

Chapter 8

Labour Migration and Exclusive State Amidst the Global Pandemic of COVID-19



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8.1 Introduction

In Southeast Asia, regional integration has played a role in driving labour mobility. For many years, the Association of Southeast Asian Nations (ASEAN) has approached labour mobility as an extension of open trade and investment, specifically through promotion of services trade (Kikkawa & Suan, 2019). However, intra-regional labour flows are still largely driven by bilateral arrangements between origin and host countries, and the labour and immigration laws of the latter, rather than ASEAN-wide initiatives. As existing ASEAN regional instruments do not bind the countries in the same way that a treaty does, bilateral agreements have been regarded as a more viable option in terms of protecting migrant workers. Both the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers and the ASEAN Consensus on the Protection and Promotion of the Rights of Migrant Workers (ASEAN Consensus, 2018) are non-binding treaties. Furthermore, within the ASEAN, only the Philippines and Indonesia are state-parties to the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (OHCHR, 2021).

International labour migration within Southeast Asia is triggered by two main factors: (1) disparities between countries in terms of economic and social development; and (2) demographic differences among the populations of ASEAN nations, such as age and mortality rates in destination countries that affect supply and demand of labour (ILO & IOM, 2017).

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Labour migration in the ASEAN region is also highly gendered. Women account for nearly half of the intra-ASEAN migrant working-age population (UN Women, 2017). The increase in demand for workers in highly feminized sectors, such as health care, domestic work, entertainment, manufacturing, and textiles, in destination countries, particularly Malaysia and Singapore, results in an increased number of women migrant workers. Women labour migrants from Indonesia and the Philippines consist of 44% and 40% of 2015–2016 labour outflows respectively, comprising of domestic workers, caretakers, and housekeepers (ADB et al., 2018).

Despite the commitment of ASEAN to facilitate the flow of high-skilled workers within the region (Gentile, 2019), low-skilled, labour-intensive jobs employ most migrant workers within the region, working in various sectors such as agriculture and fisheries, domestic work, manufacturing, construction, hospitality, and food services (ILO, 2019). Some of these occupations are often classified as part of the informal economy, excluding such workers from labour protection programs in destination countries (2019). Furthermore, many migrant workers have irregular status because of the “high costs, long duration, and considerable complexity of navigating the existing bilateral channels for migration” (ILO & IOM, 2017).

The intersecting vulnerabilities experienced by migrant workers because of their non-citizen status, gender, work category and skill level have become more pronounced in the advent of the 2019 Coronavirus Disease (COVID-19). As the COVID-19 outbreak ballooned into a pandemic, host states have been forced to implement urgent and aggressive actions to combat its spread. This chapter examines the challenges posed by the COVID-19 pandemic to Singapore, Malaysia, and Thailand as host countries. It argues that it is necessary for host countries not only to maintain the health and social protection measures extended to migrant workers during the pandemic, but to institutionalize them, despite the fact that they were adopted under extraordinary circumstances. It further posits that the traditional concept of citizenship should be abandoned by host states in favour of a universalist concept where migrant workers are regarded as social citizens, thus entitled to health and social protection, even as these states’ policies remain primarily focused on their citizens.

This chapter is divided into four parts: part one is a brief introduction of labour migration within the ASEAN; part two discusses the comparative measures adopted by Singapore, Malaysia and Thailand in response to COVID-19 and the impact of these responses on migrant workers; part three uses the concept of citizenship as a framework for analysing the factors that led to the host countries’ responses and the rationale behind them, and part four proposes that a paradigm shift in the policy that regards migrant workers as social citizens, and institutionalises the accommodations extended to them during the pandemic, would be propitious for Singapore, Malaysia and Thailand as host states. These host countries were carefully selected for this analysis as they have the highest number of migrant workers in Southeast Asia. In 2017, Malaysia had over 2.23 million migrant workers, while Thailand and Singapore were home to 2.06 million and 1.37 million, respectively (Statista, 2021).

8.2 Covid-19 Pandemic in the ASEAN Region: Effects and Government Response in Malaysia, Singapore, and Thailand

Southeast Asia was one of the first regions affected by the COVID-19 pandemic because of its close geographical proximity, and business and trade links with China (OECD, 2020). As the rate of infection spiked, the pandemic brought immediate interruption in all sectors of economic activity in the ASEAN region, primarily through nationwide lockdown and quarantine measures, temporary closures of businesses and schools, travel restrictions, and other preventive and containment measures. To mitigate the economic and social impacts of the pandemic, Southeast Asian governments have introduced stimulus packages, mobilizing both fiscal and monetary measures. However, providing and reinforcing social support is difficult in developing and emerging economies, which are often characterized by weak social protection systems for the vulnerable sectors and growing inequalities (Lee, 2020a).

