What is Migration History*, P.2.

²⁵ For an overview of Gramsci’s theory of cultural hegemony see: Thomas R. Bates (April – June 1975) “Gramsci and the Theory of Hegemony”, *Journal of the History of Ideas*, Vol. 36, No. 2, pp.351-366.

Foucault’s primary texts include: Michel Foucault (2018 edition) *The order of things: an archaeology of the human sciences*, London: Routledge Classics, originally published in 1966; Michel Foucault (1977) *Discipline and Punish: the birth of the prison*, translated from the French by Alan Sheridan, London: Allen Lane; Michel Foucault (1967) *Madness and civilization: a history of insanity in the Age of Reason*, translated from the French by Richard Howard.

²⁶ For a collection of Hall’s foundational essays see: Stuart Hall (2016) *Cultural studies 1983: a theoretical history*, Jennifer Daryl Slack and Lawrence Grossberg (eds.), Durham: Duke University press.

²⁷ See for example: Linda McDowell (2013) *Working Lives: Gender, Migration and Employment in Britain, 1945-2007*, Chichester: John Wiley & Sons.; Marcus Collins (July 2001) “Pride and Prejudice: West Indian Men in Mid-Twentieth Century Britain”, *Journal of British Studies*, Vol. 40, No. 3, pp.391-418.; *Op Cit.*, Kennetta Hammond Perry (2015) *London is the Place for Me: Black Britons, Citizenship and the Politics of Race*.

However, whilst the number of migrant groups coming under consideration has expanded beyond just Europeans moving across the Atlantic, the number of migrant destinations under study remains narrow and decisively western centric. In this sense, migration history mirrors trends in broader migration studies. Within the latter discipline most attention has been given to so-called ‘receiving countries’ in the Global North, even though interregional migration within the Global South outstrips migration from the Global South to North.²⁸ This study will repeat the western-centric focus of the literature, but by integrating various new focal points, detailed below, it hopes to still contribute original insights.

In recent times, histories of migration to Britain have demonstrated two primary trends. Firstly, they have tended to address a single ethnic group at a time, and secondly there has been much more examination of black and brown migrants than white migrants, particularly in recent years. Whilst it is common for migration studies to look at a single ethnic group, it has meant there are very few historical studies giving a broad overview of migration as a whole.²⁹ At times the narrow ethnic focus relates to the temporal scope of the study. For example, labour recruitment from DP camps in continental Europe began in 1946. Initially only 1000 women – primarily from the Baltic states – were brought to the UK to be employed as residential domestic workers under a scheme known as *Balt Cygnet*.³⁰ This was later expanded in a subsequent scheme, known as *Westward Ho* beginning in 1947, to include the recruitment of both men and women from a larger number of Eastern European countries.³¹ Whilst the *HMT Empire Windrush* did arrive in 1948, black and brown Commonwealth migration does not really kick off until the mid-1950s.³² As such, it is natural that literature looking at the DP resettlement schemes may not include discussion of this comparatively later stream. Where such comparison has occurred however, it has offered valuable insight into the wider hierarchies of desirability that migrant groups were sorted into. Thus, where Diana Kay and Robert Miles highlight that DPs from Baltic states were viewed as more desirable than those from the Ukraine, cultural historian Wendy Webster was able to add the additional insight that

²⁸ World Bank Group (2016) *Migration and Remittances Factbook 2016*, Washington: The World Bank, P.xi [online] Available from: <https://openknowledge.worldbank.org/handle/10986/23743> [Accessed on: November 2, 2020].

²⁹ This trend primarily applies to the academic literature, there are some notable exceptions to this trend in popular History books including: Robert Winder (2013) *Bloody Foreigners: The Story of Immigration to Britain*, London: Little, Brown, 2nd edition.

³⁰ Op Cit., Diana Kay and Robert Miles (1988) “Refugees or migrant workers”, P.216

³¹ Ibid., P.217

³² Op Cit., Ian R G Spencer (1997) *British Immigration Policy since 1939*, P.84.

all European groups were viewed favourably in contrast to black and brown Commonwealth migrants.³³

For other periods however, demographic trends cannot readily explain away a limited ethnic focus. Much of the literature examining migration in the 1950s and 1960s focuses on either black or brown Commonwealth migration, with scant reference to other groups despite the fact these streams were occurring in tandem, with significant numbers arriving from Ireland and the white Dominions. In these cases it appears that historical scholarship has largely mirrored the “race relations” approach to migration taken by the UK government itself, wherein twentieth century successive British governments have tended to only address black and brown groups in their policymaking whilst ostensibly making policy for “migrants” as a whole.³⁴ Literature which has focused on what Ronald Robinson (et al.) have called “the official mind” - this is to say studies that have primarily used government records as their source base - have thus naturally mirrored the acutely racialised focus of the British government on black and brown migrant groups.³⁵ This has certainly been the case for Ian R G Spencer, whose extremely comprehensive monograph *British Immigration Policy since 1939: The Making of Multi-Racial Britain* chronicles the development of both official and unofficial migration policy by the British government between 1939 and 1980, and thus focuses almost exclusively on the black and brown groups who were the targets of these policies.³⁶

Another explanation is that the historical scholarship’s focus on black and brown migrants may reflect an interest in the racial discrimination these groups faced.³⁷ This explanation poses many problems. As cultural theorists, as well as historians of slavery have emphasised, to explore racial dynamics without mentioning whiteness is to perpetuate the white

³³ Op Cit., Diana Kay and Robert Miles (1988) “Refugees or migrant workers”, P.220; Webster, Wendy (2000) “Defining boundaries: European volunteer worker women in Britain and narratives of community”, *Women’s History Review*, Vol. 9, No. 2, P.259.

³⁴ Peter Scholten, Elizabeth Collett and Milica Petrovic (2017), “Mainstreaming migrant integration? A critical analysis of a new trend in integration governance”, *International Review of Administrative Sciences*, Vol. 83(2), P.295.

³⁵ Phrase first used in Ronald Robinson, John Gallagher and Alice Denny (1961) *Africa and the Victorians: The Official Mind of Imperialism*, London: Macmillan.

³⁶ Op Cit., Ian R G Spencer (1997) *British Immigration Policy since 1939*.

³⁷For examples of historiography which looks solely at black and/or brown groups see: Kennett Hammond Perry (2015) *London is the Place for Me: Black Britons, Citizenship and the Politics of Race*, Oxford: Oxford University Press.; Julian M Simpson (2018) *Migrant Architects of the NHS: South Asian doctors and the reinvention of British general practise*, Manchester: Manchester University Press.; and Op Cit. Ian R G Spencer (1997) *British Immigration Policy since 1939*.

gaze and the presumed naturalness of whiteness; wherein to be white is to not necessitate an explanation, and it is only the racially “other” which must be catalogued, dissected and examined.³⁸ Some British historians, like Webster, have sought to reverse this trend precisely by analysing whiteness itself. In her 2005 monograph *Englishness and Empire*, Webster explores the impact of decolonisation on English national identity thus flipping the conventional focus.³⁹ Whilst the book is not solely concerned with post-war immigration, this is discussed in chapter 6, and here Webster foregrounds not simply the racism experienced by black and brown migrants, but the varying responses to this racism in British cultural narratives.⁴⁰ For example, she discusses what she calls the “white riots” of 1958, when large numbers of black and brown migrants were violently attacked in the streets of Notting Hill and Nottingham by local whites.⁴¹ These attacks spurred a kind of crisis of whiteness wherein the violent white racism, clearly on display, offended Britain’s self-perception as a tolerant liberal nation.⁴² Arguably, analyses of racial discrimination which do not examine whiteness risk portraying racism as a kind of faceless evil. Webster in contrast, brings whiteness front and centre to discussions about racism.

Focusing on migrant groups hailing from the Global South may also reflect broader trends in British historiography occurring over the past twenty years or so. Namely, the adoption of a post-colonial lens wherein domestic British history is now viewed as part of wider British Imperial History, rather than solely confining the latter to the far-flung tropics.⁴³ Migration studies have traditionally portrayed human movement as the result of geographical differences in income and employment.⁴⁴ In the case of post-war migration to Britain, the received wisdom is that migration was motivated primarily by the economic incentives offered

³⁸ For review of cultural theory on whiteness see: Meredith J Green, Christopher C Sonn and Jabulane Matsebula, (2007) “Reviewing whiteness: Theory, research, and possibilities”, *South African Journal of Psychology*, Vol. 37, Issue 3, pp.389-419.

For examples of historiography which examines whiteness in history of slavery see: Hilary McD Beckles (Autumn, 1993) “White Woman and Slavery in the Caribbean”, *History Workshop journal*, Vol.36, Issue 1, pp.66-82.; Cecily Jones (2007) *Engendering Whiteness: White Women and Colonialism in Barbados and North Caroline, 1627-1865*, Manchester and New York: Manchester University Press.

³⁹ Wendy Webster (2005) *Englishness and Empire, 1939-1965*, Oxford: Oxford University Press.

⁴⁰ *Ibid.*, pp.149-181.

⁴¹ *Ibid.*, pp.164-171.

⁴² *Ibid.*, P.165.

⁴³ Wendy Webster (2005) *Englishness and Empire, 1939-1965*, Oxford: Oxford University Press, P.1; Frederick Cooper and Ann Laura Stoler (1997) *Tensions of empire: colonial cultures in a bourgeois world*, Berkeley, California: University of California Press.

⁴⁴ Stephen Castles, Hein de Haas, and Mark J Miller (2014) *The Age of Migration: International Population Movements in the Modern World*, London: Palgrave Macmillan, 5th Edition, P.25

by European reconstruction. In contrast, the post-colonial lens reconceptualises this movement as a direct result of the imperial encounter.⁴⁵ This is certainly the case in historian of black British history, Kennetta Hammond Perry's, recent contribution *London is the Place for Me: Black Britons, Citizenship and the Politics of Race*.⁴⁶ In terms of genre, the book, which examines black Caribbean migration to the UK between 1948 and 1968, combines elements of individual biography with social history proper, focused on the transnational networks of black activists. In explaining why so many Caribbean people chose to move to Britain after WWII, Perry reaches back all the way into the mid 19th century, chronicling how the abolition of slavery strengthened Caribbean identification with the imperial power, particularly with the British crown, which was seen as a protector against local, corrupt, government officials.⁴⁷ Perry thus emphasises that the history of imperialism in the Caribbean had instilled a deep sense of Britishness amongst Caribbean peoples, and that this was the primary motivator of post-war migration.⁴⁸ A recent book on the Windrush Scandal by journalist Amelia Gentleman similarly emphasises the importance of imperial history.⁴⁹ The chapter in which Gentleman provides historical context for Windrush migration is simply entitled "We Are Here Because You Were There", again clearly linking post-war movement from the Commonwealth to the legacies of British imperialism.⁵⁰

A final noteworthy trend in migration historiography has been the significant lack of integrated discussions of both immigration and emigration. Whilst some attention has been given to flows moving out from the UK, the overwhelming focus is still very much on inward flows and rarely are both directions of traffic mentioned together.^{51 52} In part this may reflect the fact that net migration – the sum of inward flows minus outward flows for the year – has only been consistently measured in Britain since 1991, making integrated discussions of

⁴⁵ Ibid., P.149. and; Op Cit. Frederick Cooper and Ann Laura Stoler (1997) *Tensions of empire: colonial cultures in a bourgeois world*, P.33.

⁴⁶ Op Cit., Kennett Hammond Perry (2015) *London is the Place for Me*.

⁴⁷ Ibid., P.25.

⁴⁸ Ibid., P.39.

⁴⁹ Amelia Gentleman (2019) *The Windrush Betrayal: Exposing the Hostile Environment*, London: Guardian Faber.

⁵⁰ Ibid., pp.95-117.

⁵¹ Op Cit. David Wright, Sasha Mullally, and Mary Colleen Cordukes, "Worse than Being Married": The Exodus of British Doctor from the National Health Service to Canada, c.1955-75', P.551

⁵² For an example of an integrated discussion of both immigration and emigration on nurse migration see Diana Solano and Anne Marie Rafferty (2007) "Can lessons be learned from history? The origins of the British imperial nurse labour market: A Discussion paper", *International Journal of Nursing Studies*, Vol.44, pp.1055-1063.

immigration and emigration difficult in the historical context.⁵³ Nevertheless, a myopic focus on inward flows has left unchallenged the aforementioned notion that the nation was being ‘flooded’ with migrants in the post-war period. Whilst it might not be necessary, nor possible, to address both directions of migration in the same depth, where even cursory attention has been given to both flows, invaluable context has been added to the analysis of immigration. This is a strategy which has been exceptionally demonstrated in Julian M Simpson’s recent book *Migrant Architects of the NHS: South Asian doctors and the reinvention of British general practise*.⁵⁴ Here Simpson demonstrates how the migration of South Asian doctors to the UK between the 1940s and the 1980s was essential to plugging gaps in NHS manpower left by the significant exit of British medical professionals. For example, between 1962 and 1967 it was estimated that the National Health Service was haemorrhaging 400 British-trained doctors per year.⁵⁵ In the same period, approximately 500 doctors were arriving per annum from overseas.⁵⁶ It is only by drawing attention to this exit of British doctors that Simpson is able to reject the notion that South Asian migrant doctors constituted surplus labour, and instead highlight their fundamental role in allowing the expansion of an embryonic health service whose survival was far from certain for much of the period.⁵⁷ Similarly, transnational migration historian David Wright, has examined so-called “brain-drain” migration – i.e. the often unbalanced movement of highly-skilled professionals around the world - at some length.⁵⁸ He too has emphasised that the “exodus” of British-trained medical doctors directly fed the demand for migrant physicians, in particular those from India and Pakistan.⁵⁹

⁵³ Madeleine Sumption and Carlo Vargas-Silva (July 29, 2020) “Net Migration to the UK”, *The Migration Observatory*, Oxford: Oxford University [online] <https://migrationobservatory.ox.ac.uk/resources/briefings/long-term-international-migration-flows-to-and-from-the-uk/#:~:text=Net%20migration%20to%20the%20UK%20was%20estimated%20to%20be%20270%2C000,the%20year%20ending%20March%202015&text=As%20shown%20in%20Figure%201,2004%20enlargement%20of%20the%20EU> [Accessed on: November 3, 2020].

⁵⁴ Op Cit., Julian M Simpson (2018) *Migrant Architects of the NHS*.

⁵⁵ Ibid., P.43.

⁵⁶ Ibid.

⁵⁷ Ibid., P.34.

⁵⁸ David Wright, Nathan Flis, and Mona Gupta (November 2008) “The ‘Brain Drain’ of physicians: historical antecedents to an ethical debate, c.1960-1979”, *Philosophy, Ethics and Humanities in Medicine*, Vol. 3. Issue 1, pp.24-32.; and Op Cit., David Wright, Sasha Mullally, and Mary Colleen Cordukes (October 2010) “‘Worse than Being Married’: The Exodus of British Doctor from the National Health Service to Canada, c.1955-75’.

⁵⁹ Op Cit., David Wright, Sasha Mullally and Mary Colleen Cordukes, “‘Worse than Being Married’” (October 2010), P.558.

This brings us to NHS historiography itself. Given the relatively recent development of the NHS, it is not surprising that historiography on this subject has also only emerged recently, with the 50th anniversary of the service in 1998, spurring the first real flurry of historicizations.⁶⁰ This first generation of historical scholarship was largely focused on administrative developments, such as the impact of various bureaucratic restructurings, and the evolution of service provision.⁶¹ Migration has only emerged as an area of interest within NHS history in the past ten or so years, and its absence up to this point was diagnosed as a kind “collective amnesia” by the new generation of NHS historians, including Julian M Simpson, who in a 2010 co-authored paper with Aneez Esmail and Virinder S Karla, made an impassioned plea to “write migrants back in” to the history of the NHS.⁶² Unlike in general migration histories where studies have been structured around specific ethnic groups – for example, South Asians or West Indians – NHS-focused migration studies have been structured around two poles: either migrants as service users, or as service providers. Migration histories within NHS historiography have thus tended to be far more cross-sectional, in terms of ethnicity, than general migration histories. Roberta Bivins work is a prime example of this new school of NHS historiography and provides the closest pieces of literature to this thesis. She has alternately examined migrants as healthcare providers and as service users. For example, her 2017 paper “Picturing Race in the British National Health Service” analyses satirical cartoons for representations of non-white people as doctors, nurses, and to a lesser extent patients within the British National Health Service up to 1988.⁶³ In this paper Bivins demonstrates that the ultimate construction of insider and outsider groups was determined by more factors than just pure ethnicity, with variables such as gender and professional position also playing an important role.⁶⁴ More substantially, Bivins’ 2015 monograph *Contagious Communities: Medicine, Migration and the NHS in Post-war Britain*, focuses on the role of

⁶⁰ See for example, the official history of the NHS commissioned by the King’s Fund to mark the 50th anniversary of the service Geoffrey Rivett, *From Cradle to Grave Fifty Years of the NHS*, (London: King’s Fund, 1998); also the 50th anniversary commemoration by NHS Scotland: National Health Service in Scotland, *The NHS in Scotland: 1948-1988* (Glasgow: NHS, 1998); and an early contribution by historian Virginia Berridge: Virginia Berridge, *Health and Society in Britain since 1939*, (Cambridge University Press: Cambridge, 1999).

⁶¹ See as above, Ibid.

⁶² Julian M Simpson, Aneez Esmail and Virinder S Kalra (September 9th, 2010) “Writing migrants back into NHS history: addressing a ‘collective amnesia’ and its policy implications”, *Journal of the Royal Society of Medicine*, Vol.103 pp.392-396.

⁶³ Roberta Bivins (March 1, 2017) “Picturing Race in the British National Health Service, 1948-1988”, *Twentieth Century British History*, Vol. 28, Issue 1, pp.83-109.

⁶⁴ Ibid., pp.101-109.

disease in dictating migrant's access to belonging in Britain.⁶⁵ She structures the book around five diseases – tuberculosis, smallpox, rickets, sickle cell anaemia, and thalassemia – and demonstrates how each came to be associated with specific migrant groups and enhance their “outsider” status.⁶⁶ *Contagious Communities* falls squarely into the “migrants as service users” camp, and also demonstrates how focusing on factors other than ethnicity has actually allowed NHS historiography to address a wider array of ethnic groups, Bivins herself alternating between South Asian, West Indian, African, Cypriot and European migrants throughout the book.⁶⁷

The main trends in the relevant literature can thus be summarised as follows. Within migration history, black and brown groups, which were long absent from consideration are now the overwhelming focus of study. This tunnel vision may result from a mirroring of the British government's own focus, it may result from an interest in racial discrimination, or it may result from the growing bonds between British History and British Imperial History. In any case it has left underexamined the question of whiteness generally and white migration in particular, an imbalance this thesis will aim to redress. A second important limitation of migration history has been the relative absence of integrated discussions of immigration and emigration. This may in part reflect the limitations of the data available for historical analysis, however without some consideration of emigration historians risk leaving unchallenged sensationalist narratives about migrants flooding into the country. It is often only through consideration of the gaps left by British emigrants that the position of immigrants in society can be truly comprehended. This analysis has consulted parliamentary debates addressing British government policy regarding the emigration of British citizens between 1948 and 1971. Whilst a fruitful avenue for future research, ultimately this material was not included due to their limited relevance to the NHS specifically. In sum, the main gap in the literature that this analysis seeks to address is the under analysis of white migration and lack of comparative analysis of the treatment of white migrants versus black and brown migrants. This study will therefore seek to foreground the white migrant groups that have been left largely invisible by the existing literature, and explicitly compare their treatment to that of black and brown migrants

⁶⁵ Roberta Bivins (2015) *Contagious Communities: Medicine, Migration and the NHS in Post-war Britain*, Oxford: Oxford University Press.

⁶⁶ Ibid.

⁶⁷ Ibid., for discussion of South Asian populations see especially pp.62-115, pp.168-304; for West Indian, African and Cypriot populations see particularly pp.304-368.

