

The Buck Stops Where? A Trilemma on HealthCare for Singapore's Foreign Workers

“Singapore for Singaporeans” a placard read. It was one of the many slogans in a rally against the White Paper on Population released in January 29, 2013 by the National Population and Talent Division. The paper aimed to balance the changing demographics in the country towards an aging population with the need for a younger generation, in order to sustain Singapore's economic competitiveness. It set Singapore's total population target at 6.5 to 6.9 million in 2030, of which, due to Singapore's migration policies and decreasing fertility rates, foreigners would comprise nearly half of the population.

Watching the evening news in the nights that followed, Francis¹ wondered how this would affect the people he recently met. A month ago, he had started to volunteer for ‘The Cuff Road Project’— a twice-daily feeding program in Rowell St, Little India for foreign workers. Simply known as ‘TCRP’, it was a research NGO that ran a soup kitchen to aid in its advocacy for a more equitable Singapore. TCRP was able to gather firsthand data based on personal correspondence with migrant workers who came for the free food.

Volunteers like Francis were tasked to inform foreign workers of their rights and track the progress of medical intervention of the injuries. In his little experience of volunteer work with TCRP, Francis had already encountered many cases of exploitation of foreign workers by their employers, and often wondered about the conflicted stand of Singapore about the situation. “If foreign workers are so important,” he would ask himself, “why is it that they don't fall under the Singaporean social safety net?”

Identifying the Gaps

Alankar looked like a typical restaurant lining the streets of Little India. It was about 20 square meters with white monobloc chairs and tables, the smell of curry permeated the air and the food was served cafeteria style. But Alankar was not just like any other restaurant in Little India. Every night, from 6:30 to 8:30 pm, the restaurant was not filled with locals or tourists but migrant workers participating in TCRP. These migrant workers lined up at the counter to collect their food in exchange for orange buttons provided to them by Francis. The restaurant, through

¹ Names and characters used are fictitious.

This case has been written by Moses Sam Paul Johnraj and Nicole Bacolod under the guidance of Associate Professor Phua Kai Hong, Lee Kuan Yew School of Public Policy (LKY School), National University of Singapore and has been funded by the LKY School. The case would not have been possible without the contributions of the ASEF Study-Singapore Team: Prof. Kai Hong Phua (LKYSPP), Marie Nodzinski (LKYSPP), Farhan Ahmed (LKYSPP) and Rachel Hui (Institute of Policy Studies); and Transient Workers Count Too (TWC2) through which the migrant worker cases were selected and followed up. The case does not reflect the views of the sponsoring organization nor is it intended to suggest correct or incorrect handling of the situation depicted. The case is not meant to serve as a primary source of data and is meant solely for class discussion. This case won the second prize in the Case Writing Competition 2012.

the soup kitchen, served as a social space for these migrant workers to interact with each other and share their stories with TCRP.

As the migrant workers entered the restaurant, they handed over a small slip of paper (which is essentially a calendar on one side and the man's name, injury and case details on the other side) to the volunteers. The volunteers would mark over the date to log the workers' attendance, ask them to sign their attendance on the log book, and hand back the slip to them with the orange buttons from a box that read "TCRP's BIG BOX OF SPELLS AND ELIXIRS". It was during this time that the volunteers, such as Francis, would get to know the participants and their predicaments better.

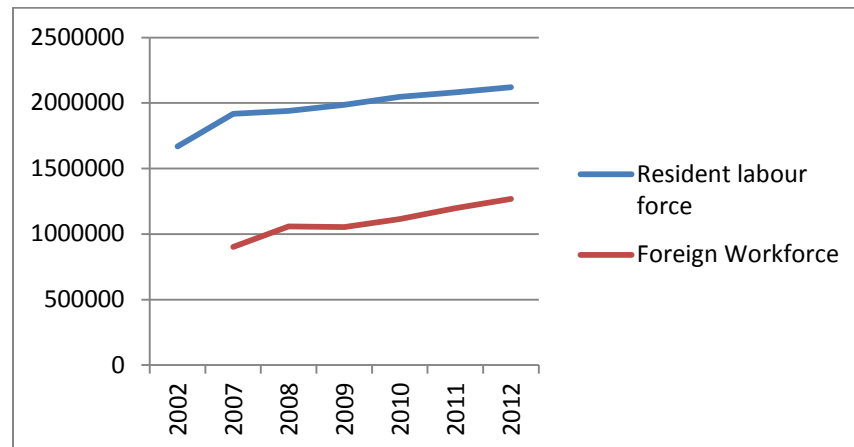
Hence, he knew that the migrant workers in Alankar weren't typical either. He checked the NGO's database and analyzed a 4-week period data (October 2012 to November 2012). Within this short span, 610 men had been registered with TCRP for meals. Of these, 497 or 81% had injuries and had made a claim for permanent injury compensation. According to the Work Injury Compensation Act (WICA), they should have been housed and fed by their employer while they were injured in Singapore and awaiting their WICA claims.

