

The Case for Permanent Residency for Frontline Workers

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Abstract

The spread of Covid-19 saw an increase in migrant workers facing substantial risks while reducing risks for citizens. We present three philosophical arguments in support of such workers gaining permanent residency. The Membership Argument demonstrates that workers' risks and assistance gives them ties with citizens which can ground the right to remain. The Gratitude Argument demonstrates that workers are owed gratitude-based goods in virtue of the risks they assume, and such goods are best provided via permanent residency. The Equality Argument demonstrates that workers who face risks are often victims of unjust inequality, and permanent residency helps counter this inequality. After presenting these three arguments, we present original empirical evidence that permanent residency for frontline workers is popular in the UK and US, suggesting that permanent residency is not only philosophically justifiable but politically feasible.

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1 Introduction

During the spread of Covid-19 throughout the United States, Nancy Silva was picking clementines in California. As she picked each fruit she was cognizant of the close proximity between herself and her co-workers, a proximity experienced by tens of thousands of agricultural workers in California who are three times more likely to become infected than the average American. Ms. Silva continued despite these risks, grateful for the temporary visa provided for her efforts, as part of temporary immigration reforms to protect food security during the pandemic (Jordan 2020a; Villarejo 2020).

A similar reform was instituted in the UK for medical workers, with year-long visa extensions offered to those working for the National Health Service (NHS). More recently, legislatures have called for more permanent reforms, with a coalition in the US congress proposing green cards to 40,000 nurses and doctors, and a coalition in the UK parliament proposing permanent residency to all NHS staff (Siddique 2020; *Economic Times* 2020). Some have called for permanent residency for all on the frontline, including those working in sanitation, care homes, and agriculture. As one op-ed writer explained, it's "the least we can do... in repayment for their service and sacrifices."¹

In this article, we present the case for granting permanent residency to all frontline workers, defined as those experiencing significant life-threatening risks during the pandemic to substantially increase safety for citizens. Increasing safety comes in many forms. One is via direct actions, as when doctors directly treat patients, and ambulance drivers transport patients to hospitals. Another is via indirect actions, as when farm workers increase life-sustaining food supplies, garbage collectors protect sanitation, and social workers respond to emergency calls in public and private spaces.

We present three philosophical arguments in support of granting permanent residency to such workers. The first argument draws upon the value of membership: frontline workers are members of society due to their contributions and the ties they have with citizens in virtue of their contributions. The second argument draws upon the value of gratitude: frontline workers

¹Layla Moran, "All Key Workers from Overseas Should be Granted Indefinite Leave to Remain - It's The Least We Can Do," 7 April 2020, Huffington Post.

are owed gratitude in virtue of the risks they take on to help citizens, and such gratitude is most viably expressed via permanent residency. The final argument draws upon the value of equality: permanent residency can counteract some of the unjust inequalities that arise in the markets within which frontline workers function.

After presenting these three arguments in Sections 2-4, Section 5 consider whether, given the three arguments above, policymakers ought to pass legislation granting permanent residency to frontline workers. They might not: if citizens refuse to support permanent residency, then policymakers who attempt to pass legislation supporting permanent residency may be voted out of office before legislation can be passed in practice. Assuming policymakers have no duty to do what is impossible to do, policymakers may have no duty to grant permanent residency to frontline workers. We present original survey data from the UK and US, two countries with widespread opposition to increasing immigration, but where support for granting permanent residency to frontline workers is widespread. This provides evidence of the political feasibility of permanent residency for frontline workers, suggesting policymakers not only have weighty justifications for granting such residency, but are able to do so in practice.

2 The Membership Argument

The first argument we present appeals to the value of membership, and begins with an observation supported by a range of philosophers: individuals who have lived in a country for long enough have certain moral claims. One is relational: if an individual has come to make new friends whom she is emotionally dependent on, and who are dependent on her, she has become an integral part of a relationship that is of value, and which gives rise to the claim to remain to continue this valuable relationship. Another claim is reciprocal: if an individual has paid taxes to the government for over a decade, or contributed to local culture and society through her interactions with others, she has a strong claim to reap some benefits she has contributed in the past (Carens 2013; Rubio-Marin 2000; Shachar 2009). This requires the ability to remain in a country, and to remain she must be granted permanent residency.

If what matters is whether immigrants have formed important ties with others and contributed sufficiently to the state, and frontline workers have formed important ties with others

and contributed sufficiently to the state, then frontline workers have grounds for obtaining permanent residency. There are a number of reasons that frontline workers have contributed and established ties via their frontline work. They have contributed by increasing the odds that citizens will survive, either by directly saving particular citizens' lives - such as doctors providing life-saving care - or by contributing to environmental changes that slow down the spread of the virus, thus increasing survival odds for all. Survival odds sometimes increase because of work that is uniquely helpful during a pandemic, as when delivery workers collectively enable many citizens to remain at home to avoid contracting and spreading Covid-19.² Other times, survival odds increase because frontline workers are engaging in actions which always increase the odds of surviving. Such is the case when garbage collectors risk their lives during a pandemic to ensure high sanitation levels which (pandemic or not) increase citizens' odds of survival (Salve and Jungari, Forthcoming), or when agricultural workers risk their lives during a pandemic to ensure food security levels which (pandemic or not) increase citizens' odds of survival (FAO 2020).

Moreover, such contributions create what we refer to as "benefactor ties" with citizens. By "benefactor ties," we mean ties arising between benefactors who risk their lives and beneficiaries benefiting from these risks. Such ties often create emotive attitudes directed from beneficiary to the benefactor, including feeling thankful for benefactor's the actions, feeling indebted to the benefactor, and feeling that the benefactor is a trusted member of the community which benefited (Hardie and Critchly 2008; North, Bland, and Ellis 2010; McCabe 2015; Hoyt et al., Forthcoming). While not all beneficiaries exhibit such feelings, there is strong evidence that many citizens do exhibit such feelings towards frontline workers. Citizens have exhibited such feelings when thanking particular nurses, cleaners, doctors, and technicians who saved their lives, or when thanking frontline workers in general (Morrison 2020). In addition to public thanks, citizens have responded to frontline workers' experiences,³ holding

²For a description of an upcoming study aiming to establish the extent that delivery workers slow down the spread of the virus, see Tongeren and Wei (2020).

³For example, see "Frontline Healthcare Workers Speak Out about Handling Coronavirus Patients," NBC, 31 March 2020, <https://www.youtube.com/watch?v=ByyP78RI1ow>; "A Tribute to Our Frontline Workers," CNN Philippines, 17 April 2020, <https://www.youtube.com/watch?v=A5E14RYk90c>; "People 'Adopting' Healthcare Workers to Help Those on Front Line of Coronavirus Battle," accessed on 27 May 2020 at <https://www.youtube.com/watch?v=Ds6xKACfkck>.

up signs, creating artwork, shedding tears,⁴ signing petitions to improve workers' welfare,⁵ and responding to the appeals of workers via comments, replies, reactions and donations.⁶ Importantly, such expressions are often performed by those who do not directly benefit, but who feel grateful for the work which frontline workers perform in general (Wehrmann and Christianson-Wood 2020; Buckley 2020).

There is reason to suppose that the emotive ties between citizens and frontline workers have value. One value is instrumental: the emotive responses by even some citizens may motivate frontline workers to continue their work, and personal communication between citizens and frontline workers may foster cooperation which can benefit all (Rosenbaum 2020). Another value is intrinsic: there is intrinsic value in humans recognizing the humanity of others, and a world where citizens express emotional thanks for frontline work is a world where citizens recognise the humanity of frontline workers, by recognizing the steep human sacrifice they make in creating a safer environment for others.

If emotive ties between citizens and frontline workers is of value, and ties between citizens and immigrants which are of value are grounds for the latter gaining permanent residency, then frontline workers have grounds for permanent residency. Even if ties are insufficient, so long as ties combined with considerable contributions are jointly sufficient, then frontline fulfil these jointly sufficient conditions.

The argument we present is not unique to frontline workers, and has already been applied to other migrants. Citizens tend to show strong displays of emotive indebtedness to a range of immigrants who have only lived in the country for a short time, but who are risking their lives more generally, and this often generates a right or a call for permanent residency. Such is the case when new immigrants enter the armed forces (Wilkins and Brooke-Holland 2019), or even partake in sporadic life-risking acts of kindness, as when a Malian man in Paris climbed a building to save a child dangling from a fourth-floor balcony (Vandoorne, Beech,

⁴For example, see "Kody Copp Says Thanks to Frontline Workers!" 13 April 2020, <https://www.youtube.com/watch?v=CdZXaahVPTM>; "Stay Strong': Canada Post Workers Show Support For Frontline Workers at Brampton Hospital," CityNews Toronto 23 April 2020, <https://www.youtube.com/watch?v=jUzJQf5XgAU>.

⁵For example, see "Give non-British Citizens Who are NHS Workers Automatic Citizenship," Petition, 7 April 2020, at <https://petition.parliament.uk/petitions/305129>.

⁶See (Kelly 2020) and tweets and responses to Hassan Akkad, a Syrian refugee and cleaner working in a London hospital. Accessed on 27 May 2020 at https://twitter.com/hassan_akkad.

and Westcott 2018). As with frontline workers, these migrants are acknowledged by citizens who do not directly benefit, as when Parisians expressed deep emotional thanks to the immigrant above, creating an altruistic tie between not only the child and the immigrant, but between the immigrant and those thankful for his actions (Hughes). If such ties are generally considered grounds for permanent residency, at least in combination with significant contributions to citizens, then similar ties and contributions by frontline workers are grounds for permanent residency.

The above Membership Argument rests partly on certain empirical premises, including the emotive ties that exist between frontline workers and citizens, and the contributions of frontline workers to these citizens. A modified Membership Argument could apply to frontline workers who never personally experience emotive ties with citizens, and who have never contributed to citizens themselves. So long as frontline workers are generally shown appreciation from citizens, and part of professions which generally contribute, there are grounds for granting permanent residency to such workers.

This is because generalities are important in establishing membership-based residency rights. When states establish whether someone has the ties and contributions necessary for permanent residency, they tend to establish whether this person is generally likely to have ties and contributions, rather than whether they actually do. States do not, for example, establish whether an applicant for permanent residency has many friends, or talks regularly with their neighbors and co-workers, or even whether they paid more in taxes than they received in public services. States instead grant permanent residency to those who have lived continuously in the state for a given number of years, where living continuously generally means having ties with citizens and having contributed to the state. The reason states ought to appeal to generalities is related to privacy and discrimination. It can violate the privacy of applicants to inquire into their social lives, and it can violate privacy and anti-discrimination principles to deny permanent residency based on one's lack of net contributions. For example, it would violate the privacy of applicants to inquire into their private medical records, finding out if they received surgery that was costlier than the taxes they contributed, and it can be wrongly discriminatory to deny permanent residency based on one's medical needs (Carens 2013). Di-

rectly inquiring into the contributions and ties of each frontline worker can similarly lead to violations of privacy and anti-discrimination principles. It can violate privacy if establishing precise contributions requires following around the workers during their employment hours, marking down the precise actions they took to establish if they did increase any given citizens' odds of surviving. While such investigations could theoretically be justified for some workers, it seems that frontline workers - who are definitionally those substantially risking their lives - have the right to privacy when taking such risks. More importantly, denying permanent residency based on lack of emotive ties from citizens can violate principles of discrimination, when those who the public feels no emotive ties towards are in professions associated with lower socioeconomic status, as when sanitation workers receive no public applause. Given these concerns, states have good reasons to grant permanent residency to those in professions which generally increase citizens' odds of surviving, even if particular workers do not increase these odds, and have no ties with citizens.