8.2.1 Impact on Migrant Workers

8.2.1.1 Termination and Lay-Offs and Work-Related Concerns

An ILO survey on the impact of COVID-19 on migrant workers in the ASEAN found that “97% of respondents in destination countries had not accessed any social security support” (ADBI et al., 2021).

While the closure of businesses brought about by lockdowns and containment measures in Malaysia, Singapore and Thailand, has resulted in the temporary unemployment, reduced employment, termination and mass lay-offs of migrant workers, the support extended by these governments, including stimulus packages to workers who have lost their jobs and income, generally exclude migrant workers (ADBI et al., 2021).

For instance, Malaysia has been criticised for its management of migrant workers during the pandemic (Wahab, 2020). As of July, 4700 migrant workers lost their jobs according to the MHR of Malaysia (Reuters, 2020). Daily-waged migrant workers, both documented and undocumented, were among the hardest hit, with many workers running out of money due to job loss and merely relied on food aid distributed by the Government and Civil Society Organizations (CSOs) (Priya, 2020). The Wage Subsidy Programme implemented during the effectivity of the Movement Control Order (MCO) was available to employers whose revenues have suffered, but it cannot be used for employed migrant workers (Lim, 2020a). Furthermore, the Ministry of Human Resources (MHR) itself has advised that

migrant workers should be terminated first should lay-offs be inevitable (The Star, 2020). According to the Khazanah Research Institute, a senior minister of the Malaysian government also stated that “the workers are the responsibility of their respective embassies” (Lee, 2020b).

In Thailand, workers in retails and entertainment have lost jobs due to closure of these industries, while many domestic workers have been dismissed for fear of bringing COVID-19 (Rogovin, 2020). Although documented migrant workers are covered under the Social Security Contributions Act (SSC), and therefore, they have unemployment insurance benefits, (ADBI et al., 2021) access to these benefits has been plagued with delays and a general lack of information about available coverage (Thubchumpon, 2020). Still, those employed with reduced working hours because of the pandemic are “unable to afford rent, food, and daily household items. Many were not able to send remittances.”

Singapore adopted similar responses. It banned the entry of travellers in a progressive manner, starting from those coming from Hubei and the whole of China (Chang et al., 2020). With the spike in new cases, the Singapore Parliament passed the “Circuit Breaker” law, which took effect on April 8, 2020. While it closed all schools and non-essential businesses – the essential services, such as food establishments, hospitals, and transport remained open with strict social distancing measures (Cheong & Lai, 2020).

Singapore extended support to employers to retain and pay their migrant employees, by way of “levy support (rebates and/or waivers), with particular focus on migrant workers in the construction, marine shipyard, and process sectors” (ADBI et al., 2021).

8.2.1.2 Extension of Stay

Malaysia, Singapore and Thailand commonly provided extensions of migrant workers’ stay, especially if their working permits have expired during the pandemic. In Thailand, documented migrant workers and their families were allowed to “remain temporarily in the country, without a fine, if their visa expired during the pandemic period” (ADBI et al., 2021). According to the ILO, “Thailand’s Department of Employment of the Ministry of Labour estimated that 1.2 million work permits of migrant workers and their families were renewed or approved by 30 June 2020” (ADBI et al., 2021).

All working visas which expired during the lockdown were also renewed by Singapore for two months. This assisted “retrenched migrant workers with income, accommodation, and food support” (Abella, 2020; ADBI et al., 2021). Singapore also set up a “temporary scheme that enables the transfer of migrant workers across sectors.” Malaysia, for its part, granted permission for migrant workers to change not only their sectors, but also their employers (ADBI et al., 2021).

8.2.1.3 Health

There is an overrepresentation of migrant workers among the infected in these countries. ILO reports that in Singapore, migrant workers are 38% of the labour force but they comprise more than 90% of COVID-19 cases; while in Malaysia, they comprise 30% of the confirmed cases (ADBI et al., 2021).

Two reasons are given by ILO: first, many migrant workers are classified as “essential” which means that they continued to work despite lockdown measures. In some circumstances, workplaces do not adequately implement health protocols or provide insufficient protective gear to their workers. For instance, concerns were raised about the working conditions and lack of safety protocols in the manufacture of rubber globes in Malaysia, which supplies 67% of the product globally (ADBI et al., 2021).