Since NGOs such as TCRP had data, Francis was able to identify the gaps in the policies of the Singaporean government towards the migrant workers. However, he also realized that the gap was too big to be filled by NGOs. But then, was it even the role of NGOs to fill these policy shortcomings in the first place? While TCRP had provided the food, they did not have the capacity to provide for housing and other more expensive needs. Francis would sometimes accompany a foreign worker to the Ministry of Manpower (MOM) for processing of WICA claims, or to the hospital for check-ups, or to the police station when there were complaints. His time and resources were limited, he knew TCRP couldn't do it on its own. So, he compiled a list of complaints of the migrant workers and inadequacies in the systemic support for them and wrote an article for the website to gather greater support from the public.

Singapore's Foreign Workforce

Since the 1970s, Singapore, an island nation short of both natural and human resources, had adopted policies to entice foreigners to join its workforce. These policies had been a huge success, as evidenced by the increasing influx of foreign labor. The trend is shown in **Figure 1**.

Figure 1: Growth Trends of Singapore's Foreign Labor²



In June 2012, Singapore's total population was 5.31 million³. This included 3.82 million residents (Singapore Citizens and Permanent Residents) and 1.49 million non-residents. The total foreign workforce was 1,268,300⁴ whereas the resident labour workforce was 2,119,600 as of 2012⁵.

It was important to note that the situation was different for the two types of foreign workers Singapore attracted: while Singapore sought to encourage the permanent residency of the highly skilled "foreign talent", it sought to maintain the transient status of the low-skilled "foreign worker".

The low-skilled workers, colloquially known as foreign workers, were employed in sectors that were shunned by Singaporeans, known as the 3Ds: dirty, dangerous, and demeaning jobs. These jobs were filled by workers from China, Malaysia, India, Bangladesh, Sri Lanka, Philippines, Indonesia, and Myanmar. To control the flow of foreign workers, the Singaporean government issued stringent employment policies such as the foreign worker levy and the dependency ceiling⁶ on employers. Yet, of the foreign workforce, 75% or 951,225 were the Work Permit holders— low-wage migrant workers in low or semi-skilled manual jobs. Furthermore, of the total low-skilled workers, 293,400 (30%) were employed in the construction sector in 2012⁷.

² Time Series on Population, *Singapore Department of Statistics*, accessed on 19 February 2013 via <http://www.singstat.gov.sg/stats/themes/people/hist/popn.html>.

"Residents" refer to both Singapore citizens and permanent residents in the workforce. Foreigners on various work passes are considered the "non-resident" workforce.

³ Ministry of Manpower, Labor Force Statistics, *Singapore Department of Statistics*, June 2012.

⁴ Foreign Workforce numbers, *Ministry of Manpower Singapore*, 31 January, 2013 accessed on 20 February 2013 via <http://www.mom.gov.sg/statistics-publications/others/statistics/Pages/ForeignWorkforceNumbers.aspx>

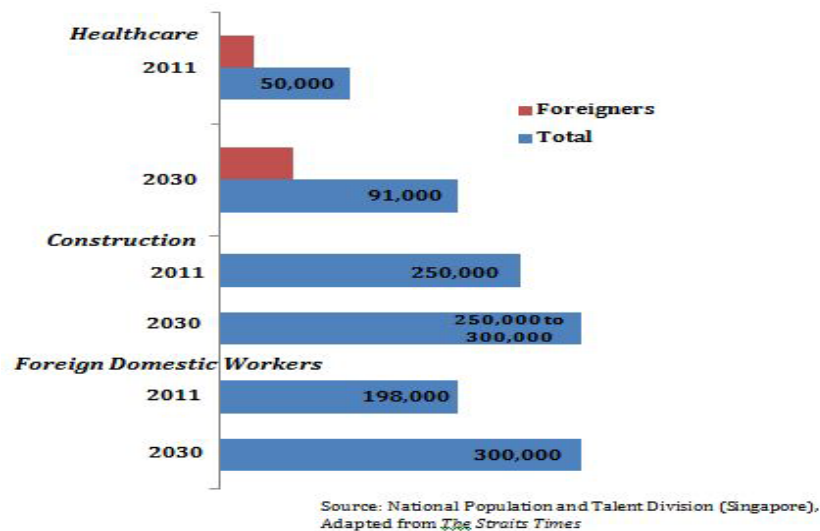
⁵ Singapore Workforce 2012, *Ministry of Manpower Singapore*, accessed via http://www.mom.gov.sg/Publications/mrsd_singapore_workforce_2012.pdf