Even if one rejects this final claim concerning permanent residency for those without emotive ties or contributions, the Membership Argument still provides support for an extensive number of frontline workers obtaining permanent residency. It therefore serves as one central argument in our case, to be complemented by two additional arguments. We now address these additional arguments.

3 The Gratitude Argument

The last section described the emotive ties which exist between frontline workers and citizens. This section focuses on the risks frontline workers take on. Even when these risks do not lead to emotive ties, they create *duties of gratitude* on the part of citizens towards frontline workers.

The idea that duties of gratitude can ground residency rights has not been addressed in traditional discussions on immigrant ethics, but is central in current campaigns for granting more generous visas to frontline workers (Hymas 2020; Harris 2020). It is also, as we shall elaborate on in Section 5, a reason most UK citizens support permanent residency for frontline health workers, and a reason many US citizens support permanent residency for all frontline workers. We therefore present the most compelling version of this gratitude-based argument,

first describing a general theory of gratitude in 3.1, and an application of this theory to frontline workers in 3.2.

3.1 A theory of gratitude

Our theory of gratitude begins with the widely-held assumption that, when X greatly increases the risks that she will die in order to increase the odds that Y will survive, then Y ought to express gratitude towards X, assuming Y consented to X taking on such risks, or would have consented if he were able to do so (Manela 2015; Walker 1980). For example, if Beatrice risks her life swimming out to sea to save Charles, and Charles would have consented to being saved had there been time to do so, Charles ought to demonstrate gratitude towards Beatrice.

To express gratitude, Charles should do more than provide monetary compensation. He should not arrive on shore and take out £100 from his wallet, hand it her without a word, and walk away without looking back (Camenisch 1981; Meilaender 1984; Chang 2001; Wempe and Frooman 2018b; Fehr and Gächter 2000; Kuttner 1999; Sandel 2012).⁷ If Beatrice saved Charles at least partly because she felt humans ought to save others, handing over cash alone wrongly implies that their relationship is not one between a human altruistically helping another, but of one human transacting with another.

To express gratitude for the non-transactional motives she has and the relationship they have in light of these motives, he ought to tell Beatrice that he appreciates what she has done (Camenisch 1981; Von Tevenar 2006) and demonstrate *concern* for her welfare, given how much she has demonstrated concern for his. To demonstrate concern, he should ask how she is fairing, having just risked her life, and continue doing so either indefinitely, or at least without some specified end-date. He should not ask how she is fairing once and then ignore her if they run into each other, or tell her, “I will be sure to inquire into your welfare until one year from now, after which my duties to inquire into your welfare have been exhausted.” Such short-term concern with an expiration date fails to demonstrate that their relationship is not what it was prior to her saving him, given the risks she took on.

If he ought to demonstrate concern, he also has strong reasons to keep some line of *com-*

⁷For a defence of the broader claim that handing over money can express disrespect and offence, see Satz (2010b) and Wempe and Frooman (2018a).

munication open so that such demonstrations are possible, assuming Beatrice wishes to keep this line of communication open. While he needn't eagerly ask how she is doing for his entire life, he should not block her on social media, refuse to take her calls, and intentionally walk down a different street so that he can avoid talking to her in person.

More importantly, to demonstrate concern for Beatrice's welfare he should take actions which *protect* this welfare. He ought to avoid welfare-reducing harm that would otherwise be permissible and provide welfare-enhancing aid that would otherwise be supererogatory (Berger 1975; Bruton 2003; Kittay 1999; Aalberg, Iyengar, and Messing 2012; Sangiovanni 2007; Manela 2015, 2016; Terrance 1993; Swinburne et al. 1989; Walker 1980). More specifically, he ought to provide harm-reduction and aid with certain characteristics.

One characteristic is related to costs: it is widely accepted that aid owed as part of gratitude (though not harm avoidance) needn't exceed an upper threshold of costs.⁸ For example, if Beatrice needs a ride to the hospital for surgery, or lacks money to pay for rent one month, Charles ought to help if the costs fall below a given threshold that is higher than the threshold of a stranger who never risked her life to save his, all else being equal. While he needn't donate a kidney, he might need to donate some of his time, money, and energy.⁹ The same likely holds true for harm-avoidance. For example, if Charles and Beatrice both own competing cafes, and Charles can harm Beatrice by telling customers how unimpressive her coffee is, he should avoid doing so if the costs to him would be below a given threshold (perhaps he'll only lose a couple dollars in profits). He ought to avoid criticizing Beatrice's coffee given what she has done for him, but might still be permitted to criticize her coffee if this is necessary for his business to stay afloat. While the precise threshold of costs is debatable, the costs are higher than had Beatrice never risked her life for his, but not infinitely high.

There is a second characteristic to welfare protection for gratitude. While giving aid and

⁸The reason that Charles needn't invest the same costs that Beatrice invested - the risking of his life - is that Charles needn't value Beatrice's life as much as he values his own, and so can permissibly benefit from Beatrice's life-risking without risking his own life in return. If reciprocity were merely to create a mutually-beneficial relationship, rather than for demonstrating respect, then a beneficiary may be required to give back what he received. See Becker (2005, 27), Hartley (2014, 414-417), and Von Tevenar (2006, 182-183).

⁹He ought to donate these goods irrespective of whether he will receive further benefits back. See Hartley (2014) and Kittay (1999). This practice of donating goods to demonstrate gratitude, and irrespective of whether one will receive goods back, is practiced by a broad range of cultures and in a broad range of settings. See Camerer et al. (2005), Fehr, Fishbacher, and Gächter (2002), and Gintis (2000).

avoiding harm is only obligatory until a given threshold of costs, these costs do not dissipate with time. Imagine Beatrice never asks Charles for any favours years after she saves his life because she does not want or need any favours, but comes to him twenty years without sufficient nutrition. Charles should not respond, “I owe you nothing, because twenty years have passed since you saved my life.” If twenty years have passed, Charles has now lived twenty years because Beatrice risked her life for his. While the total assistance he must provide over this twenty-year period is limited to some absolute threshold - he needn’t pay for her food every month for twenty years - this threshold does not have an expiration date, because the passage of time increases rather than diminishes the benefits for Charles.

A final characteristic concerns competing considerations. Charles has no duty to protect Beatrice’s welfare if there is some other individual whom he has a weightier moral reason to protect instead, such that he holds an all-things-considered duty to help them instead of her. If Beatrice needs money for one-month’s rent, then Charles may have no duty to pay this rent if a stranger needs money to survive, and Charles can either help the stranger or Beatrice.

In short: the duty to demonstrate gratitude encompasses the sub-duties to:

1. express *concern* over a benefactor’s welfare when running into her,
2. keep modes of *communication* with her open, and
3. *protect* her welfare by avoiding harm and providing necessary aid which
 - (a) costs equal to or above a given threshold
 - (b) does not expire at a given point in time and
 - (c) does not clash with a competing and weightier reason to protect the welfare of another agent instead.

The above analysis describes the duties of a person saved by someone motivated by altruism, and whose life-risking seems supererogatory; Beatrice is motivated by altruism and has no obligation to save Charles. Some claim gratitude is not owed towards those saving others for self-interested reasons (Von Tevenar 2006), or those with an obligation to save others (Callahan 1982; McConnel 2017; Heyd and David 1982). While this might be true in general,

there are strong fairness-based reasons to show gratitude towards someone fulfilling an obligation who is acting only partly altruistically, so long as their non-altruistic motivations are derived from financial necessity. Imagine Beatrice has an obligation to save Charles because she is a lifeguard, and is motivated by a desire to keep her job, but also because she feels strong moral reasons to save him. She ought to be shown gratitude if she needs the job to pay for rent and food. If her needs for a job were indicative of how much gratitude she were owed, this would imply that a wealthy heir who risked her life to save another for free is owed more gratitude than a poor worker who risked her life to save others for a pay-check, because the former is not motivated by money and the latter is, on account of the former already having money the other does not have. If we think that one's wealth should not indicate the extent that one is owed gratitude, then one who is partly motivated by a pay-check should not be shown less gratitude in virtue of the pay-check they need.

This raises the question of whether those who save others are owed gratitude if they are not acting out of necessity, and have absolutely no altruistic motives, feeling no empathy or care for the individuals they assist. Even if such individuals are not owed gratitude, there are good reasons to still show them gratitude. One reason is related to knowledge: it can be difficult or impossible to establish the precise motives of individuals risking their lives for others. Another reason is related to respect: even if there were a way of interrogating life-savers to establish their motives, such interrogation might exhibit disrespect for those who save others. Imagine Charles asked Beatrice to sit down and answer a battery of questions before demonstrating concern for her welfare. Being questioned in this manner might be reasonably interpreted by Beatrice as implying that Charles does not trust her motives. If she really was motivated by altruism and risked her life as a result, being exposed to this interrogation may not be worth the price of being shown gratitude by Charles. She might reasonably respond, "I risked my life to save yours, and you're repaying me with intrusive questions about my motives? I would rather you showed no gratitude at all than have me experience such interrogation." If she really is owed gratitude because she was motivated by altruism, and rejects gratitude to forgo interrogation, then she would be denied gratitude which Charles ought to provide. This creates one weighty reason for Charles to simply show her gratitude from the start, and

presume her motives are at least partly altruistic.

3.2 Gratitude to frontline workers

In what follows, we assume that the frontline workers in question are partly motivated by a pay-check, on account of not having access to a pay check unless they work, but that they have some altruistic motives, or that interrogations to establish their motives would be wrong.

We also assume that the relationship between frontline workers and citizens has certain characteristics that are similar to the relationship between Beatrice and Charles. Just like Charles experiences a substantial increase in the odds of surviving because of the risks that Beatrice takes on, each citizen experiences a substantial increase in the odds of surviving because of the risks that frontline workers take on.

In addition to assuming that citizens' odds of surviving are substantially increased, we assume that, just like Charles cannot consent to Beatrice's saving him but would consent if asked, citizens cannot directly consent to the risks frontline workers take on, but would consent if asked. This is not an unreasonable assumption; there has been widespread media coverage of the risks that frontline workers accept (Akerman 2020; Tomer and Kane 2020), and widespread public support for the actions of frontline workers (Future 2020), suggesting that the public are not opposed to the actions which frontline workers take, especially when benefiting substantially.

Though we presume the above similarities, there is clearly once central difference: the relationship between frontline workers and citizens is not one between two individuals, but between two groups. As such, it is less personal. If it is less personal, perhaps a mere impersonal transfer of money to frontline workers is sufficient to demonstrate gratitude.

