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dorm, government non-enforcement all get in the way

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By TWC2 volunteer Choy Cheeyew, based on an interview in January 2021

Hours after his surgery, Rocket Guy (a pseudonym) is lying in his bunk bed, all alone in a darkened dormitory room that will, later in the evening, be filled with twelve other roommates when they return from work. Speaking to me over a Whatsapp video call, he appears to be recovering well physically, but a palpable anxiety can be heard in his voice.

Earlier in the day, Rocket Guy was under general anaesthesia for day surgery to treat a perianal fistula, which refers to a formation of an anorectal abscess. Told by his doctor to eat only vegetables after the operation, he expresses worry that the dormitory will not be able to cater the right kind of food, which

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A carpentry worker from Bangladesh who has been in Singapore for approximately eight years, Rocket Guy's entire journey from pre to post surgery was filled with roadblocks and delays.

He first noticed an abscess near his anus some months earlier, but at the time, his dorm was under lockdown and he couldn't get any medical attention. Then when he tested positive for Covid-19 last year and he got a chance to see a doctor, he was told to focus on dealing with his Covid-19 diagnosis first, as a perianal fistula is not a life-threatening condition.

Subsequent attempts to get treatment were fruitless too as his employer refused to foot the bill, arguing that this was not a workplace-related condition. This is in truth a poor argument because under the Employment of Foreign Manpower Act, an employer of a work permit holder "is responsible for and must bear the costs of" medical treatment for the foreign employee (see footnote 1).

The doctor's suggestion to Rocket Guy to pay for the treatment himself and then try to claim reimbursement from the employer later was unrealistic. With absurdly low salaries, few foreign workers have the wherewithal to pay hospital bills first.

After waiting approximately six to seven months, Rocket Guy finally made headway with assistance from TWC2. With a letter of guarantee from TWC2 promising to pay for the surgery, he secured an appointment with a specialist and proceeded with the operation on the morning of 25 January 2021. He tells me that the doctors and nurses treated him extremely well, and they were proficient and professional.

If only other parts of officialdom encountered by migrant workers are as supportive and sympathetic. His recovery should be straightforward, but confinement imposed by the dormitory and employer will make it impossible for him to go out to buy the right food. Relying on catered meals — Rocket Guy describes them as rice and "glob" — goes against his doctor's diet recommendations. He mentions that he has not eaten since the night before the operation, as he tries to reduce the frequency of having to use the toilet.

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made so difficult for migrant workers to access healthcare and to get the necessary support for recovery? Do we dismiss such needs unless the individual in question is of sufficient “value” to us?

This situation is not unique to Rocket Guy. According to [Rajaraman, Yip, Kuan and Lim \(2020\)](#), “a sizeable minority of migrant workers nevertheless face barriers to accessing healthcare.” While unawareness of their entitlements may also be an issue, with many of them not knowing that their employers actually have a legal obligation to ensure that their workers receive necessary medical treatment, even awareness alone isn’t of much help, because any attempt to press one’s rights may result in the employer simply cancelling the work permit, among other possible adverse measures. The above-mentioned paper reports that non-governmental organisation Healthserve “frequently encounters migrant workers who face intractable barriers to accessing their legal healthcare entitlements.”

Since, as mentioned above, workers are unable to bear the costs of hefty medical bills by themselves, they tend to delay or forego seeking treatment altogether.

Thankfully, Rocket Guy did not have a serious, life-threatening condition or one that deteriorated rapidly. The delay of six or seven months that he faced didn’t turn out to be critical. But one cannot help but ask: Out of one million low-wage migrant workers in Singapore, how many have suffered worse or have had their health seriously and irreparably impaired for lack of timely intervention?

FOOTNOTES

Paragraph 1 of Part III of the Fourth Schedule of the Employment for Foreign Manpower (Work Passes) Regulations 2012 says “Except as the Controller specifies otherwise in writing, the employer is responsible for and must bear the costs of the foreign employee’s upkeep (excluding the provision of food) and maintenance in Singapore. This includes the provision of medical treatment,…”

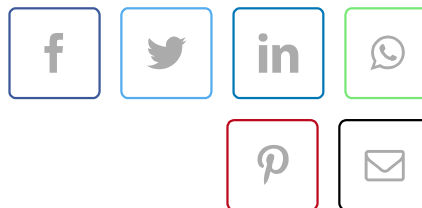
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agreement .

Paragraph 4 of Part IV of the Fourth Schedule of the same Regulations requires employers to purchase insurance to cover the obligation to provide medical care. It says “The employer shall purchase and maintain medical insurance with coverage of at least \$15,000 per 12-month period of the foreign employee’s employment (or for such shorter period where the foreign employee’s period of employment is less than 12 months) for the foreign employee’s in-patient care and day surgery ...”

By TWC2’s observation over the many cases through the years, the Ministry of Manpower seems reluctant to press employers to utilise this insurance despite the intent so clearly stated in law.

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