⁶ The dependency ceiling was formally known as the Dependency Ceiling Ratio (DCR). It is a mechanism which regulates the ratio of foreign workers (in proportion to Singaporean workers) a firm may hire.

⁷ Foreign Workforce numbers, *Ministry of Manpower Singapore*, 31 January, 2013 accessed on 20 February 2013 via <http://www.mom.gov.sg/statistics-publications/others/statistics/Pages/ForeignWorkforceNumbers.aspx>

In November 2012, the National Population and Talent Division had released a report outlining, per sector, the projected number of foreign workers that Singapore would need by 2030⁸. In particular, the construction sector needed 250,000 to 300,000 more foreign workers. **Figure 2** shows the projection for all sectors.

Figure 2: Projection of Foreign Workers for 2030⁹



Foreign Worker Realities

In the period between October 2012 and November 2012, there had been 610 participants in the feeding program, and 497, or 81% of them were due to injury claims¹⁰. The remaining figure comprised of overstaying and various other company problems such as salary issues or illegal deployment. Adding to the fact that the construction sector was a dangerous and accident-prone sector, most accidents happened when workers weren't given enough equipment or time to safeguard themselves (**Exhibit 1**).

Francis saw that many Singaporean employers responded badly to the medical needs of their injured migrant workers; once the employee was injured, the employers shirked away from any associated responsibilities beyond the medical insurance limit, neglecting the reminder from the MOM for "upkeep and maintenance for migrant workers"¹¹. The biggest problem injured foreign

⁸ More details are available in the report "Projection of Foreign Manpower Demand for Healthcare Sector, Construction Workers and Foreign Domestic Workers", an Occasional Paper released by the National Population and Talent Division, Prime Minister's Office, November 2012.

⁹ *Ibid.*

¹⁰ More details available in the article "Who Eats with the Cuff Road Project and Why?" a report released on the website of TWC2, <http://twc2.org.sg/2013/02/16/who-eats-with-the-cuff-road-project-and-why/>, February 2013.

¹¹ Employment of Foreign Manpower Act, Fourth Schedule, Part III, Clause 16: "The employer shall continue to be responsible for and bear the costs of the upkeep (including the provision of food and medical treatment) and maintenance of the foreign employee in Singapore who is awaiting resolution and payment of any statutory claims for salary arrears under the Employment Act, or work injury compensation under the Work Injury Compensation Act. The responsibility shall cease upon resolution and payment of the statutory claim or work injury

workers faced was the lengthy “limbo” they went through during the Work Injury Compensation Act (WICA) claim process. While foreign workers needed to stay in Singapore in order to receive compensation for their injury, employers preferred to repatriate the injured and unproductive workers to their home country. Injured workers were easily substituted — because there was ready supply of low-cost workers from neighbouring countries — making it more appealing to employers to send their injured employees back home and hire a new foreign worker instead of paying for expensive medical bills and upkeep.

A “Special Pass” was issued to the injured workers by the MOM to legitimize their stay in Singapore while their case was being assessed. During this time, an injured worker could not legally seek employment elsewhere. Although the employers were supposed to cover the basic needs of foreign workers and pay the medical leave wages¹², most of the injured workers ended up on the streets and eating at TCRP.

Pandian’s story (**Box 1**) was a good example of the limbo injured foreign workers faced during the lengthy WICA claim process.

compensation.” Available at: <http://www.mom.gov.sg/Documents/services-forms/passes/WPSPassConditions.pdf>, accessed 21 November 2012

¹² For more information on entitlements of foreign workers on sick leave, visit: <http://www.mom.gov.sg/employment-practices/leave-and-holidays/Pages/sick-leave.aspx>

Pandian's Story: The Lorry Crash

On 3 July 2012, a lorry was transporting 25 construction workers when it collided with another lorry. All passengers of the lorry, including Pandian, the driver of the lorry, were rushed to the Changi General Hospital in Singapore.