Even if the ties between citizens and frontline workers are not personal, there are good reasons to suppose they ought to be personal, in the sense that citizens ought to respond to the personal reasons that frontline workers risk their lives. This is because of a general claim concerning groups: if Charles ought to demonstrate gratitude towards Beatrice because she shows concern in risking her life for Charles, group of individuals ought to demonstrate gratitude towards another group, if each member of the latter group is also motivated by a

concern for members of the first group, and risks their lives as a result. If members of the first group ought to demonstrate gratitude for the non-transactional motives behind the actions of the latter group, and money alone fails to demonstrate gratitude for non-transactional motives, then members of the first ought not give money alone. For this reason, citizens ought not give money alone. They ought to engage in some type of non-monetary response, including demonstrating *concern* for frontline worker's welfare, given that frontline workers demonstrated concern for theirs. Doing so requires keeping some type of *communication* with frontline workers open, and *protecting* frontline workers' welfare.

This raises the question of how *concern*, *communication*, and *protection* are implemented in practice. Because citizens are a large group of individuals demonstrating gratitude to a large group of workers, they cannot and ought not demonstrate gratitude in the same manner as an individual like Charles shows gratitude to Beatrice. This is partly because of epistemic barriers: a given citizen rarely knows exactly who saved his life, or if a given individual saved his life, given the indirect and/or dispersed nature of frontline assistance. A citizen will be unable to know which frontline worker he should communicate concern to, or to whom he should provide welfare protection; if he passes a former frontline worker living on the street, he will not know whether this worker contributed to the saving of his life.

There is additionally a coordination problem: there might be millions of frontline workers who occasionally need help. The coordination required would not be conducive to the sort of single acts of kindness that Charles can demonstrate to Beatrice. Even if this coordination problem were overcome, there would be strong privacy reasons against citizens directly demonstrating concern and providing protection. Imagine a nurse opening her door to find thousands of citizens thanking her for working during the Covid-19 pandemic and offering to pay for her food should she require assistance.

There is a final problem relating to control and harm avoidance. As noted, demonstrating gratitude requires avoiding harm when the harm entails below-threshold costs. Citizens often contribute to the harm of frontline worker immigrants. This is because, when citizens pay taxes, they financially support a range of immigration enforcement procedures, such as border control officers engaging in extreme violence during deportation (Davies 2017; Wong 2015).

Even when violence is generally avoided, taxes contribute to the visceral psychological pain workers might experience if told they must leave the state where they have risked their lives for others. If fulfilling the duty of gratitude requires avoiding some types of harm, but citizens lack control over the harms they contribute to, then it is difficult for citizens to entirely control their ability to show gratitude.

Given the epistemic, privacy, coordination, and control barriers that citizens face, this poses a problem for the state as a whole, including the various institutions that enforce state laws. This is because the state and its institutions have strong moral reasons to ensure that citizens can fulfil their duties in general, at least when these duties are held by most citizens and especially weighty (Raz 1986; Tadros 2016; Howard 2016a; Quong 2010; Howard 2016b; Wellman 2005). If citizens' duties of gratitude towards frontline workers are especially weighty, then states ought to institute policies which help citizens fulfil these duties. They should therefore help citizens avoid the epistemic, privacy, coordination, and control barriers towards fulfilling these duties.

There are good reasons to suppose that the policy most conducive to overcoming the four barriers is the granting of permanent residency to frontline workers. This is because permanent residency gives frontline workers: (1) protection from deportation, (2) the ability to engage in public communicative acts within the territory of the state and (3) access to various welfare provisions, including unemployment benefits, education, and public housing.

The first aspect (1) ensures that citizens are not in a position where they inadvertently contribute to the harming of migrants via deportation. In theory, of course, states could continue engaging in deportation while still ensuring citizens fulfil their duties of gratitude: they could simply ensure that the harms from deportation were minimized, up until the costs of non-harm fell below the obligatory threshold for duties of gratitude. While in theory this would be possible, individual enforcement agents widely and unofficially ignore official state policy (Cantor and Ewing 2017; Sager 2017) and inflict harms that are disproportionate in general (Lister 2020a). If they are impermissible in general, they are certainly impermissible for agents who have duties of gratitude, given that the duties to avoid harm towards those owed gratitude are weightier than the duties to avoid harm towards those not owed gratitude (all

else being equal). For states to be certain that citizens are not contributing to impermissible harm, and thus fulfilling their duties of gratitude, states ought to simply grant permanent residency to frontline workers.

The second aspect (2) ensures that citizens and migrants can communicate with each other on a public level, even if the sort of personal communication found between individuals like Charles and Beatrice is not possible or desirable. This is because migrants being present can more easily engage in public communicative acts which citizens are more likely to notice and respond to, such as engaging in protests, talking to reporters, physically signing petitions, raising court petitions, organising community meetings, organising public talks, approaching policymakers, stopping pedestrians on the street with flyers, striking in places of employment, and appealing to citizen neighbours, colleagues, and friends (Beltran 2009; Isin 2008; Gloash-Boza 2014; Sanchez et al. 2018). Once deported, electronic means of communication - Zoom, blogs, and online petitions - are thin alternatives for frontline workers communicating to citizens, and for citizens demonstrating concern by communicating back to frontline workers. Just as Charles does not demonstrate gratitude if he agrees to stay in touch electronically but not in person, ignoring Beatrice whenever she passes by, citizens do not demonstrate gratitude if they agree to stay in touch electronically but not in person, deporting workers who wish to stay.

The above explains why being physically present is important for harm-avoidance and communication. It does not explain why frontline workers ought to have access to (3), the welfare provisions associated with permanent residency. While individuals like Charles ought to protect women like Beatrice with aid that she requires, many frontline workers will not require any aid, because they come from countries capable of providing essential services to all of their citizens. If so, perhaps frontline workers ought to be granted freedom from deportation and the rights to communicate with citizens, but no welfare provisions. If they need food, shelter, or other goods, they can always return to their home countries where these goods are available.

One response is to note that many frontline workers do not come from countries where essential services are available, and so may indeed need aid, but even if workers can access

aid in their home countries, the fact that they cannot access aid in the country where they worked as frontline workers is enough to diminish citizens' ability to demonstrate gratitude. Just like Charles fails to demonstrate gratitude if he is unwilling to provide aid to Beatrice, even if Beatrice never needs this aid because another individual will be provide it instead, citizens fail to demonstrate gratitude if they are unwilling to provide aid to frontline workers, even if workers never need this aid because another state will provide it instead. By granting the usual welfare provisions associated with permanent residency, citizens are communicating a willingness they otherwise do not communicate, and so demonstrating gratitude they otherwise do not demonstrate.

Some might suppose that citizens can protect welfare not via indefinite welfare provisions, but via a cheque equal to the maximum owed to frontline workers. It would be comparable to Charles handing over a million dollars to Beatrice, such that the payment would cover any needs she might later have up until help was supererogatory. While such a cheque might seem sufficient, there is a good reason for citizens to instead grant access to the usual welfare provisions associated with permanent residency. As noted in the discussion on Charles, a beneficiary has no duty to provide aid to a benefactor if this means being unable to aid someone who he has weightier reasons to aid instead, such as those in far greater need. Were a state to hand over large cheques to frontline workers, it might be providing aid which it has a stronger reason to provide to others in greater need in the future. By providing aid as the need arises, a state can more easily weigh competing reasons, and take actions accounting for the weight of these reasons. For example, if a state has weighty reasons to provide secure housing to frontline workers unable to access secure housing, but it has weightier reasons to provide cancer treatment to non-frontline-workers in need of this treatment, and the state cannot afford to provide both the housing and cancer treatment, then the state ought to provide the latter and not the former. It fails to do this if handing out a cheque intended to cover housing should frontline workers ever find themselves without a home, because it fails to account for the potential competing considerations that might arise in the future; the state cannot easily take back the cheque if it learns that a more pressing duty has arisen. The only way to systematically and consistently weigh competing considerations is to weigh these

considerations as they arise; a one-off cheque fails to do so, but subjecting workers to the usual welfare policy does.

Even if one rejects this conclusion, one can at least accept this: if frontline workers are not given a large cheque equal to the minimum threshold owed, they ought to be given not only permanent residency, but welfare provisions equal or above this threshold. If today most frontline workers are not given a large cheque, most ought to be given both permanent residency and the welfare benefits associated with permanent residency.

4 The Inequality Argument

A final argument in support of permanent residency relates not to membership or gratitude, but inequality.

In general, inequality is often unjust, though precisely when is up for debate. *Luck Egalitarians* claim inequality is unjust when some are worse off due to brute luck (Dworkin 2002; Segall 2013; Lippert-Rasmussen 2001; Vallentyne 2008). *Sufficientarians* claim that inequality is unjust whenever some lack enough of certain goods to live a sufficiently decent life (Axelsen and Nielsen 2015; Benbaji 2005; Huseby 2020; Shields 2016). Many *Prioritarians* claim that inequality is unjust when resources are distributed merely to maximize aggregate benefits, because benefits ought to count for more the worse off an agent is (Peterson, Hansson, and Weirlich 2005; Weirich 1983; Parfit 2012). *Rawlsian* proponents of the Difference Principle make the related claim that inequality is unjust when resources are distributed in a manner that is worse for the worst-off compared to a more equitable distribution of goods (Rawls 2001). *Relational Egalitarians* hold that inequality is unjust when it creates unequal relationships, as when the wealthy dominate the poor (Anderson 1999; Miklosi 2018; Wolff 2010). Finally, many *Libertarians* claim that inequality is not unjust as such, but is unjust when the result of some agents wrongly undermining the liberty of others. While there is debate over when liberty is wrongly undermined, it is widely accepted (by both libertarians and others) that liberty is undermined when a non-labile innocent individual is threatened with severe bodily harm (Nozick 1974; Otsuka 2003; Steiner 1994; Sterba et al. 2010).

These are rough and simplistic summaries of prominent views, and there are many others,

but for our purposes we assume this: inequality is clearly unjust when

1. Some agents lack enough resources for a minimally decent life while others have far more than necessary for a minimally decent life, such that *Sufficientarianism* and *Prioritarianism* are violated and
2. Those who are worse-off would be better off in absolute terms if resources were more equitably distributed, violating the *Rawlsian Difference Principle*, and
3. These circumstances are largely the result of luck and violations of bodily autonomy, violating *Luck Egalitarianism* and *Libertarianism* and
4. This results in those with more resources dominating and failing to respect those with fewer resources, violating *Relational Egalitarianism*.

The above is an extended normative premise concerning unjust inequality. Our second premise is empirical, and focuses on the inequality faced by frontline workers. There is extensive evidence that frontline worker immigrants in a range of countries are victims of at least one of the above five principle violations, and many are victims of all five. Not only are many frontline workers paid very little, but they lack protective equipment in their places of employment, and an inability to easily obtain alternative employment, suffering anxiety and illness which diminishes their quality of life (Rossi et al. 2020; Spoorthy, Pratapa, and Mahantc 2020). Assuming that anxiety and illness are incompatible with a sufficiently decent life (Herlitz 2019; Deveaux 2018; Huseby 2020), then frontline workers' experiences are incompatible with *Sufficientarianism*. Moreover, assuming that a transfer of resources to such workers would increase their quality of life and reduce inequality, their circumstances are incompatible with the *Rawlsian Difference Principle* and likely incompatible with *Prioritarianism*.