Methodology

Whilst this analysis very much stands on the shoulders of Bivins and Simpson in their reconceptualization of the NHS as a global institution, and NHS history as part of migration history proper, it also differs from their methodology in a number of important ways.⁶⁸ In *Contagious Communities*, Bivins mobilises an impressive breadth of sources, most prominently using newspaper articles, archival records from the Medical Research Council (MRC), British Medical Association (BMA) and branches British Civil Service, specifically those of the Ministry of Health (MOH).⁶⁹ To a lesser extent Bivins also mobilises materials from the British parliament but these are confined to parliamentary publications such as committee reports, as opposed to transcriptions of regular parliamentary sessions.⁷⁰ Meanwhile, Simpson's contribution *Migrant Architects of the NHS*, relies primarily on original oral history testimony and the personal archival collections of migrant doctors, particularly for the later chapters.⁷¹ In earlier sections of the book, he also makes use of more traditional historiographical materials, primarily pulling from newspaper articles, civil service reports, and records of medical professional associations - such as the Royal College of General Practitioners, the General Medical Council (GMC) and the BMA – which he uses to provide historical context for his later analyses of the individual experiences of migrant doctors.⁷²

The source base for this thesis departs significantly from those used by both texts, primarily because it places a different kind of importance on the NHS. Whereas both Bivins and Simpson, are combining history of migration and history of medicine approaches by focusing on the service users, and service providers of the NHS, this thesis is not considering the NHS from a history of medicine perspective: it is not concerned with analysing the service as a *health* service but rather as a political symbol around which discourses on migration have been organised. It thus combines history of migration and political history approaches. As such the medical sources used by both Bivins and Simpson – records from the BMA, MRC, GMC etc. – will not be relevant here. Instead, much heavier importance is laid on governmental and parliamentary records. Additionally, transcriptions of everyday parliamentary session – rather than just parliamentary publications - have been combed at length, something which again is

⁶⁸ Op Cit., Roberta Bivins (2015) *Contagious Communities*; and Op Cit., Julian M Simpson (2018) *Migrant Architects of the NHS*.

⁶⁹ Op Cit., Roberta Bivins (2015) *Contagious Communities*.

⁷⁰ Ibid., Bibliography, "Government Publications".

⁷¹ Op Cit., Julian M Simpson (2018) *Migrant Architects of the NHS*, Bibliography, "Primary source"

⁷² Ibid.

not present in either's work. Even further, where Bivins has made of parliamentary transcripts, these have primarily been mobilised in her work to answer qualitative questions. This thesis departs from Bivins by taking a mixed method approach, measuring this source base using both qualitative and quantitative assessments. On the quantitative side efforts have been to categorise the debates by theme and quantitative measurements of the linguistic data, in the form of "word clouds" have been incorporated. Both measures shall be detailed below.

At core this study has been informed by four key research questions, these being:

1. *When do narratives emerge associating migration with harm to the British National Health Service? Do these narratives change over time?*
2. *Were differentiations made between different groups of migrants? For example, were certain groups of migrants viewed as more desirable than others?*
3. *How can discourses be grouped by actor? For example, were certain political parties or branches of the government more hostile to migration than others?*
4. *Why were these distinctions being made? What rationale was offered to support the desirability of specific migrant groups over others?*

The main backbone of this thesis has been transcriptions of everyday parliamentary sittings. The search process to find relevant sittings was not straight forward and initial searches quickly revealed that attempting to simply hard search the term "migrant" or "migrants" would retrieve only a fraction of all the relevant entries suspected to be held in the repository. Similarly, attempting to hard search simply for "National Health Service" retrieved debates which were often not at all related to migration. In order to capture as many debates relevant to migration and the NHS as possible this study has used purposely broad search terms and the decision was made early on to focus on terms relating to migration, rather than terms relating to the NHS. This decision was informed by personal experience of searching Ministry of Health (MOH) archives, wherein it quickly became clear that if I wanted to find material on, for example, migrant nurses I would have to search for terms relating to migration rather than terms relating to nursing. From this experience I surmised that the NHS would appear more frequently in debates discussing migration, than migrants would appear in debates discussing the NHS. Thus,

proxy terms used to refer to different migrant groups were first identified by reading civil service records at the National Archives – “commonwealth”, “foreign”, “alien”, “racial”, and “overseas” - and it was these proxy terms that were then used as the search terms in Hansard. These terms made possible a much more comprehensive search of the Hansard repository searching between the date ranges January 1st, 1948, and December 31st, 1971. All entries retrieved were then skim read to identify those relevant to migration, and these were then downloaded as .txt files. These .txt files were then read closely to identify those relevant to both migration and the NHS, in a categorisation effort detailed below.

Throughout the period the terms “foreign” and “alien” were used to refer to all migrants not hailing from the British Commonwealth, who at this time, were overwhelmingly white migrants from European states. Thus, references to “foreign” and “alien” migrants throughout this study should be understood to refer to white European migrants, unless otherwise stated. Conversely, both the terms “Commonwealth” and “racial” were applied to migrants from the black and brown states of the New British Commonwealth, such as India, Pakistan, Ceylon, and the West Indies. It should be noted that the term “Commonwealth” was never seen to be used in isolation when discussing white migrants hailing from Old Commonwealth states – such as Canada, Australia and New Zealand – in whose case it was always clarified what part of the “commonwealth” they were hailing from. The terms “immigrant” and “migrant” were excluded to avoid duplicating data, as it was found that a significant number of debates would not use this as the primary descriptor in the title. For example, many debate titles would feature both the words “commonwealth” and “immigrant”, meaning that these would be retrieved in a search for “commonwealth”. Similarly, the term “overseas” was excluded after initial search, as skim reading revealed that a significant proportion – assumed to be a majority from the first few pages of search results – related not to migration but to foreign affairs. For example, debates entitled “overseas resources” accounted for 63 of these 1,014 entries. Searches for terms relating to Irish immigration were also not included. This is because Irish migrants at this time inhabited a complicated space between “migrant” and “British”. Whilst they were often singled out as the source of various social problems in a similar fashion to individuals who were migrants in a legal sense, they were not subject to any form of migration control throughout the period.⁷³ This complicated position between native and foreigner, whilst worthy of further analysis is simply beyond the scope of this study. In sum, whilst this study aims to

⁷³ Op Cit., Ian R G Spencer (1997) *British Immigration Policy since 1939*, P.43.

encompass the widest breadth of relevant parliamentary material possible, it does not purport to cover all the relevant material - such a study would certainly require at least a PhD-level scope. Nevertheless, having sifted through thousands of parliamentary sittings, and read closely 322 of these, the findings of this study, whilst limited by the constraints detailed here, can be viewed as representative of all the material likely to be available.

In total, 197 debates were found to be relevant to migration in the “Commonwealth” search, 75 in the “foreign” search, and 8 in the “alien” search. Of the 31 debates retrieved in the “racial” search, all were ultimately found to be only tangentially related to migration. The relevant entries were all concerned with the treatment of non-white migrants already resident in Britain, and specifically whether legislation should be introduced to prevent discrimination against them. As such, these debates were largely concerned with white Britain’s self-image - and whether discrimination should be viewed as an endemic feature of British society, or the reprieve of a degenerate minority – rather than white Britain’s perception of the migrants themselves. Whilst the debates provided useful context for the questions asked by this analysis, they were not central to the findings. These entries were thus read, annotated and downloaded; however, they were not subjected to the same categorisation efforts that the other search terms were. Only the results of the “Commonwealth”, “foreign”, and “alien” searches were categorised according to theme. A total of eleven themes were identified and these are detailed in Figure 1 (below). Where possible, consistency was sought in thematic categories, however, the specific number of themes varied across the migrant groups with, for example, “Cold War concerns” featuring in sittings discussing “foreign” migrants but not sittings discussing “Commonwealth” ones. Similarly, for the Commonwealth immigration column, there is a thematic category entitled “non-substantive entries” which are sittings simply concerning scheduling time for larger debates. The debates concerning British emigration, and those comprised in the “racial” search, were read but not categorised, since these contained themes that were not specific to inward migration.

Figure 1: Thematic categories for parliamentary sittings on migration, by migrant group.

Commonwealth immigration	Alien	Foreign
Imperial/ Commonwealth concerns: sittings discussing impact of immigration on diplomatic relations within the Commonwealth/ empire.	Elite pleas: sittings where an MP has made an explicit plea for entry to the UK for a specific individual or group	Elite pleas: sittings where an MP has made an explicit plea for entry to the UK for a specific individual or group
Crime/ deportation: sittings discussing criminality of migrants and/ or constitutional powers to deport them.	Crime/ deportation: sittings discussing criminality of migrants and/ or constitutional powers to deport them. Additional focus on <i>espionage</i> .	Crime/ deportation: sittings discussing criminality of migrants and/ or constitutional powers to deport them. Additional focus on <i>espionage</i> .
NHS/ welfare/ health: sittings focused on migrant use of welfare state services (e.g., benefits, housing, and public education) and/ or the NHS, and/or migrants as a threat to public health.	NHS/ welfare/ health: sittings focused on migrant use of welfare state services (e.g., benefits, housing, and public education) and/ or the NHS, and/or migrants as a threat to public health.	NHS/ welfare/ health: sittings focused on migrant use of welfare state services (e.g., benefits, housing, and public education) and/ or the NHS, and/or migrants as a threat to public health.
General questions on statistics: short sessions where a general question on migration made with little to no follow up discussion or debate.		General questions on statistics: short sessions where a general question on migration made with little to no follow up discussion or debate.
Students: sittings discussing Commonwealth students in the UK		Students: sittings discussing foreign students in the UK
Industry specific recruitment: sittings discussing recruiting migrants to specific industries		Industry specific recruitment: sittings discussing recruiting migrants to specific industries
Overt hostility towards immigration: Debates expressing overt hostility toward immigration. For Commonwealth this is <i>centred on the question of numbers</i> . Separate from major legislative debates		Overt hostility towards immigration: Debates expressing overt hostility toward immigration. For foreign this is <i>centred on depression of wages/ conditions</i> for British workers.
Major debates on legislation: longform debates about the passage of specific immigration legislation i.e., the Commonwealth Immigrants Act(s)		Cold War concerns: unique to foreign category, discussion of socialist infiltration of UK by foreigners.
Non-substantive entries: sittings which only deal with scheduling a time for a larger debate		

Categorising by theme was crucial to firstly identify those debates relating explicitly to migrants and the NHS, and secondly to see how relevant these debates were in the wider context of all debates addressing migration. This analysis focuses primarily on 51 debates within the NHS/ welfare/ public health category (Figure 1, above). However, reading all 322 debates deepened the understanding of those debates which have been referenced here at length. This was particularly useful, as discussions surrounding migration were, and still are, often mired in layers of innuendo and insinuation, meaning that in order to be able to truly unpick what is being said it is necessary to understand the widest possible context of the discussions. A deeper analysis of the remaining 270 or so debates, is recommended here as an avenue for future study.

At the linguistic level further insights were gleaned using distant reading techniques. This involved feeding all the debates into the coding environment Python to generate word clouds. Word clouds visually map the words appearing with the highest frequency within a chosen corpus.⁷⁴ These codes can be found in Appendices A-E. In total five-word clouds appear in this analysis, three in Chapter One and two in Chapter Two, the findings of each are discussed in the relevant section.

In addition to the parliamentary sources, government civil service records were also used. Originally, this research was envisioned as a deep dive into the records of government ministries tasked with overseeing migration and/ or the NHS, specifically those of the Ministry of Health (MOH), Ministry of Labour and National Service (MLNS) – renamed the Ministry of Labour (MOL) in 1959– the Colonial Office (CO), the Commonwealth Relations Office (CRO) – these two merged in 1966 to form the Commonwealth Office – and the Foreign Office (FO), all of which are kept in hardcopy at the British National Archives. This source base would have produced a thesis focused on how the spectre of the NHS influenced thinking on migration *in practise*, given that these sources speak to the tangible actions of government ministries. However, due to the COVID-19 Pandemic and the ensuing closure of the National Archives following lockdown protocols, the thesis had to be re-envisioned using primarily digital sources. One research trip to the National Archives was possible in September 2020, when

⁷⁴ When generating word clouds, it is important to remove so-called ‘stopwords’ so that the word clouds are not overrun with generic conjunctions such as ‘the’, ‘at’, ‘and’ etc., and instead contain primarily words which tell us something meaningful about the tone of the corpus. In terms of stopwords used for the word clouds in this project, both generic stopwords found in Python’s nltk.corpus package were used, and specific stopwords identified by the author were manually written into the code. All codes can be found in Appendices A-E.

there was a temporary easing of lockdown restrictions. This allowed for roughly 2000 pages of copies to be made from records of the MOH, the MLNS and the CO.⁷⁵ Additionally, some material gathered in 2019 for earlier projects has also proven relevant to the aims of this thesis.⁷⁶

The combined usage of civil service records and parliamentary transcripts has allowed this thesis to analyse how the NHS impacted migration both *in practise* – through the enactment of government policy – and *in discourse* – through analysis of the importance of the NHS as a symbol in public parliamentary discussions. Whereas, civil service records provide insight into the application of government policy, parliamentary sessions provide insight into the logics informing these policies. By combining the use of both source bases this thesis can analyse the points at which immigration discourses and policies both converged and diverged. Significant disparities have been found between public anti-immigration discourses voiced in the UK parliament, and the private actions of government ministries with a vested interest in securing a steady flow of migrants for the purposes of labour; these shall be discussed in Chapter One. The civil service records were thus primarily used to contrast how government departments behaved both in comparison to each other – where differences in ministerial attitudes towards migration were revealed – and how they behaved in relation to the parliament – where contrasts between the government’s public discourse and private actions were revealed.

⁷⁵ TNA CO 1006/1, Colonial Office (1948) *Working Party on the Employment in the UK of surplus colonial labour*.

TNA CO 1032/84, Colonial Office (1954-1956) *Restrictions on the entry of British subjects into dependant territories*.

TNA LAB 26/259, Colonial Office (1949-1955) *Questions of employment, accommodation and repatriation of Colonial subjects*.

TNA MH 149/353, Ministry of Health (1965-1968) *Medical Manpower: immigration of doctors from overseas*.

TNA MH 149/1072 Ministry of Health (1966-1968) *Aliens entitlement to dental treatment under the NHS*.

TNA MH 53/247, Ministry of Health (1961-1962) *Bills in Parliament: Commonwealth Immigrants Bill*.

TNA MH 53/247 Ministry of Health (1956) *Bills in Parliament: Medical Act of 1950: Doctors holding foreign qualifications*.

TNA MH 149/352 Ministry of Health (1964-1965) *Medical Manpower: Immigration of Doctors*.

⁷⁶ TNA BT 70/283 Board of Trade (1948) *Ministry of Labour and National Service Statistics of Migration*.

TNA CO 822/114/2 Colonial Office (1948) *Conditions of service, Efficiency bars for European nurses*.

TNA CO 859/219/1 Colonial Office (1949-1950) *Training of nurses reciprocity with the UK*.

TNA MH 55/2157 Ministry of Health (1947-1962) *Nursing recruitment and migration of nurses to and from the UK*.

TNA MH 55/2554 Ministry of Health (1952-1960) *Nursing: Suggestions for recruitment of nurses and nursing staff*.

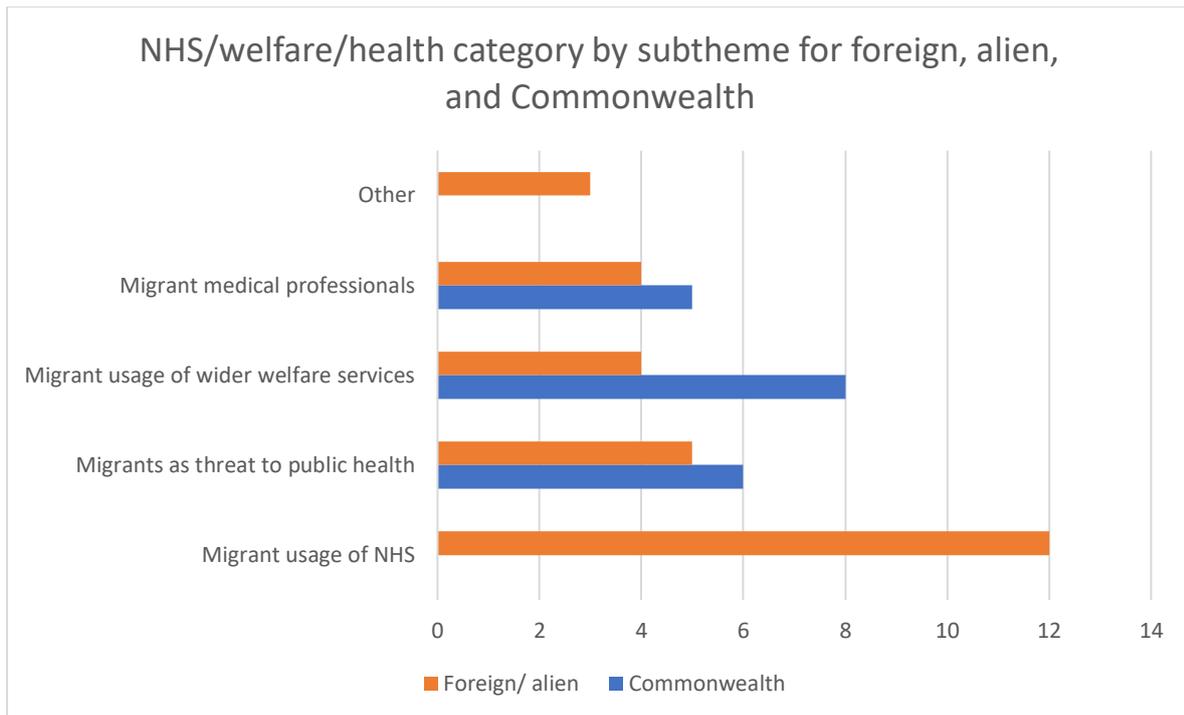


Figure 2: NHS/welfare/health category by subtheme for foreign and alien migrants, versus Commonwealth migrants

In terms of layout the chapters are structured around the narrative subthemes found within the NHS/welfare/health thematic category for the parliamentary debates addressing both “foreign” and “alien” migrants and “Commonwealth” ones (Figure 2, above). Upon close reading of the debates found within this theme five subthemes were identified. These being:

1. Migrants as medical professionals
2. Migrant usage of the NHS
3. Migrants as a threat to public health
4. Migrant usage of wider welfare services, and
5. Other

Chapter One addresses the question of migrants in the employ of the NHS, whether as nurses, doctors, or dentists, examining discourses centred on migrants as service providers within the NHS. No specific mention was found of migrant surgeons within the debates and so this group is assumed to be referred to under the general designation of “doctor” in the period.

Chapter Two then begins to fan out the analysis and focuses on migrants as service users of the NHS addressing the interrelated subthemes of “Migrant usage of the NHS” and

“Migrants as a threat to public health”. These subthemes are interrelated since they both relate to concerns surrounding migrants causing pecuniary harm to the health service, either through using it excessively, or through being the carriers of especially costly contagious diseases. Debates in the period which framed migrants as a threat to British public health centred on the transmission of tuberculosis. Tuberculosis is an infectious bacterial disease spread through respiratory droplets and it had ravaged British cities in the age of industrial revolution, causing as many as one in four deaths during the early 19th century.⁷⁷ However, by the twentieth century tuberculosis prevalence in the UK was rapidly declining due to increased sanitation and standards of living, initially falling at a rate of 3.3% at a rate per year between 1913 and 1940, and then accelerating to an average drop of 10% per year between 1955 and 1960.⁷⁸ Despite these significant improvements, the haunting memory of the devastation wreaked by tuberculosis remained strong as is shown by the repeated concern that the disease would, effectively, be re-imported by incoming migrants. Whilst it is likely that there are further debates linking migrants to the spread of other diseases in the Hansard repository, given the search terms of this thesis, they were not retrieved. Future studies may consider hard searching diseases such as “smallpox” and “rickets” which have been highlighted by Roberta Bivins as diseases of concern in the period.⁷⁹ Given the wide berth of samples addressed by this analysis the omission of these specific hard searches is not viewed as problematic for the findings, since the number of sources consulted means it is likely they are representative of all material available.

Finally, Chapter Three then widens the analysis even further by looking at attitudes toward migrant usage of wider welfare services, such as unemployment benefits like National Assistance, and the public education system. It is the briefest chapter as it is not always explicitly concerned with the NHS. However, it has been included since discourses which addressed migrant usage of wider welfare services addressed the underlying question of migrants’ entitlements to the benefits of British society and thus should be viewed as strongly related to the NHS-specific narratives. Chapter Three should be viewed as the first step in tying in NHS-specific narratives to wider migration narratives in the period, and a precursor for future studies.

⁷⁷ Philippe Glaziou, Katherine Floyd, and Mario Raviglione (April 19th, 2018) “Trends in tuberculosis in the UK”, *British Medical Journal*, Vol. 37, No. 8, P.702.

⁷⁸ Ibid.

⁷⁹ Op Cit., Roberta Bivins (2015) *Contagious Communities*.

Chapter 1.

Migrant healthcare workers: “They make an important contribution”.