Three months later, during an interview, Pandian still could not walk without his crutches. He had fifty stitches in his upper thigh due to the laceration he had suffered when he had been trapped inside the lorry (**Exhibit 2**). Visibly upset, he pointed to his wrist, which he still could not flex.

According to him, he was told that he and his co-workers would receive their full salary in the first month after the accident, half of it in the second month, and a quarter in the third month. But not only was the promised salary at variance with the law, none of them had actually received any money since the accident more than three months ago.

A month and a half after his accident, his company dropped the charges against the other company. Although his initial medical bill had been paid by the company, he remained in Singapore waiting for

his WICA compensation and back pay.

He had put his hopes on a Tamil-speaking lawyer to assist him through the whole legal and bureaucratic process as he did not speak English very well. He was not sure if he was being exploited by this lawyer also.

Unable to walk, Pandian's financial situation was made even more dire as he had to rely on taxis to get to the hospital. He had up to three appointments at Changi Hospital each week, a return trip that cost him about \$30 dollars each time, or close to \$400 a month. This expense was on top of the hefty \$330 a month that he paid in rent for a small room with a bunk bed that he shared with another worker. Asked what they had been surviving on in the last one-and-a-half months, "we borrow money," he said, "no money left."

Not long ago, he had received the news that his wife had died from a snakebite back at home in India. Now, he was just anxious to see his son even though he dreaded going home both injured and empty-handed.

How should accountability for proper working conditions be defined and enforced for foreign workers? How should the government respond to this limbo that migrant workers experienced during the WICA claim process?

Another major gap in policy that Francis had noticed was with regards to the dependence of the injured foreign worker on the "Letter of Guarantee", the 15,000 limit of medical insurance, and the limit of \$30,000¹³ on medical expenses under the WICA compensation rules. Both of which forced certain injured workers to either forgo medical treatment or bear the cost on their own, incurring mounting debts in the process.

Provisions for Well-Being and Medical Care

¹³ The cap for employers' liability over injured workers was raised to \$30,000, from \$25,000, in June 2012.

Francis was aware that there were provisions for the well-being and medical care of foreign workers in Singapore¹⁴. To start with, he knew that a medical examination was mandatory for Work Permit holders before the work permit was issued¹⁵. For example, a foreign worker had to be screened for infectious diseases within 14 days of arrival in Singapore by a Singapore-registered doctor¹⁶.

Moreover, he was also cognizant of the fact that employers were responsible for bearing the costs of their workers' "upkeep and maintenance". Employers were expected to provide adequate food, acceptable accommodation and safe working conditions. Any medical expenses incurred for medical examinations and provisions of medical treatment were also included.

The 'Letter of Guarantee' was furnished by employers in order to receive a waiver of upfront fees payable to clinics and hospitals where the injured foreign workers sought medical treatment. This document was required for every medical procedure or appointment needed by an injured worker. Although employers were responsible under the law for the costs of any necessary medical treatment – including hospital bills arising from medical conditions that may not be work-related – many avoided their responsibilities by refusing to provide the Letter of Guarantee as it increased the premium of the insurance cover paid for by the employers.

He knew that employers were also required to purchase and maintain a minimum medical insurance coverage of S\$15,000¹⁷ per year for each Work Permit holder for inpatient care and day surgery, including hospital bills for conditions that may not be work-related¹⁸. He was certain employers are prohibited from passing on the costs of purchasing medical insurance to their worker.

The Work Injury Compensation Act (WICA) was promulgated to help injured foreign workers with a low-cost, "no-fault" process by which they could settle their compensation claims. Three types of benefits could be claimed under WICA: a) medical leave wages, b) medical expenses, and c) lump sum compensation for permanent incapacity or death. A worker was entitled to a WICA claim if he was injured in an accident or suffered a disease due to work. This included accidents "arising out of and in the course of employment" while working or if he met with a traffic accident while taking company transport to and from the workplace.

¹⁴ More details available in the Employment of Foreign Manpower Act: Conditions and regulatory conditions of work permit, <http://www.mom.gov.sg/Documents/services-forms/passes/WSPPassConditions.pdf>, accessed 18 November 2012.