Second, housing facilities for migrant workers have been identified as a major cause of the COVID-19 outbreak. Particularly in the construction and manufacturing sectors, migrant workers’ dormitories are crowded, making social distancing difficult to achieve. Likewise, there is inadequate supply of soap and sanitisers. This has been true for Singapore and Malaysia. In Thailand, although the outbreak in the worksites and dormitories does not appear as serious, an ILO study in 2016 described the living conditions of migrant workers as substandard and “lack[ing] regulatory oversight” (ADBI et al., 2021).

Ensuring access to health services, including those related directly to the COVID-19 pandemic, has been met with mixed responses from the countries in focus. Malaysia initially exempted migrant workers from outpatient fees at government facilities (Wahab, 2020). However, it subsequently announced that all migrant workers should undergo compulsory swab testing, the cost of which shall be borne by their employers (Bedi, 2020). Eventually, though, the government decided that the COVID-19 screening would be covered by the Social Security Organization (SOCSO) and priority would be given to migrant workers in two sectors: construction and security (Bernama, 2020). By November 2020, the government imposed a “mandatory Covid-19 screening for 1.7 million foreign workers in view of the high number of cases involving the group” (The Straits Times, 2020). For this mandatory screening, the SOCSO “would pay RM 60 per employee for the rapid antigen test.”

Meanwhile, in Singapore, as the government only subsidized citizens and permanent residents seeking treatment in Public Health Preparedness Clinics (Min, 2020), migrant workers heavily relied on civic groups for health care provisions (Chia & Poh, 2020). However, in May, the government unveiled a plan to provide onsite medical facilities at all migrant worker dormitories (Heijmans & Chia, 2020).

In Thailand, a government spokesperson said the country would treat all patients for the disease regardless of the migrant workers’ legal status on humanitarian grounds (ILO, 2020b). However, those laid off are still struggling to find work after the country hit its worst outbreak in January 2021. Many people have blamed migrant workers from Myanmar – a major source of labour in the seafood industry

in Samut Sakhon – for the COVID-19 outbreak, believed to have originated from the seafood market late last year (Wongsamuth, 2021). While the Thai government has ensured that anyone with COVID-19 symptoms, who has visited known hotspots, or who is suspected to have been infected, can access free coronavirus testing and treatment, some migrant workers were deemed low risk and denied tests at government hospitals. Private hospitals, on the other hand, can charge more than 4000 baht or US\$133. These costs serve as a barrier to ensuring that migrants are included in efforts to contain the COVID-19 pandemic. For instance, a migrant worker at a factory in Samut Sakhon, said he was asked to stop working without pay after being unable to afford a COVID-19 test and obtain a negative certificate to show his employer.

Whether migrant workers have access to vaccinations against the COVID-19 virus is a question of central importance. To date, the most important assistance given by the Malaysian government is its offer to vaccinate foreigners for free, including foreign workers, and even undocumented ones (Dzulkifly, 2020). The government assures that the undocumented workers will not be arrested during the vaccination program (Anand, 2021). This assurance is reportedly “due to Malaysia’s adequate supply of vaccines, which is more than the number of Malaysians who are eligible to receive it” (Rodzi, 2021). Noting that workplace clusters are hotspots for spreading COVID-19, the government stated its desire to control clusters “in factories, plantations and construction sites,” to achieve herd immunity “as ‘no one is safe till everyone is safe.’”

In February 2021, government spokesperson Dr. Apisamai announced that Thailand has three target objectives for COVID-19 vaccinations, one of which is to “protect the national economy and society.” Recipients include “workers in the service, tourism and industrial sectors,” and “employers will co-pay for the vaccination of their migrant workers” (Bangkok Post, 2021).

In March 2021, Singapore’s MOH announced that it will vaccinate migrant workers, with those in dormitories going first. The Ministry also announced that “vaccination will be provided free to all Work Permit (including FDWs), S Pass, EP, LTVP and Dependant’s Pass holders” (MOM, 2021).

8.2.1.4 Social Protection

Since migrant workers were excluded from the host states’ stimulus packages, their sudden unemployment and loss of income resulted in a humanitarian crisis (ADBI et al., 2021). Migrant workers had to rely on food reliefs provided jointly by the government, trade unions, and CSOs.

As part of its stimulus package, the Malaysian government introduced a discount on the foreign worker levy by 25% percent for payments due in April until the end of the year (Dzulkifly, 2020). This was to “reduce the financial burden on small-and medium-sized enterprises caused by the [COVID]-19 pandemic and the subsequent movement control order” (Dzulkifly, 2020). Acknowledging the dilemma that employers faced in retaining workers amidst the pandemic, the government also

“agreed to encourage negotiations between employers and workers about existing terms of employment, including the option of pay cuts and the provision of unpaid leave during the MCO period” (Dzulkifly, 2020).

