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## The Two Singapores: Spectacle and Twin Realities

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By Wahid Al Mamun

*Early on in the global fight against COVID-19, Singapore's response to the pandemic, centered around aggressive contact tracing and quarantining close contacts, was the subject of praise and admiration among the global community. However, much of this international sentiment had died out by April, as Singapore saw steeply rising infection rates in migrant worker dormitories around the country. Today, low-wage migrant workers from countries like India, Bangladesh, and China make up an overwhelming majority of Singapore's infection rate, with tens of thousands of workers testing positive for the coronavirus. This crisis has revealed the dark underbelly of Singapore's global image as a glitzy, cosmopolitan city-state — a second Singapore inhabited by migrant labor existing in various levels of precarity, especially during the COVID-19 pandemic.*

*"The Two Singapores" is a mini-series of interviews with experts, community workers, and migrant workers who are researching and experiencing the impact of the pandemic on migrant worker communities in Singapore as it unfolds right now. This mini-series aims not only to contextualize the problem at hand, but also seeks to offer an insight into a more harmonious post-pandemic future where migrant workers are accorded better protections and access to healthcare systems in Singapore.*

*In the first interview of the series, we talk to Amanda Low from the Saw Swee Hock School of Public Health, at the National University of Singapore. Amanda is a public health research assistant based in Singapore. Trained in Anthropology, her practice is situated in ethnography and qualitative methods. She works at the intersection of community and academia, navigating and bridging lifeworlds. Amanda is currently conducting research with migrant workers and the community at large.*

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**Wahid Al Mamun (WAM):** What has your research looked like so far, and how has that changed with COVID-19?

**Amanda Low (AL):** I started my job last January, and the research project that I was hired under focused on migrant workers. This is quite unique because people usually associate public health with the study of health and well-being of populations, and populations usually refer to citizen populations. The initial project I was working on before COVID had two phases, and the first phase was completed in January this year. Before we could move to the second phase, however, the situation at the dormitories got worse so we had to put our studies on hold. For a while, I was mostly doing desk research, feeding into other projects that could be done remotely.

Sometime in April we were actually called to do research on COVID itself. We still did research remotely because the university didn't want to compromise the health and safety of the researchers. The only people on the ground were community workers, people from NGOs, volunteering groups, ministry officials – but they had to get approvals one way or another. I haven't been back in the field formally as a researcher since early March, but I have been going back informally as a volunteer with HealthServe<sup>1</sup>, which means I get to see the migrant workers at the clinic. I don't get to interact with them and ask how they are as much, but things are regaining some normalcy and I can hopefully go back to the field.

**WAM:** From your experience both as a researcher and a volunteer with HealthServe, what have been some of the primary obstacles that you have faced in identifying the challenges migrant workers are facing on the ground?

**AL:** As a researcher doing community-based work, things became so uncertain. There were a lot of migrant worker events like poetry readings where I met my informants and established relations. But as everything moved online, people were scrambling and adapting to a new way of being social. Early on I attended some events that moved online but I couldn't really interact with my friends there. Eventually, I also became really tired of the screen time, so I just switched off from these events.

Losing that face-to-face interaction was of great concern to me, but as a researcher it is something to adapt to, even if I don't really like it that much. I've tried to tap on networks that I already have in other ways. Through the community network, I have managed to reach out to individuals who have extended their connections to my team and I. As many stakeholders in the community are concerned about migrant mental health now, connecting with them would be beneficial for all. I think of community workers as the eyes on the ground – they're not necessarily speaking for the workers themselves, but in their capacity of doing work for

them they can translate, culturally and systemically, what the workers' sentiments are. For those of us engaged in community-based research, it is important to disseminate our information to our community because ultimately, we are not producing knowledge for its own sake. But we are also conscious of how knowledge can be useful to the people we have based this research on. I guess that's the plus side of all this – even though face to face interaction has stopped, I've been able to navigate past these barriers virtually through community networks and through social media.

**WAM:** You mentioned that you were working together with community workers on migrant worker mental health during this period – what does that look like at the moment?

**AL:** On our side, there's been a lot going on. We're trying to engage with community workers about sentiments on the ground, anecdotally and qualitatively. A lot of things are not concrete at the moment.