The question of NHS staffing has long been a source of concern for British governments. In the present day, more than a decade of budgetary austerity following the 2008 financial crisis, tore gaping holes in the fabric of Britain’s social safety net with cuts in funding and wages in real terms across the public sector, the NHS being no exception.⁸⁰ The result has been an estimated shortfall of some 84,000 full-time employees across the hospital, mental health, and community services as of October 2020, and approximately one in ten nursing posts across the UK lying vacant.⁸¹ Within this context of acute shortage, migrant healthcare workers are often positioned as something approaching superheroes, plugging holes in an over strapped and underfunded health service. The present day reliance on migrant labour is so pronounced that by 2005 29.4% of NHS doctors were migrants, and 43.5% of NHS nurses recruited after 1999 were also migrants.⁸² Even further, this reliance has long historical roots: as early as 1955 a survey by the Willink Committee found that 12% of doctors polled in a random sample of the Medical Directories were primarily trained abroad.⁸³ Add to this, the fact that NHS workers in general have come to be positioned as the stoic martyrs of British society, particularly during the COVID-19 pandemic, when they have been explicitly and frequently called “heroes” both by leading politicians, the media, and the general public themselves, and we can see that the cultural symbol of the NHS worker is ripe for qualitative analysis

Of all the narratives that tie migrants to the NHS, those surrounding migrant healthcare workers are distinctly positive. Indeed, they are the only ones that are not distinctly negative. Nevertheless, it is quite clear that migrants working in the NHS are seen as separate from migrants as a whole.⁸⁴ The privileged position of migrants employed by the NHS is such that the current Prime Minister Boris Johnson was recently forced to scrap the “immigration health

⁸⁰ Press Release (July 27th, 2020) “Austerity ‘ripped resilience out of health and care service’ before Covid-19 crisis hit, says IPPR”, *IPPR* [online] Available from: <https://www.ippr.org/news-and-media/press-releases/austerity-ripped-resilience-out-of-health-and-care-service-before-covid-19-crisis-hit-says-ippr> [Accessed on: July 1st, 2021].

⁸¹ Author Unknown (February 26th, 2021) “NHS Workforce: Our Position”, *The King’s Fund* [online] Available from: <https://www.kingsfund.org.uk/projects/positions/nhs-workforce> [Accessed on July 1st, 2021].

⁸² Op Cit., Julian M Simpson, Aneez Esmail and Virinder S Kalra (September 9th, 2010) “Writing migrants back into NHS history: addressing a ‘collective amnesia’ and its policy implications”, P.392.

⁸³ Ibid.

⁸⁴ Anna Caceres (June 25th, 2020) “Windrush Migrants and Our NHS Heroes”, *History Workshop Online*, Oxford: Oxford University Press [online] Available from: <https://www.historyworkshop.org.uk/windrush-migrants-and-our-nhs-heroes/> [Accessed on: July 3rd, 2021].

surcharge” – an annual charge of £400 attached to the visas of all incoming migrants - in the case of migrant NHS workers amid public, and political, outcry that precisely those workers who had risked their lives and shouldered the very worst of the pandemic were now being asked to pay for the privilege.⁸⁵ Similarly, in 2016 the then Justice Secretary, and Brexit campaigner, Michael Gove, claimed that continued EU migration would make the NHS financially unsustainable by 2030.⁸⁶ Such claims that migration threatened to overwhelm, or indeed destroy, the NHS by Gove and the wider Brexit campaign are only made possible by differentiating between migrants using the service and migrants working within it: by differentiating between “good” and “bad” migrants. The hypocrisy of this distinction was highlighted at the time by the BMA, who emphasised that changes to migration restrictions, far from protecting the service, threatened to severely undermine its staffing levels, given the strong reliance of the NHS on migrant labour.⁸⁷ If foreign NHS workers are positioned as the quintessentially “good” immigrant, we can learn a lot about what is considered “bad” by studying their representation. Even further, given the fact that a broad swathe migrant groups were represented on the NHS’s payroll – from German dentists to Caribbean nurses and Indian doctors – comparing how these groups were treated is likely to lend insights into broader hierarchies of desirability within British society as a whole.

This chapter will then examine in detail narratives surrounding migrant healthcare workers between 1948 and 1971. It refers to both parliamentary debates and civil service records. Specifically, it uses four parliamentary debates which addressed “foreign” and “alien” migrants as NHS workers– i.e., those not from the Commonwealth, who were predominantly white Europeans in this period –which occurred between 1948 and 1961.⁸⁸ A further six parliamentary debates addressing those from Commonwealth are also used, spanning from

⁸⁵ Kate Proctor (May 21st, 2020) “Johnson forced to drop NHS surcharge for migrant health workers, *The Guardian* [online] Available from: <https://www.theguardian.com/world/2020/may/21/johnson-forced-to-drop-nhs-surcharge-for-migrant-health-workers> [Accessed on: June 28th, 2021].

⁸⁶ Rowena Mason (May 20th, 2016) “Gove: EU immigrant influx will make NHS unsustainable by 2030”, *The Guardian* [online] Available from: <https://www.theguardian.com/politics/2016/may/20/eu-immigrant-influx-michael-gove-nhs-unsustainable> [Accessed on July 1st, 2021].

⁸⁷ Author Unknown (last updated on: January 20th, 2021) “BMA and Brexit”, *British Medical Association* [online] Available from: bma.org.uk/what-we-do/working-with-europe/brexit/bma-and-brexit [Accessed on July 1st, 2021].

⁸⁸ HC. (February 12th, 1948) *Foreign Doctors (Permits)*, Hansard.

HC. (July 16th, 1953) *Foreign Dentists (Tooth Extractions)*, Hansard.

HC. (January 26th, 1956) *Clause 16 – (Registration In Commonwealth And Foreign Lists)*, Hansard.

HC. (July 31st, 1961) *Foreign Nurses*, Hansard.

1954 to 1969.⁸⁹ “Foreign” and “alien” groups feature more prominently in the early years of the period as this is when they were arriving in most significant numbers; particularly through various post-war resettlement movements, including general refugee migration from the European continent, labour recruitment schemes like the aforementioned European Voluntary Workers programme, and the Polish Resettlement Corps, which took former Polish military personnel who had fought alongside Britain during WWII, and their families, and settled them in the UK. The later years are focused much more heavily on Commonwealth migrants. From 1955 onwards, this group begins to gain significant attention in parliamentary debates largely owing the early efforts by Conservative backbenchers such as Cyril Osborne and Norman Pannell to push through legislative restrictions on their arrival.⁹⁰ The chapter also makes use of a range civil service records from the Colonial Office (CO) and the Ministry of Health (MOH), all of which address either the inward movement of migrant medical professionals or the outward migration of British ones.⁹¹

The chapter draws comparisons both between how different migrant groups working for the NHS were treated - i.e., “commonwealth” migrants versus “alien” and “foreign” ones - and between how they were treated by different actors. There was clear distinction between narratives addressing the predominantly white “foreign” and “alien” migrants, over the predominantly “black” and “brown” Commonwealth ones, with the former groups being favoured by all actors. In terms of differences in narratives between different actors, at the political party level, the Conservatives were more lukewarm to migrant NHS workers than the Labour party, who were generally more vocally supportive of these groups. Even further, when looking at the treatment solely of Commonwealth nurses and doctors, there was a clear distinction between how these groups discussed publicly in the British houses of parliament –

⁸⁹ HC. (December 13th, 1954) *Colonial and Foreign Nurses*, Hansard.

HC. (February 15th, 1960) *Commonwealth Doctors*, Hansard.

HC. (November 14th, 1961) *Nurses, Commonwealth Countries (Training)*, Hansard.

HC. (July 19th, 1965) *Hospitals, Bournemouth (Commonwealth Nurses and Doctors)*, Hansard.

HC. (December 5th, 1966) *Commonwealth Nurses*, Hansard.

HC. (November 24th, 1969) *Hospitals (Commonwealth Doctors)*, Hansard.

⁹⁰ D W Dean (March 1992) “Conservative Governments and the Restriction of Commonwealth Immigration in the 1950s: The Problems of Constraint”, *The Historical Journal*, Vol. 25, No. 1, pp.184-185.

⁹¹ (TNA) MH55/2157 (1947-1962) *Nursing Recruitment and migration of nurses to and from the UK*, Ministry of Health.

(TNA) MH53/247 (1956-1959) *Bills in Parliament: Medical Act of 1950: Doctors holding foreign qualifications*, Ministry of Health.

(TNA) MH149/352 (1964-1965) *Medical Manpower: Immigration of Doctors*, Ministry of Health.

(TNA) MH149/353 (1965-1968) *Medical Manpower: Immigration of Doctors from Overseas*, Ministry of Health.

(TNA) CO 859/219/1 (1948-1949) *Training of Nurses Reciprocity with the UK*, Colonial Office.

where their value to the health service was often downplayed - and how they were discussed privately within the MOH where they were recognised as an essential source of labour, even if they still were not particularly valued. Additional contrasts were found between different ministries within the civil service, with the CO proving much more hostile towards the employment of Commonwealth medical labour than the MOH.

The central argument of this chapter is thus that whilst migrant healthcare workers were still positioned as the “good” immigrants of the period, hierarchies of desirability existed between different migrant groups and these hierarchies were largely decided on the basis of race. Specifically, white groups hailing both from Europe and white Commonwealth countries such as Australia, New Zealand, and Canada, were preferred by all actors examined, over black and brown commonwealth migrants. Finally, this chapter will seek to emphasise that even though migrant healthcare workers of all stripes were positioned as “good” in comparison to migrants a whole, this distinction, far from being sincere, was largely based on tokenism and used to justify intolerant attitudes towards migrants at large. This was particularly the case in relation to Commonwealth nurses and doctors in the years immediately preceding the passage of the Commonwealth Immigrants Act of 1962. The 1962 act was the first piece of legislation to significantly strip away the residency and citizenship rights of black and brown migrants from the New Commonwealth, with white migrants from Old Commonwealth countries being largely shielded from the new restrictions. In these years, the symbol of Commonwealth nurses and doctors became particularly potent and was used by both sides to argue either for or against introducing the new controls. “It’s not that we don’t want immigrants, it’s that we don’t want *those* immigrants”, so the argument would go.⁹²

Turning firstly to the question of racial hierarchies, the first indication that white “foreign” and “alien” migrant NHS workers were preferred over black and brown ones is in the consistent legislative efforts made to ease their migration to the UK. Prior to the creation of the NHS in 1948, the professions of nursing, medicine and dentistry were governed by a hodgepodge of legislations passed in the late nineteenth and early twentieth century. In the case of medicine, to practise in the UK, it was necessary to have your qualification “registered” by the General Medical Council (GMC). The GMC was established under the 1858 Medical Act, an act which sought to consolidate the over 38 accrediting bodies that operated in the UK prior

⁹² Op Cit., Anna Caceres (June 25th, 2020) “Windrush Migrants and Our NHS Heroes”.

to this legislation, under one institution.⁹³ Dentists went through a similar process of consolidation through the creation of the Dentists Register in 1879, passed by the Dentists Act of 1878.⁹⁴ Nursing was the last to be subject to this process of professionalisation via the creation of a General Nursing Council in 1919, under the Nurses Act of that year.⁹⁵ The process of establishing the NHS had served to highlight continued inconsistencies both within the medical professions and in the geographical dispensation of healthcare services. One of the central goals in creating the service was then to iron out these inconsistencies.⁹⁶ The late 1940s and early 1950s thus ushered in a new wave of modernisation for the medical professions of Britain, with a flurry of legislations passed in these early years relating to each group, beginning with the Nursing Act of 1949, followed by the Medical Act of 1950 and finally the Dentist Act of 1956. A key component of each of these legislations was to ease the recognition and registration of formal qualifications and experience gained abroad: namely, to make it easier for migrant medical professionals to be employed by the NHS. Whilst these legislations would in theory ease the registration of all foreigners, not any specific group, the archival material reveals that the politicians and civil servants involved in both the passage and implementation of these acts were primarily concerned with easing the registration of white Europeans.

As early as 1948, and two years prior to the passage of the 1950 Medical Act, Labour MP for Eton and Slough, Benn Levy, can be found appealing to the Secretary of State for the Home Department and fellow Labour politician James Chuter Ede, on behalf of an Italian urologist named “Franceschi” who had been denied a work permit to the UK.⁹⁷ Levy stresses that Franceschi’s rejection revealed the “inadequacy” of the current system of permit approval, given that his application was supported by “testimonials from leading physicians in this country”.⁹⁸ Similarly, later in 1953 and this time three years prior to the passage of the 1956 Dentists Act, we see Conservative MP Raymond Gower appealing to the Conservative Minister of Health, Iain Macleod, to “relax the provisions which now make it an offence for a foreign

⁹³ Author Unknown (publication date unlisted) “Our History”, *General Medical Council* [online] Available from: <https://www.gmc-uk.org/about/who-we-are/our-history> [Accessed on: July 3rd, 2021].

⁹⁴ Author Unknown (publication date unlisted) “Was your ancestor a dentist?”, *British Dental Association* [online] Available from: <https://bda.org/museum/enquiries/was-your-ancestor-a-dentist> [Accessed on: July 3rd, 2021].

⁹⁵ B Gail Thomas (March, 2016) “A Brief History of Nursing in the UK”, *Memories of Nursing* [online] Available from: <https://memoriesofnursing.uk/articles/a-brief-history-of-nursing-in-the-uk> [Accessed on: July 3rd, 2021].

⁹⁶ Ian Greener (2008) *Healthcare in the UK: Understanding continuity and change*, Bristol: Policy Press, P.23.

⁹⁷ HC. (December 2nd, 1948) *Foreign Doctors (Permits)*, Hansard.

⁹⁸ Ibid.

dentist resident in this country, to extract a tooth with the sole object of relieving a person in pain”.⁹⁹ Gower then refers to the specific case of:

a Pole, a resident in this country [who] performed a charitable action of this kind in the Wolverhampton area, for which he was subsequently summoned and fined.¹⁰⁰

In both cases then, we see British MPs criticising the gaps in existing legislation allowing for the registration and practise of foreign medical professionals in the UK, each calling for an increase in access for these professionals, and each specifically citing the case of a *European* medical professional to support their claims. This would suggest that the legislations passed only a few years after each of these appeals were similarly motivated by a desire to increase the access of specifically European medical professionals. We see this most clearly when looking at debates addressing the passage of the 1956 Dentists Act. In a debate discussing Clause 16 of the act – the clause addressing the registration of “Foreign” and “Commonwealth” dentists - all of the cases cited by MPs on both sides of the house relate to European dentists, primarily Jews, who had fled Nazi Germany during WWII and were now resident in the UK.¹⁰¹ Indeed not a single reference is made to any person from the Commonwealth at all, and the word “Commonwealth” appears only twice, once in the title of the debate and once when the House speaker reads the title of the debate aloud.¹⁰² Meanwhile, these European dentists were vocally praised with highly emotive highly language. Stan Awbery, of the Labour Party implies that blocking their ability to practise dentistry in the UK constituted only a slight improvement on the tyranny they faced under Hitler stating:

These people, who have been prevented from securing a livelihood, *came here to escape a tyranny worse than that of Pharaoh*. They came here seeking refuge, believing that this country was the home of freedom and democracy [...] Crossing the Channel and seeing the white cliffs of Dover they said, "This is our land of Canaan, a land in which we hope to live a life of freedom." What did they find? They were very warmly welcomed by their friends, but they found that, *while we did not deprive them of their lives, we deprived them of the opportunity of earning a livelihood*.¹⁰³ [emphasis added]

⁹⁹ HC. (July 16th, 1953) *Foreign Dentists (Tooth Extractions)*, Hansard.

¹⁰⁰ Ibid.

¹⁰¹ HC. (January 26th, 1956) *Clause 16 – (Registration In Commonwealth And Foreign Lists)*, Hansard.

¹⁰² Ibid.

¹⁰³ Ibid.

[The 1949 Nursing Act] is meant to attract nurses from *European* and other foreign countries where no registration or other form of state recognition exists, and so help to overcome the shortage of nurses in this country.¹⁰⁸ [emphasis added]

However, the act also had the unintended consequence of relaxing registration requirements for nurses from New Commonwealth territories, who could now also apply for registration on an individual basis, rather than being forced to seek out pre-approved training schemes.¹⁰⁹ As a result the CO became highly concerned that these nurses would opt to apply for partial registration with the option to “finish” their education in the UK and gain full registration with the GNC.¹¹⁰ In an internal correspondence from April of 1949, the Chief Nursing Officer Florence Udell, writes:

The attitude and mind of Colonial peoples is such, however, that the wording of Section 8 of the Bill may well tend to discourage the raising of the standard of training in the colonies and the passing of a Nurses’ Ordinance, by making it appear easier to *rest content with a lower standard* which will enable a Colonial girl to *fulfil her ambition of coming to the United Kingdom to ‘finish’* without the need for registration in her own country.¹¹¹ [emphasis added]

Despite these concerns both the GNC and the CO agreed that it would be:

most undesirable that any different rules should be made to apply to the Colonies than those which might be drawn up for general application.¹¹²

In other words, that it would be “undesirable” to make explicit the preferencing of European nurses over Commonwealth ones – here referred to with the term “colonial” reflecting the early stages of decolonisation in 1949. Instead, the CO opted to send a circular dispatch to colonial administrations updating them on the GNC’s position regarding the passage of the recent act and making clear that they sought to:

¹⁰⁸ (TNA) CO 859/219/1 (March 1950) *Untitled Report*.

¹⁰⁹ Op Cit., Anna Caceres (April 29th, 2020) “History of British Nurse Migration (1948-1962)”, P.19.

¹¹⁰ *Ibid.*

¹¹¹ Op Cit., (TNA) CO 859/219/1 (April 20th, 1949) *Internal CO Correspondence*.

¹¹² *Ibid.*, (July 29th, 1949) *Correspondence between Ms Udell of CO and Miss Henry, Registrar at the GNC*,

continue to deal wherever possible with the Statutory Body of the territory concerned rather than with the authorities of the individual training school.¹¹³

The dispatch then, should be read as an attempt to discourage Commonwealth nurse migration by excluding them from the new flexibility provided by the 1949 Nursing Act. This migration was discouraged through instructing colonial administrations to disregard these new measures and instead adhere to the much more rigid requirements of the reciprocal training agreements.¹¹⁴ Even further, by 1950 the CO was actively discouraging nursing schools in the UK from accepting applications from Commonwealth nurses – again here referred to as “Colonial” nurses – and a CO report from March of that year states:

The difficulties of the position have been pointed out to the Ministry of Health and the Ministry of Labour and National Service, who have *agreed to discourage* Matron of training schools in this country from *accepting Colonial student nurses* on application.¹¹⁵

By 1950 then, the CO had taken steps to block Commonwealth nurse migration both in the countries of origin - through instructing colonial administrations to disregard the easier access afforded by the 1949 Nurses Act – and in the UK itself – by lobbying the MOH and Ministry of Labour and National Service to pressure British training schools into not accepting applications from Commonwealth nurses. These drastic actions were motivated by the CO’s fear that there were more nurses from Commonwealth and Colonial territories training in the UK, than there were positions for them “back home”.¹¹⁶ This very clearly shows that in the mind of the CO, these nurses were never considered a viable source of labour for employment in the NHS itself, but rather merely as students who were expected to return to “home” upon completion of their training.

This stance was echoed in the parliament also, where nurses from the Commonwealth countries were, for the most part, referred to as “pupils” or “students” and only nurses from Europe, or white Commonwealth countries - such as Australia, Canada, and New Zealand, -

¹¹³ Ibid., *Circular despatch to ‘all countries with which a reciprocal agreement exists’*, 1950.

¹¹⁴ Op Cit., Anna Caceres (April 29th, 2020) “History of British Nurse Migration (1948-1962)”, P.20.

¹¹⁵ Op Cit., TNA CO 859/219/1 (24th March 1950) *Report of a Committee on the Employment of Nurses in the Colonial Service*, , P.8.

¹¹⁶ Op Cit., Anna Caceres (April 29th, 2020) “History of British Nurse Migration (1948-1962)”, P.20.

were discussed in terms of actual recruitment for employment purposes.¹¹⁷ Thus in a 1966 debate entitled *Commonwealth Nurses*, John Biggs-Davidson a Conservative MP asks

to what extent the recruiting of Canadian, Australian and New Zealand nurses to the National Health Services has been affected by the application of the Commonwealth Immigrants Act? ¹¹⁸

By 1966, Biggs-Davidson would have been referring not only to the 1962 Commonwealth Immigrants Act - which introduced the three-tiered entry voucher system for Commonwealth migrants mentioned previously - but also to the 1965 *White Paper on Immigration from the Commonwealth*, which had introduced an annual cap on all entry vouchers to be issued, initially set at 7,500 vouchers per year.¹¹⁹ The first notable feature of this excerpt is that Biggs-Davidson does not ask how these measures were affecting the migration of black and brown nurses from the Old Commonwealth, clearly suggesting that he did not hold the same level of concern for their movements being hindered. He secondly refers explicitly to the “recruitment” of Australian, Canadian and New Zealand nurses. This is notable since for the period examined, not a single reference was found to attempts to recruit nurses from the Old Commonwealth for the purpose of employment.