There is also evidence that the inequality experienced by frontline workers violates *Luck Egalitarianism*. While we lack precise demographic statistics on all frontline workers, we do know that those working in the lowest-paid industries, and involving high risks - such as construction and sanitation - have significantly lower educational attainment, and likely cannot easily switch professions as a result (Rho, Brown, and Fremstad 2020; Bowden; Chature

and Gupta 2020; Hueso 2020). Given that those with lower educational attainment are far more likely to be born into families with lower rates of education and higher rates of poverty (Ferguson, Bovaird, and Mueller 2007; Galster et al. 2007; Stumm et al. 2020) – and this is true for both native citizens and immigrants (Gonzalez et al. 2017; Banerjee and Lamb 2016) – it is likely that frontline workers’ circumstances are largely the result of family backgrounds for which they have no control. If they are worse off largely because of circumstances beyond their control, they are experiencing inequality incompatible with *Luck Egalitarianism*.

Violations of *Relational Egalitarianism* are rife as well. There is evidence that frontline workers in care capacities face disproportionately more abuse compared to others (Gilroy 2020; Doward 2019), and frontline cleaners face little recognition and verbal thanks for their work (Kinder 2020a). Low-income workers in general, and so low-income frontline workers as well, are less likely to find the time, resources, and motivation to participate in democratic decision-making (Bartle, Birch, and Skirmuntt 2017; Theodossiou and Zangelidis 2020; McBride, Sheraden, and Pritzker 2006). Frontline workers on temporary visas in a range of countries lack a legal right to switch places of employment, a constraint which limits their mobility and agency (Government; Schwiter, Strauss, and England 2018; Hunt and Xie 2019; Anderson 2010; Walia 2010). Given that such workers lack the ability to stand as equals with many of those whose lives they save, and indeed many citizens in general, these workers are denied the equality to which they have a right.

Even principles of *Libertarianism* are often violated. This is true not only for those facing abuse, but for frontline immigrants without permanent residency, given that such immigrants are usually required to remain in their current place of employment at risk of forced deportation for acting otherwise (Harris 2013; Campbell 2019). Even if forced deportation could in theory be compatible with libertarian principles (Hoppe 1998; Hospers 1998), the current practices of deportation do not. As noted in the last section, individual enforcement agencies often use lethal, injurious, and disproportionate force against those violating immigration policies (Cantor and Ewing 2017; Lister 2020b; Sager 2017).

Given that frontline workers are often victims of unjust inequality, and immigrant frontline workers in particular are victims of unjust inequality, this raises the question of how the

state ought to respond. It is widely accepted that the state ought to intervene to counter gross and unjust inequality, or to counter some of the inequality resulting from wrongful liberty violations (Satz 2010a; Anderson 1999; Phillips 2013; Otsuka 2003; Nozick 1974). It is also widely accepted that, when migrants face severe harm from unjust inequality, then granting them permanent residency is an especially effective mechanism for countering this inequality (Lenard and Straehle 2012, 2010; Walzer 1983; Narayan 1995; Wright, Groutsis, and Broek 2017; Berg 2016). There are good reasons to suppose that the same holds true for countering the unjust inequality that migrant frontline workers face, even if permanent residency is insufficient on its own to eradicate this inequality. Permanent residency gives frontline workers the ability to switch jobs without fear of deportation, consistent with libertarian principles, and access to welfare provisions, reducing some of the disadvantages inconsistent with prioritarianism, sufficientarianism and Rawls' Difference Principle. Permanent residency also entails a road to citizenship, giving them the right to vote. With the right to vote comes the ability to influence policy, helping frontline immigrants stand closer in status with the citizens who pay for their labour, thus countering some of the relational inequality which frontline workers face.

Some might claim that, just because workers experience unjust inequality, it does not follow that they have a right to permanent residency. There are many migrants living in poverty, and it does not follow that all should be granted permanent residency. Moreover, even if they all should be granted permanent residency, there is nothing unique about frontline workers in this regards, and so the argument above is not a case for granting permanent residency to them in particular.

While both claims may be true, the consideration we presented in this section can be combined with considerations presented in the previous sections to bolster our case, and demonstrate its applicability to frontline workers in particular. Even if inequality is insufficient grounds for granting permanent residency to all immigrants, or not grounds unique to frontline workers, there might be something uniquely wrong about frontline workers experiencing inequality given that they risked their lives to help citizens. One reason this might be wrong is related to the Membership Argument: once an individual has developed strong ties to the society within which they live, and contributed to this society, they have become members of

society and are owed certain goods associated with membership. One of the goods they may be owed is the good of not facing certain types of inequality. Moreover, such inequality might be additionally wrong for reasons related to the Gratitude Argument: if citizens owe frontline workers gratitude for the risks they took, and this gratitude requires demonstrating concern for frontline workers, then inequality which is incompatible with this concern is incompatible with citizens' duties to frontline workers. For example, if frontline workers are denied sufficiently decent lives by citizens because they are denied welfare benefits, and treated as subordinate when facing the risks of deportation, it does not seem that citizens demonstrate concern for their welfare. If they do not, and permanent residency demonstrates such concern, then there are grounds for granting permanent residency.

5 Political Feasibility

The last three sections presented the philosophical case for granting permanent residency to frontline workers. This section addresses whether policymakers can successfully grant permanent residency in practice. If policymakers lack public support for passing legislation granting permanent residency, then any policymaker attempting to pass such legislation may be voted out of office before passage is successful. Assuming policymakers cannot be obligated to do what is impossible to do, they may be acting permissibly in refraining from granting permanent residency to frontline workers.

In this section, we present evidence that popular support for permanent residency of frontline workers is widespread in the US and UK, two countries with historically low support for increasing immigration in general (Jones 2020; Blinder and Allen 2016; Younis 2020), but heavy reliance on frontline immigrants in particular (Jordan 2020b; Rho, Brown, and Fremstad 2020). In sub-section 5.1 we present a general review of existing empirical literature on immigration attitudes, demonstrating how this literature can generate two central hypotheses: that a plurality of US and UK citizens support permanent residency for all frontline workers, and a majority support permanent residency for frontline health workers. We then present our survey methods for testing these hypotheses in 5.2, and in 5.3 demonstrate evidence in support of our first hypothesis in the US, and our second hypothesis in both the US and UK. In sub-

section 5.4 we demonstrate how this provides evidence that permanent residency for frontline workers is politically feasible. In sub-section 5.5 we argue that, if permanent residency is both politically feasible and philosophically justified, then policymakers have especially weighty moral reasons to work towards granting such residency.

5.1 Why support for permanent residency is likely

There are good reasons to suppose that citizens in a range of countries will not support granting permanent residency to frontline workers merely because they support immigration more generally. There is widespread evidence that citizens in a range of countries do not support immigration more generally, with most citizens consistently feeling that current immigration rates should remain the same or decline (Citrin and Sides 2008b; Esses, Jackson, and Armstrong 1998; Fetzer 2000a; Hidalgo 2018; Kinder and Kam 2009; Rustenbach, Segovia, and Defever 2010; Segovia and Defever 2010; Simon and Lynch 1999). Moreover, opposition to particular types of immigrants is especially widespread; citizens are less likely to support granting residency permits to those of African and Middle Eastern descent (Aalberg, Iyengar, and Messing 2012; Hainmueller and Hopkins 2015b; Dustmann and Preston 2007; Lee 2008), those who are less educated (Fetzer 2000b; Bloemraad 2006), and those who do not speak citizens' native language fluently (Hainmueller and Hopkins 2015a; Citrin and Sides 2008a; Hopkins 2015). Many frontline workers do not speak citizens' native language fluently, especially if they have just arrived, and many are not highly educated, working in agriculture and food delivery positions. Of those who are highly-educated, many are recruited from the Middle East and Africa (Baker 2020). Given these facts, citizens will unlikely support granting them permanent residency in virtue of their immigrant status alone. In other words, they will not support permanent residency as part of a general pro-immigrant worldview

Though citizens are unlikely to support permanent residency as part of a general pro-immigrant worldview, citizens will likely support permanent residency in virtue of the risks frontline workers take on. The media has framed frontline workers as heroes,¹⁰ and studies find that media framing of immigration has an impact on levels of support (McLaren, Boom-

¹⁰See, for example: Time Magazine, "Heroes of the Frontlines," 2020 ; Kinder (2020b) R.C., "To Honour Frontline Workers, Artists are Painting Their Portraits," The Economist, 10 June 2020.

gaarden, and Vliegenthart 2018; Jennifer Merolla and Haynes 2013). Moreover, citizens primarily only oppose admitting immigrants viewed as an economic burden (Burns and Gimpel 2000; Citrin et al. 1997b; Hainmueller and Hopkins 2014; Sides and Citrin 2007; Mangum 2019; Citrin et al. 1997a; Chandler and Tsai 2001; Espenshade and Calhoun 1993, 1996; Quillian 1995; Valentino et al. 2019), or who compete for jobs deemed scarce (Scheve and Slaughter 2001; Malhotra, Margalit, and Mo 2013; Mayda 2006). Such immigrants are perceived as less "deserving" of both visas and welfare more generally (Aalberg, Iyengar, and Messing 2012; Watkins-Hayes and Kovalsky 2016; Yoo 2008, 2002; Yukich 2013). If frontline workers are officially deemed essential for the economy, and working in jobs deemed undesirable for native workers, perhaps citizens would view them as particularly deserving of permanent residency.

There is a final, more complex reason citizens would likely support permanent residency for frontline workers. In general, anti-immigrant attitudes often arise from a belief that immigrants are not members of the "in-group" of citizens (Mangum 2019; Mangum and Block 2018; Mangum 2019; Brader, Valentino, and Suhay 2008; Chandler and Tsai 2001; Citrin, Reingold, and Green 1990). Studies on in-group attitudes outside the sphere of immigration have shown that individuals willing to risk their lives for a group or cooperate with a group are more likely to be perceived as committed to this group (Pennisi et al. 2002; Milinski, Semmann, and Krambeck 2002; Sosis, Kress, and Boster 2007; Andras and Lazarus 2005; Tomasello et al. 2012; Panchanathan and Boyd 2004). If the media is framing frontline workers as heroes who risk their lives while cooperating with citizens (Kinder 2020b; R.C. 2020), and media framing impacts public support (as noted above), then frontline workers might be uniquely perceived as in-group members. If citizens perceive frontline workers as in-group members, they may be willing to grant them permanent residency.

The above effects may not be found in every country with frontline migrants, but there is reason to suppose they would at least be found in countries where frontline workers face considerable risks, as in countries where Covid-19 infection rates are especially high. The United States and United Kingdom are two countries with high rates of infection (Roser et al. 2020), and so there is reason to suppose support for granting permanent residency in these countries will be high.

