

# Singapore: epidemic, racism and class struggle

This city-state located to the south of the Malaysian peninsula is often taken as an example of alternative strategies to containment in the fight against the Covid-19 epidemic. Dishonestly, it is used to justify the implementation of tracking applications. But the second wave that the city is currently experiencing should above all remind us that health measures cannot be analysed independently of the class struggle and of specific oppressions such as racism.

## A first wave successfully contained

The first cases were identified on 25 January 2020, the day after the first containment measures in Wuhan. To cope with this, the city-state of 721.5 km<sup>2</sup> and more than 6 million inhabitants has not instituted containment. So, in mid-March, when the pandemic exploded in Europe, Singapore seemed to have managed to contain it and it was quite possible to walk around the city, go to bars or restaurants.

Indeed, the city-state initially set up a policy based on individuals and their good personal hygiene (hand washing, sneezing in the elbow ...) and on the respect of social distancing, but not on wearing a mask. On the contrary, we could see posters insisting on their uselessness for healthy people, in total contradiction with the propaganda spots broadcast on the giant screens that adorn the buildings of the city promoting the Singaporean collective spirit and presenting people wearing a mask...

This choice, which was the exception in Asia, where the wearing of masks is much more widespread in the population, including outside of epidemic periods, is no doubt explained by the relative isolation of the city and its great dependence on imports. The authorities probably wanted to manage the stocks of masks available by limiting their use to infected or suspected people, which can be effective when the cases and chains of transmission are identified.

It is precisely on these objectives that the collective dimension of the health policy initially implemented was focused: the identification of people affected by Covid-19, their isolation in government centres and the identification of chains of contamination. But contrary to what can be read in the French press, this

identification was not done through tracking applications but through an investigation based essentially on an interrogation conducted by teams from the Ministry of Health. Conversely, the tracking application implemented by the Singaporean government has so far only been downloaded by 20 per cent of the population, a far cry from the 75 per cent necessary to be effective.

Armed with the responses from the infected person, the teams from the Ministry of Health then compose a precise log of their activities, hour by hour, and draw a tree shape for their contacts. The objective is to understand the origin of the infection, then to contact people likely to have been infected, to question them about their state of health and possibly ask them to remain in quarantine at home. Confidence does not exclude control; agents make at least three video calls to their homes at different times each day to ensure that they are always there. The non-respect of this procedure can lead to a suppression of the residence permit, a fine of €6,000 or even a prison sentence. The police may be called upon to intervene to trace contacts in public places. [1]

At first, this strategy proved to be effective in the particular circumstances of Singapore, a small territory with a high population density but a small total population, and with accumulated capital that made possible the allocation of very significant resources to combat the pandemic. The number of new cases thus remained between 0 and 15 per day until 16 March. [2]

## **A second wave which mainly affects foreign workers**

It seems that the origin of the second wave is to be found in the explosion of the pandemic in the Atlantic bloc (Europe, then the USA) which led many states to close their borders and to implement containment measures. The economies then started to slow down, the universities stopped and the scale of the pandemic showed that the situation was going to last. Many Singaporean migrant workers and students returned to the city-state, bringing the virus with them.

Conversely, when neighbouring Malaysia closed its borders on March 18, Malaysian workers who cross the border every day to work in Singapore then had to choose between losing their income or staying in Singapore away from their families, thus increasing the number of foreign workers living in dormitories with poor sanitary conditions.

The development of the second wave, caused therefore by the explosion of the pandemic elsewhere in the world, demonstrates that there is no solution that is

solely national. As of March 25, the increase in the number of cases led Singapore to change its strategy and opt for the so-called “ short circuit “ which, in concrete terms, overlaps with the containment measures implemented elsewhere in the world. Entertainment areas, including bars, restaurants and cinemas are closed. In workplaces and in schools, gatherings are limited to 10 people. Borders are also closed for short-term visits, a drastic measure for the main air hub in Southeast Asia.

As of April 29, these measures have proven effective in protecting the Singaporean “ community „, to use the terms used by the authorities, with 1,181 cases and only 10 deaths, the youngest being 65 years of age. On the other hand, they turn out to be completely ineffective and will even worsen the situation of the 1.4 million foreign workers living mainly in the famous dormitories, among whom the number of cases exceeds 12,000. [3]

Differential treatment is a policy of the local authorities, who consider that the success of health policy lies in the number of cases in the “ community “ independently of those recorded among workers residing in dormitories. Containment in dormitories is considered a success because it isolates these sources of contamination from the rest of the community.

These workers share rooms in which they are sometimes up to eight. Confined inside, they no longer have access to the common areas of the dormitory and can therefore no longer cook. However, their food supply is of very poor quality and not adapted to the diets of each community, according to the few NGOs who manage to maintain exchanges with them despite pressure from the authorities. The latter are already struggling to provide meals with rice and vegetables that are sufficiently cooked. They are therefore far from worrying about dietary restrictions which vary according to the origin of the workers.

While the majority of these foreign workers still come from Malaysia, where the majority ethnic group - the Malays - is Muslim, others come also from Bangladesh, China, South Korea, Thailand, Burma, the Philippines, Sri Lanka, Pakistan, India... They are used as cheap labour, especially in construction, and more generally for all poorly paid manual work (personal service, cleaning, security, food factories ...). In Singapore, the median monthly salary is thus 4,600 Singaporean dollars (2,980 euros) while that of the 284,000 foreign workers in the construction sector varies between 500 and 800 dollars, including overtime, with around ten to twelve hours of daily work, six days a week.

All over the world, the human cost of health policies devised by the ruling classes is today paid for by young people and workers. But among the latter, the most

precarious bear an even higher cost. The second wave of contamination affecting foreign workers in Singapore illustrates the impossibility of an exclusively national response to the pandemic and the effects of these health policies in countries where racism is a structural feature of the capitalist economy.

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[1] Yann Rousseau, les Échos, 16 March 2020 “[Interrogatoires serrés, vidéosurveillance, porte à porte : comment Singapour traque les contaminés](#)”.

[2] GDP per habitant in Singapore is 1st or 2nd in Asia behind Japan accordinging to the rankings of the IMF or World Bank.

[3] For more information on the detail of cases see the article, updated daily, in the Straits Times “[Coronavirus cases in Singapore : What we know so far](#)”.