The only source referencing something close to recruitment for Commonwealth nurses, is a debate from 1961 in which the Conservative MP Joan Vickers asks the Secretary for Technical Cooperation about the number of nurses from Commonwealth countries undertaking training in the UK.¹²⁰ That Vickers views these nurses, not as future employees for the NHS, but as international students who will be expected to return home is demonstrated by two things. Firstly, she later asks:

From what countries are these nurses coming? Are the newly independent countries taking a special interest, as nurses are badly needed in those countries?¹²¹

¹¹⁷ HC. (December 5th, 1966) *Commonwealth Nurses*, Hansard.

¹¹⁸ Ibid.

¹¹⁹ Anna Caceres (May 17th, 2021) “Medical Migration and the NHS”, *History Workshop Online*, Oxford: Oxford University Press [online] Available from: <https://www.historyworkshop.org.uk/medical-migration/> [Accessed on June 23rd, 2021].

¹²⁰ HC., (February 8th, 1961) *Nurses, Commonwealth Countries Training*, Hansard.

¹²¹ Ibid.

This suggests that she views the training of these nurses in the UK as the main way to secure nursing staff for those countries in the future - presumably because there was a deficit of nurse training facilities available locally. Secondly, she asks this question not to the Minister of Health, who oversaw the staffing of the NHS, but to the Secretary for Technical Cooperation, who was tasked with concerns of “international development”. Clearly, had she been seeking to boost the recruitment of student nurses from Commonwealth countries for the purposes of employment in the UK itself, she would have directed this question to the MOH. That Commonwealth nurses were not recruited for employment while other groups were, again supports the conclusion that Commonwealth medical professionals were not viewed as viable, or desirable, sources of labour for employment in the NHS, in the way that European, and white Commonwealth groups were.

It could be argued that the preferencing of European nurses over Commonwealth ones was motivated by something other than racial bias – for example, if the CO assumed a greater level of cultural affinity between European nurses and British patients, this may have made them appear to be more suitable candidates for employment in the NHS – however, this argument crumbles when we examine the attitude of the CO to the employment of Commonwealth nurses in their “own” countries. The influx of Commonwealth nurses – again referred to as “Colonial” in this period - for training in the UK in the late 1940s and early 1950s meant that many would now be eligible for positions of leadership, as “Nursing Sisters” within the Colonial Nursing Service (CNS), a branch of the British imperial machinery which oversaw nurse staffing in the colonies.¹²² Registration by the GNC in Britain was a requirement of becoming a Nursing Sister in the colonies, meaning that, in practise, prior to 1950 almost all Nursing Sisters were white British nurses, since local nurses rarely had access to training courses that had been accredited by the GNC.¹²³ The beginning of post-war migration however, meant that many more nurses were now travelling from the colonies to train in Britain, and so many were now eligible for GNC registration, and thus for Nursing Sister positions.¹²⁴ The CO became aware of this when the number of applications for Nursing Sister positions from “colonial” nurses suddenly started to increase around 1950. This prompted them to create an additional requirement of a year’s hospital experience in the colonies before Colonial nurses

¹²² Op Cit., (TNA) CO 859/219/1 (24th March 1950) *Report of a Committee on the Employment of Nurses in the Colonial Service*, , P.1.

¹²³ Ibid.

¹²⁴ Ibid.

could be eligible these positions, arguing that “the entry of these candidates into the field has created a number of problems”.¹²⁵ Crucially, European nurses applying for these same posts were explicitly exempted from the new requirements to hold local hospital experience.¹²⁶ In an untitled report from March of 1950 a CO official defends these exemptions stating:

In the case of European nurses past experience has shown that a period of experience in a Colony was not necessary as a preliminary to their appointment, and the period of probation offered sufficient safeguard [...] The introduction of a requirement as to Colonial experience at this stage, in order to place them on the same footing as United Kingdom trained local nurses, would serve no useful purpose, even if it were practicable. The Committee therefore concluded that *in the case of European Nurses this requirement was not warranted and should not apply*.¹²⁷ [emphasis added]

The fact that Colonial nurses were seen as less qualified to hold positions of leadership in their “own” countries, than European nurses - who had likely never been to these countries prior to taking up employment there - is highly revealing and clearly undercuts any attempt to view this bias as non-discriminatory. As aforementioned, cultural affinity between nurse and patient could be viewed as an important factor in determining healthcare outcomes, particularly when it comes to questions of linguistic compatibility, and thus an assumed affinity could serve to make certain groups of nurses appear more desirable candidates than others. This argument can clearly not reasonably be applied to exclude colonial nurses from employment in their own countries, where they were in fact natives.

Even further, the fact that European nurses employed in Britain itself, often held a poor level of English is attested to in a debate from 1961, where Labour MP, Albert Roberts, raises concerns that migrant nurses with no command of the language were being left in charge of entire hospital wards, to the detriment of patient health.¹²⁸ In the same debate Richard Marsh, another Labour politician, highlighted that leaving a foreign nurse who did not speak English in charge of a ward in “a mental hospital in Epsom” had led to the death of a patient since “the employee placed the patient in a bath of water which was far too hot and was unable to

¹²⁵ Ibid., P.6.

¹²⁶ Op Cit., Anna Caceres (April 29th, 2020) “History of British Nurse Migration (1948-1962)”, P.21.

¹²⁷ Ibid., P.3.

¹²⁸ HC. (July 31st, 1961) *Foreign Nurses*, Hansard.

understand his protests”.¹²⁹ In response the MOH – at that time headed by the soon to be notorious Conservative politician, Enoch Powell - dismissed the case raised by Marsh as having happened “rather a long time ago” and by reassuring the parliament that from the following year foreign nurses would be required to “have English or Welsh as one of their G.C.E. subjects”.¹³⁰ This debate makes clear that foreign nurses entering Britain on Ministry of Labour (MOL) work permits – who would primarily have been white European nurses, as black and brown Commonwealth nurses entered via a different system - were not required to demonstrate any level of English before being issued with these permits prior to 1962. This is even though there were documented cases of this causing demonstrable harm - and even death - to British patients. This severely challenges any attempt to disregard CO discrimination against Commonwealth and Colonial nurses – both for employment in the UK, and abroad - as being based on either the best interests of patients, or arguments of cultural incompatibility.

That this discrimination was primarily racially based is further attested to when we examine parliamentary debates and correspondence in the lead up to and immediate aftermath of, the passage of the 1962 Commonwealth Immigrants Act. By the 1960s the question of Commonwealth medical labour had become politically salient in wider debates regarding proposed restrictions on the migration of Commonwealth citizens as a whole. By 1961, opponents of these proposed measures – primarily to be found within the Labour party – were repeatedly raising the spectre of Commonwealth NHS workers to argue against the introduction of restrictions, by stressing the importance of Commonwealth migration to the staffing of the health service. This is made clear in an exchange between a vocal opponent of Commonwealth migration, Conservative MP, Norman Pannell, and the MOH, at the time headed by fellow Conservative, Enoch Powell. On February 5th, 1961, Pannell writes to the MOH in advance of a debate on proposed restrictions to Commonwealth immigration arguing:

It has often been stated that hospitals could not carry on without coloured immigrant nurses and this factor would have to be taken into account during the debate [on proposed restrictions].¹³¹

¹²⁹ Ibid.

¹³⁰ Ibid.

¹³¹ (TNA) MH55/2157 (February 5th, 1961) *Correspondence from Norman Pannell, MP to Enoch Powell, Minister of Health.*

He further states that he

would be grateful if you would let me know *how many* nurses in the hospital service, *are, in fact*, coloured immigrants from the Commonwealth [emphasis added].¹³²

This excerpt suggests that Pannell suspected the reliance of the NHS on “coloured immigrants from the Commonwealth” had been overstated to argue against any measures seeking to prevent their migration.¹³³ Pannell then requested these figures from the MOH hoping to find that Commonwealth immigrants, “in fact”, did not make up a significant proportion of NHS staff, a finding which would have allowed him to effectively neutralise the symbolic power of the Commonwealth NHS workers in immigration debates. Crucially, the MOH under the tenure of Enoch Powell seemed to share Pannell’s stance that the presence of Commonwealth citizens on the NHS’s payroll should not be used to argue against the restriction of Commonwealth migration. This is revealed by the editing process behind the response Pannell eventually received.¹³⁴ The initial response drafted on February 8th, 1961, stated that:

Immigrants from the Commonwealth are certainly an important element of the total nursing staff in the hospital service at the present time and they are *undoubtedly* making *a valuable contribution to the running* of the hospitals.¹³⁵ [emphasis added]

The final response which Pannell received on February 13th, 1961, read as follows:

Immigrants from the Commonwealth are an important element of the total nursing staff in the hospital service at the present time and they *make a contribution* to the *staffing* of the hospitals.¹³⁶ [emphasis added]

In Figure 6 (below) we can see the very deliberate editing process which occurred between these two drafts. Notably, the most emphatic words of the first draft that stressed the importance of Commonwealth migration to the NHS – “certainly”, “undoubtedly”, “valuable”, and

¹³² Ibid.

¹³³ Op Cit., Anna Caceres (June 25th, 2020) “Windrush Migrants and Our NHS Heroes”.

¹³⁴ Ibid.

¹³⁵ Op Cit., (TNA) MH55/2157 (February 8th, 1961) *Draft response from MOH to Norman Pannell*.

¹³⁶ Ibid.

“running” – are all crossed out and replaced with words that give the impression that Commonwealth migrants, whilst present in the health service, were not essential to its staffing.

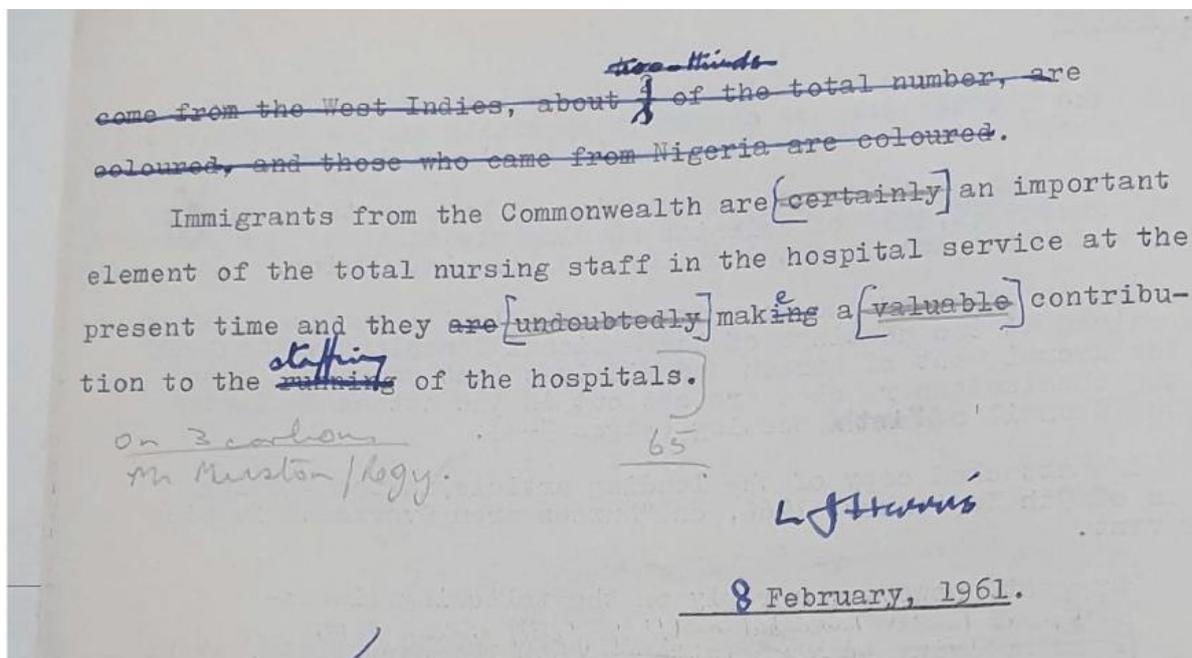


Figure 6: Draft response to MP Norman Pannell from MOH, dated February 8th, 1961, sent February 13th, 1961. (source: (TNA) MH55/2157).

That this editing down was motivated by an ideological opposition to Commonwealth migration is supported by two factors.

Firstly, the health minister at the time, Enoch Powell, would become a ferocious opponent of Commonwealth migration in a few short years, with his 1968 address to the Conservative Party in Manchester – the now infamous “Rivers of Blood” speech – coming to be known as one of the most racist speeches in modern British history. Powell’s declaration that “In 15 or 20 years’ time the black man will have the whip hand over the white man”, is notorious, however what has been less examined is what the speech has to say of Commonwealth NHS workers.¹³⁷ Powell stresses throughout the speech that his opposition to a Commonwealth presence in the UK, is purely against those arriving for the purpose of

¹³⁷ Enoch Powell (April 20th, 1968) “Speech by The Rt. Hon. J. Enoch Powell, M.P. to the Annual General Meeting of the West Midlands Area Conservative Political Centre at the Midland Hotel Birmingham”, *Bodleian Library* (Oxford: University of Oxford) [online] Available from: <https://www2.bodleian.ox.ac.uk/cpa/collections/speech-transcripts> [Accessed on July 8th, 2021].

“settlement”, as opposed to those migrating for only short periods. It is in this context that he references Commonwealth doctors stating

This has nothing to do with the entry of Commonwealth citizens, any more than of aliens, into this country, *for the purposes of study* or improving their qualifications, *like (for instance) the Commonwealth doctors who, to the advantage of their own countries have enabled our hospital service to be expanded* faster than would otherwise have been possible. They are not, and never have been, immigrants.¹³⁸ [emphasis added]

This statement makes clear three things. Firstly, Powell clearly and explicitly did not view Commonwealth doctors as legitimate employees of the NHS, rather he viewed them as students who would eventually migrate home. Secondly, Powell held paternalistic and imperialistic views regarding the impact of Commonwealth doctor migration to the UK, emphasising the benefit of this migration to their countries of origin via the provision of supposedly superior training which would then be brought “home”. This characterisation went against the expressed views of sending nations, who by the mid 1960s were becoming increasingly concerned that the UK – and the US – were siphoning their much-needed medical labour.¹³⁹ Powell is essentially dismissing these concerns by portraying Commonwealth doctor migration as some kind of mutually beneficial medical training exchange, rather than what would later come to be recognised as a deeply harmful “brain drain” migration.¹⁴⁰ Thirdly, and in direct parallel to the final response received by Pannell in 1961, Powell continues to understate severely the contribution of Commonwealth medical professionals to the staffing of the NHS. His characterisation of this contribution as having “enabled our hospital service to be expanded faster than would otherwise have been possible” is incredibly misleading, as in many hospitals at the time, Commonwealth doctors made up as much as 40 per cent of the junior doctor staff - their presence thus clearly being a prerequisite not for “expansion”, but for basic function.¹⁴¹

The second reason the editing down of the MOH’s response to Pannell’s enquiry was clearly motivated by ideological opposition to Commonwealth migration, rather than a genuine belief that this source of labour was not needed, is revealed in the MOH’s actions from 1965

¹³⁸ Ibid.

¹³⁹ (TNA) MH149/353 (October 19th, 1965) *Letter from Mr Awbery, Ministry of Labour, to Mrs Perry, Ministry of Health, attaching correspondence from Mr Sen Gupta of the Indian High Commission.*

¹⁴⁰ Op Cit., Anna Caceres (May 17th, 2021) “Medical Migration and the NHS”

¹⁴¹ HC. (July 19th, 1965) Hospitals, Bournemouth (Commonwealth Nurses and Doctors), Hansard.

onwards. By this point it appeared that the inward migration of Commonwealth doctors was coming under threat, due to new migration restrictions in the UK and opposition to emigration from sending nations. The frantic desperation displayed by the MOH in its attempts to ensure that these streams of migration did not taper off, clearly demonstrate their awareness of the dependence of the NHS on Commonwealth doctors. As mentioned previously, the 1965 *White Paper on Immigration from the Commonwealth* expanded the restrictions on entry introduced by the Commonwealth Immigrants Act of 1962, by setting an overall annual cap on the total number of entry vouchers to be distributed to Commonwealth migrants, initially set at 7,500 vouchers per year.¹⁴² The introduction of these caps immediately caused concern for the MOH who were worried that medical professionals from the Commonwealth, in particular doctors, would now struggle to secure entry given the fact they would now have to compete for a limited number of vouchers to be distributed amongst a variety of shortage professions.¹⁴³ Immediately the MOH begins to lobby the Ministry of Labour (MOL) who oversaw voucher issue, for priority to be given to “doctors, dentists and nurses over other classes at present equally eligible”.¹⁴⁴ In a letter directly from the Minister of Health and Labour MP, Kenneth Robinson, to the Minister of Labour and fellow Labour MP, Ray Gunter, Robinson states:

The current shortage of doctors in this country is acute [...] *any hindrance to the inflow of doctors from other countries is a cause of grave concern* to the Health Departments.¹⁴⁵ [emphasis added]

Robinson’s statement that “any hindrance to the inflow of doctors” would be a “cause of grave concern” clearly shows that the MOH in 1965 was acutely aware of the necessity of Commonwealth migration to *run* the NHS, not merely “staff” it as his Conservative predecessor Enoch Powell, had implied. Even further, by March of 1966, MOH concerns over obstacles to Commonwealth doctor migration had risen to such a level that they were investigating measures to ensure the continued arrival of Indian doctors that would have severely undermined Britain’s international relations.¹⁴⁶ At the time, there were rumours that the Indian government was set to introduce restrictions on doctor emigration over concerns that

¹⁴² Op Cit., Anna Caceres (May 17th, 2021) “Medical Migration and the NHS”.

¹⁴³ Ibid.

¹⁴⁴ (TNA) MH149/353 (October 1st, 1965) *Letter from Kenneth Robinson Minister of Health to Minister of Labour, Ray Gunter*.

¹⁴⁵ Ibid.

¹⁴⁶ Op Cit., Anna Caceres (May 17th, 2021) “Medical Migration and the NHS”.

the hemorrhaging of medical professionals to wealthy Global North states, like the UK, was beginning to compromise their ability to staff their own health service.¹⁴⁷ In response, the MOH suggested flooding the Commonwealth voucher system with vouchers to Indian doctors, hoping that the more vouchers were issued to this group, the more Indian doctors would be able to evade any proposed restrictions on emigration at the Indian border.¹⁴⁸ That the MOH was so determined to ensure the continued inflow of Indian doctors that they were willing to threaten Britain's diplomatic relations with India, demonstrates an awareness in the MOH that any tapering off of medical migration would pose an existential threat to the NHS. Thus, whilst Commonwealth medical professionals were discursively positioned throughout the period as primarily students who were incidental to the running of the health service, the actions of the MOH in 1966 clearly show that this discursive positioning did not reflect the reality of the situation, and in fact severely understated the importance of Commonwealth migration to the NHS.

In conclusion, this chapter has examined a range of discourses addressing migrant medical professionals both within the British civil service, and in political and parliamentary speeches. The central argument has been that overwhelmingly, white migrants - both from the European continent and from white Commonwealth states such as Australia, New Zealand, and Canada - were favoured over black and brown migrants from New Commonwealth states, and further that this latter group was never truly viewed as a legitimate source of labour for the health service. This was firstly demonstrated by showing how legislative efforts seeking to ease the registration of migrant medical professionals in the UK were targeted exclusively at these white groups. It was further revealed that there were consistent attempts made to exclude black and brown Commonwealth groups from these advances, in particular led by the CO. It was then shown - via the word clouds appearing in Figures 3 and 4 (above) - that the white groups comprised amongst "foreign" and "alien" migrants were discursively humanised in a way that Commonwealth migrants were not. The favouring of European migrants then, was based at least in part, on the fact that they were viewed primarily as "people" as opposed to as "immigrants", as Commonwealth migrants were. Further still, it was shown that whilst white migrant groups were actively recruited for employment within the NHS, this was never the case for Commonwealth medical professionals who were positioned primarily as "students"

¹⁴⁷ Op Cit., MH149/353 (October 19th, 1965) *Letter from Mr Awbery, Ministry of Labour, to Mrs Perry, Ministry of Health, attaching correspondence from Mr Sen Gupta of the Indian High Commission.*

¹⁴⁸ Op Cit., Anna Caceres (May 17th, 2021) "Medical Migration and the NHS".

rather than legitimate employees of the health service. It was finally shown that this positioning was ideologically motivated as the MOH was clearly acutely aware of the dependence of the NHS on Commonwealth migration, not as a source of “students” but as a source of labour. All of this serves to reveal that the symbol of the migrant NHS worker, far from neutralising opposition to migration, could be twisted to fit existing preferences for certain groups over others, and that these preferences were racially biased. Thus, even though Commonwealth NHS workers were discussed with greater frequency than “foreign” and “alien” ones, this did not serve to abate opposition to Commonwealth migration.¹⁴⁹ Instead the symbol of the Commonwealth NHS worker was manipulated to support wider narratives about their unsuitability for permanent settlement in the UK, in this case through downplaying their contribution to the service and portraying them merely as “students”.