In light of the above, we hypothesize that:

Hypothesis 1 *At least a plurality of citizens in the US and UK will support granting permanent residency to all frontline workers.*

We additionally hypothesize even greater support for frontline health workers, given that health workers are portrayed in the US and UK as particularly heroic, with the risks they face and the risks they help reduce highlighted and celebrated (*Time Magazin* 2020; Kinder 2020b; R.C. 2020):

Hypothesis 2 *A majority will support permanent residency for frontline health workers,*

and

Hypothesis 3 *There will be greater support for granting permanent residency to professional frontline healthcare workers as compared to other frontline workers.*

5.2 Survey Methods

To test the above three hypotheses, and to understand attitudes towards immigration more generally, we fielded two surveys in the United Kingdom and the United States in spring 2020. In the UK we recruited 1606 respondents through the online survey service Prolific. In the US, we obtained a sample of 1634 respondents through Qualtrics.¹¹

For the UK survey, which we released at the start of the pandemic, we only asked respondents to answer questions concerning frontline health workers, rather than all frontline workers. As the pandemic continued it became clear to us that a very broad range of frontline workers were receiving media attention, and so respondents might additionally support permanent residency for non-health frontline workers. We also realised, based on some of the

¹¹In the UK, respondents received \$2.75 for a survey that lasted about 19 minutes with a median of 17 minutes. The US survey lasted on average 27 minutes with a median of 20 minutes and we excluded respondents from the survey who failed an attention check (US survey); the average duration for those excluded subjects was 10 minutes. Qualtrics reimbursed respondents using an internal incentive scheme. In the US survey, we did not force answers. On each of the Covid-19/immigration survey items we record about 100 non responses. Figures A.7 and A.6 show sample characteristics of our UK and US sample, respectively, in comparison to UK and US census data. Our UK sample is younger, better educated, and more female than the UK census while the US sample is better educated than the US census. We account for these differences by presenting weighted statistics (on age, education, and gender in the UK and age, gender, and ethnicity in the US).

open-ended responses in this UK survey, that respondents might support citizenship in addition to permanent residency. We therefore made changes in the US survey released shortly after, asking respondents to specify whether they supported permanent residency and/or citizenship for a range of frontline occupations, including: (1) professional health care workers, (2) voluntary health care workers, (3) agricultural workers, (4) delivery workers, (5) garbage collectors and sanitation workers, (6) transportation workers keeping air, road, and rail transport operational, (7) utility workers ensuring access to gas, electricity and water, and (8) social workers.

Questions about frontline workers' residency rights were embedded in a longer survey on political attitudes relating to immigration more generally. In this longer survey, respondents were asked about their attitudes towards various forms of immigration enforcement, and their attitudes about immigration policies during the pandemic. The latter included questions on whether the government should temporarily suspend action against all irregular migrants during the pandemic, and whether all irregular migrants should be given access to health care during the pandemic. We felt that, if support for more lenient enforcement against irregular immigration was on the rise, then policymakers might find it easier to pass legislation specifically pertaining to frontline workers, given that many frontline workers are irregular migrants.

In addition to the above questions, respondents were given the option to explain their reasoning behind all answers pertaining to both migrants in general, and frontline workers in particular.

5.3 Results

Let us start with data on health workers, the only workers included on both surveys. We found strong and robust evidence for the public's support of granting permanent residency to frontline health workers in the UK and the US. With 60% in both the UK and US, the share of the public that supports the policy is significantly higher than the share that opposes it (14% and 32%, respectively).¹² We also inquired whether respondents in the US would support granting

¹²Section B.2 in the appendix holds regression results and test statistics speaking to any comparison we report in the main text. When we report a difference as being significant, we either reject the null hypothesis of no

citizenship to frontline health workers. Overall, 53% support while a significantly smaller 38% oppose such a policy. The shares of respondents in favor of *both* permanent residency and citizenship is significantly larger than the share of the public objecting to permanent residency and citizenship.¹³

Support is driven by Labour supporters in the UK and Democratic partisans in the US, but a plurality and almost half of Conservatives in the UK and a majority of Republicans in the US support permanent residency. More specifically, 72% of Labour supporters, 48% of Conservative supporters, 54% of Republicans, and 73% of Democrats support granting permanent residency to health workers. Figure 1 gives the share of respondents who support or oppose the presented policies, and the share of don't know-responses by respondents' partisan identity. The share of Labour supporters and Democrats who support the policies is significantly larger than the one opposing them, with Republicans the only group in favor of granting permanent residency that is not significantly larger than the one opposing it.¹⁴ This is both consistent with our second hypothesis, and indicative of even greater support than we hypothesized.

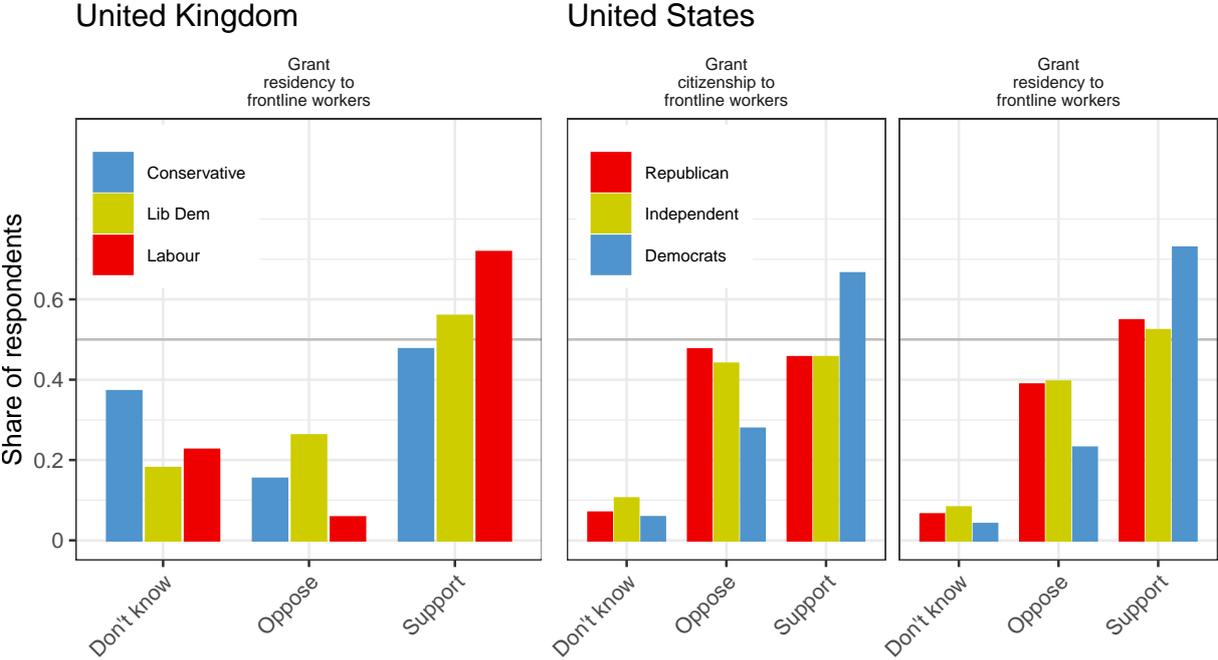
US respondents also expressed support for other frontline workers. Providing more detailed insights into preferences for granting residency or citizenship by type of frontline workers, Figure 2 gives the distribution of attitudes towards the frontline worker policies in the US sample; we now show our outcome measure on its initial 7-item scale while Figure 1 collapsed the scale for the questions on permanent residency and citizenship into an indicator of support/opposition/no-responds. Starting from the top of the figure, we can see that the degree of opposition to the policies does not change across worker occupations but support strengthens for health care professionals in contrast to other professions. Significantly more respondents indicate strong agreement with the policy to grant residency (31%) or the policy to give citizenship (26%) to health care frontline workers than to other workers (22% and 20%,

difference in an appropriate test at $\alpha = .05$ or the coefficient on a group indicator in a regression outcome measure on the group indicator and control variables is significantly different from zero at $\alpha = .05$. In our analysis we introduce weighting by age, gender, and educational attainment in the UK sample and by age, race, and educational attainment in the US sample.

¹³In the case of citizenship, this result is driven by professional health care workers while for voluntary health care workers, those supporting and those opposing citizenship are indistinguishably strong.

¹⁴Both Republicans and Independents see a larger share of them supporting permanent residency for professional health care workers, where voluntary health care workers are not included. We did not disaggregate voluntary and professional health workers for the UK survey.

Figure 1: Distribution of responses to the question for support of granting frontline health care workers permanent residency in the United Kingdom or granting all frontline health care workers permanent residency (Green card) or citizenship in the United States by partisanship.

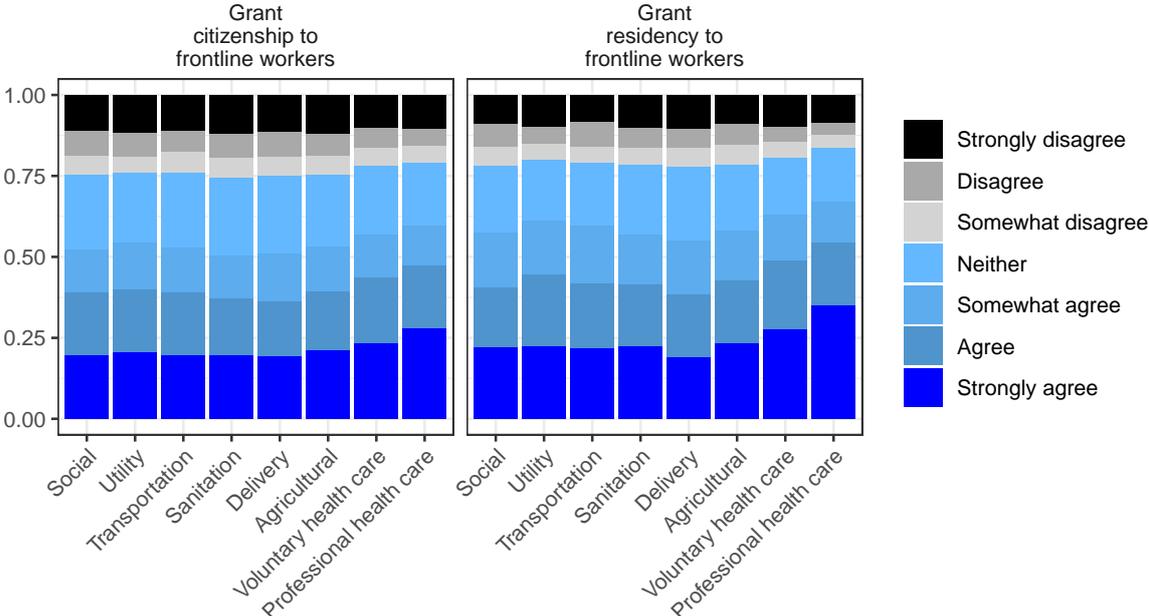


respectively).¹⁵ In the US, a majority of respondents (52%) at least somewhat agree with granting permanent residency and citizenship to all categories of workers, far more than those who somewhat disagree, disagree, or or strongly disagree with both policies (20%). This is consistent with our first hypothesis. Moreover, far more agree or strongly agree with both policies (38%) compared to those somewhat disagreeing, disagreeing or strongly disagreeing with both policies (15%).