Singapore has been regarded as “successful” in responding to the COVID-19 pandemic (Lim, 2020b). Despite its success, it has been criticised for its handling of migrant workers and their living conditions. For example, it provided some social protection for businesses hiring foreign workers through a foreign worker levy rebate of SGD 750 for each migrant worker holding S Pass or work permits, which could be used to pay their salaries (Ho, 2020). However, as with Malaysia, its Jobs Support Scheme only extends to local employees who are Singapore citizens and Permanent Residents (IRAS, 2020). There are clearly identifiable needs for social protection in Singapore, with migrant construction workers making up 90% of those infected in Singapore (Kaur-Gill, 2020).

In Thailand, although migrant workers have the right to access social security, including health care, in reality many are excluded, particularly those in the informal sectors, domestic work, agriculture, and fishing; regular workers whose employers did not enrol them; and undocumented migrant workers (ILO, 2020b). The financial support package amounting to THB 30,000 offered by Thailand is only available to its citizens (Promchertchoo, 2020). With no social protection, migrant workers have limited access to COVID-19 testing and treatment, and may opt to not seek medical support for fear of deportation for those with irregular status (ILO, 2020b). Further, to apply for COVID-19 social security benefits, such as cash transfers, one requirement is to have 13 national identity digits, effectively excluding migrant workers (2020b).

8.2.1.5 Housing

The issue of housing for migrant workers is a source for major outbreak of COVID-19, deserving a separate discussion within the context of social protection.

Though not as binding as a treaty, the ASEAN Consensus 2018 signifies a commitment among ASEAN countries to implement measures for the realization of the rights of migrant workers recognized therein. Pertinently, the ASEAN Consensus (2018) provides that “The Receiving State will, . . . , ensure that migrant workers are provided with adequate or reasonable accommodation.” Receiving countries also undertake to “provide fair treatment to migrant workers in respect of: (a) Working condition and remuneration; (b) Occupational safety and health protection; (c) Protection from violence and sexual harassment; and (d) Gender and nationality in the workplace.

Before the pandemic, the fact that migrant workers were living in crowded and sub-standard accommodations, was not an issue that garnered the attention of hosts countries. When the pandemic broke out and the mandatory protocol of social distancing was imposed, the inadequacy and danger that the living conditions of migrant workers posed became central to addressing community transmission of the COVID-19 virus.

As of mid-April, the Malaysian Trade Union Congress reported poor living conditions as violations against migrant workers (ILO, 2020a). In May 2020, the health director-general of Malaysia stated that the spread of COVID-19 in the migrant workers' housing was facilitated by "cramped and congested living conditions" and that the employers only focused on the condition of the migrants' workplace and not their housing (ADBI et al., 2021).

In August 2020, the "Employees' Minimum Standards of Housing, Accommodations and Amenities (Accommodation and Centralized Accommodation) Regulations 2020," was published in Malaysia (Malaysia Government, 2020). It provides, among others, that in dormitories, each employee must have a sleeping area of at least three-square meters (s.5.2) and the ratio for toilet and bathroom to workers is 1:15.

The situation of migrant workers in dormitories in Singapore during the pandemic, under total lockdown, has been grim. Some 200,000 migrant workers live in 43 purpose-built dormitories, which are overcrowded and have poor sanitary standards, making them more vulnerable to infection (Chin, 2020). With local transmission being reported in these dormitories, migrant workers were placed under total lockdown (N. Chang, 2020). Workers in essential services were housed separately (Wong & Zhuo, 2020). Meanwhile, an inter-agency task force was set up by the MOM to support migrant workers and dormitory operators during the implementation of the Circuit Breaker, by providing dormitory residents with meals in a timely and orderly fashion, and giving dormitory operators simple care packs consisting of masks, thermometers, and hand sanitizers (Ng, 2020).