We haven't really figured out what we can do with the people on the ground, because this would necessarily require the mobilization of lots of resources. Depending on the type of intervention we have, we could require mental health professionals and lots of logistics and planning. I do think all this is definitely very urgent – the biggest worries migrant workers have right now stem from their wages and their job security. The government pay-outs [for migrant workers] can't go on forever and it is understandable that companies will eventually have to fund their businesses and save cost, and one of the ways to do so is to fire their employees. That's on the mind of a lot of workers, and the distress I can only imagine is so high.

**WAM:** On that note, I have found that migrant worker mental health has recently been garnering both mainstream and academic interest. Especially in the mainstream, a lot of the conversation about migrant worker mental health is centered around [videos and photos of attempted suicides circulating from the dormitories](#). I am conflicted by this discourse, because while it is great that this conversation is taking place, I feel that there is a penchant to rely on shock value to start this conversation.

**AL:** I agree with you on the shock value – it's almost like something has to be a spectacle for it to gain enough traction to be considered a serious issue among the public, or even among officials. I understand why you feel conflicted because on the one hand it is good that these important issues are finally gaining attention, but what sort of attention is it receiving? I wouldn't go as far as to say it's an afterthought to Singaporeans, but it's only because of the scale of COVID-19 and the impact it has not only on

migrant workers, but also on Singaporeans, that we are even considering migrant worker mental health in the first place.

**WAM:** You're right – COVID is such a totalizing phenomenon and everyone has experienced the pandemic, so it's easier for Singaporeans to understand the immediate issues migrant workers are facing right now at some level. I'm just worried that this conversation doesn't translate to sustained long-term attention to migrant worker welfare. What do you think people who are currently engaging in the conversation should do moving forward to avoid this pitfall?

**AL:** When it comes to migrant worker issues, I'm glad it's receiving such public attention in the last few months, especially because people haven't really thought about [the issue] before. On the other hand, I also feel like the gaze that people have on migrant workers may be somewhat patronizing, and somewhat perverted. It's a weird complex that people can have, especially when you think about low-wage workers. I think in the minds of some Singaporeans, we can afford to pay these workers low wages as these migrant workers don't have many opportunities back home and there will always be plenty of job-seekers for us to pick from. There are many factors in their home countries that push them to temporarily migrate here to seek jobs. So why are you valuing people based on circumstances they can't even control? They are doing work, decent labor, and they are the ones who build our homes and our office buildings. It's just very strange that there is this complex that we are better than them and they don't deserve our attention and don't deserve to access our health services.

**WAM:** And I find that even the most well-intentioned of people approach the issue as though migrant workers should be grateful at some level that we are helping them out.

**AL:** I guess Singapore is very much concerned about its citizens, and rightly so. This concern is very pervasive – it's in the news, and the government is always talking about what it is doing for Singaporeans and permanent residents (PRs). On the other hand, our immigration policy is very calibrated and fine-tuned, especially when it comes to low-wage migrant workers. The policies that govern them necessitate that they are only here for a while and cannot take root here. Which is very strange – you hear of workers who've been here for 19, 20 years, almost as many years as the two of us have been alive. Yet they still don't have that rootedness because they still have their families back in their home countries, even if they've spent most of their working lives here.

In public health we don't really talk about the 'gaze' but I've been thinking lately about the gaze that Singaporeans have over migrant

workers, especially in the mainstream media. One example you may have heard about is that of splitting the reporting of community cases and the cases in the dormitory<sup>2</sup>. I don't know what you think about that, but I have my opinions about it.

**WAM:** I'm conflicted – I think from an epidemiological or public health perspective, it is valuable to have different data sets because it acknowledges the fact that much of the spread [of COVID-19] is concentrated in the dormitories. At the same time, the way that it's talked about in the press irks me – so often, on days where for instance there are 800 cases a day, but 795 cases are in the dorms and 5 cases in the community. Many a time, newspapers would fixate on how there are only 5 local cases. To me, this merely sharpens the division between being resident and non-resident in Singapore.