¹⁴⁹ Commonwealth NHS worker debates:

Op Cit., HC. HC. (December 13th, 1954) *Colonial and Foreign Nurses*, Hansard.

Op Cit., HC. (February 15th, 1960) *Commonwealth Doctors*, Hansard.

Op Cit., HC. (November 14th, 1961) *Nurses, Commonwealth Countries (Training)*, Hansard.

Op Cit., HC. (July 19th, 1965) *Hospitals, Bournemouth (Commonwealth Nurses and Doctors)*, Hansard.

Op Cit., HC. (December 5th, 1966) *Commonwealth Nurses*, Hansard.

Op Cit., HC., HC. (November 24th, 1969) *Hospitals (Commonwealth Doctors)*, Hansard.

Foreign and alien NHS worker debates:

Op Cit., HC. (February 12th, 1948) *Foreign Doctors (Permits)*, Hansard.

Op Cit., HC. (July 16th, 1953) *Foreign Dentists (Tooth Extractions)*, Hansard.

Op Cit., HC. (January 26th, 1956) *Clause 16 – (Registration In Commonwealth And Foreign Lists)*, Hansard.

Op Cit., HC. (July 31st, 1961) *Foreign Nurses*, Hansard.

Chapter Two.

Migrant usage of the NHS: “An invasion of our shores not by sea [...] but by those anxious to obtain glasses, false teeth, wigs, artificial limbs and so on”

“Sickly immigrants add £1bn to NHS bill” declared a headline of the right-wing British tabloid paper the *Daily Mail*, on the 23rd of June 2003.¹⁵⁰ The article went on to argue that,

Taxpayers are likely to face a huge and ever-increasing burden because of the growing flow of migrants from countries where complex infectious diseases are common

in particular, singling out

Aids [sic], hepatitis B and C and tuberculosis as diseases that are spreading fast in countries from which large numbers of immigrants come to Britain.¹⁵¹

Providing no sense of time frame or scale – either as a proportion of total immigration, or as a proportion of total disease cases - the author estimates “that immigrants brought in 25,000 cases of hepatitis B, 10,000 of hepatitis C and around 8,500 Aids [sic] cases”.¹⁵² Far from being a standalone article, this kind of sensationalist reporting on the disease risk, and cost to the NHS, posed by migration is a repeated feature in the *Daily Mail*’s reporting. A 2014 feature article by Sue Reid, with 441 comments in the online edition, is headlined:

Immigrants, HIV and the true cost to the NHS: should the ‘International Health Service’ be treating patients who come here with the killer disease.¹⁵³

Likewise, a more recent article from October 2017 – this time with 277 comments on the online edition – is headlined:

¹⁵⁰ Steve Doughty (June 23rd, 2003) “Sickly immigrants add £1bn to NHS Bill”, *The Daily Mail* [online] Available from: <https://www.dailymail.co.uk/health/article-185768/Sickly-immigrants-add-1bn-NHS-bill.html> [Accessed on July 9th, 2021].

¹⁵¹ Ibid.

¹⁵² Ibid.

¹⁵³ Sue Reid (October 17th, 2014) “Immigrants, HIV and the true cost to the NHS: Should the ‘International Health Service’ be treating patients who come here with the killer disease asks SUE REID”, *The Daily Mail* [online] Available from: <https://www.dailymail.co.uk/debate/article-2788843/immigrants-hiv-true-cost-nhs-international-health-service-treating-patients-killer-disease-asks-sue-reid.html> [Accessed on July 9th, 2021].

Immigration is placing strain on the NHS: Report reveals children born to Eastern European mothers has fuelled a 14% rise in intensive case admissions.¹⁵⁴

Whilst always on the more extreme side of migration discourses operating in the British mainstream, the *Daily Mail's* stance clearly demonstrates the existence of a narrative associating migrants with pecuniary harm to the NHS because of their healthcare requirements. The *Daily Mail's* reporting does not form part of the source base for this chapter, which analyses material from 1948-1968. Rather these pieces are included here to demonstrate a narrative trend also visible in the archival material. This narrative argues that providing healthcare to migrants is unacceptably costly both – or either – because of the scale of migration, and because of the level of disease present within migrant populations. Narratives associating migrants with the financial ruin of the NHS are thus made up of these two interrelated strands: on the one hand, an argument that there are simply too many migrants to provide them all with healthcare; on the other hand, that regardless of scale, the migrants arriving in Britain are especially diseased, indeed more so than the native population, and thus that the NHS should not be burdened with the cost of their treatment.

The power of this narrative is demonstrated by the swathe of increasingly reactionary policies it has been used to justify. For example, there is the aforementioned “immigration health surcharge” which was added to all to entry visas by the coalition Conservative-Liberal Democrat government in 2015, as part of their wider “hostile environment” approach to immigration.¹⁵⁵ In essence, the hostile environment sought to convert an increasingly random array of non-specialist civil society actors into migration enforcement officials, with everyone from landlords to the NHS now being asked to verify the migration status and entitlement of all to whom they provided services.¹⁵⁶ The stated purpose of the health surcharge was to clamp down on allegedly rampant “medical tourism” – a term used extensively both in the historical

¹⁵⁴ Stephen Matthews (October 27th, 2017) “Immigration is placing strain on the NHS: Report reveals children born to Eastern European mothers has fuelled a 14% rise in intensive case admissions”, *Mail Online* [online] Available from: <https://www.dailymail.co.uk/health/article-5021215/Immigration-15-rise-seriously-ill-children.html> [Accessed on July 9th, 2021].

¹⁵⁵ Arianne Shahvisi (June 2019) “Austerity or Xenophobia? The Causes and Costs of the ‘Hostile Environment’ in the NHS”, *Health Care Analysis*, Vol. 27, P.204.

¹⁵⁶ Anna Caceres (June 29th, 2020) “When outright racism triggers migrant precarity: Britain’s Windrush Scandal and the need to move beyond arguments on legality”, *BISS* [online] Available from: <https://issblog.nl/2020/06/22/when-outright-racism-triggers-migrant-precarity-britains-windrush-scandal-and-the-need-to-move-beyond-arguments-on-legality-by-anna-caceres/> [Accessed on June 17th, 2021].

period examined as well as in the present - by requiring all migrants planning to reside in the UK for longer than six months to pay a set charge per year of their visa. This would allow NHS officials to require proof of payment of the surcharge before providing non-emergency healthcare, and class all those who could not provide such evidence as “tourists” to be charged at full price. The surcharge has been widely criticised by medical professionals both for potentially damaging individual health - by disincentivising early medical intervention, which can be crucial for improving patient outcomes – and for risking the outbreak of infectious diseases such as tuberculosis and HIV by creating an underground class of residents excluded from the healthcare system.¹⁵⁷ It has similarly been criticised by migration specialists who highlight that migrants ordinarily resident in the UK pay for their NHS care through general taxation, since practically all migrant visas – barring student and dependant visas – require proof of paid employment.¹⁵⁸

Whereas the previous chapter then, examined narratives which were - at least on the surface - positive towards migration, this chapter will examine narratives that are overtly hostile. Despite this contrast, this chapter’s findings tail on neatly from those of the previous one, as a racially biased hierarchy of desirability between migrant groups is also found for narratives centring on migrant usage of the NHS. Again, we see black and brown Commonwealth migrants positioned at the bottom of the hierarchy, as the least desirable, and most problematic group, whilst the predominantly white “foreign” and “alien” migrants were viewed comparatively favourably. This was the case even though threats to public health were discussed with roughly the same frequency across migrant groups (as was shown in Figure 2, in the Methodology chapter) with Commonwealth groups meriting six parliamentary debates, and “foreign” and “alien” groups meriting five; and even though the financial cost of providing healthcare to foreigners was surprisingly only discussed in relation to “foreign” and “alien” migrants, and was never discussed in relation to Commonwealth ones.¹⁵⁹ The imbalance then

¹⁵⁷ Press Release (December 20th, 2018) “Royal colleges support the suspension of NHS overseas visitor charges pending review” , *Royal College of Physicians* [online] Available from: <https://www.rcplondon.ac.uk/news/royal-colleges-support-suspension-nhs-overseas-visitor-charges-pending-review> [Accessed on June 17th, 2021].

¹⁵⁸ Lucinda Allen (May 6th, 2020) “Looking at the evidence on the immigration health surcharge”, *The Health Foundation* [online] Available from: <https://www.health.org.uk/news-and-comment/blogs/looking-at-the-evidence-on-the-immigration-health-surcharge> [Accessed on: June 17th, 2021].

¹⁵⁹Foreign and alien threats to public health debates:

HC. (July 28th, 1949) *Foreign Workers (Medical Examination)*, Hansard.

HC. (April 19th, 1951) *Foreign Workers, Bradford (Tuberculosis)*, Hansard.

HC. (March 17th, 1952) *European Volunteer Workers, Bradford (Tuberculosis)*, Hansard.

had much more to do with the tone of discussions than their frequency. In the discussions addressing the predominantly white “alien” and “foreign migrants” consistent attempts were made to create a distinction between individuals who were allegedly “tourists”, and who had travelled to the UK solely, or primarily, to receive medical treatment, and those who were bona fide migrants. This distinction, acted to create a distance between the hostile narratives discussing NHS costs, and the European migrant groups they addressed. In essence it created a rhetorical “bad immigrant” – who was in fact a “medical tourist” - that was separate from the wider European migrant group. Additionally, that most of these debates occurred in the early years of the NHS, serves to recast these discussions as part of wider generalised concerns about the running costs of the new service that were particularly prevalent amongst the Conservative Party in the late 1940s. Thus, even though these discussions focused on “foreign visitors” they were much more a reflection of Conservative concerns regarding rampant “socialist” spending by the Labour government, than they were about specific migration-related anxieties. This is demonstrated crucially by the fact that these discussions were not accompanied by calls to in some way shut the borders. This is in sharp contrast with the treatment of Commonwealth citizens in the 1960s, in whose case any concerns raised prompted wider calls to end this stream of migration. In terms of the narrative patterns found between different actors, a significant schism was again found between the Conservative Party and the Labour Party concerning who should be entitled to NHS care, however this schism was found to be largely rhetorical and both parties, when in government, implemented broadly similar policies on this question. In terms of the material used, this chapter refers to 26 parliamentary debates spanning between

HC. (January 21st, 1954) *Aliens (Infectious Tuberculosis)*, Hansard.

HC. (April 29th, 1954) *Foreign Residents (Tuberculosis)*, Hansard.

Commonwealth public health debates:

HC. (May 9th, 1966) *Commonwealth Immigrants (Health Checks)*, Hansard.

HC. (November 15th, 1956) *Immigrants (Tuberculosis)*, Hansard.

HC. (November 19th, 1956) *Immigrants (Tuberculosis)*, Hansard.

HC. (May 27th, 1957) *Immigrants (Tuberculosis)*, Hansard.

HC. (December 11th, 1961) *Tuberculosis (Immigrants)*, Hansard.

HL. (February 4th, 1965) *Commonwealth Immigrants and Pulmonary Tuberculosis* [sic], Hansard.

1949 and 1965.¹⁶⁰ It also refers to records from the MOH regarding “alien healthcare entitlements” from the years 1965 to 1969.¹⁶¹

Turning firstly to narratives addressing the alleged public health threats posed by incoming migrants, these concerns are present from the outset of the period. Initially they centre on European groups, particularly European Voluntary Workers (EVW’s) in the late 1940s, then they shift to ordinary “foreign” and “alien” labour migrants in the 1950s, and finally come to focus overwhelmingly on Commonwealth migrants in the 1960s. As mentioned previously the EVW scheme was a labour recruitment programme run by the British state in the immediate post-war years and up to 1951, which sought to siphon off the excess labour of displaced European persons.¹⁶² The primarily Eastern European recruits sourced through the scheme had their ability to move within the economy severely restricted by the requirement that they stay within government-designated shortage occupations, they were however paid a wage in line with that of locals and were offered a route to British citizenship upon completion of their terms.¹⁶³ Whilst at times in the late 1940s, Labour Party politicians expressed concerns that recruited European labour would be used to undercut the wages and employment conditions of British workers, these anxieties were quickly softened by the requirement that all EVW’s join a British trade union.¹⁶⁴ Ultimately, the scheme received cross-party support and was seen as a way not only of plugging holes in the labour market, but also of expanding a British population severely depleted by the war effort through “interbreeding”.¹⁶⁵ The focus

¹⁶⁰ Ibid., and on foreign usage of the NHS see:

HC. (November 4th, 1948) *Foreign Seamen*, Hansard.

HC. (April 8th, 1949) *National Health Service (Foreign Visitors)*, Hansard.

HC. (May 5th, 1949) *Foreign Countries (Reciprocal Arrangements)*, Hansard.

HC. (July 5th, 1949) *National Health Service (Foreign Seamen)*, Hansard.

HC. (April 26th, 1951) *Foreign Visitors (Medical Treatment)*, Hansard.

HC. (June 3rd, 1957) *Foreign Visitors (Treatment)*, Hansard.

HC. (June 23rd, 1960) *Clause 82 – (Removal Of Alien Patients)*, Hansard.

HC. (July 27th, 1960) *Clause 82 – (Removal Of Alien Patients)*, Hansard.

HC. (November 28th, 1960) *Foreign Visitors (Treatment)*, Hansard.

HC. (October 23rd, 1961) *Foreign Visitors (Treatment)*, Hansard.

HC. (January 28th, 1963) *Foreign Medical Treatment*, Hansard.

HC. (January 28th, 1963) *Foreign Medical Treatment*, Hansard.

HC. (June 24th, 1963) *Foreign Visitors (Treatment)*, Hansard.

¹⁶¹ Op Cit., (TNA) MH149/1072 (September 18th, 1968) *Correspondence from Julian Snow at the MOH to Patrick Jenkin, Conservative MP*.

¹⁶² Op Cit., Diana Kay and Robert Miles (1988) “Refugees or migrant workers”, P.215.

¹⁶³ Ibid.

¹⁶⁴ HC. (December 13th, 1949) *Foreign Workers*, Hansard.

¹⁶⁵ Wendy Webster (2000) “Defining boundaries: European volunteer worker women in Britain and narratives of community”, *Women’s History Review*, Vol. 9, No. 2, P.262.

on EVW men as potential partners for British women was informed by a racialised logic of eugenics and a desire to prevent interracial coupling between white British women and black or brown men, as had at times been the case during the war effort where interracial relationships between local women and black American GI's sparked a flurry of miscegenation anxieties.¹⁶⁶ This pro-natalist sentiment geared towards EVW's demonstrates the privileged position they held in British political discourses in comparison to other migrant groups. This privilege is particularly pronounced when we contrast how concerns that EVW's were responsible for essentially reimporting tuberculosis to the UK were expressed in the late 1940s and early 1950s, versus how these same concerns were later applied to Commonwealth groups.

In the case of the EVWs, politicians took great pains to emphasise that they were not arguing for an end to this stream of migration, but simply for better medical screening at the border. By 1952, there had been a significant outbreak of tuberculosis in the English town of Bradford. This had been linked in the media to a group of European migrants comprised both of EVWs, and regular labour migrants who had arrived on MOL work permits.¹⁶⁷ When the Conservative MP for Bradford, William James Taylor, raises concerns about the outbreak in parliament, he stresses that:

I am anxious that my action in raising this matter on the Adjournment *should not be taken as in any way an attack upon aliens*. They came to this country when there was a great shortage of labour, or they found themselves here at the end of the war. They have *helped to fill and man our industries* which were very short of labour. All the reports which I have had about their work and their conduct indicate that *they have proved themselves to be good workers and good citizens*. In short, they have done a good job in this country and have helped us along the way to recovery.¹⁶⁸ [emphasis added]

Taylor then goes on to ask simply that the powers to conduct medical inspection at all ports of entry to the UK, ensured under the Aliens Act of 1920, be applied more rigorously.¹⁶⁹ In response, Conservative MP and Parliamentary Secretary to the MOH, Patricia Hornsby-Smith, replies that not only would it be “impossible” to carry out medical screening for tuberculosis

¹⁶⁶ Wendy Webster (2000) “Defining boundaries: European volunteer worker women in Britain and narratives of community”, *Women's History Review*, Vol. 9, No. 2, P.262.

¹⁶⁷ HC. (March 17th, 1952) *European Volunteer Workers*, Bradford, Hansard.

¹⁶⁸ *Ibid.*

¹⁶⁹ *Ibid.*

at all British ports because of a lack of “facilities” but further that the government was unwilling to implement such systematic screening for fear of the “deterrent effect on the foreign workers voluntarily seeking employment in this country”.¹⁷⁰ We see then, not only that the prevalence of tuberculosis amongst European migrants in this 1952 case, was explicitly distanced from the wider question of this group’s arrival – with Taylor stating that his concerns “should not be taken as in any way an attack upon aliens” – but further, that the government refused to take stronger actions against the importation of tuberculosis by these groups for fear that it would stop them from coming. The government’s unofficial stance on the question of tuberculosis amongst Europeans then, appears to be to attempt to assuage or diminish concerns without having to resort to the use of policy instruments. This was still clearly the case in 1954, when a question posed by Labour MP – and future Minister of Health – Kenneth Robinson, to the then Conservative Minister of Health Iain Macleod, on “what action he proposes to take [to ensure] that those seeking work in this country from abroad should be free from infectious tuberculosis” was summarily dismissed by Macleod, with the response that “this is still under consideration”.¹⁷¹ Robinson clearly notices the brush off and counters with the following statement:

Is the right hon. Gentleman aware that there is a suspicion in the medical profession that he and his right hon. Friends are anxious to shelve this matter, in view of the many admitted difficulties involved? Will he dispel that suspicion by announcing an early decision?¹⁷²

Robinson’s accusation that Macleod was “anxious to shelve this matter” suggests that the Conservative government was still engaged in a repeated pattern of avoidance on this subject.

This was not the case when it came to Commonwealth migrants. In part the heightened anxieties in reference to Commonwealth importation of tuberculosis related to the fact that, as British citizens, they could not legally be turned away at the border on the grounds of a medical inspection prior to the passage of the Commonwealth Immigrants Act. Thus in 1957 when Conservative MP Peter Remnant asked,

¹⁷⁰ Ibid.

¹⁷¹ HC. (January 12th, 1954) *Aliens (Infectious Tuberculosis)*, Hansard.

¹⁷² Ibid.

what precautions are taken to prevent sufferers from tuberculosis entering this country, particularly from the West Indies

fellow Conservative MP, John Vaughan-Morgan, replies that whilst:

An alien can be medically examined and refused permission to land. There is no such restriction on British subjects.¹⁷³

In response, Remnant states:

Does my hon. Friend not agree that, *but for outside sources of infection coming into this country, this scourge can be eradicated comparatively simply, and, from whatever source it is coming, will he take steps to see that the time for eradicating the disease is not postponed?*¹⁷⁴ [emphasis added]

Remnant characterises the main source of tuberculosis in the UK as occurring from lax border controls and argues that this importation at the border should be prevented “whatever [the] source”. He is thus effectively arguing that it should be possible to turn Commonwealth citizens away at the border, which would amount to an end to the British subjecthood-based entry rights of Commonwealth citizens. A year earlier in 1956, Labour MP John Snow had similarly pushed for Britain to retain the right to refuse entry to Commonwealth citizens on health grounds by asking the rather leading question of:

what members of the Commonwealth accepting British immigrant labour insist on screening for tuberculosis either at port of exit or entry, or both, for such immigrants.¹⁷⁵

Snow’s question clearly implies that if Commonwealth states retain this right to refuse entry to British labour migrants, so too should Britain retain the right to turn away Commonwealth labour migrants.

¹⁷³ HC. (May 27th, 1957) *Immigrants (Tuberculosis)*, Hansard.

¹⁷⁴ *Ibid.*

¹⁷⁵ HC. (November 15th, 1956) *Immigrants (Tuberculosis)*, Hansard.