According to Huso Yi et al. (2020), lack of inclusive protection systems and communal living in high-density and unhygienic dormitory settings contributed to the increase of COVID-19 cases among low-wage migrants in Singapore. In response, the government authorities have pledged to further improve their working and living conditions by giving each resident a living space of at least six square meters per person (Tan, 2020). However, these efforts, such as hygiene measures, were not implemented in full (Kathiravelu, 2020). Most migrants were strictly trapped in the dormitories while mass testing was implemented, and infected workers were removed, isolated, and treated gradually (Tan, 2020). Singapore's Prime Minister, Lee Hsien Loong, acknowledged that there were missteps taken, as "it is not possible always to make the perfect decisions." In his speech, he acknowledged the vital contributions of foreign workers and the need to protect them during the pandemic:

[W]e are paying close attention to the welfare of the foreign workers. They came to Singapore to work hard for a living, and provide for their families back home. They have played an important part building our HDB flats, Changi Airport, MRT lines. We have worked with their employers to make sure they will be paid their salaries, and can remit money home. We will provide them with the medical care and treatment that they need (ADBI et al., 2021).

Still, the MOM has received numerous complaints regarding unpaid salaries, as well as denial of other work pass privileges, including threats of termination (Ho, 2020). For the most part, the welfare of migrant workers remained the employers' responsibility.

As in Malaysia and Singapore, migrant workers in Thailand have been living in cramped dormitories and other housing facilities with poor sanitary conditions, making distancing and other preventive measures difficult to implement (Wipatayotin, 2020). There have also been reports of infections within Immigration Detention Centres (HRW, 2020). For women, there may be an additional risk of sexual and other harassment in migrant accommodation (UN Women, 2020). Furthermore, migrant workers in certain occupations face heightened risks. In construction which has remained open, migrant workers were not given masks or hand sanitisers even though they work and live with poor sanitation conditions and limited access to potable water (Chandran, 2020).

8.2.2 Recalibrating Responses: A Matter of Necessity

It is apparent that the Malaysian government has been forced to recalibrate its policies and alleviate the situation of the migrant workers, despite its earlier pronouncement that if there would be lay-offs, the first to go would be migrant workers. This can be attributed to the following: (a) realisation that migrant workers are necessary, if not indispensable, to the survival of their citizens' businesses and the economy of Malaysia; (b) since migrant workers are rendered vulnerable to COVID-19 because of the state of their accommodations and working conditions, there would be higher rates of community transmission unless medical and social support are extended to them; and vaccines are made available to migrant workers because Malaysia has a surplus of supply.

It is clear that Singapore also had to recalibrate its policies towards migrant workers: unless it improved both the living and health conditions of migrant workers, it cannot effectively arrest the pandemic and prevent transmission to the entire population. Hence, the migrant workers' housing facilities were "upgraded" and health benefits relative to COVID-19 were covered. As a matter of fact, Singapore has prioritized workers living in the largest dormitories for vaccination and has also provided for "Vaccine Injury Financial Assistance Programme (VIFAP) to support people who suffer serious adverse events that are assessed to be likely related to COVID-19 vaccines," including "Work Permit (including FDWs), S Pass, EP, LTVP and Dependant's Pass holders" (MOM, 2021).

Thailand, for its part, has announced that it will cover COVID-19 vaccines to foreign workers (The Associated Press, 2021). The Associated press (2021) cites Opas Karnkawinpong, director-general of Thailand's Department of Disease Control, as saying that "70% of Thailand's population has to be inoculated to create

‘herd immunity’ and that Prime Minister Prayut Chan-ocha ‘mentioned clearly that everyone on Thai soil, both Thais and foreigners, can access the vaccines’.” Verily, Thailand realises that herd immunity cannot be achieved if citizenship is made a pre-requisite or condition for access to vaccines.

8.3 Citizenship, Labour Migration, and Social Protection During the COVID-19 Pandemic

8.3.1 The Interplay: Citizenship, Social Protection, and Labour Migration

Both the initial and recalibrated responses to the COVID-19 pandemic by host countries like Singapore, Thailand and Malaysia have been framed around the protection primarily, if not exclusively, of their own citizens. Despite the seeming fluidity of territorial borders due to globalization and migration for work, citizenship remains a constant barrier to equitable access to health and social protection, and justifies differentiated treatment of migrant workers.

8.3.1.1 The Traditional Concept of Citizenship: Legal and Social Citizenship

At the core of the concept of citizenship is the “possession of the formal status of membership of a political and legal entity” and having specific rights and obligations associated with it (Bellamy, 2015). Commonly, citizenship is understood as a “political and legal artifact that creates a condition of civic equality among those who possess it with regard to the prerogative and responsibilities it bestows and requires.”