**AL:** Not to mention that as a citizen you don't have the same restrictions that are imposed on you the way that migrant workers have. By extension, these numbers reflect the broader reality that Singaporeans have created when it comes to the separation of migrant workers from Singaporeans. You see this very clearly in the geographical isolation of the dormitories. While there are some migrant workers who live within the community in shophouses in (neighborhoods like) Little India and Geylang, a lot of the big purpose-built dormitories (PBDs) are located in far-flung areas. The truth is that if you live in Toa Payoh or Tampines, you don't really live near any of the big PBDs.<sup>3</sup> When migrant workers go about their daily lives, this might span their dormitory, Little India, and maybe a grocery store near where they live, and this life will not cross the paths of Singaporeans. And even if I visit Little India, for example – if I'm not doing fieldwork or meeting informants – I'm just walking through the area without having any meaningful social interaction with the workers. There are these two realities that we have created, two different worlds for Singaporeans and for migrant workers, even if their work allows us to live.

On the other hand, I do agree with you when you talk about public health reporting. It does make sense to separate the numbers at some level because COVID-19 is an infectious disease, so density in the dormitories is going to worsen the spread. The numbers only reflect the reality we have created for ourselves – and the reality that we have created for them as well. I guess that's a little cynical, but I would call it realistic. I've heard others say that by giving these two numbers we are saying migrant workers are not a part of our community even if they very much are. I agree with that sentiment, but lumping the numbers will also make it much harder for us to acknowledge the reality for what it is.

**WAM:** Moving forward, what do you think any sort of public health intervention for migrant worker health will look like? What do you envision

as a way out of all this, and some form of sustainable solution for public health infrastructure in Singapore to accommodate the complex needs of migrant workers?

**AL:** I think that's a good question – it's something that I feel somewhat hopeful about. But if we want to see a sustainable change, the only next step to take will necessitate active, strategic, and comprehensive involvement from the government. Of course, the onus won't solely fall on government. Whatever sustainable efforts that will be thought of and implemented will require a whole-of-society approach. A lot of good work has been done and is happening on the ground, in civil society. It makes sense to tap on that. And before we even talk about public health infrastructure, I think the biggest hurdle to overcome is not so much a resource-based issue but a moral one.

If you just think about the numbers, there are almost a million low-wage migrant workers in Singapore. They form a significant part of Singapore's 5.6 million population. There is a great chasm when you compare the resources presently allocated to monitoring and maintaining migrant worker health to the resources afforded to citizens in pre-COVID times. The Singapore government places great value in taking care of its citizens, and it does indeed do a fair and decent job in covering basic healthcare needs. However, when low-wage migrant workers come into the picture, especially in a country which emphasizes the knowledge economy and champions white-collar workers, this resource problem becomes a broader, philosophical one. Low-wage work in Singapore does not warrant the same level of value that professional office-based jobs would. I think the government will have to make decisions which could be contentious or unpopular, and which they'll have to consult citizens on. They'll have to ask citizens how they would feel if we allocated some resources to set up preventive screening for migrant workers so we know if they have hypertension, for example. I feel like even after the pandemic, there will definitely be Singaporeans who will say: "We earn our own money and our own CPF<sup>4</sup>, and it shouldn't go to people who aren't even part of us." It's very much an othering, us versus them situation.

It's a very complex issue and we need to think for ourselves and re-evaluate our values. I'm sure once we get past the first moral hurdle, then public health infrastructure will not be an issue because we definitely have a pool of expertise and resources to draw from. It'll then be a matter of how we sustain this for the next five years, ten years and beyond. But getting past that mental barrier will be the biggest hurdle to jump.

*The opinions in this interview reflect the personal views of Amanda Low,*

*and do not in any way represent the stances that the Saw Swee Hock School of Public Health or HealthServe take regarding migrant worker welfare.*

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### Footnotes

[1] HealthServe is one of several non-governmental organizations (NGOs) in Singapore dedicated to the issue of migrant worker welfare.

[2] The Singapore government releases [daily data](#) about the number of COVID-19 cases in Singapore. The data is divided into three sections – imported cases (tested upon arrival to Singapore from overseas); cases in the community; and cases residing in the dormitories.

[3] Unlike Little India and Geylang, few migrant workers live in Toa Payoh and Tampines, both of which are largely residential neighborhoods.

[4] The Central Provident Fund is a compulsory savings program and pension plan for all working Singaporeans, which serves to meet the country's retirement, housing and healthcare needs.

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