¹⁵ Ministry of Manpower website, <http://www.mom.gov.sg/foreign-manpower/passes-visas/work-permit-fw/when-you-apply/Pages/medical-examination.aspx>, accessed 18 November 2012.

¹⁶ He/she was screened for four types of infectious diseases – Tuberculosis (TB), HIV, Syphilis and Malaria – which were of concern to public health. The worker had to also be deemed fit to work at the point of the examination. A foreign worker was repatriated if he/she was unable to pass the medical examination, or had been diagnosed with either active pulmonary TB and/or HIV.

¹⁷ Ministry of Manpower websites, <http://www.mom.gov.sg/foreign-manpower/passes-visas/work-permit-fw/before-you-apply/Pages/medical-insurance.aspx>, and <http://www.mom.gov.sg/foreign-manpower/passes-visas/work-permit-fdw/before-you-apply/Pages/default.aspx>, accessed 18 November 2012

¹⁸ Ibid.

The worker did not need to engage a lawyer in order to file a claim. Under WICA, the worker's employer (or employer's insurer) would be liable to pay the compensation regardless of who caused the accident or disease, even after the validity period of the worker's work pass, provided that the claim was made within one year of the accident. Dependents of deceased workers were also eligible to claim WICA. The alternative to a WICA claim would be for the worker to file a civil suit against the negligent party – either his employer or a third party—for damages under common law. However, he and his lawyer would need to prove that his injury was caused by the employer's negligence.

Revised WICA compensation limits as at June 2012 had raised the cap for employers' liability over injured workers' medical expenses to S\$30,000, up from S\$25,000 previously. Aiming to “maintain a fair balance between compensation for workers and the obligation placed on employers and insurers”, MOM had justified the new limits for medical expenses as being able to fully cover more than 95% of claims where hospitalization was required, while the one-year cap –WICA compensated an injured worker's medical expense upto a maximum of S\$30,000 or one year of hospital expenses—was adequate for most injuries that typically stabilized within a year of treatment¹⁹. However, severely injured workers requiring lengthy hospitalizations and/or multiple operations easily breached this limit. The table below shows the public hospital charges in Singapore. The charges for foreign workers (“under Others”) made it easy to breach the WICA limit.

Changi General hospital daily charges for Singapore citizens, permanent residents and others:

	A Single bed	B1 Four beds	B2 Six beds	C Open ward
Acute ward				
- Singapore Citizen	229.60	185.00	58.00	30.00
- Permanent Resident	229.60	206.51	102.00	68.00
- Others	229.60	235.61	203.30	177.62
Intensive care				
- Singapore Citizen	545.70	480.00	150.00	90.00
- Permanent Resident	545.70	528.58	257.00	202.00
- Others	545.70	545.70	545.70	545.70
<i>Source: Compiled by TWC2²⁰</i>				

¹⁹ Workers who could not afford to or wished not to bear the excess medical expenses under WICA above the \$30,000 limit could choose to pursue a common law case (as detailed in the section on ‘Work Injury Compensation Act’) and attempt to recover their full medical expenses. However, a court process would entail additional legal costs and a long process of waiting. It was to be noted that the common law wasn't meant to cover medical expenses but lawyers usually guided the workers to take this route and promised them a higher compensation payout by proving the employer guilty.

²⁰ Debbie Fordyce, “Mind the gap, no system in place to help workers needing costly medical care”, Transient Workers Count Too (TWC2) website, 20 October 2012, available at: <http://twc2.org.sg/2012/10/20/mind-the-gap-no-system-in-place-to-help-workers-needing-costly-medical-care/>, accessed 21 November 2012.

Mosa's Story: The Long Delayed Cranioplasty

Mosa had arrived in Singapore in September 2011 from Bangladesh. He had paid an upfront fee of \$5,400 to a local Bangladeshi agent in order to work in a construction firm. His basic salary was S\$24/day, but since he worked every day with overtime he earned an average of S\$1500/month.

Unfortunately, on December 14, 2011, he encountered an accident while working at the construction site. He was beside a construction scissor lift, and both he and the driver had become distracted. "Lift moved," he said while taking off his cap to point to his head, "and hit me here." According to Mosa's lawyer, the floor wasn't strong enough for the scissor lift to remain levelled. A portion of the floor gave way and the scissor lift tilted, pinning Mosa's head against the wall.