While in its traditional sense, citizenship is viewed primarily as a legal and political concept, as rights and freedoms are legislated by government bodies and courts, in political science and sociology, citizenship takes on a much broader concept referring to “some form of community belonging” (Bosniak, 2008). As a legal status, citizenship entails a universal set of civil, political, and social rights. This universalist conception of citizenship stems from the theory of social citizenship by British sociologist Thomas Humphrey Marshall (1964). For him, social citizenship has three dimensions: civil, political, and social. It promotes modern social rights, which are aimed at addressing and minimizing individuals’ risk of suffering problems like poverty, inadequate access to healthcare, and social exclusion. Social rights are also meant to give individuals life-long rights to income maintenance, employment, and health services (Roche, 2002). The objective of social citizenship, therefore, is “to create a social stratification on the basis of merit within each generation; so one cannot inherit wealth, but must earn it...and all are offered an equality of status at birth that allows equal competition for resources” (Revi, 2014).

8.3.1.2 Globalisation and Exclusion of Migrants from Citizenship: The Notion of Contribution and the Othering Effects

Globalisation challenges the traditional and universalist notion of citizenship, in that state borders remain open and flexible to allow non-members (non-citizens) of a state's territory inside, and remain there for a considerable time because they possess statuses or carry identifications other than citizenship, which justify their stay and access to the host country's resources. Bloom and Feldman (2011), cite the UK to make the point that although there are distinctions between being present, being a resident (precursor to citizenship, with right to education) and being a citizen (possessed of all rights), "presence is necessary and sufficient to receive emergency health care..."

For Iris Marion Young (1989), the idea of "universal citizenship" has not translated into social justice and equality for all citizens, as manifested by how contemporary social movements in the US have fought for the rights of African-Americans, Latinos, women, and other marginalised groups. According to Young, the best way to promote inclusion and participation of everyone is through the concept of "differentiated citizenship." "Differentiated citizenship" refers to "the granting of special group-based legal or constitutional rights to national minorities and ethnic groups" (Mintz et al., 2013). In the context of globalisation studies, however, "differentiated citizenship" may refer to "the ways in which nation states grant privileges to certain people (nationals or internationals) considered valuable in a market driven world, while excluding others (considered less valuable) from rights and entitlements" (Ochoa Campo, 2017).

Have "presence" and "contribution to the economy" facilitated the migrant workers' inclusion as social citizens in Singapore, Malaysia and Thailand? In the context of the pandemic, have they been treated equally to citizens in terms of emergency health care? Bloom points out that "it is precisely in the area of social rights that migrants often find themselves deficient" (Bloom & Feldman, 2011). Furthermore, is the value of their contributions sufficiently acknowledged to be considered deserving of equitable, if not equal, access to health care and social protection, given the state of the COVID-19 pandemic? Or are their contributions easily dismissed as insignificant, unnecessary or even dispensable, precisely because they are non-citizens? What validates their exclusion and their "othering" despite their economic contributions and beneficial presence in host countries?

According to Osipovic (2015), how migrants' contributions are perceived plays a crucial role in determining who is "included" and who is "excluded" from certain government programs and services. The notion of contributions can be used either to strengthen the rights of migrant workers or to do the exact opposite. On one hand, some have argued that irregular migrants are *de facto* members of the national community by virtue of their social and cultural contributions (Berg, 2007). Through this appeal to contributions, it is possible to argue that migrant workers are deserving of the rights typically associated with social citizenship. This argument does not only carry theoretical significance. For instance, it is advanced that most Europeans are prepared to grant social rights to migrants if certain conditions are fulfilled, such

as paying taxes (Osipovic, 2015). This suggests that migrant workers' contributions by way of paying taxes can be used to bolster the argument that they are more deserving of the rights associated with social citizenship.

On the other hand, Osipovic (2015) also points out that the very notion of contributions has been weaponized to curtail the rights of migrant workers. First, in some places, there is a recognition that there are greater "multigenerational" contributions by citizens which cannot be matched easily by newcomers. Hence, even if migrants manage to make some contributions, they will be seen as inferior to the contributions of citizens, and this can be used as justification to curtail their rights. Second, regardless of how much or how little contributions migrants make to the community, there is a good chance that citizens will still refuse to fully appreciate the magnitude of those contributions. This may be because certain migrant workers' contributions are rendered "invisible" in public discourse because they are considered to be more "private" than "public" (Singleton & Fry, 2015). In particular, migrant workers tend to occupy jobs which are out of sight from the general public: they "work in factories, produce food, provide domestic service, staff hospitals and contribute to a wide range of basic needs, often for low wages and with little recognition of the value of their contribution" (Wickramasekera, 2002).

This shows that even if migrant workers make substantial contributions, it may still not be "enough" for the population at large. Hence, while contributions can be used to grant migrant workers more rights associated with social citizenship, these may also be weaponised to further the opposite goal of their exclusion and invisibility.