Crucially however, even once medical screening of most Commonwealth migrants was introduced as a prerequisite for entry under the 1965 *White Paper on Immigration from the Commonwealth*, this did not put to rest the concerns that they would import tuberculosis, nor did it end calls for further restrictions on their entry. In response to a 1966 statement by the then Labour Minister of Health, Kenneth Robinson, that medical screening facilities were “being more comprehensively used” on arrivals from the Commonwealth, Conservative MP Martin Maddan states:

Is not his reply disappointing, in that the White Paper said that there would be further improvements in the health checks at the port of entry

and emphasising that a “full medical checking at the port of entry” was essential for “inducing confidence towards Commonwealth immigrants among people living here”.¹⁷⁶ Maddan’s response shows that even though Commonwealth migrants were being subject to more controls than ever before, this was not seen as good enough. Further his suggestions that “full medical checking” was necessary to “induce confidence towards Commonwealth immigrants” rather ominously suggests that if they were not subjected to even further controls, they would not be accepted by the British public.¹⁷⁷ That Maddan’s level of opposition to Commonwealth migrants amounted to a form of discrimination was highlighted in the same debate by Liberal MP Eric Lubbock, who asks

Are equally thorough health checks *being applied to the much greater number of aliens* coming into the country? [emphasis added]

clearly suggesting he thought Commonwealth migrants were being singled out in a way European aliens were not.¹⁷⁸ Further, his emphasis that “aliens” were arriving in “much greater number[s]” also suggests that he viewed the rhetoric tying Commonwealth migration to tuberculosis as hyperbolic and overblown, compared to the number of Commonwealth migrants actually arriving in the UK. Lubbock seems to suggest that if concerns are to be voiced regarding the importation of diseases by migrant groups this should at least correspond with those groups arriving in the greatest numbers. This suggestion in Lubbock’s statement that

¹⁷⁶ HC. (May 9th, 1966) *Commonwealth Immigrants (Health Checks)*, Hansard.

¹⁷⁷ Ibid.

¹⁷⁸ Ibid.

occurring on November 4th, 1948, a mere 4 months after the NHS first opened its doors.¹⁷⁹ The terms of the National Health Service had originally been envisioned and negotiated by Labour politician and then Health Minister, Aneurin Bevan. Born into a Welsh coal mining family in 1897, Bevan's vision for the NHS was rather more expansive than that of most in the British parliament at the time.¹⁸⁰ He was committed to creating a service which was free at the point of use, and in post-war Labour's utopic vision this would mean free for all, not just British citizens, or British residents. Straight away, this feature attracted ire, primarily from Conservative politicians, who became concerned that this allegedly extravagant spending would lead the nascent health service to be flooded with various stripes of foreigners seeking to take advantage of the much lauded "British hospitality". The very earliest debate appearing in the entire NHS and welfare state category, concerns the question of "Foreign Seamen" with Viscount Hinchinbrooke, a Conservative hereditary peer in the House of Commons, claiming, in 1948, to have heard reports of "the peddling of sets of false teeth and spectacles by Lascars [Indian and Arab sailors] in the Middle East".¹⁸¹ Bevan was not be swayed however, and later in April of 1949, arranged for his ministry to distribute pamphlets advertising healthcare entitlements to all new arrivals at British ports.¹⁸² This move further enraged Conservative politicians who saw this as an explicitly "socialist" propaganda tool.¹⁸³ In a 1949 debate discussing these pamphlets Conservative MP, Sir Waldron Smithers, opens by characterising the leaflets as a "another bit of evidence of the extravagance, maladministration and irresponsibility of the Socialist Government" further arguing that the purpose of the leaflets was:

"to tell the world: "Look what the Socialist Government of England can do for anyone who likes to come here. We will give you free teeth and free this and free that at the expense of the British taxpayer, ".¹⁸⁴

Labour MP and Under-secretary to Bevan, Arthur Blenkinsop, quickly dismissed this "frightful vision" of an

¹⁷⁹ Op Cit., HC. (November 4th, 1948) *Foreign Seamen*, Hansard.

¹⁸⁰ Ian Greener (2008) *Healthcare in the UK: Understanding continuity and change*, Bristol: Policy Press P. 25

¹⁸¹ Op Cit., HC. (November 4th, 1948) *Foreign Seamen*, Hansard.

¹⁸² Op Cit., HC. (April 8th, 1949) *National Health Service (Foreign Visitors)*, Hansard.

¹⁸³ Ibid.

¹⁸⁴ Ibid.

invasion of our shores not by the sea [...] but by those anxious to obtain glasses, false teeth, wigs, artificial limbs and so on [...as] merely a figment of [Smither's] disordered imagination,

further arguing that the administrative costs and delays entailed in checking everyone's residency status prior dispensing healthcare would offset any savings made by excluding foreign "visitors" from coverage.¹⁸⁵ Whilst Labour continued to defend the provision of medical treatment to foreign visitors on the basis of cost efficiency throughout the period, they were ultimately defeated. It is not clear precisely when they conceded that foreign visitors, not ordinarily resident in the UK, should be charged for their usage of the health service, however it is clear from parliamentary discussions that their rhetorical stance shifted sometime 1951 and 1957.¹⁸⁶

Ultimately, this concession was not enough to assuage Conservative concerns about the allegedly spiralling costs of the health service. Indeed, far from being confined to the question of foreign visitors, such concerns led to the introduction of charges for prescriptions, glasses, and dental care for all from 1952. These charges were maintained until 1965 - when they were briefly abolished by the Harold Wilson administration before being reintroduced in 1968 - despite the publication a formal committee report commissioned by the Conservative government itself in 1953, known colloquially as the *Guillebaud Report*, finding the health service to be highly cost effective.¹⁸⁷ Both the *Guillebaud Report* and the continued campaign against spiralling NHS costs, even after the Labour Party concedes to attempt to exclude foreign visitors from healthcare provision, suggests that these discussions were motivated by something other than the available evidence at the time. If the issue was really that tourists were bankrupting the British taxpayer surely their exclusion from the service would suffice to keep the dogs at bay? This was clearly not the case and so these early discussions of medical tourism should be viewed as something of a Trojan horse for wider concerns about the cost of the health service at large. Discussions which began with the spectre of "the peddling of sets of false teeth and spectacles by Lascars in the Middle East" ended with the introduction of charges for all British residents, including British citizens.¹⁸⁸

¹⁸⁵ Ibid.

¹⁸⁶ HC. (April 26th, 1951) *Foreign Visitors (Medical Treatment)*, Hansard.

Op Cit., HC. (June 3rd, 1957) *Foreign Visitors (Treatment)*, Hansard.

¹⁸⁷ T E Chester (June 1956) *The Guillebaud Report*, Public Administration, Volume 34, Issue 2, P.200.

¹⁸⁸ Op Cit., HC. (November 4th, 1948) *Foreign Seamen*, Hansard.

Even further, the irrationality of rhetoric surrounding “foreign visitors” is highlighted by the near impossibility of distinguishing between so-called “visitors” and bona fide migrants, at the time. It is important to remember that identification documents in this period were not so standardised as they are now and the distinction between a tourist and a genuine resident often lay in the eyes of the beholder. Thus in 1957 – once tourist charges would have already been introduced, at least in theory - Conservative MP Ronald Russell demanded to know “in what circumstances a foreign visitor was recently supplied with contact lenses at Moorfields Eye Hospital for a charge of £1”.¹⁸⁹ Fellow Conservative MP, John Vaughan-Morgan replies clarifying that the woman in question was in fact a labour migrant in possession of an MOL work permit at the time the lenses were ordered.¹⁹⁰ This debate indicates the difficulty in establishing who was a true foreigner and who was simply a foreign resident. Revealingly, a later debate in 1961 sees Labour MP, Will Griffiths, ask for guidance to be issued on the healthcare entitlements of “non-British residents *or* visitors” [emphasis added] the grouping of these two categories again suggesting that the boundaries between these groups were rather more fluid than earlier debates let on.

Most importantly, despite the repeated toing and froing over whether to treat this, or that, class of foreigner in the period, the actual policies implemented by the MOH, and the NHS varied very little. As we have seen in the early years of the NHS the Conservative Party pushed hard to raise the alarm about medical tourism and the so-called “abuse of British hospitality” by foreigners. The Labour party, at the time under the administration of Clement Atlee, attempted to dismiss these concerns suggesting any potential savings brought by policing healthcare provision based on nationality or residency would be far outweighed costs of implementing these screenings. Ultimately the Conservative party were successful in pushing for the exclusion of foreign tourists from NHS entitlement, and the Labour party later conceded that those not ordinarily resident in the UK should not receive healthcare at the expense of the British taxpayer. However, this defeat ended up being largely symbolic as both Conservative and Labour administrations failed to introduce any systematic screening of residency status into the NHS throughout the period. Not only were screenings not introduced, no legal statutory

¹⁸⁹ Op Cit., HC. (June 3rd, 1957) *Foreign Visitors (Treatment)*, Hansard.

¹⁹⁰ Ibid.

definition of who was entitled to NHS care existed at all in all years examined.¹⁹¹ Instead the entire system was policed by occasional – and non-legally binding - guidance issued by the MOH to the medical professions, through various handbooks.¹⁹² Therefore, the exclusion of foreigner visitors from the health service should be viewed as symbolic move, intended by politicians to signal to the British public that they would not allow them to be abused. Indeed, as late as 1968 an enquiry by Conservative MP Patrick Jenkin, as to the dental care entitlements of “foreign au pair girls” under the NHS, was met with the following response by the MOH:

Various checks have been devised to ensure that so far as is reasonably practicable, ineligible visitors from abroad are not able to take advantage of the Service; but to be certain of eliminating all abuse we would need to introduce comprehensive controls which would be *irksome to our own people* and *disproportionately expensive* compared with the likely savings. Since it may sometimes be difficult for general medical or dental practitioners to identify patients from whom it would be reasonable to withhold National Health Service treatment, *we do not expect practitioners to do more than exercise a sensible discretion in this matter.*¹⁹³ [emphasis added]

It is notable that the “various checks” supposedly introduced are not mentioned, and indeed the only measure of screening explicitly named is the “sensible discretion” of the medical practitioner.¹⁹⁴ In practise then, the position of the MOH in 1968 is virtually indistinguishable from the one voiced by Clement Atlee’s Labour administration in the early 1950s. Even by the end of the period the MOH is still clearly voicing the impracticability of systematically imposing residency-based exclusions to NHS care. The only difference is that they have now conceded the moral correctness of *attempting* to exclude tourists from healthcare at the British taxpayer’s expense, however they point blank refuse to ensure that this exclusion is actually taking place. In practise then, despite there being much ado on this subject, there was very little difference in policy between one administration and another throughout the entire 23-year period. In short, it was much ado about nothing.

¹⁹¹ ¹⁹¹ Op Cit., (TNA) MH149/1072 (September 18th, 1968) *Correspondence from Julian Snow at the MOH to Patrick Jenkin, Conservative MP.*

¹⁹² Ibid.

¹⁹³ Ibid.

¹⁹⁴ Ibid.

In conclusion, this chapter has examined discourses which tie migrants to the financial ruin of the NHS, either through everyday usage, or through being especially diseased, in this case with the infectious respiratory disease tuberculosis. It has again found a racially biased hierarchy of desirability across both narrative strands, wherein the black and brown groups from the Commonwealth were most consistently associated with being disease carriers, and even further that this association led to repeated calls for an end to this stream of migration, in a way that it did not in the case of the predominantly white and European “foreign”, and “alien” migrants. Whilst these European groups were the only ones focused on in discussions surrounding everyday costs of the health service, upon close reading it was revealed that these discussions did not lead to increased animosity towards these groups as migrants. In fact, British politicians took great pains to discursively distance European migrants from narratives bemoaning the cost of healthcare provision to foreigners by the creation of a largely symbolic figure: the “foreign visitor”. “Foreign visitors” should be viewed as a discursive construct given the impracticality of distinguishing between foreign “tourists” and genuine foreign residents in the period, as was demonstrated by the 1957 case of an alleged tourist who had been issued contact lenses on the NHS and turned to be a labour migrant in possession of a work permit. Even further, whilst the spectre of the “foreign visitor” – the historic equivalent of today’s “medical tourist” – attracted much ire, particularly from the Conservative Party, in practise this ire did not translate into real changes in policy in the administration of healthcare in the UK. This shows very clearly that what was at stake in discussions surrounding the inclusion or exclusion of “foreign visitors” had much more to do with signalling to the British public that the government would not allow them to be taken advantage of, than it did with creating coherent, practicable policy. This finding also has wider implications, since it has very often been the case that political discourses surrounding foreigners in the UK are based on what will “play well” as opposed to what will make sense at a policy level. We will see this very clearly when it comes to discussing migrant usage of wider welfare state services in the following chapter.

Chapter Three.

Migrant usage of the wider welfare state: Scroungers, Students, and Dependants

In February 2018, Renford McIntyre, a Jamaican migrant who had at this point been resident in the United Kingdom for 50 years, was to be found living in the lock up of an unheated industrial estate in Dudley, England.¹⁹⁵ McIntyre had been incorrectly flagged as an undocumented migrant in 2014 following a now routine residency status check by employers during which he was unable to provide a British passport or proof of naturalisation.¹⁹⁶ This led to him losing his job and despite being able to produce 35 years of proof of national insurance contributions – the general taxation mechanism through which all welfare services in the UK are funded – and he was deemed ineligible by the Dudley municipal council for welfare support.¹⁹⁷ Ultimately, this series of rejections pushed McIntyre into homelessness, leading to his taking up residence in the aforementioned industrial estate which contained no heating or shower facilities.¹⁹⁸ McIntyre’s case is one of hundreds of cases of Commonwealth citizens who were incorrectly and illegally classified as “undocumented migrants” by the British Home Office in the 2010s as part of a wider clamp down on migration that would eventually climax in the implementation of the “Hostile Environment” policy package in 2015. In large part thanks to the reporting of Amelia Gentleman at *The Guardian*, this systematic abuse of Commonwealth citizens would eventually come to light in 2018 in what has now come to be known as the Windrush Scandal. This scandal was only made possible by a complete institutional amnesia, on the part of the Home Office, on the historic migration rights of Commonwealth citizens during the 1940s, 1950s, 1960s, and early 1970s.¹⁹⁹

Up to 1962 Commonwealth citizens were never required to hold any kind of document other than a passport issued in their home country to ensure entry to the UK. After 1962, with the passage of the first Commonwealth Immigrants Act, Commonwealth citizens were required

¹⁹⁵ Amelia Gentleman (February 21st, 2018) “‘I’ve been here for 50 years’: the scandal of the former Commonwealth Citizens threatened with deportation”, *The Guardian* [online] Available from: <https://www.theguardian.com/uk-news/2018/feb/21/ive-been-here-for-50-years-the-scandal-of-the-former-commonwealth-citizens-threatened-with-deportation> [Accessed on: July 12th, 2021].

¹⁹⁶ *Ibid.*

¹⁹⁷ *Ibid.*

¹⁹⁸ *Ibid.*

¹⁹⁹ *Op Cit.*, Anna Caceres (June 29th, 2020) “When outright racism triggers migrant precarity: Britain’s Windrush Scandal and the need to move beyond arguments on legality”.

to hold entry vouchers in order to move to the UK for work purposes, but even these vouchers would be unlikely to meet the documentation standards required by the modern Home Office accustomed to dealing with more rigorous work permits or entry visas.²⁰⁰ Even further, the dependant family members of Commonwealth migrants who had emigrated to UK prior to the passage of the 1962 act were not required to hold an entry voucher in order to immigrate in the interests of family reunification until 1981.²⁰¹ This meant that in practise, the vast majority of Commonwealth migrants entering the country after 1962 - and even more so after 1965, when further restrictions were imposed by the *White Paper on Immigration from the Commonwealth* - were in fact dependant migrants who did not hold entry vouchers.²⁰² The right of Commonwealth dependants to emigrate to the UK without applying through the voucher system was not rolled back until passage of the 1981 British Nationality Act.²⁰³ That the British Home Office, apparently forgot the history of their own legislation, legislation any British migration historian worth their salt could have pointed them towards – and it is worth emphasising that Ian R G Spencer’s book *British Immigration Policy since 1939*, which has been referenced so extensively in this thesis, was published in 1997 - shows what has been at stake in discourses tying Commonwealth, and other, migrants to the financial ruin of the welfare state.²⁰⁴ In their haste to appear to clamp down on so-called “scroungers”, the British government facilitated the exclusion and illegal harassment of hundreds of individuals who had for decades called this country home. As a first-generation migrant who was resident in Britain when the Windrush Scandal broke, this thesis was in large part motivated by a desire to uncover the historic roots of discourses which ultimately culminated in the now infamous Hostile Environment. In essence, I have sought to ask, how exactly, did we get here?

This final chapter seeks to broaden this discussion beyond the confines of the NHS. Whilst the cultural power of the health service can near not be overstated, it was not the only feature of the welfare state that was tied to the “scrounger” myth, and indeed it was not the only feature of British society which catalysed opposition to migration. Whilst it is beyond the scope of this analysis to address every facet of hostility thrown at different migrant groups,

²⁰⁰ Op Cit., Wendy Williams (March 19, 2020) ‘Windrush Lessons Learned Review’, *Independent Review for the House of Commons* [online] Available from: <https://www.gov.uk/government/publications/windrush-lessons-learned-review> [Accessed on, April 1, 2020], P.56.

²⁰¹ Op Cit., Ian R G Spencer (1997) *British Immigration Policy since 1939*, P.143.

²⁰² Ibid., P.147.

²⁰³ Ibid.

²⁰⁴ Ibid.

migrant usage of wider welfare services was connected enough to discourses surrounding the NHS to merit their inclusion here. This is because the NHS – although a borderline holy institution to much of the British public – was still simply part of the public sector, as other elements of the welfare state were. Therefore, discussions concerned with migrant usage of wider welfare services often mirrored discussions surround the health service specifically, since both were, at core, concerned with who was entitled to the fruits of British society. This chapter looks specifically at twelve parliamentary debates discussing the usage of the unemployment benefit, National Assistance, and the public education system by Commonwealth, and “foreign” and “alien” migrants, occurring between 1948 and 1967.²⁰⁵ Of these twelve debates, eight addressed Commonwealth migrants whereas only four addressed the predominantly European migrants contained in the references to “foreign” and “alien” individuals. This disparity gives the first indication that Commonwealth migrants were likely met also with the greater level of hostility that has been observed in the previous two chapters when it came to their usage of wider welfare services. On close reading the disparity is even more stark. Of the four debates addressing European migrants’ usage of the welfare state, two debates are actually asking for even further services to be provided for these groups. Thus far from being hostile to Europeans use of government services 50% of the debates addressing this issue call for more services to be given. This positivity was only mirrored in one of the eight debates addressing Commonwealth migrants. All seven other debates posed Commonwealth usage of state services as a danger to British society, and in some way or another, framed this danger as one which should have thrown the entire Commonwealth migration project into question. This final chapter thus further solidifies the central findings of the earlier two chapter which have highlighted a racially biased hierarchy of desirability in the way migrant groups were discussed.

²⁰⁵ Commonwealth: HC. (June 16th, 1958) *Commonwealth Citizens and Foreigners (Assistance)*, Hansard.

HC. (December 3rd, 1958) *Commonwealth Immigrants*, Hansard.

HC. (February 8th, 1961) *Commonwealth and Colonial Immigrants*, Hansard.

HC. (April 20th, 1964) *Commonwealth Immigrants (National Assistance)*, Hansard.

HC. (February 1st, 1965) *Commonwealth Immigrants And Aliens*, Hansard.

HC. (March 22nd, 1965) *Commonwealth Immigrants*, Hansard.

HC. (June 16th, 1966) *Commonwealth Immigrants*, Hansard.

HL. (July 26th, 1967) *Commonwealth Immigration_ Grants for Education*, Hansard.

Foreign and alien:

HC. (December 14th, 1948) *Foreign-Born Wives*, Hansard.

HC. (February 1st, 1949) *Foreign Nationals (Travel Facilities)*, Hansard.

HC. (September 23rd, 1949, 1948) *Foreign Workers (Educational Facilities)*, Hansard.

HC. (February 28th, 1952) *Technical Colleges (Foreign Students)*, Hansard.