As noted, we additionally gathered findings on attitudes towards immigration more generally, and in particular on irregular migration during Covid-19. We learned that support for more lenient immigration enforcement during Covid-19 is low in the UK, with only 36% supporting stopping enforcement against irregular migrants as compared to 45% opposing ceasing enforcement against irregular migrants. Support for stopping enforcement is low in the US as well, at 41%. However, despite the relatively low support in both countries, more Americans support ceasing enforcement against irregular migrants compared to those supporting continued enforcement, with the latter at 37%. We also learned that a majority in both countries

¹⁵Table B.3 in the appendix additionally reports on a regression of responses on the 7-item measure on worker occupation and further control variables. We find a significant and positive coefficient on all occupations indicating the difference in outcome from the baseline category professional health care worker.

Figure 2: Distribution of responses to the question for support of granting frontline workers permanent residency (Green card) or citizenship in the United States.



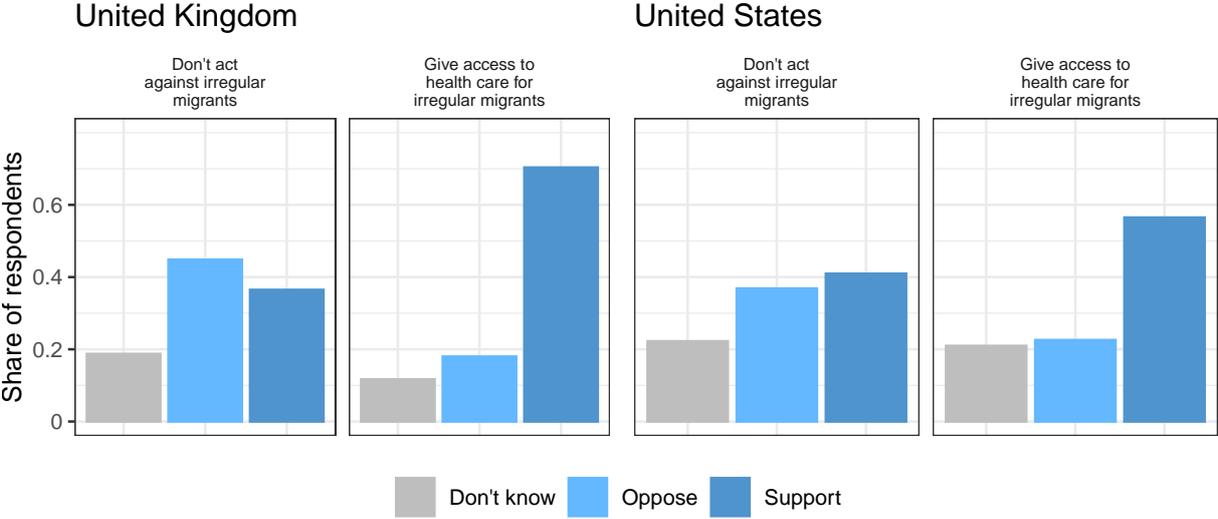
support access to healthcare for irregular migrants. These included 70% in the UK, with only 18% opposing, and 56% in the US, with only 23% opposing.

5.4 Evidence of political feasibility

The above results do not provide decisive evidence of whether policymakers will succeed in passing legislation granting permanent residency to frontline workers. Majority support for a given policy is neither necessary nor sufficient for passing legislation. However, majority support is predictive of the successful passing of legislation, especially when in conjunction with widespread media and activist support (Calvo 2007; Agnone 2007; Pacheco 2012; Stimson 2015; Soroka and Wlezien 2010; Tomz et al. 2013; Masuoka and Junn 2013; Stern 1998; Tingley 2013; Boushey and Luedtke 2011; Fussell 2014). Given the support in both the UK and US for permanent residency for frontline health workers, and the media support for these workers, our findings provide evidence that policymakers are able to grant permanent residency to frontline health workers. At the very least, policymakers cannot claim attempts at granting permanent residency to health workers are futile due to lack of support.

Let us now address non-health workers. We were concerned, after learning of the initial

Figure 3: Distribution of responses to the questions whether to support to cease activities against irregular migrants and to give irregular migrants access to health care in the United Kingdom and the United States.



findings from the UK survey (released prior to the US survey), that a majority of UK and US citizens would only support permanent residency for health workers. They might oppose permanent residency for other workers who face comparable risks, and who reduce the risks of citizens to comparable levels, because of wrongfully discriminatory views: they might, for example, view agricultural workers as less deserving of permanent residency merely because of the socio-economic status of such workers. Had this been the case, policymakers may have faced a dilemma concerning discrimination, forced to choose between granting permanent residency only to health workers, unfairly disadvantaging other workers, or attempting to grant permanent residency to all, leading to a popular backlash and inability to grant permanent residency to any workers. We were surprised to learn that no such dilemma seems imminent, at least in the US. While this survey revealed greater support for health workers compared to others, a majority at least somewhat agree with granting permanent residency to all groups of workers, with strikingly high levels of support for agricultural workers.

In addition to the above concern relating to discrimination, we had a second concern. Our data, though indicative of the current popularity of permanent residency, does not indicate whether citizens' support is long-term. Support might be a fleeting and self-interested reaction which will wane once the pandemic ends. If support will wane after the pandemic ends, and passing legislation will take longer than the length of the pandemic, then permanent residency

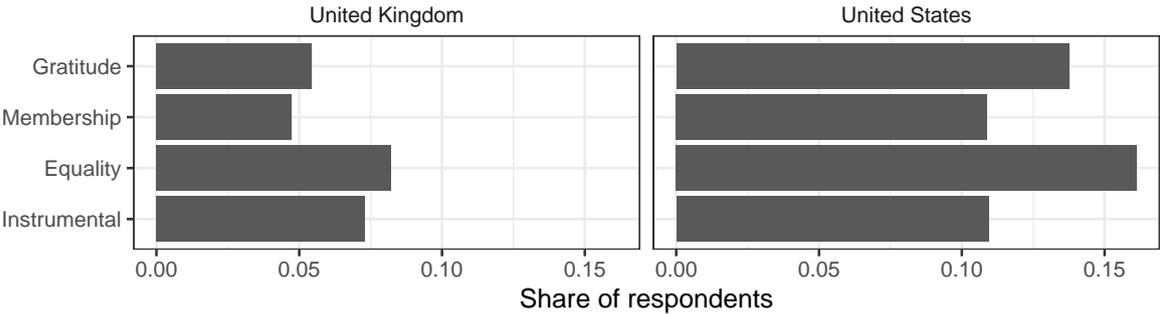
may not be politically feasible after all.

There is some evidence of this concern. As noted, support for continued actions against irregular migrants was high, but support for granting them healthcare was high as well. One way of interpreting these seemingly contrasting findings is in terms of self-interest: citizens wish to see fewer migrants, but are willing to grant them healthcare so that the spread of the virus slows down. If citizens' attitudes are purely self-interested, they might claim to support permanent residency for similarly self-interested reasons, hoping this will encourage migrants to remain during the pandemic, and refraining from support once the pandemic ends. Assuming it will take far longer than the length of the pandemic to pass legislation to grant permanent residency, then policymakers may be unable to grant permanent residency if they lack the support for such residency once the pandemic ends.

While this is possible, there is reason to suppose that citizens' reasons for supporting permanent residency and citizenship are not purely fleeting and self-interested, but driven by some of the more long-term values we articulated in our philosophical discussion above. As noted, respondents to our survey had the option of giving open-ended answers explaining why they did or did not support permanent residency, and (for the US survey) why they did or did not support citizenship. In the UK we analysed the answers of those who stated that they supported granting permanent residency to frontline health workers, and in the US we analysed the answers of respondents who said they at least "somewhat agreed" with granting permanent residency and/or citizenship to at least one category of frontline worker. Answers were analysed for exploratory purposes by the researchers, who coded them according to their appeal to the three moral values articulated in Sections 1-3 (including the values of Membership, Gratitude, and Equality), or a non-moral instrumental reason for granting permanent residency. In the UK and US, the vast majority of respondents who supported permanent residency for health workers appealed to at least one of the three moral values. In the US, the vast majority of respondents who supported permanent residency and/or citizenship for at least one category of worker also appealed to at least one of the three moral values. Moreover, the majority of respondents who supported permanent residency for at least one group of workers, but who opposed permanent residency or citizenship when averaging across all workers,

also appealed to one of these three moral values. In other words, both those enthusiastically supporting permanent residency and those only mildly supportive of such residency generally appealed to moral values, rather than only self-interested instrumental reasoning.

Figure 4: Share of respondents who indicate support for granting residency to frontline health care workers and who also provide a reason that mentions a gratitude, membership, equality, or instrumental argument. In the US sample, the question whether to grant residency is on a 7-point scale (Strongly disagree to Strongly agree). Somewhat agree, Agree, and Strongly agree responses are coded as support.



If those supporting permanent residency are genuine about their reasoning, then given the relevancy of these reasons after the pandemic ends, this serves as evidence of the feasibility of permanent residency even after the pandemic ends.

Of course, those appealing to moral reasons might not hold these reasons after the pandemic ends. Seemingly deep-seated moral values might arise for instrumental reasons, and once the pandemic ends citizens might no longer view workers as worthy of gratitude, equality, and membership. If citizens’ values are fickle, then permanent residency may indeed be infeasible. Further surveys following the pandemic are necessary to establish this possibility. Importantly, even if a survey following the pandemic reveals that citizens claim to have robust support for permanent residency, this may not be indicative of what citizens actually believe. Respondents may hold a social desirability bias, claiming to support permanent residency because this is seen as socially desirable, and unwilling to re-elect policymakers who actually support permanent residency. Such social desirability bias has been extensively found in studies on immigration (Creighton et al. 2019; Denney, Ward, and Green 2020; Janus 2010; Creighton and Jamal 2020), and so may impact the results of studies on frontline workers. Establishing this impact would require further empirical work.

For now, we can at least observe that citizens claim to support permanent residency, and

claim to be basing their opinions on values that will be relevant after the pandemic ends. This provides some evidence of their current and future support for permanent residency, providing some empirical support for the political feasibility of such residency.

5.5 What should policymakers do?

If permanent residency is politically feasible, and policymakers have weighty justifications for granting permanent residency for reasons articulated in Sections 2-4, then policymakers ought to do so. Or, put another way: if policymakers are far more likely to succeed in granting permanent residency to frontline health workers if they have majority or plurality support, and if they have weightier reasons to try passing morally-justified legislation which they are likely to succeed in passing, then policymakers have weightier reasons to try granting permanent residency than had they only minority support.

The above is consistent with the claim that policymakers' reasons for trying to grant permanent residency may not always be decisive; if granting permanent residency would somehow weaken their ability to implement other policies which they have even weightier reasons to implement, then perhaps they would have no duty to work towards the granting of permanent residency. For example, policymakers supporting permanent residency may face opposition from the minority who oppose such residency, in turn facing challenges in building coalitions supporting the resettlement of refugees they have weightier reasons to help. We can nonetheless reach this more narrow conclusion: UK and US policymakers cannot claim that they have no duty to support permanent residency for frontline health workers merely because most British and US citizens oppose such residency, given majority support. And US policymakers cannot claim they have no duty to support permanent residency for all frontline workers merely because most oppose such residency, given that most do not oppose such residency.