In addition, despite their physical presence, citizenship has an "othering" effect, which makes it harder for migrant-workers to be seen as social citizens deserving of the rights of social citizenship. This effect manifests itself in different ways. First, it can turn migrant workers into scapegoats. Migrant workers are blamed for all kinds of problems, like low wages in host societies (Reza et al., 2019). In this pandemic, much of the local transmission of COVID-19 has also been linked to migrant workers in Singapore and Malaysia, though this was caused mainly by their cramped situation in the dormitories provided by their employers, rather than their status, *per se*, as migrant workers (Bloomberg, 2021). As previously mentioned, the outbreak in Samut Sakhon was blamed on migrant workers from Myanmar (Wongsamuth, 2021). Second, citizenship can be used to argue that migrant workers are undeserving of certain rights, as they are often deemed outsiders of the community, undeserving of rights associated with citizenship (Mundlak, 2007).

In the end, the notion of contributions as well as the othering effects of citizenship have made it difficult for migrant workers to be seen as possessing social citizenship, and has led to extreme disparities, particularly with regard to social security and healthcare. Thus, one might rely on the utilitarian approach and aphorism, "the greatest good for the greatest number" (Andre & Velasquez, 2014), to justify migrant workers' inclusion. Specifically, host countries ought to implement policies towards their protection as social citizens, regardless of their contributions, because in the end, this would have the greatest beneficial repercussions for the country as a whole (Dodgson & Auyong, 2017).

8.3.1.3 The Effects of Migrant Workers as “Non-Citizens”: Disparities on Access to Social Protection and Healthcare

While there are international instruments meant to protect the rights of migrant workers, there are still countries that have not made committed to implementing those instruments (Reza et al., 2019). Even where such commitments are made, they are not followed (Basok & Carasco, 2010). More importantly, the sole binding international human rights treaty on migrant workers is poorly ratified, with just 56 State-Parties (OHCHR, 2021), thereby, greatly weakening the normative value of the rights articulated therein. To reiterate, there are at least two areas in which there is a huge disparity between the rights of migrant workers and rights of citizens which are critical in the context of the COVID-19 pandemic: healthcare and social security.

Migrant workers often encounter very restrictive conditions to obtain social security in their host country (Reza et al., 2019). Some social security schemes have long residency requirements, making it difficult for temporary migrants to claim benefits, which effectively excludes them from social protection (Reza et al., 2019). Even in cases where migrant workers are eligible, they nonetheless encounter difficulties in actually collecting those benefits (Basok & Carasco, 2010).

Although there may be employers who do not comply with certain requirements to provide healthcare to their workers, whether citizens or not (Chen, 2015), migrant workers are still more disadvantaged because they either do not qualify for government funded health insurance, or the costs of those insurance plans are too prohibitive considering how much migrant workers are paid (Leventhal, 2013).

In Malaysia, Singapore, and Thailand, separate social protection schemes are provided for migrant workers and these are usually contributory or voluntary in nature. The schemes are also on an employers' liability basis and with less government subsidies. Many migrant workers are also excluded for a number of reasons: the social security systems cover only regular/ documented workers, or workers in the formal economy; a minimum contribution period is required and is not met by migrant workers with short-term contracts; and/or there are other administrative barriers.

8.3.2 Challenging the Notion and Relevance of Citizenship During the COVID-19 Pandemic

As earlier stated, despite globalisation and the increased flow of labour and capital across borders, citizenship has consistently been a criterion for inclusion in, or exclusion from, a wide range rights and social benefits. By creating a hard barrier around citizenship, nation-states enforce different rights and obligations on non-citizens. The COVID-19 pandemic has exacerbated the existing inequalities between citizens and non-citizens. As discussed in the previous sections, migrant workers in

South East Asia face new challenges due to COVID-19 related to their job stability, immigration status and disproportionate rates of infection. In many cases, aid programs developed by governments are not available to non-citizens, and migrant workers may face challenges when accessing basic social services depending on the social protection and healthcare schemes of their destination country.

Most of the initial COVID-19 response measures implemented by governments in destination countries made use of existing social protection and healthcare schemes. Since migrant workers are excluded from these schemes, they continued to be excluded, despite the pandemic. Governments gave citizens one-off payments, cash dole-outs, and financial support for workers. The same happened in the case of healthcare subsidies and other socio-economic stimulus packages. Worse, there has been outright discrimination against migrant workers in employment policies during the pandemic. To restate, in Malaysia, the MHR has made it a policy that migrant workers be terminated first should layoffs be inevitable (The Star, 2020).