The beginning of concerns surrounding Commonwealth usage of wider welfare services coincided with the elevation of discourses calling for an end to Commonwealth migration. As aforementioned, the calls to strip Commonwealth citizens of their migration and residency rights began in 1955, at first championed by Conservative backbench politicians like Norman Pannell and Cyril Osborne.²⁰⁶ This early opposition was based on tying Commonwealth migrants to rising crime rates, high unemployment, and welfare dependency, and deteriorating housing standards.²⁰⁷ Throughout the late 1950s and early 1960s this initial minority of MPs managed to push their agenda into the parliamentary mainstream in a move that spurned the passage of the first Commonwealth Immigrants Act of 1962.²⁰⁸ Thus beginning in 1958, we see a flurry of debates addressing Commonwealth usage of the unemployment benefit National Assistance. In the first such debate, taking place on June 1958 and entitled *Commonwealth Citizens And Foreigners (Assistance)* a Labour MP named Harry Hynd, asks to know “how many Pakistanis, other Commonwealth citizens and foreigners, respectively, are receiving National Assistance allowances” in his constituency.²⁰⁹ When Edith Pitt, the Conservative undersecretary to the Ministry of Pensions and National Insurance, responds that the “National Assistance Board does not maintain separate records of the kind requested” Hynd replies with the following:

Is the hon. Lady aware of the growing concern about the inflow of people from Pakistan and other parts of the Commonwealth who have no work ready for them in this country? Is any inquiry being made into whether there is some person or group of persons organising the sending of these Commonwealth people into this country? If this flow continues it *may smash our National Health and National Assistance schemes* [emphasis added].²¹⁰

Hynd’s response is noteworthy for several reasons. Firstly, it shows that whilst there were not specific debates dedicated to Commonwealth usage of the NHS – as there were for “foreign visitors” - these concerns were often wrapped up in debates concerning Commonwealth usage of wider welfare services, in this case the unemployment benefit known

²⁰⁶ Op Cit., D W Dean (March 1992) “Conservative Governments and the Restriction of Commonwealth Immigration in the 1950s: The Problems of Constraint”, pp.184-185.

²⁰⁷ Op Cit., Ian R G Spencer (1997) *British Immigration Policy since 1939*, P.109.

²⁰⁸ Ibid., P.123.

²⁰⁹ Op Cit., HC. (June 16th, 1958) *Commonwealth Citizens and Foreigners (Assistance)*, Hansard.

²¹⁰ HC. (June 16th, 1958) *Commonwealth Citizens and Foreigners (Assistance)*, Hansard.

as National Assistance. This is revealing as whilst the claiming of National Assistance could reasonably be seen as a net drain to the welfare state - since those using this service are by definition unemployed and thus not paying National Insurance contributions - this is not necessarily the case for the National Health Service, which was used by both employed and unemployed residents in the UK. Hynd's statement then seems to suggest that all "Pakistani, other Commonwealth citizens and foreigners" could reasonably be expected to be unemployed or otherwise not paying their fair share for access to the health service. This would then be a much stronger accusation of scrounging than was noted at any point in the debates addressing migrant usage of the NHS specifically, in Chapter Two. Secondly, both the title of the debate, and the wording of Hynd's question, both of which refer to "Commonwealth *and* foreign" migrants, shows that despite Commonwealth subjects being legally indistinguishable from indigenous British citizens prior to the passage of the first Commonwealth Immigrants Act in 1962, they were still discursively grouped with foreigners and aliens holding no innate entitlements to services or residency. If anything, they are being portrayed here as *more foreign* than legal foreigners, since - as has already been shown in Chapter 2 - the usage of the NHS by "foreign" and "alien" migrants was not opposed so long as these groups were seen to be bona fide residents, rather than transient tourists. In contrast, here Hynd is clearly expressing opposition to usage of the NHS and National Assistance by Commonwealth *residents* of the UK. Thirdly, Hynd's question as to whether "some person or group of persons" was "organising and sending [...] Commonwealth people into this country" is revealing of the kind of hysteria that was beginning to take hold in the British parliament in the late 1950s, where there was mounting sense that the country was soon to be overwhelmed by the sheer number of Commonwealth migrants.²¹¹

Even further, the passage of the first Commonwealth Immigrants Act did nothing to assuage this hysteria, since, as mentioned previously, the Act did not roll back the migration rights of Commonwealth dependant family members. Thus, whilst newly arriving migrants from the Commonwealth would be subject to employment and employability-based criteria for entry after 1962, the dependant relatives of Commonwealth citizens already resident in the UK, would not.²¹² In February of 1964, Conservative MP Joan Quennell then asks to know:

²¹¹ Ibid.

²¹² Op Cit., Anna Caceres (May 17th, 2021) "Medical Migration and the NHS".

how many immigrants admitted to the United Kingdom under the Commonwealth Immigrants Act *as dependent relatives* have subsequently received National Assistance.²¹³

We see from Quennell's comment, that concerns about a swarm of feckless, unemployed, and welfare dependant Commonwealth migrants evident prior to the passage of the 1962 Act, were simply transferred to their dependants in its aftermath. Quennell's question clearly implies a belief that the Commonwealth Immigrants Act should have clamped down on migrant welfare usage and expresses concerns that this has not been the case because of the presence of dependant migrants, not subject to any employment criteria for entry. Even further when fellow Conservative MP, David Renton, asks again, in February of 1965, how many "Commonwealth immigrants and aliens, respectively, including their dependants" had been receiving National Assistance benefit for more than six weeks, he is much more than Quennell adamant about the need to collect these figures when met with the same response that the government did not track National Assistance claims by migration status.²¹⁴ To this, Renton replies:

Is it not very important that the Government should know how many people who come here hoping to find work fail to do so and therefore have to go on to National Assistance? Is the hon. Gentleman aware that figures at any rate similar to those for which I have asked used to be available in the past? Will he make strenuous attempts to find out the facts about this matter?²¹⁵

It is not immediately clear which figures Renton is referring to, as no trace of them was found within the parliamentary debate data, however, consultation of the secondary literature reveals that such figures were compiled in the late 1950s and early 1960s as part of an Interdepartmental Work Party, known as the Committee on Colonial Immigrants, up to 1959, and later renamed the Commonwealth Immigrants Committee.²¹⁶ The Working Party was established in response to increasing calls for restrictions on Commonwealth migrants and sought to examine whether or not such legislative controls were necessary.²¹⁷ As part of this

²¹³ Op Cit., HC. (April 20th, 1964) *Commonwealth Immigrants (National Assistance)*, Hansard.

²¹⁴ Op Cit., HC. (February 1st, 1965) *Commonwealth Immigrants And Aliens*, Hansard.

²¹⁵ Ibid.

²¹⁶ Op Cit., Ian R G Spencer (1997) *British Immigration Policy since 1939*, P.109

²¹⁷ Ibid.

investigation, they tracked the number of “coloured workers” registered as unemployed by regional Labour Offices between 1953 and 1961.²¹⁸ Crucially, whilst the total number of unemployed Commonwealth migrants increased by about 10,000 in the 8 year period, this figure - as a percentage of the total number of Commonwealth migrants resident in the UK - actually constituted a roughly 6% fall in unemployment, from 9.62% of Commonwealth migrants in 1953 to 3.62% in 1961.²¹⁹ Even further, when asked to report on the economic costs of Commonwealth migration, the UK Treasury asserted that their arrival was economically beneficial and that the majority of these individuals found employment without displacing indigenous British workers.²²⁰ Given that Renton’s comments in 1965 continue to suggest that a significant number of Commonwealth migrants arriving in the UK “fail” to find work - despite the fact that when these figures were collated in 1961 they disproved this assertion - he must only be referring to the absolute number of unemployed Commonwealth migrants, rather than the declining unemployment rate as a percentage of the entire group, or the assertions by the Treasury itself.²²¹ This kind of myopic focus on information which served to condemn Commonwealth groups is further demonstrated in debates addressing their usage of the public education system.

In June of 1966 Conservative MP David Renton, again raises concerns, this time about the growing presence of children from the Commonwealth in English schools. He questions the “effects upon the public education system of England of the need to educate large numbers of children of Commonwealth immigrants” suggesting that the presence of these children in English classrooms was reaching an unacceptable level, and jeopardising the education of English children.²²² When Labour MP and then Secretary of State for Education and Science, Edward Redhead, answers that the negative effects have been concentrated in a small number of regions, Renton responds emphasising that this problem will only escalate due to the continued arrival of Commonwealth dependents.²²³ This interaction suggests that by 1966, the level of concern surrounding Commonwealth dependant migration was such that it problematised migrant usage of any welfare state service, even public education, which had

²¹⁸ Ibid, P.117.

²¹⁹ Ibid.

²²⁰ Ibid., P.115.

²²¹ Op Cit., HC. (February 1st, 1965) *Commonwealth Immigrants And Aliens*, Hansard.

²²² M. Page Baldwin (October 2001) “Subject to Empire: Married Women and the British Nationality and Status of Aliens Act”, *Journal of British Studies*, Vol. 40, No. 4, P.553.

²²³ Ibid.

not been mentioned as a source of concern prior to this debate. This is to say, whilst opposition to migrant usage of unemployment benefit was innate because of the nature of this benefit - in that claiming unemployment assistance served to prop up a narrative of migrants as essentially feckless drains on public resources – opposition to migrant usage of the public education system was not innate and not initially present. Instead, the presence of Commonwealth children in public schools was only opposed once the scale of dependant migration was perceived to have surpassed the oft-mentioned “absorption” capacity of Britain.²²⁴

Concerns arounds “absorption” operated on a logic that the migrant population had to be sufficiently diluted, by a comparatively larger indigenous British population in order to be culturally integrated. Thus, the level of concern surrounding “absorption” hinged almost entirely on the level of perceived cultural difference of various migrant groups. Even as early as 1947 government officials in the Ministry of Labour had explicitly stated a preference for European over Commonwealth – or then, “colonial” - migration, due to the allegedly greater level of cultural similarity between white European migrants and indigenous white British residents.²²⁵ This is despite the fact that the education systems throughout the British empire were largely modelled on the English system, and many colonial subjects would have had a greater command of English than, for example, an Ukrainian European Voluntary Worker.²²⁶

The fact that European migrants often held a poor level of English was already attested to in the 1961 debate discussed in Chapter One, where Labour MP, Albert Roberts, raised concerns that foreign nurses with no command of the language were being left in charge of entire hospital wards, to the detriment of patient health, and even in one case, their death.²²⁷ The MOH’s response at the time made clear that there was no formal system for ensuring English language skills as a condition of issuing a MOL work permit was present prior to 1962. That foreign and alien medical staff were not required to demonstrate any level of English before this time, despite documented cases of this causing demonstrable harm to patients, whilst the entire validity of Commonwealth dependant migration was to be questioned only a few years later on the grounds that teaching Commonwealth children English was posing too great a strain on the public education system, shows how selectively condemnatory information

²²⁴ Op Cit., HC. (June 16th, 1966) *Commonwealth Immigrants*, Hansard.

²²⁵ Op Cit., Ian R G Spencer (1997) *British Immigration Policy since 1939*, P.40.

²²⁶ Op Cit., Julian M Simpson (2018) *Migrant Architects of the NHS*,

²²⁷ HC. (July 31st, 1961) *Foreign Nurses*, Hansard.

was used across the migrant groups, and how unevenly arguments about absorption were applied. Specifically, the fact that a lack of English language skills was seen as an existential threat when applied to Commonwealth migrants, but nothing more than a minor nuisance requiring an adjustment of entry criteria when applied to foreign and alien ones, again strengthen the conclusions of the earlier chapters that Commonwealth migrants were positioned at the bottom of the hierarchy of desirability in the UK. This argument is further supported when we look at the debates surrounding foreign and alien usage of wider welfare services.

In total only four debates touch upon the usage of wider welfare services by “foreign” and “alien” migrants.²²⁸ Of these, two are asking for the provision of further services. Thus, far from the trend of overwhelmingly negative debates observed for Commonwealth migrants – where seven of the eight total debates opposed Commonwealth usage of these services in some way – for the foreign and alien groups, opinions towards their integration within the welfare state was much more balanced. It should be noted that the requests for additional services to be provided were posed in the immediate post-war years when “foreign” and “alien” migrants consisted primarily of Europeans linked in some way to the war effort. Thus, beginning in September of 1948, we see Tom Driberg, a Labour MP ask the Prime Minister to ensure the provision of “educational facilities for German ex-prisoners and European Volunteer workers”.²²⁹ To this request the Lord President of the Council, Herbert Morrison, replies on behalf of then Labour Prime Minister, Clement Atlee, detailing the specific procedures in place to allow for access to educational facilities for these groups.²³⁰ Similarly, a few months later in December of 1948 Conservative MP Sidney Shephard asks whether the government can provide transport to the UK for the “foreign-born wives of [British] Service men” to ensure their “repatriation”.²³¹

This debate refers to spouses of military personnel who likely married whilst deployed on the European continent during World War II. Under the terms of the British Nationality Act of 1948, the foreign-born wives of British men were automatically entitled to residency rights and full citizenship in the British mainland.²³² In the present day the rules of the 1948 Nationality Act do not apply, and all spouses of British subjects – male or female - are required

²²⁸ HC. (September 23rd, 1949, 1948) *Foreign Workers (Educational Facilities)*, Hansard.
HC. (December 14th, 1948) *Foreign-Born Wives*, Hansard.

²²⁹ Op Cit., HC. (September 23rd, 1949, 1948) *Foreign Workers (Educational Facilities)*, Hansard.

²³⁰ Ibid.

²³¹ Op Cit., HC. (December 14th, 1948) *Foreign-Born Wives*, Hansard.

²³² HC. (April 28th, 1955) *British Women (Foreign Husbands)*, Hansard.

to have resided in the UK for three years prior to applying for citizenship.²³³ Throughout the post-war period however, British women never acquired comparable automatic rights to transfer citizenship through marriage.²³⁴ Indeed when this question was raised in parliament in 1955, by Labour MP John Hynd, who stated:

All I am asking is that the same right should be granted to a British woman marrying a foreigner as to a British man marrying a foreigner. Does not the Minister agree that it is time we brought ourselves in line with countries like America and Germany, and ceased to maintain this measure of sex discrimination?

the Conservative Secretary of State for the Home Department, Gwilym Lloyd George, insisted that no “sex discrimination” was present in the current nationality laws, that “every case is considered on its merits”, and that British women were free to apply to the Home Department for the naturalisation of their foreign-born spouses.²³⁵ These early debates 1948 debates requesting the provision of additional services for foreign and alien migrants should thus then be viewed as coloured by a distinctly masculinised nostalgia for WWII. Educational services are requested for ex-prisoners of war and EVWs, both of whom would now be remembered as ultimately allies in the great fight against fascism.²³⁶ Similarly, a specific request was made for the transport to the UK of “soldiers’ wives”, in part as a reward to these men for their wartime service.²³⁷ The distinct generosity of these requests was tied to, and dependant on, a rose-tinted memory of European alliances during WWII. In cases where this nostalgia could not be summoned, this generosity quickly evaporated.

As early as 1949, we see a Conservative MP Anthony Hurd raise concerns about the costs of “warrants free travel and at half fare issued to Poles and other foreigners during the past year”, further asking “why they are not charged the ordinary fare”, and suggesting that

²³³ Home Office (July 21st, 2017) “Historical background information on nationality”, *UK Government* [online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/650994/Background-information-on-nationality-v1.0EXT.pdf [Accessed on June 24th, 2021].

²³⁴ Asad Ali Khan (February 21st, 2018) Gender Discrimination and Historic Injustice: Law Corrected On British Citizenship through Matrilineal Descent”, *United Kingdom Immigration Law Blog* [online] Available from: /2018/02/21/gender-discrimination-and-historic-injustice-law-corrected-on-british-citizenship-through-matrilineal-descent/ [Access on June 27th, 2021].

²³⁵ Op Cit., HC. (December 14th, 1948) *Foreign-Born Wives*, Hansard.

²³⁶ Op Cit., HC. (September 23rd, 1949, 1948) *Foreign Workers (Educational Facilities)*, Hansard

²³⁷ Op Cit., HC. (December 14th, 1948) *Foreign-Born Wives*, Hansard.

steps should be taken “so that the generosity of the British public is not abused.”²³⁸ In the government’s defence the then Labour Chancellor of the Exchequer, Sir Stafford Cripps, clarifies that the free travel “warrants” were issued only to members of the Polish Resettlement Corps and to EVWs – the Polish Resettlement corps being the disbanded members of the former Polish military who had fought alongside the UK during WWII following the invasion of Poland by the Axis powers. This is to say that the Chancellor defends the provision free travel to foreigners precisely by specifying that these foreigners were of the “good” type – of the type linked to a nostalgic remembering of WWII. The favourable image of the European Ally at this time was thus enough to largely cleanse any stain that might have come from being a “foreigner”. By 1952 the cultural currency of this nostalgia had weakened somewhat, and Labour MP James Johnsons raises concerns – which to some extent foreshadowed the concerns expressed by David Renton 14 years later - regarding the proportion of “alien” students enrolled at technical colleges.²³⁹ Johnson states:

in many of our big technical colleges, including the London Polytechnic, there are as many as 25 aliens in a class of 30 or 32, which means that there are fewer of our people in those classes.²⁴⁰

However, Johnson’s concerns can be viewed distinct from David Renton’s later complaints surrounding the number of Commonwealth children enrolled in public schools for one important reason. Namely, Johnson does not in this debate imply that the presence of “alien” students in technical college classrooms is degrading the level of education available to indigenous British ones. Rather, he seems to be suggesting that the level of “alien” uptake of college placements might be boxing out British students entirely. This suggestion would be in line with Labour’s overall attitude towards foreign and alien migrants in this period. Labour politicians were much more likely than Conservative ones to be apprehensive towards foreign and alien arrivals, on the grounds that these migrants would compete with working-class Brits over employment and working conditions, and thus chip away at the hard-won successes of the trade union movement. Framed within this context we can view Johnson’s opposition to the enrolment of alien students in British technical colleges – which were the educational preserve of the British working classes – as distinct from the xenophobic opposition expressed by

²³⁸ HC. (February 1st, 1949) *Foreign Nationals (Travel Facilities)*, Hansard.

²³⁹ HC. (February 29th, 1952) *Technical Colleges (Foreign Students)*, Hansard.

²⁴⁰ *Ibid.*

Renton which hinged on assumed cultural difference. Johnson's opposition hinges much more on a nationalistic understanding of left-wing interests and a desire to protect the status of the British proletariat than it does on any reading of cultural values. Therefore, whilst the presence of foreign and alien migrants within wider welfare services was also opposed by British politicians, it was not opposed on the same grounds, nor to the same extent as was the case for Commonwealth migrants.

In conclusion, this chapter has sought to take the discussion of migrant "scroungers" beyond the confines of the NHS. The reasons for this, is that discourses surrounding the NHS are inextricably linked to discourses surrounding the wider welfare state. At core all these discussions centre on questions of who is entitled to the fruits of the British way of life, a question of utmost importance to migration historians. This link was most clearly demonstrated in the hyperbolic 1958 speech by Labour MP Harry Hynd, where use of the National Health Service and use of the unemployment benefit, National Assistance were explicitly grouped together.²⁴¹ Thus, future studies proposing to look at the importance of the NHS in migration discourses would be well placed to also consider the importance of wider welfare services. If nothing else, it is often in the discussion of these other services that the opposition to various migrant groups is most forcefully expressed. Overall, this chapter cemented the findings of earlier chapters, wherein a clear, and racially biased, hierarchy of desirability was constructed positioning black and brown migrant groups at the bottom and white groups at the top. Ostensibly, this disparity was justified by arguments of absorption capacity, wherein the black and brown migrant groups were seen as harder to absorb and thus more disruptive to British society. This was most clearly demonstrated in the difference between how Commonwealth students within the public education system were problematised versus how European "aliens" were. In the Commonwealth case, Conservative MP David Renton actively characterised their presence as posing an existential threat to the standard of British education.²⁴² In contrast, when the presence of an overwhelming number of European aliens in technical college classrooms was raised – "as many as 25 aliens in a class of 30 or 32" – the concern was not for the preservation of educational standards, but rather for the preservation of educational access to indigenous British citizens.²⁴³ In short, the presence of European "aliens" in British classrooms was not seen to jeopardize the nature of what that classroom was, rather it was simply feared

²⁴¹ Op Cit., HC. (June 16th, 1958) *Commonwealth Citizens and Foreigners (Assistance)*, Hansard.

²⁴² Op Cit., HC. (June 16th, 1966) *Commonwealth Immigrants*, Hansard.

²⁴³ Op Cit., HC. (February 29th, 1952) *Technical Colleges (Foreign Students)*, Hansard.

that their enrolment might squeeze out places for British students. This strongly supports the conclusion that European “foreign” and “alien” migrants were preferred due to a presumed cultural similarity to indigenous Brits that was seen as absent in the case of black and brown Commonwealth migrants, despite the latter having a shared imperial history and having been educated within the imperial system. That this assumption amounted to a form of racial discrimination is supported by the evidence of politicians selectively applying condemnatory information across the migrant groups. When Commonwealth migrants were seen to be lacking in English language skills, this was used to justify calls to end Commonwealth migration as a whole. When European “foreign” nurses were responsible for the death of a British patient due to their inability to speak English, this simply called for a tweaking of entry criteria. Similarly, when considering the case of Commonwealth unemployment, figures had to be taken out of context with no sense of scale or overall trends in order to justify the hysteria that this subject invoked. Commonwealth unemployment rates were low, and declining. Nevertheless, the spectre of the welfare dependant Commonwealth migrant persisted throughout the period and indeed, up to this day.