Without his cap, there was only a soft spot of skin on the top of his right head where a solid skull should have been (**Exhibit 3**). The condition was described by the doctor as "comminuted depressed fractures of the right tempor-parietal bones with haemorrhagic contusions seen in the right frontal, temporal and parietal lobes. A subdural hematoma was seen in the right frontal lobe with scattered subarachnoid haemorrhages and generalized cerebral oedema".

He spent a total of 10 days recuperating at a Class-C Ward of Changi General Hospital. The first operation was described as "right decompressive craniectomy - removal of depressed skull fragment, wound debridement & insertion of ice probe".

His bill when he was discharged amounted to \$33,885.45, which the company paid.

Despite being injured, Mosa was asked to come back to his firm. He was kept locked in a room. The employer wanted to send him back before he could make his WICA claim. But Mosa didn't want to be repatriated; he wanted to complete his treatment.

Mosa was able to run away. His employers then withdrew his Letter of Guarantee from the hospital in March. Subsequent medical fees cost Mosa \$95 for his stitch and an additional \$2300 for his CT-Scan. He was finally able to have his cranioplasty on September 18, 2012 but went home with no money as his case wasn't over yet.

It had taken nine months for his cranioplasty treatment to take place. During the months of waiting, he only had a Special Pass, which did not allow him to work. Having no money, he had relied on The Cuff Road Project for food and slept in MRT stations and inconspicuous alleys. After a few months, a person at the law firm gave him a place to stay.

There were other migrant workers like Mosa who stayed in Singapore expecting to receive medical treatment after their injury. Some were lucky with the Worker's Injury Compensation Act claim process, some, like Mosa, were not, and would need to file a common lawsuit and wait for months. If the case was judged in Mosa's favor he could still get a higher compensation than what he would have got through WICA but it was not a sure bet. What were the direct and indirect costs incurred? Were there intangible costs? How should these be accounted for and who should bear them? What were the loopholes in policies and how should they be addressed?

Who bears the cost?

Francis understood the rationale behind the behavior of employers: they would always seek to minimize cost and increase profit. And if the government allowed them to do so, they would continue to do so. Although the MOM had issued guidelines regarding proper treatment and care for foreign workers, public reminders by the MOM of employers' responsibility in bearing the costs of their foreign workers' medical treatment had proven futile²¹.

He also felt that the MOM was not providing enough regulatory support to foreign workers. The labor policies Singapore had towards its low-skilled migrant workers to keep them transient had already been criticized by many civil society groups and even private individuals, yet the changes made remained insufficient to fully support injured foreign workers.

Furthermore, more basic issues related to their health and safety often went unnoticed. These issues were more pertinent and salient as they directly affected the well-being of migrant workers. Even the acting Manpower Minister Tan Chuan Jin had emphasized the importance of ensuring the welfare of foreign workers. In the official blog post²² of the MOM, he had said that looking only at wages without caring for the welfare and well-being of workers was not in accordance with Singapore's values. He had further added that "good management matters" and that "by taking care of workers, they would be more productive and committed".

Francis felt that the Ministry of Health should at least ensure basic protection for them in cases of injury and the work safety policies within MOM should be more stringent and evaluated effectively. Furthermore, by any reasonable and humanitarian standards, migrant workers should be treated just like any other worker— with basic rights and benefits.

The Trilemma: Where Should the Buck Stop?

How should the Singaporean government organize and finance a health policy for foreign workers given its obsession with economic growth and competitive advantage for doing business?

The government of Singapore had to balance the needs of the workers with the needs of the employers. On the one hand, it had to make sure employers were happy by providing avenues where the business firms were able to keep their costs low and profits high. Business firms were observed to absorb only the private costs. The over-supply of foreign workers had given the gateway for employers to be errant with their employees by replacing injured workers with new workers rather than striving for a sustainable safety and health policy.