To recapitulate, the empirical data and lived experiences of migrant workers in Malaysia, Singapore, and Thailand during the COVID-19 posed a challenge on the existing health and social protection policies and strategies of these countries, which have been historically framed around the protection of their own citizens. The adverse consequences of the pandemic affected citizens and non-citizens alike, although migrant workers have been disproportionately affected. Therefore, the dividing line that citizenship draws in terms of social protection and healthcare should be blurred to address the pandemic effectively. In the countries which have been the focus of this study, Malaysia and Singapore seem to have realised the need to recalibrate their pandemic response and adopt a more inclusive approach in favour of migrant workers. As discussed, Malaysia has imposed a mandatory COVID-19 screening for 1.7 million foreign workers, which is subsidised by the government. Singapore, meanwhile, carried out mass COVID-19 testing, isolation, and treatment among the migrant workers. These recalibrated responses came after the government authorities realised the increasing rate of infection among the migrant workers' population, and how the migrant workers' dormitories became COVID-19 hotspots. Thailand, on the other hand, has not made significant policy changes to address the situation of migrant workers during the pandemic, except that it has declared that vaccines will also be given to migrant workers for free, with the end in view of achieving herd immunity.

8.4 Conclusion

The success of Singapore, Malaysia and Thailand's response to COVID-19 will have a direct effect on the extent and quality of health care and social support that migrant workers would receive in these countries. As previously discussed, Singapore by necessity, had to improve the living conditions of the workers and extend assistance during the lockdown because it realised that the poor conditions of the workers' dormitories were a super-spreader of the virus because of their

cramped conditions, lack of ventilation and limited toilets. Malaysia recently announced that it would vaccinate foreign workers for free because it had more than enough for its own citizens and Thailand likewise stated that it will do the same. It could be said that at on these occasions, the migrant workers' othering is diminished, and based on their presence and labour contributions to their host countries, they are treated as "social citizens," included in the health and social protection ordinarily available only to citizens.

There is no telling, however, if the adjustments and recalibrations made by these host countries will be sustained and institutionalised to improve the migrant workers' health and social protection in the long term. One should never lose sight of the fact that these recalibrations have been primarily about the survival of the state and its citizens. Migrant workers were accommodated by necessity, due to the COVID-19 pandemic.

What is clear is that citizenship as a barrier is immutable, and the exclusion of migrant workers in rights, privileges and access, will always be justified because citizenship comes with its own built-in border. Whether the challenges of the COVID-19 pandemic will serve as a catalyst for change and better treatment and protection for migrant workers in Singapore, Malaysia and Thailand remains to be seen. Even now, Singapore has already announced that it will decrease reliance on foreign workers in the near future by decreasing the S pass quota for foreign workers by 18% in January 2022 and by 15% in 2023. At the same time, it will support hiring more locals and reskilling them in order to substitute foreign workers (Seow, 2021). Singapore's proposed policy changes reflect the commonly held beliefs and negative stereotypes associated with migrant workers by the local population. Despite migrant workers' significant contributions to the Singaporean economy, many citizens continue to distrust them and believe they should not be granted equal benefits (GIA, 2021).

It is noteworthy to remember though that the othering of migrant workers is largely associated with the types of jobs they take in a foreign country. Thus, whether Singaporean, Malaysian, or Thai citizens for that matter, would be willing to take these jobs which they perceived to be "dirty," "menial," or even "dangerous," and "meant for foreign workers" is definitely something which host countries should take into account (Phua & Hui Min, 2020). Ironically, this othering of migrant workers may yet be the biggest challenge to the plan of reducing reliance on them and limiting their work opportunities in a host country, because over the years, migrant workers may have fortuitously staked their claim over these jobs precisely because they are not citizens.

Another factor to be considered in limiting reliance on foreign workers is aging. ILO attributes the aging population of some Asian countries such as Singapore, as one factor that creates a demand for foreign labour, because the aging population itself creates labour shortages in "sectors or occupations, at different skill levels" (ADBI et al., 2021). Accordingly, "the rising number of elderly people changes demand for services. Healthcare, age care, and domestic services are expected to be in more demand, even as the resident workforce in these sectors ages and is less able to perform physically-taxing jobs or work long shifts." Surely, the job opportunity

in age care and domestic services may not be attractive options for citizens or residents of host countries such as Singapore, Malaysia or Thailand.

Consequently, the option to limit reliance on migrant workers may not be so available to host countries. Treating migrant workers as social citizens, therefore, seems to be the logical next step to address the pandemic and post-pandemic recovery of these host countries.

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