Though policymakers have weighty reasons to grant permanent residency, given widespread support, they may also have weighty reasons to refrain from attempting to grant permanent residency via a radically pro-immigrant set of policies. As noted, the public remains supportive of actions to remove irregular migrants from the country. If so, policymakers are unlikely to

succeed in ensuring that frontline workers can remain by simply refraining from enforcing immigration policies more generally. Refraining from such enforcement may lead to widespread public opposition, in contrast to policies which grant permanent residency to frontline workers in particular.

This conclusion might seem disappointing to philosophers who oppose all enforcement against all irregular migrants, a stance becoming increasingly popular (Abizadeh 2016; Carens 2013; Hidalgo 2018; Oberman 2016; Hayter 2000). Some such philosophers may feel that policymakers ought to try and end all enforcement even if they are unlikely to succeed. While this may be true during non-pandemic times, reductions in enforcement in general may be more likely to succeed if policymakers grant permanent residency to frontline workers in particular, given how many irregular migrants are on the frontline. At the very least, such is the case in the US, where the majority support permanent residency for all on the frontline, including agricultural workers who are more likely to be irregular migrants than not (Massey, Durand, and Pren 2016).

The above relates to a broader lesson from the empirical data we presented: if policymakers have a duty to promote policies which welcome a set of migrants (including potentially the set "all migrants"), sometimes the most feasible method of promoting this policy is not by directly welcoming all migrants within this set, but providing residency to a specific sub-set for which there are independent reasons to provide residency to. When providing residency to this sub-set has no negative implications for those outside of this sub-set, such provisions may be both justified and morally obligatory.

This general lesson has implications beyond frontline workers. For example, there may be independent moral reasons to provide residency rights to migrants identifying as refugees. When providing such rights has no negative impact on other migrants, then policymakers hoping to expand the rights of migrants may be justified in focusing on expanding the rights of refugees alone, given the lack of support for other migrants. Similar claims may be made about policymakers granting residency rights to migrants who have lived in the country for many years, migrants who come from especially low-income countries, and migrants who have particular skills which the public desires. Focusing on such migrants, if they receive

particularly widespread public support, may be justified, given the infeasibility of granting residency to all migrants who have a moral right to such residency. When this approach does not detract from the broader moral goals concerning immigration more generally, it can be morally justified. Precisely when it is justified requires delving into the messy world of public opinion, helping establishing what the public wants, what policymakers can do, and what policies are possible.

6 Conclusion

This article presented three arguments in support of permanent residency for those working on the frontline of the Covid-19 pandemic, and evidence that such permanent residency is politically feasible due to public support. Given that the public often opposes policies which philosophers endorse (Carens 2013; Hidalgo 2018; Miller 2016), we find this evidence striking and of practical import.

We limited our discussion to those working during the Covid-19 pandemic, but our general philosophical arguments may be applicable to a range of additional workers, including those who risk their lives for reasons unrelated to the pandemic. These might include Afghan interpreters risking their lives providing services for the US military in Afghanistan, or minors in the DR Congo risking their lives mining cobalt used in cell phones abroad, phones which are essential for life-sustaining telecommunications in a range of countries. It might even be applicable to construction workers building life-sustaining shelter in unsafe sites, factory workers creating life-sustaining clothing in unsafe factories, and health workers partaking in long night shifts, given the ways long night shifts can impact one's life expectancy. Establishing which workers ought to be granted permanent residency for the three reasons we presented would require further research, as would establishing the feasibility of granting such workers permanent residency in practice.

The surveys we did present, moreover, are limited in scope. We provided no analysis of the parliamentary constraints to granting permanent residency even with majority support, and we provided no further surveys to establish if social desirability bias impacts stated opinions. In this sense, our empirical findings are preliminary; they provide one piece of evidence which

must be corroborated with future research.

For now, we can conclude this: there is a strong case for granting permanent residency to those working on the frontlines during the Covid-19 pandemic, and little evidence that attempting to grant such residency is futile. Given the potentially wide-ranging impacts of such residency on workers, and its justifiability, policymakers have strong reasons to push for its implementation.

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Appendix

A Survey design appendix

A.1 Sample characteristics

Figure A.5: Duration respondents spend to finish the survey in minutes by whether it took them less than 8 minutes or more and whether they passed the attention check (US survey only).

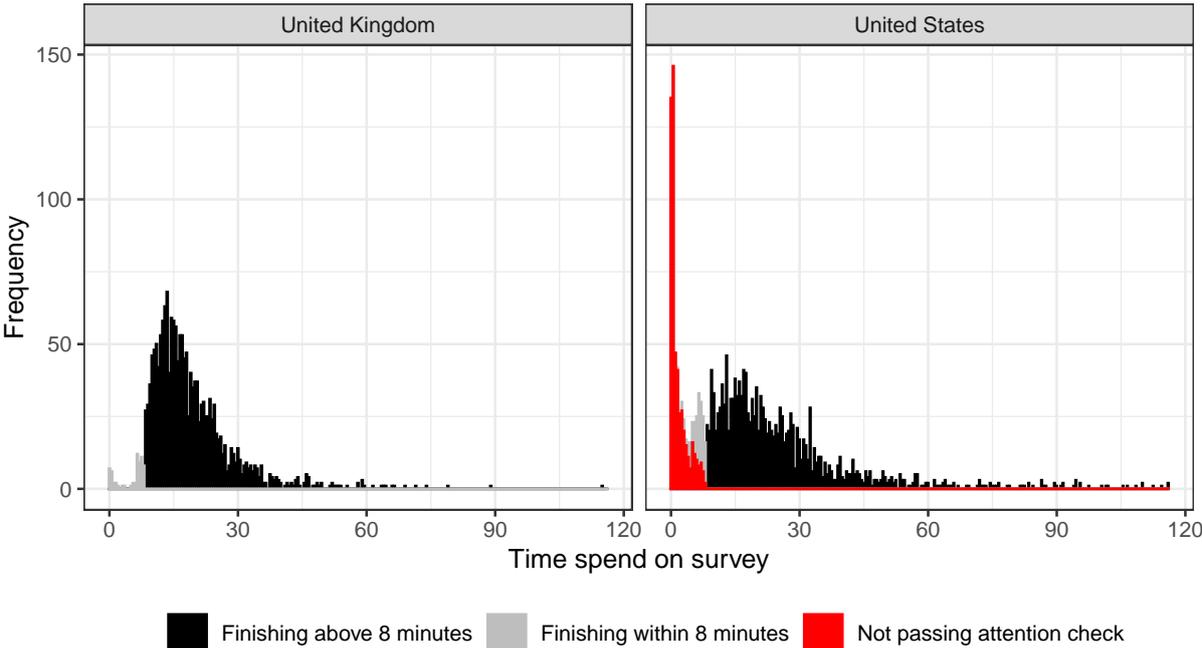


Table A.1: Survey sampling quotas in US study.

Age	18-24	12.8%
	25-34	17.7%
	35-44	16.7%
	45-54	17.7%
	55-64	16.4%
	65+	18.8%
Gender	Female	51%
	Male	49%
Region	Northeast	17%
	Midwest	21%
	West	24%
	South	38%

Figure A.6: Distribution of respondents' demographics compared to 2018 American Community Survey (one-year estimates, U.S. Census Bureau).

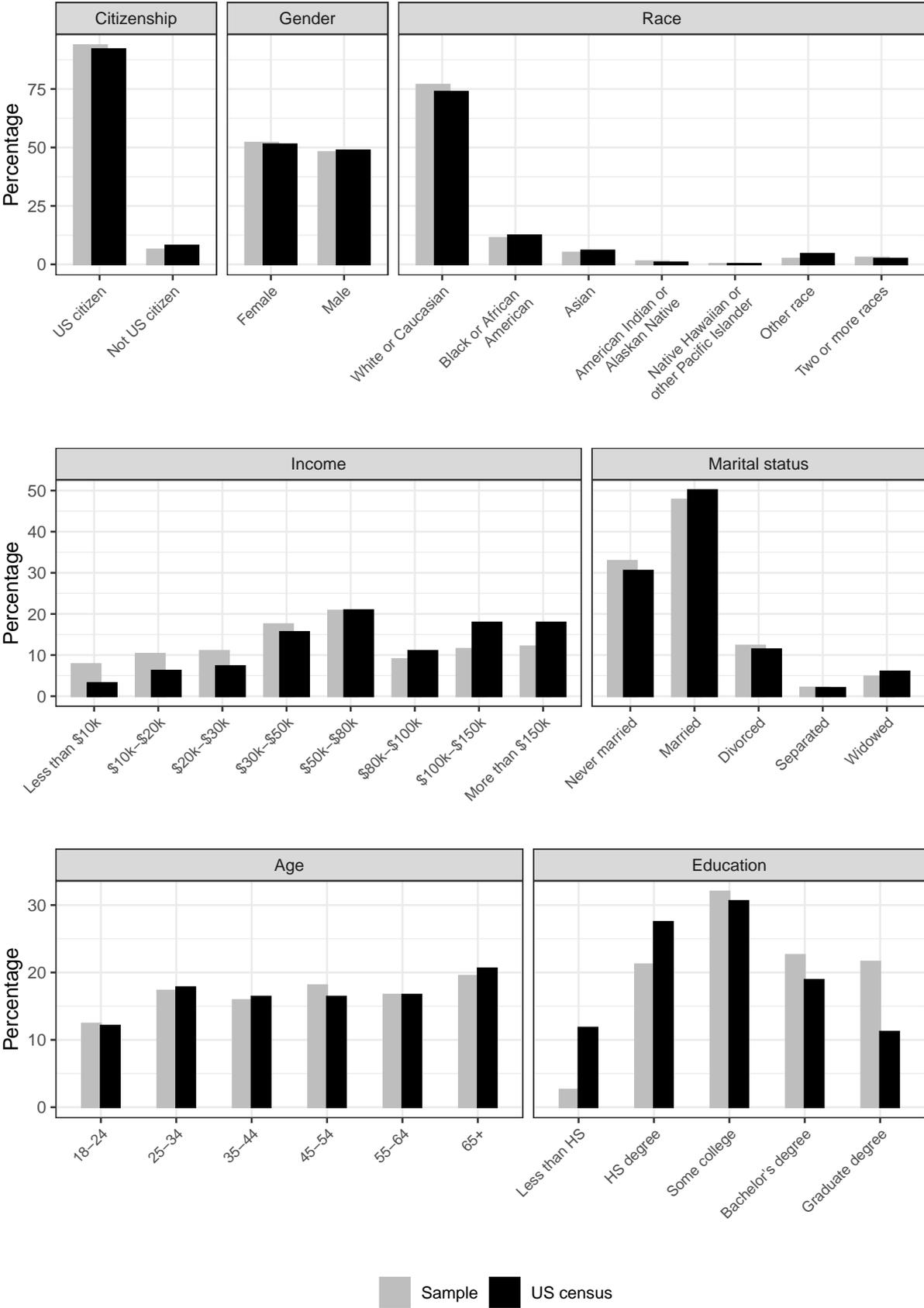
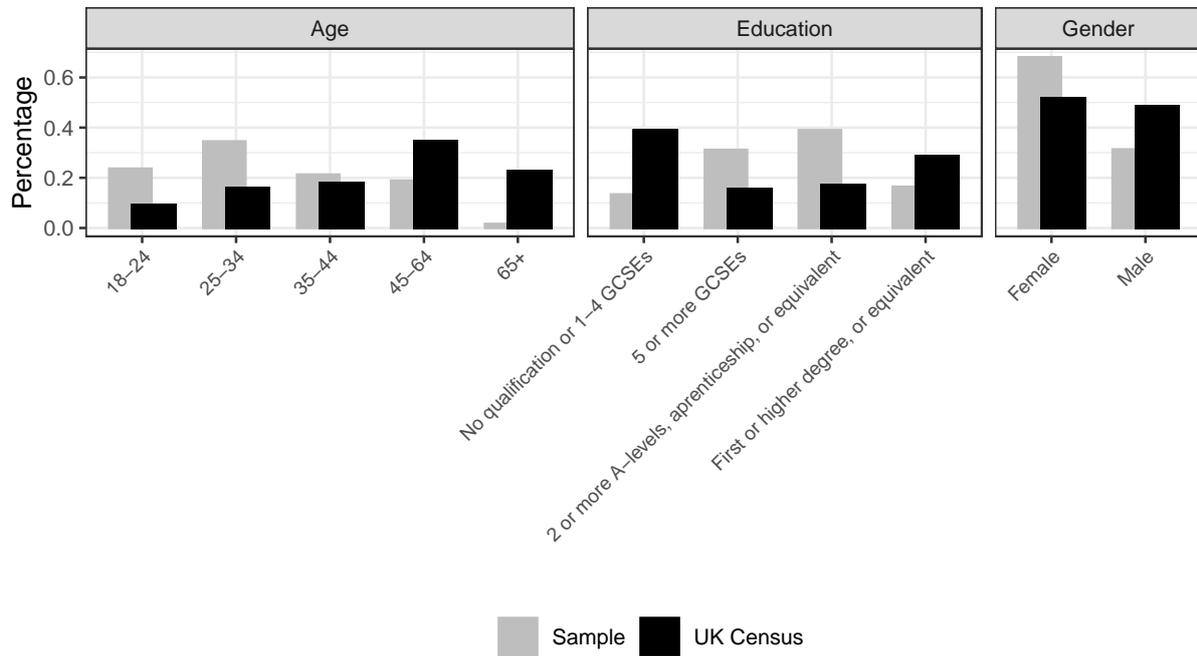


