

# Mass COVID-19 infection among migrant workers in Singapore

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The Singapore Ministry of Health reported 1,426 new COVID-19 infections by noon on Monday alone, 95 percent of them among temporary workers from India, Bangladesh and other countries in Southeast Asia who are crammed into inhumane dwellings.

The city-state, a former British colony, was praised in the early weeks of the coronavirus epidemic for its strict measures—tracing COVID-19 cases back to the first infected person—to contain infections in the native population. A different story in the city-state is now emerging, hidden behind the shiny skyscrapers of the financial centre and the pompous hotel complexes.

Among Singapore's nearly 6 million inhabitants are some 323,000 workers who built these skyscrapers, Changi Airport, the subways and the HDB flats—the homes of the locals. They are housed in “foreign workers dormitories,” where 8, 12, 18 or even up to 25 workers share a room with bunk beds.

In the largest of these camps, Sungei Tengah Lodge—far from the city centre—about 25,000 workers are accommodated in this way in several blocks of flats. The S11 dormitory in the district of Punggol houses up to 13,000 workers in a fenced area. In this camp, 1,123 patients had already tested for COVID-19 as of Saturday.

These “purpose-built dormitories” (PBDs), which are under the regulation of the Ministry of Labour, are run by private companies. This group of dormitories consists of 43 complexes that can accommodate between 3,000 and 25,000 workers per complex. Twenty-two of these have groups of infected people and 13 had been quarantined through the end of last week.

This means that workers cannot leave their block. Workers report on their social media platform that any violation will be punished with a fine of 10,000

Singapore dollars (about US\$7,000) or six months in prison. Workers also write about the fear they feel when they see 15 ambulances driving into the block every day and newly infected people with more severe symptoms being driven to hospital. In addition, there is the lack of contact between them. “You can't watch videos on the Internet all day,” reports one of the workers.

A total of about 200,000 workers live in the PBDs, with another 95,000 in “Factory-Converted Dormitories,” each of which can accommodate 50 to 500 workers, also under the registration of the Ministry of Labour. Another 28,000 or so workers live in containers directly at their workplaces (“On-Site Housing”), accommodating up to 40 workers each. These shelters are only checked occasionally.

These conditions exist in a tropical climate, where average temperatures vary between 28 and 32 degrees Celsius (82° to 90°F) and humidity is around 80 percent—in buildings without air conditioning.

The dormitories are run by private companies that have no concern for workers' health. Even the government did not show much interest in the health protection of these workers, despite the rapid spread of the virus under such living conditions being predictable and inevitable.

After cessation of the construction work due to the spread of the pandemic, workers are stuck in congested dormitories because only those needed for urgent work—including Singapore's garbage collection service—were allowed to leave the complex and were now housed separately.

Since a 48-year-old construction worker from Bangladesh tested positive for COVID-19 on March 28, the infection statistics among temporary workers have risen sharply. On Monday, Johns Hopkins

University registered 8,014 infected persons in Singapore. Temporary workers now account for 90 percent of the new infections registered daily, with only a minority tested so far.

The Ministry of Health first became aware of the spread of infection in these dormitories when the infection figures reported by the hospitals increased dramatically beginning in April. The government has now ordered that the infected workers be separated from the healthy ones, and that some of the sick be moved to military camps or empty gymnasiums or ships. But the measures will probably have little effect, as the infection has spread further among workers living in close quarters. Not all workers have yet been tested.

A New Zealand professor, Mohan Dutta, told the *Guardian* of interviews he had conducted with 45 migrant workers in Singapore: “Participants told me that even up until Monday they don’t have access to soap and adequate cleaning supplies.” He added that many feared an outbreak was inevitable due to the living conditions in the dormitories. The workers had told him that there were only five toilets and showers per 100 workers, so they often had to stand in line. Workers complained that the food provided since the crisis was also poor in nutritional value.

A specialist in infectious diseases at the National University of Singapore Hospital, Professor Dale Fisher, told the *Guardian* that thousands of new infections were to be expected in the dormitories of temporary workers. He said the workers “are all 30 to 40 years old, which is good, but still when you’re dealing with these massive numbers you’re going to get a good number of sick 30- to 40-year-olds. The risk [in such cramped dormitories] is completely different and the preparation and the anticipation wasn’t there.”

The hard construction work with frequent overtime and often a heavy strain on the lungs due to smoking are also increasing the risk of infection. Fisher added: “If we don’t stop it there [in the dormitories] the hospitals will get overwhelmed.”

He told the *Straits Times* in Singapore that he expects between 5 and 10 percent of infected temporary workers to be hospitalized, with up to 2 percent of critical illness expected. The number of deaths among contract workers in Singapore is usually not released until later.

Referring to slum areas in India and other Southeast Asian countries, he warned, that the message to other places was, “if you have an overcrowded setting it is just so vulnerable. ...When people say India’s shutdown has been extended—I can’t think of anything other than shutting down. It’s like the only defence you’ve got.”

The problem of limited capacity of hospital beds on one hand and the exploding numbers of infected workers on the other poses a big problem that Associate Professor Hsu Liyang of the National University of Singapore suggests to solve by triaging of patients: “COVID-19 cases should be triaged and those with minimal risk of complications should be sent to community isolation facilities immediately rather than face a period of observation in an acute hospital.”

With globalization and the economic opening of China, Singapore has grown rapidly since the 1980s, bringing with it hundreds of thousands of temporary workers to be used in the construction industry at low wages. Labour agencies arranged the formalities for work permits, promising wages between 800 and 1,300 Singapore dollars (US\$560-US\$900). But a large part of the wages is later deducted for “agency fees,” accommodation and food, so that the workers can only transfer a small amount of money from their wages to their families in their home countries.

The authoritarian regime in Singapore suppresses any movement of workers fighting for better working or living conditions. Those who resist are immediately deported and, in some cases, lose everything they have saved up in their hard work through fines. While many of the Singaporean workers participate in fundraising campaigns for their foreign colleagues, the control of the dormitories in the fight against the spread of the virus is now carried out by the army, a “task force” of 750 men under the leadership of Brigadier General Seet Uei Lim.

In the crisis, the “gold standard” of the highly praised Singapore—like capitalism in any other country—turns out to be what it really is: a brutal class society.

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