Conclusion

In March of 2021, the Conservative-led Government published its latest public offering on race inequality in the form of a document entitled *The Report* from the Commission on Race and Ethnic Disparities.²⁴⁴ The publication has now come to be known colloquially as The Sewell Report, after the Chairman and lead author Dr Tony Sewell, and it was immediately met with widespread criticism – not least by the government’s own Equality and Human Rights Commission - for making a number of inflammatory claims.²⁴⁵ Not least for seeming to deny the existence of institutionalised racism in the UK, and for arguing in favour of a retelling of the history of slavery which was “not just about profit and suffering”.²⁴⁶ Whilst to many it may appear obvious that the UK government in the 1940s, 1950s, 1960s and early 1970s demonstrated racial bias in their preferencing of given migrant groups over other – an obviousness which would serve to cast this analysis as something of an overkill – as the publication of the Sewell Report demonstrates, there are still prominent sectors of society, including in this case the government itself, which are keen to erase or at the very least, obscure this history. This thesis did not set out with the specific intent to uncover racial discrimination, but it certainly was expected to be present. By diving deeply into not only the words spoken publicly in the British parliament but also those spoken privately in the British civil service this study has sought systematically to uncover how, and why, different migrant groups were received differently throughout period.

The greatest overarching finding has been that black and brown migrants from New Commonwealth states were consistently positioned at the bottom of a hierarchy desirability into which all migrants were sorted. Further, that it was overwhelmingly the white European groups that made up the majority of “foreign” and “alien” migrants that were positioned at the top. This was the case at all levels of analyses, whether examining the preferencing of white European medical professionals over ones from the British Commonwealth; or the strength of

²⁴⁴ Tony Sewell et al., (March, 2021) “The Report”, *Commission on Race and Ethnic Disparities* [online] Available from:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974507/20210331 - CRED Report - FINAL - Web Accessible.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974507/20210331_-_CRED_Report_-_FINAL_-_Web_Accessible.pdf) [Accessed on July 14th, 2021].

²⁴⁵ Aubrey Allegretti (April 22nd, 2021) “Equality watchdog raised concerns about UK race report, documents show”, *The Guardian* [online] Available from: <https://www.theguardian.com/world/2021/apr/22/equality-watchdog-raised-concerns-about-uk-race-report-documents-show> [Accessed on July 14th, 2021].

²⁴⁶ Eleni Courea (March 31st, 2021) “Backlash over Sewell report slavery claim”, *The Times* [online] Available from: <https://www.thetimes.co.uk/article/downing-street-faces-backlash-over-landmark-report-on-race-r8z08n37r> [Accessed on July 14th, 2021].

associations formed between each migrant group and tuberculosis, wherein it was only in the case of Commonwealth migrants that the threat of importing tuberculosis was used to justify calls to shut the borders; or whether in reference to narratives addressing the usage of wider welfare services such as the unemployment benefit National Assistance the claiming of which was consistently tied to Commonwealth migrants despite reports by the government itself refuting association, and perhaps even more notably in the case of public education wherein the presence of a large proportion of students from the Commonwealth was seen to fundamentally alter the quality of education available, in a way that the presence of European migrants was not.

In terms of the chronology of discourses associating migrants with the harm to the NHS, these discourses were present from the very first days of the service, particularly contained within the public discussions of “foreign visitors” healthcare entitlements occurring in the British parliament and covered Chapter Two, but also in the CO concerns regarding the migration of Commonwealth nurses to the UK, and the disruptions this was assumed to entail for staffing both in the “colonies” and in Britain itself, which were highlighted in Chapter One. It is clear different migrant groups were tied with harm to the NHS in different ways, however. As was highlighted in Chapter Two, in terms of discussions raising concerns about the cost of everyday healthcare provision to migrants, this was only discussed in relation to “foreign visitors”. However, when we also see the discussions surrounding the importation of disease as a kind of subset of these pecuniary anxieties, we also see that Commonwealth migrants were in fact more associated with this kind of harm than “foreign” and “alien” ones. In particular, this line of investigation focused on tuberculosis, as a case study for larger debates surrounding migration and disease. Even further, when we consider the opposition towards wider welfare services as a second extension of these pecuniary anxieties there is again reason to conclude that Commonwealth migrants were seen more truly as “scroungers” than foreign and alien ones.

When we consider how different political actors tended to broach the subject, we firstly see that the Conservative Party was most consistently opposed both to Commonwealth migration generally, and to the usage of all welfare services, including the NHS, by any migrant group. This latter trait in part reflected the tendency towards budgetary conservatism and a desire to shrink the state. Thus, the party continued to push for the introduction of charges for prescriptions, glasses, and dental care in the NHS even after their reports showed the service

to be highly cost effective, as discussed in Chapter Two. Conversely, the Labour Party, whilst by no means being an explicit champion of migrants throughout the period – consider for example the incredibly hysterical comments made by Labour Harry Hind in 1958, covered in Chapter Two – were less consistently hostile towards migrants. Perhaps the more important contrast however was between public migration discourses occurring in the British parliament and those occurring privately in the British civil service. It is in contrasting these that we can truly conclude that the preferencing of white European groups over Commonwealth ones was ideologically motivated. Thus whilst in the parliament, the contributions and achievements of medical professionals hailing from the Commonwealth were consistently downplayed, typically categorising them as “students” who were only in the country temporarily to benefit from the allegedly superior level of education available here; in private, we see a MOH that is becoming increasingly frantic over the course of the 1960s in its bid to secure migrant medical labour from the Commonwealth in the midst of ever tightening border restrictions, as discussed in Chapter One.

In terms of why certain migrant groups were preferred over others then, this thesis has sought to demonstrate that these arguments were not only based on skewed data, but that the government was itself aware that this data was skewed. Thus, we see politicians, associating Commonwealth migrants with mass unemployment and crime, despite reports produced by the government itself showing evidence to the contrary. We similarly see politicians downplaying the importance Commonwealth medical labour to staffing the NHS, even as the ministry which oversaw this staffing begins to contemplate threatening Britain’s international relations with India, simply to ensure they can get enough doctors. Finally, we see the question of English language proficiency only taken seriously in the case of Commonwealth children, even as reports of a “foreign” nurse killing a British patient in a mental hospital in Epsom, due to an inability to understand him, are dismissed as having happened a “rather long time ago” and only necessitating some minor tweaking of the entry criteria for migrants arriving on work permits. Much has already been written regarding the mistreatment of Commonwealth migrants in the UK, both past and present, but it is only in contrasting how they were treated in comparison to other migrant groups that we can truly appreciate the level of hostility that they faced. By seeing the comparative warmth, and flexibility that white European migrants engendered, we can come to understand the depths of the cold those disembarking from the *HMS Windrush* were about to be engulfed in.

Appendices

Appendix A: Code for Figure 3: Word cloud for NHS/welfare/health for Alien and Foreign migrants (1948-1971).

```
#importing necessary packages
from collections import Counter
from PIL import Image
from nltk.corpus import stopwords #imports a longer/ more comprehensive stopwords list than the default
from wordcloud import WordCloud
import matplotlib.pyplot as plt
import os
from os import path
#locating files

main_folder = os.listdir("/Users/annacaceres/Desktop/Thesis Hansard Debates") #return the contents of the
named file as a list
for folder in main_folder:
    if not ".DS" in folder:
        if "Alien Foreign NHS" in folder: #only looks at this one folder
            content = "" #empty variable used to ``store" all the content from all the text files in one string
            sub_folder = os.listdir(f"/Users/annacaceres/Desktop/Thesis Hansard Debates/{folder}") #returns the
content of specified folder as a list
            for item in sub_folder: #look at everything in each subfolder
                file_list = [] #empty list of all the files
                if not os.path.isfile(item): #if its a folder look inside the folder and get files
                    sub_sub_folder = os.listdir(f"/Users/annacaceres/Desktop/Thesis Hansard
Debates/{folder}/{item}")
                    for sub_file in sub_sub_folder:
                        file_list.append(sub_file) #add each file to the file list
                elif os.path.isfile(item): #if its a file, add it to the file list to read content from
                    file_list.append(item)
                for file in file_list:
                    if not ".DS" in file:
                        file_content = open(f"/Users/annacaceres/Desktop/Thesis Hansard
#stopwords
Debates/{folder}/{item}/{file}").read()
                        content += file_content
                stopwords = set(stopwords.words('english'))
                annas_list = ['Bill', 'country', 'government', 'noble', 'lord',
                    'Lord', 'Mr', 'Sir', 'Miss', 'bill',
                    'hon.', 'member', 'minister', 'Gentlemen', 'Gentleman',
                    'Friend', 'Member', 'House', 'Chamber', 'Secretary',
                    'parliament', 'parliamentary', 'would',
                    'hon', 'one', 'Lordship', 'say', 'may', 'said', 'think', 'point',
                    'question', 'Lords', 'Members', 'know', 'right', 'could',
                    'matter', 'time', 'made', 'whether', 'make', 'Earl', 'asked', 'Ministry',
                    'Answer']
                for word in annas_list:
                    stopwords.add(word)

            wordcloud = WordCloud(width = 2000, height = 1500,
                                background_color = 'white',
                                stopwords = stopwords,
                                min_font_size = 10,relative_scaling=0).generate(content)
```

```

# plot the WordCloud image
fig = plt.figure(figsize = (10, 10), facecolor = None) #figure size won't impact wordcloud ratio
plt.imshow(wordcloud)
plt.axis("off")
plt.tight_layout(pad = 0)

```

Appendix B: Code Figure 4: Word cloud for NHS/ welfare/ health for Commonwealth migrants (with “Commonwealth” removed) (1948-1971).

```

#importing necessary packages
from collections import Counter
from PIL import Image
from nltk.corpus import stopwords #imports a longer/ more comprehensive stopword list than the default
from wordcloud import WordCloud
import matplotlib.pyplot as plt
import os
from os import path

#locating files
main_folder = os.listdir("/Users/annacaceres/Desktop/Thesis Hansard Debates") #return the contents of the
named file as a list
for folder in main_folder:
    if not ".DS" in folder:
        if "Commonwealth NHS" in folder: #only looks at this one folder
            content = "" #empty variable used to ``store" all the content from all the text files in one string
            sub_folder = os.listdir(f"/Users/annacaceres/Desktop/Thesis Hansard Debates/{folder}") #returns the
content of specified folder as a list
            for item in sub_folder: #look at everything in each subfolder
                file_list = [] #empty list of all the files
                if not os.path.isfile(item): #if its a folder look inside the folder and get files
                    sub_sub_folder = os.listdir(f"/Users/annacaceres/Desktop/Thesis Hansard
Debates/{folder}/{item}")
                    for sub_file in sub_sub_folder:
                        file_list.append(sub_file) #add each file to the file list
                elif os.path.isfile(item): #if its a file, add it to the file list to read content from
                    file_list.append(item)
                for file in file_list:
                    if not ".DS" in file:
                        file_content = open(f"/Users/annacaceres/Desktop/Thesis Hansard
#stopwords
Debates/{folder}/{item}/{file}").read()
                        content += file_content
            stopwords = set(stopwords.words('english'))
            annas_list = ['Bill', 'country', 'government', 'noble', 'lord',
                'Lord', 'Mr', 'Sir', 'Miss', 'bill',
                'hon.', 'member', 'minister', 'Gentlemen', 'Gentleman',
                'Friend', 'Member', 'House', 'Chamber', 'Secretary',
                'parliament', 'parliamentary', 'would',
                'hon', 'one', 'Lordship', 'say', 'may', 'said', 'think', 'point',
                'question', 'Lords', 'Members', 'know', 'right', 'could',
                'matter', 'time', 'made', 'whether', 'make', 'Earl', 'asked', 'Ministry',
                'Answer', 'Commonwealth', 'commonwealth']
            for word in annas_list:
                stopwords.add(word)

wordcloud = WordCloud(width = 2000, height = 1500,
                    background_color = 'white',

```

```

stopwords = stopwords,
min_font_size = 10,relative_scaling=0).generate(content)

# plot the WordCloud image
fig = plt.figure(figsize = (10, 10), facecolor = None) #figure size won't impact wordcloud ratio
plt.imshow(wordcloud)
plt.axis("off")
plt.tight_layout(pad = 0)

```

Appendix C: Code for Figure 5: Word cloud for NHS/ welfare/ health for Commonwealth migrants (no demographic stopwords removed) (1948-1971.)

```

#importing necessary packages
from collections import Counter
from PIL import Image
from nltk.corpus import stopwords #imports a longer/ more comprehensive stopwords list than the default
from wordcloud import WordCloud
import matplotlib.pyplot as plt
import os
from os import path

#locating files
main_folder = os.listdir("/Users/annacaceres/Desktop/Thesis Hansard Debates") #return the contents of the
named file as a list
for folder in main_folder:
    if not ".DS" in folder:
        if "Commonwealth NHS" in folder: #only looks at this one folder
            content = "" #empty variable used to ``store" all the content from all the text files in one string
            sub_folder = os.listdir(f"/Users/annacaceres/Desktop/Thesis Hansard Debates/{folder}") #returns the
content of specified folder as a list
            for item in sub_folder: #look at everything in each subfolder
                file_list = [] #empty list of all the files
                if not os.path.isfile(item): #if its a folder look inside the folder and get files
                    sub_sub_folder = os.listdir(f"/Users/annacaceres/Desktop/Thesis Hansard
Debates/{folder}/{item}")
                    for sub_file in sub_sub_folder:
                        file_list.append(sub_file) #add each file to the file list
                elif os.path.isfile(item): #if its a file, add it to the file list to read content from
                    file_list.append(item)
                for file in file_list:
                    if not ".DS" in file:
                        file_content = open(f"/Users/annacaceres/Desktop/Thesis Hansard
#stopwords
Debates/{folder}/{item}/{file}").read()
                        content += file_content
            stopwords = set(stopwords.words('english'))
            annas_list = ['Bill', 'country', 'government', 'noble', 'lord',
                'Lord', 'Mr', 'Sir', 'Miss', 'bill',
                'hon.', 'member', 'minister', 'Gentlemen', 'Gentleman',
                'Friend', 'Member', 'House', 'Chamber', 'Secretary',
                'parliament', 'parliamentary', 'would',
                'hon', 'one', 'Lordship', 'say', 'may', 'said', 'think', 'point',
                'question', 'Lords', 'Members', 'know', 'right', 'could',
                'matter', 'time', 'made', 'whether', 'make', 'Earl', 'asked', 'Ministry',
                'Answer']

```

```

for word in annas_list:
    stopwords.add(word)

wordcloud = WordCloud(width = 2000, height = 1500,
                      background_color = 'white',
                      stopwords = stopwords,
                      min_font_size = 10,relative_scaling=0).generate(content)

# plot the WordCloud image
fig = plt.figure(figsize = (10, 10), facecolor = None) #figure size won't impact wordcloud ratio
plt.imshow(wordcloud)
plt.axis("off")
plt.tight_layout(pad = 0)

```

Appendix D: Code for Figure 7: Word cloud for NHS parliamentary debates for "foreign" and "alien" migrants, including tuberculosis data. No demographic stopwords removed (1948-1971).

```

#importing necessary packages
from collections import Counter
from PIL import Image
from nltk.corpus import stopwords #imports a longer/ more comprehensive stopwords list than the default
from wordcloud import WordCloud
import matplotlib.pyplot as plt
import os
from os import path

#locating files
main_folder = os.listdir("/Users/annacaceres/Desktop/Thesis Hansard Debates") #return the contents of the
named file as a list
for folder in main_folder:
    if not ".DS" in folder:
        if "Alien Foreign NHS" in folder: #only looks at this one folder
            content = "" #empty variable used to ``store" all the content from all the text files in one string
            sub_folder = os.listdir(f"/Users/annacaceres/Desktop/Thesis Hansard Debates/{folder}") #returns the
content of specified folder as a list
            for item in sub_folder: #look at everything in each subfolder
                file_list = [] #empty list of all the files
                if not os.path.isfile(item): #if its a folder look inside the folder and get files
                    sub_sub_folder = os.listdir(f"/Users/annacaceres/Desktop/Thesis Hansard
Debates/{folder}/{item}")
                    for sub_file in sub_sub_folder:
                        file_list.append(sub_file) #add each file to the file list
                elif os.path.isfile(item): #if its a file, add it to the file list to read content from
                    file_list.append(item)
                for file in file_list:
                    if not ".DS" in file:
                        file_content = open(f"/Users/annacaceres/Desktop/Thesis Hansard
#stopwords
Debates/{folder}/{item}/{file}").read()
                        content += file_content
                    stopwords = set(stopwords.words('english'))
                    annas_list = ['Bill', 'country', 'government', 'noble', 'lord',
                                'Lord', 'Mr', 'Sir', 'Miss', 'bill',

```

```

'hon.', 'member', 'minister', 'Gentlemen', 'Gentleman',
'Friend', 'Member', 'House', 'Chamber', 'Secretary',
'parliament', 'parliamentary', 'would',
'hon', 'one', 'Lordship', 'say', 'may', 'said', 'think', 'point',
'question', 'Lords', 'Members', 'know', 'right', 'could',
'matter', 'time', 'made', 'whether', 'make', 'Earl', 'asked', 'Ministry',
'Answer']
for word in annas_list:
    stopwords.add(word)

wordcloud = WordCloud(width = 2000, height = 1500,
                       background_color='white',
                       stopwords = stopwords,
                       min_font_size = 10,relative_scaling=0).generate(content)

# plot the WordCloud image
fig = plt.figure(figsize = (10, 10), facecolor = None) #figure size won't impact wordcloud ratio
plt.imshow(wordcloud)
plt.axis("off")
plt.tight_layout(pad = 0)

```

Appendix E: Code for Figure 8: Word cloud for NHS parliamentary debates for Commonwealth migrants. Including tuberculosis data. "Commonwealth" removed as stopword (1948-1971).

```

#importing necessary packages
from collections import Counter
from PIL import Image
from nltk.corpus import stopwords #imports a longer/ more comprehensive stopword list than the default
from wordcloud import WordCloud
import matplotlib.pyplot as plt
import os
from os import path

#locating files
main_folder = os.listdir("/Users/annacaceres/Desktop/Thesis Hansard Debates") #return the contents of the
named file as a list
for folder in main_folder:
    if not ".DS" in folder:
        if "Commonwealth NHS" in folder: #only looks at this one folder
            content = "" #empty variable used to ``store" all the content from all the text files in one string
            sub_folder = os.listdir(f"/Users/annacaceres/Desktop/Thesis Hansard Debates/{folder}") #returns the
content of specified folder as a list
            for item in sub_folder: #look at everything in each subfolder
                file_list = [] #empty list of all the files
                if not os.path.isfile(item): #if its a folder look inside the folder and get files
                    sub_sub_folder = os.listdir(f"/Users/annacaceres/Desktop/Thesis Hansard
Debates/{folder}/{item}")
                    for sub_file in sub_sub_folder:
                        file_list.append(sub_file) #add each file to the file list
                elif os.path.isfile(item): #if its a file, add it to the file list to read content from
                    file_list.append(item)
            for file in file_list:
                if not ".DS" in file:
                    file_content = open(f"/Users/annacaceres/Desktop/Thesis Hansard
#stopwords

```

```

Debates/{folder}/{item}/{file}").read()
    content += file_content
stopwords = set(stopwords.words('english'))
annas_list = ['Bill', 'country', 'government', 'noble', 'lord',
             'Lord', 'Mr', 'Sir', 'Miss', 'bill',
             'hon.', 'member', 'minister', 'Gentlemen', 'Gentleman',
             'Friend', 'Member', 'House', 'Chamber', 'Secretary',
             'parliament', 'parliamentary', 'would',
             'hon', 'one', 'Lordship', 'say', 'may', 'said', 'think', 'point',
             'question', 'Lords', 'Members', 'know', 'right', 'could',
             'matter', 'time', 'made', 'whether', 'make', 'Earl', 'asked', 'Ministry',
             'Answer', 'Commonwealth', 'commonwealth']
for word in annas_list:
    stopwords.add(word)

wordcloud = WordCloud(width = 2000, height = 1500,
                      background_color = 'white',
                      stopwords = stopwords,
                      min_font_size = 10, relative_scaling=0).generate(content)

# plot the WordCloud image
fig = plt.figure(figsize = (10, 10), facecolor = None) #figure size won't impact wordcloud ratio
plt.imshow(wordcloud)
plt.axis("off")
plt.tight_layout(pad = 0)

```

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