Figure A.7: Distribution of respondents' demographics compared to 2011 UK Census (*Office for National Statistics; National Records of Scotland; Northern Ireland Statistics and Research Agency*).



A.2 COVID-19/Immigration-related survey items

- UK sample

- 1a ***Don't act against irregular migrants:*** During the COVID-19 pandemic, should the UK government temporarily suspend action against irregular migrants? [Yes, No, Don't know]
- 1b Please briefly explain your reasoning. If yes, under what circumstances and why? If no, why not?
- 2a ***Give access to health care for irregular migrants:*** During the COVID-19 pandemic, should irregular migrants be given access to the NHS? [Yes, No, Don't know]
- 2b Please briefly explain your reasoning. If yes, under what circumstances and why? If no, why not?
- 3a ***Grant residency to frontline workers:*** Should all frontline health workers treating COVID-19 patients be granted permanent residency status? [Yes, No, Don't know]
- 3b Please briefly explain your reasoning. If yes, under what circumstances and why? If no, why not?

- US sample

Introduction: “We have a few final questions about your views on migration as it relates to the COVID-19 pandemic.

As a reminder, the term irregular migration typically refers to the cross-border flow of people who enter a country without that country's legal permission to do so. It can also refer to migrants who are legally resident but breaching the conditions attached to their immigration status or who have overstayed the legal duration of their visa.”

- 1a ***Don't act against irregular migrants:*** During the COVID-19 pandemic, should the U.S. government temporarily suspend action against irregular migrants? [Yes, No, Don't know]
- 1b In the box below, we would very much like to understand more about your position. Please briefly explain your reasoning. If you said yes, under what circumstances and why? If no, why not?
- 2a ***Give access to health care for irregular migrants:*** During the COVID-19 pandemic, should irregular migrants be given access to healthcare? [Yes, No, Don't know]
- 2b In the box below, we would very much like to understand more about your position. Please briefly explain your reasoning. If you said yes, under what circumstances and why? If no, why not?
- 3a ***Grant residency to frontline workers:*** One policy idea that has been discussed as a response to the COVID-19 pandemic is to extend Green Cards (i.e. permanent residency) to migrants who are actively working in front line roles during the pandemic. For each of the following groups, please indicate how strongly you agree or disagree that all members of that group should receive a Green Card, if they do not already have one. [Groups: Agriculture workers; Package and courier delivery

workers; Professional healthcare workers; Volunteer healthcare workers; Garbage collectors and sanitation workers; Transportation workers keeping air, road, and rail transport operational; Utility workers ensuring access to gas, electricity and water; Social workers. Strongly disagree, disagree, somewhat disagree, Neither agree nor disagree, somewhat agree, agree, strongly agree]

3b Please briefly explain your reasoning. If you agree, under what circumstances and why? If you disagree, why not?

4a **Grant citizenship to frontline workers:** One policy idea that has been discussed as a response to the COVID-19 pandemic is to extend U.S. citizenship to migrants who are actively working in front line roles during the pandemic. For each of the following groups, please indicate how strongly you agree or disagree that all members of that group should receive citizenship, if they are not already citizens. [Groups: Agriculture workers; Package and courier delivery workers; Professional healthcare workers; Volunteer healthcare workers; Garbage collectors and sanitation workers; Transportation workers keeping air, road, and rail transport operational; Utility workers ensuring access to gas, electricity and water; Social workers. Strongly disagree, disagree, somewhat disagree, Neither agree nor disagree, somewhat agree, agree, strongly agree]

4b Please briefly explain your reasoning. If you agree, under what circumstances and why? If you disagree, why not?

5 **lockdown:** In your opinion, when do you think that all remaining COVID-19 restrictions should be lifted in your state of residence? [Immediately - it should have already been lifted before now, Immediately - my state should now lift the lockdown, Within the next 1-2 Weeks, Within the next month, By the end of the summer, Depends on the current number of new cases, My state has already lifted all restrictions, Don't know / unsure]

6 **trade-offs** The COVID-19 pandemic requires that public officials make difficult choices between public health and other considerations. Please rank the following in the order that you think is most important. [Ensuring public health and minimizing the number of COVID-19 related deaths, Protecting the economy and minimizing the amount of losses to businesses, Protecting the economy and minimizing the level of unemployment, Protecting civil liberties and minimizing the restrictions on people's normal activities.]

B Statistical appendix

B.1 Summary statistics

Table B.2: Summary statistics for Covid-19/immigration attitudes for the UK sample (N=1606) and the US sample (N=1634). Responses to the 'Don't act against irregular migrants' and 'Give access to health care for irregular migrants' questions are coded as Support=1, Oppose=0, and Don't know=NA for this table (In the main text, we show Don't know responses as well).

Variable	N	Mean	St. Dev.	Min	Max
UK Sample					
Don't act against irregular migrants	1,606	0.534	0.499	0.000	1.000
Give access to health care for irregular migrants	1,606	0.835	0.371	0.000	1.000
Grant permanent residency	1,606	0.862	0.345	0.000	1.000
US Sample					
Don't act against irregular migrants	1,528	0.536	0.499	0.000	1.000
Give access to health care for irregular migrants	1,523	0.723	0.000	1.000	1.000
Grant permanent residency ('Green card') for ...					
Professional Health Care Workers	1,507	5.213	1.934	1.000	7.000
Voluntary Health Care Workers	1,507	5.025	1.920	1.000	7.000
Agricultural Workers	1,505	4.836	1.896	1.000	7.000
Delivery Workers	1,508	4.670	1.898	1.000	7.000
Sanitation Workers	1,508	4.756	1.913	1.000	7.000
Transportation Workers	1,507	4.802	1.889	1.000	7.000
Utility Workers	1,505	4.878	1.887	1.000	7.000
Social Workers	1,508	4.737	1.914	1.000	7.000
Grant citizenship for ...					
Professional Health Care Workers	1,486	4.958	1.972	1.000	7.000
Voluntary Health Care Workers	1,490	4.820	1.959	1.000	7.000
Agricultural Workers	1,484	4.648	1.964	1.000	7.000
Delivery Workers	1,490	4.544	1.959	1.000	7.000
Sanitation Workers	1,491	4.544	1.959	1.000	7.000
Transportation Workers	1,487	4.615	1.945	1.000	7.000
Utility Workers	1,489	4.649	1.961	1.000	7.000
Social Workers	1,489	4.580	1.957	1.000	7.000
In case of a trade-off the government should prioritise ...					
Ensuring Public Health	1,484	1.881	1.169	1.000	4.000
Protecting Businesses	1,484	2.734	0.974	1.000	4.000
Protecting Jobs	1,484	2.868	1.096	1.000	4.000
Protecting Civil Liberties	1,484	2.518	0.955	1.000	4.000

B.2 Robustness and additional analysis

Table B.3: Regression of 7-item outcome measures *permanent residency* (Green card) and *citizenship* on a set of occupation indicator variables (professional health care workers as baseline) and covariates age, gender, income, education, race, and partisan identity for US sample. The data set contains 8 observations for each respondent. Standard errors are clustered at the respondent-level in model 1 and 2.

	<i>Dependent variable:</i>			
	Permanent residency	Citizenship	Permanent residency	Citizenship
	(1)	(2)	(3)	(4)
Voluntary health care	-0.12*** (0.03)	-0.23*** (0.04)	-0.12*** (0.03)	-0.23*** (0.03)
Social	-0.32*** (0.04)	-0.46*** (0.04)	-0.32*** (0.03)	-0.46*** (0.03)
Utility	-0.28*** (0.03)	-0.36*** (0.04)	-0.28*** (0.03)	-0.36*** (0.03)
Transportation	-0.30*** (0.04)	-0.41*** (0.04)	-0.29*** (0.03)	-0.41*** (0.03)
Sanitation	-0.38*** (0.04)	-0.46*** (0.04)	-0.38*** (0.03)	-0.46*** (0.03)
Delivery	-0.37*** (0.04)	-0.56*** (0.04)	-0.37*** (0.03)	-0.56*** (0.03)
Agricultural	-0.29*** (0.04)	-0.40*** (0.04)	-0.29*** (0.03)	-0.40*** (0.03)
Constant	4.28 (0.71)	1.48 (0.79)	18.76*** (2.76)	14.61*** (3.02)
Respondent fixed effects	No	No	Yes	Yes
Observations	12,688	12,867	11890	12042
Respondents	1586	1583	1486	1505
R ²	0.089	0.076	0.850	0.810
Adjusted R ²	0.087	0.074	0.830	0.790

*p<0.1; **p<0.05; ***p<0.01