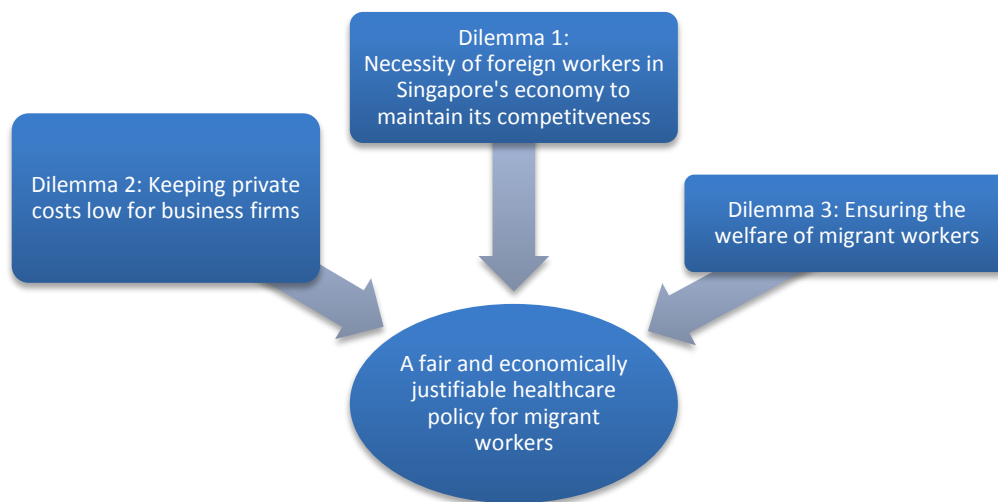
On the other hand, the government also needed to respect the rights of and responsibilities towards foreign workers. It had to acknowledge that migrant workers, especially the victims of the policy gaps, were vulnerable and powerless and must be protected. With the status quo, some NGOs were the ones absorbing the social costs of inefficiencies though it was not what they intended to do in the first place.

²¹ See letter to the press issued by the Ministry of Manpower in "Bosses must pay foreign workers' medical bills", *The Straits Times*, 23 March 2012

²² The MOM blog at <http://www.momsingapore.blogspot.sg/search/label/Foreign%20Workers>.

Moreover, the government had to push for growth, and its growth policies needed foreign workers to do so. It had to ensure competitiveness in the international market demand for low-skilled migrant workers. The government was wary of sharing the responsibility of the employers for fear of incurring additional tax burdens on society. Yet in the end, wasn't it Singapore society in general which benefitted from cheap foreign workers?

Was there a win-win situation for this kind of trilemma? Could the government keep the cost low for employers and Singaporeans while pushing for growth and protecting migrant workers at the same time? What were the policy options and what were the costs and benefits of each?



There was no denying the trade-offs needed by the stakeholders. These went beyond enforcement of current regulations and needed a more comprehensive policy framework which could plug the loopholes in policy. With the current treatment of foreign workers, Francis worried that this problem was not as simple as he had initially thought; it was a nexus of policy issues and the solution was beyond the reach of an NGO such as TCRP. “Now,” he thought to himself after turning off the television “if only the government has its own big box of spells and elixirs”.

Exhibit 1: 2011 Workplace Injuries, Total: 10,121

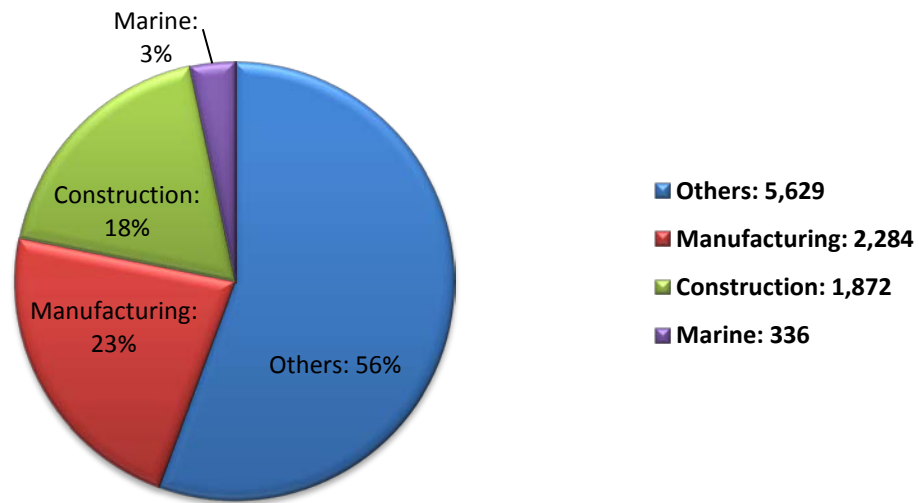


Exhibit 2: Pandian's Injury



Exhibit 3: Mosa's Injury

