

# We should remain sceptical of the UK's approach to migration during COVID-19

*We should remain sceptical of the changes to the UK's approach to managing migration during the COVID-19 crisis, writes **Buse Ozum Dagdelen** (Lancaster University).*

Looking at the UK government's most recent policies for key workers on the front line in the coronavirus crisis, immigrant health and social care workers seem to have gained recognition. However, the policy U-turns about visa and health surcharge issues are only the signs of temporary tolerance of the government for these overseas workers, to satisfy the public opinion appreciating 'low-skilled' during the pandemic. That is evident by looking at the UK's nationalist response to COVID-19.



On the 4th April, to commemorate war veterans in the [VE \(Victory in Europe\) Day](#) and to honour NHS key workers, a mural was painted by a graffiti artist – Tom Llewellyn, on an exterior wall of a pub in Pontypridd, Wales. How could the struggle against a biological phenomenon which is a new type of coronavirus causing severe diseases in the human body bears such ardent nationalist feelings? What is the underlying thinking to imagine an 'Army man' — in Llewellyn's words — and a white nurse woman fighting side by side against their enemies in the same picture? This illustration rather represents an ideology beyond the personal ideas of its creator.

Since coronavirus spread rapidly in the world, some have argued that the nation-state, in particular [in European countries](#), is making a comeback. Gideon Rachman, in his article for [The Financial Times](#), suggests three reasons for that: "first, in a state of emergency, the nation-state promises to its people some financial, organisational and emotional strengths, which are not available in global institutions. Second, the disease unveils how fragile the global supply chains are and how risky relying on these chains for all sorts of businesses, specifically to import vital medical supplies from those [foreigners](#). And third, some political trends that were already effective before the pandemic are more evident, e.g. the demands for more protectionism, localisation of production and greater border controls."

However, this revival of the nation-state and of nationalism should be no surprise. Philip Bobbitt (2002) in his book 'The Shield of Achilles: War, Peace and the Course of History' defines a 'market-state' as an entity that 'depends on the international capital markets and, to a lesser degree, on the modern multinational business network to create stability in the world economy, in preference to management by national or transnational political bodies'. From this perspective, [Arun Kundnani \(2007\)](#) claims that the UK's current migration management is rendered by the characteristics of being a market-state which is measuring the desirability of different groups of migrant according, on the one hand, to their economic value and, on the other, to their perceived assimilability to British values.

From the beginning of the COVID-19 outbreak in the UK, the government has deliberately endeavoured to set the struggle against the virus crisis in a national context. Boris Johnson's [war-like language](#) came through when he delivered the second daily update on the coronavirus situation in the country on the 17th of March. Coronavirus was 'the enemy' and the whole effort to defeat it could only be called 'a fight'. Along the same lines, the [Queen](#) was trying to invoke the spirit of World War Two in her broadcast to the nation on the 5th of April, as she was calling upon Britons to show that they were as strong as past generations.

A 'key worker' concept was developed in this nationalist atmosphere, but it was born blind to the possible practical problems of overseas workers in the country. [Key workers](#) have been mobilised as front liners in that coronavirus fight. People who work in critical roles in key sectors — including health and social care sector — were given privileges such as [access to schools](#), [booking of coronavirus tests online](#) and [applying for driving theory tests](#). However, the government formulated the key worker concept without paying any attention to the ethnic diversity of millions of employees in these sectors. According to the data coming from the Office for National Statistics' Labour Force Survey, there were an estimated 2.31 million EU and 1.34 million non-EU nationals working in the UK in [February 2020](#). A substantial minority of [NHS staff](#) are not British with an overall 13.1%.

There were two main controversies following the origin of the 'key worker' concept. First, immigrant health and social care workers needed automatic visa extensions in order not to face deportation during the lockdown. [On the 31st of March](#), Priti Patel announced that frontline workers' visas will be automatically extended, free of charge, for one year, albeit this right was granted only to NHS doctors, nurses and paramedics and their family members. This was not surprising, considering [the UK's points-based immigration system](#) which is planned to be implemented from the 1st of January 2021 and will give top priority to immigrants with the highest skills. Thousands of overseas professionals [from other job roles in the NHS](#) and thousands of those from all job roles in public and private [adult social care sectors](#) were overlooked for this right to stay. After many [criticisms](#), [other vital health and care workers](#) working both in the NHS and independent sector, and their family members were also [granted](#) automatic one-year extensions.

The second big controversy was [the immigration health surcharge \(IHS\)](#) which is required to be paid as the part of an immigration application, in order to use the NHS. As per of the post-Brexit policies of the government, the surcharge which is £400 a year and paid currently by some [153,000 non-EU residents](#) will rise to £624 from October 2020 and will be extended to all EU residents as well from January 2021. This charge is 'an unfair and unjust financial burden' for health and social care staff according to [Dame Donna Kinnair](#) who is the executive of the Royal College of Nursing (RCN). As with the visa issue, the right for an exemption from these charges was first given to those are 'highest-skilled', to NHS doctors, nurses and paramedics [on the 29th of April](#). As the result of long negotiation and [campaigning](#), it was finally announced [on the 21st of May](#) that the surcharge will be removed for all NHS staff, including health workers, porters and cleaners, as well as independent health workers and social care workers.

How should we read these policy [U-turns](#) for key workers? We may think of them as signals of forthcoming radical changes in the UK's migration management. Nevertheless, this is impossible taking into account [the points-based immigration bill](#) which has just passed the initial Commons. Moreover, these policies were reproducing the dichotomy of [wanted 'skilled' and unwanted 'unskilled'](#) migrants in their initial versions prioritising only the 'skilled', and they would have remained the same if it weren't for public pressure. Going forward, we should remain sceptical of the changes to the UK's approach to managing migration during the COVID-19 crisis.

*This post represents the views of the author and not those of the COVID-19 blog or LSE.*