

# Covid-19 Control: Break Down Foreign Workers' Barriers to Care

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## Introduction

As the coronavirus disease 2019 (Covid-19) sweeps across Malaysia, foreign workers, especially the undocumented, are amongst the most vulnerable. They often are forced to live in cramped conditions that lack basic sanitation, making them at high risk for contracting and spreading the coronavirus.

Controlling the disease in this group is crucial for controlling the disease for the entire Malaysian population. Thus, Malaysia must continue to commit to giving free Covid-19 testing for all, Malaysian or otherwise, for the sake of public health.

## Foreign workers in Malaysia

There is no authoritative figure on the number of foreign workers in Malaysia. Based on data from the 2018 Labour Force Survey (LFS), there are 2.2 million foreign workers constituting close to 15% of employed persons nationwide<sup>1</sup>. However, this most likely undercounts the number of foreign workers as the survey excludes those living in communal housing<sup>2</sup>. Figures from other sources vary, ranging from 4 million<sup>3</sup> to 7 million<sup>4</sup>, with most citing undocumented migrants<sup>5</sup> as the bulk of the group<sup>6</sup>. Considering their size, ignoring foreign workers would be ignoring a significant proportion of the Malaysian population.

## Inaccessibility to care

Cost is often a barrier to accessing healthcare. Studies on health-seeking behaviours of foreign workers in Malaysia are limited, but a 2015 study of Bangladeshi migrant workers showed that lack of medical insurance and prohibitive medical fees is a key deterrent for seeking care<sup>7</sup>. To counter concerns of affordability, the 20 January circular by the Ministry of Health (MOH) announced that foreign workers who are suspected of being infected with the coronavirus or are close contacts of Covid-19 patients are exempted from Covid-19-related outpatient fees, meaning any registration, examination, treatment and hospital fees at MOH facilities would be free<sup>8</sup>.

However, the Prime Minister's statement on 23 March 2020 that foreign workers must pay for testing and treatment of Covid-19 seemed to be in direct contradiction to MOH's policy<sup>9</sup>. The statement was quickly refuted by the Director-General of Health who reiterated that regardless of nationality, Covid-19-related fees at MOH facilities remain free as per the 29 January circular<sup>10</sup>. But the risk remains that the seemingly opposing directives given by the Prime Minister and the Director-General of Health may cause enough confusion amongst the migrant workers population that may be discouraged from seeking care.

Another key deterrent preventing foreign workers from seeking care is fears of prosecution for not having proper documentation. This fear is not unfounded; in a 2014 report by the UN Special Rapporteur, during his visit to Malaysia, there were "immigration counters inside public hospitals to facilitate the referrals of undocumented migrants and asylum seekers to the police when they come seeking medical attention."<sup>11</sup>

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<sup>1</sup> DOS (2019a)

<sup>2</sup> KRI (2018)

<sup>3</sup> Malay Mail (2016)

<sup>4</sup> Utusan Malaysia (2015)

<sup>5</sup> Although this article focuses on the issues faced by foreign workers, it is likely that similar issues are also faced by asylum-seekers and refugees, who are also grouped as undocumented migrants in Malaysia.

<sup>6</sup> The Borneo Post (2017), Embun (2017), Malay Mail (2016), Utusan Malaysia (2015), Lee et al. (2018)

<sup>7</sup> Karim et al. (2015)

<sup>8</sup> MOH (2020)

<sup>9</sup> CodeBlue (2020)

<sup>10</sup> Tee (2020)

<sup>11</sup> Pūras (2014)

However, from a public health perspective, these policies often do more harm than good, as they will only serve to cause undocumented migrants to avoid seeking medical care and potentially spread the disease to others, if they themselves are infectious<sup>12</sup>.

To address these fears, the Minister of Defence has reassured the public that the government will not arrest any undocumented foreign workers who seek care<sup>13</sup>. However, the message may still not be clear as 4,000 attendees of the tabligh event, said to consist of many foreigners, have yet to be tested<sup>14</sup>. Given the country's history of treating undocumented migrants in the healthcare system, this reaction may be unsurprising.

Other barriers include language and employer-related barriers<sup>15</sup>. A language barrier makes it difficult for foreign workers to communicate with medical officers and thus presents a challenge in engaging with the healthcare system<sup>16</sup>. They may also face challenges in accessing the latest local information on the pandemic in a language they understand, thus may be unaware of vital information released by local authorities.

Furthermore, considering that many foreign workers rely on a daily wage, they would continue working to prevent loss of income, choosing to forgo seeking medical help. Foreign workers are grossly underpaid. The 2018 LFS shows that foreign workers dominate low-skilled jobs e.g. 45.4% of employed persons in elementary occupations are foreign workers, which are also the lowest paying jobs according the 2018 Salaries and Wages Survey Report with workers receiving, on average, RM1,648 per month<sup>17</sup>. The stakes are high for these workers as they are often the main sources of income for their families back in their respective home countries<sup>18</sup>.

## What can be done

The government's latest efforts show initiative though more can be done. The government needs to increase engagement with stakeholders including employers, embassies and non-governmental organisations (NGOs) to spread the message on what foreign workers must do to protect themselves. In New York, for example, the Academy of Medical and Public Health Services, a health organisation that caters to immigrant communities, reached out to its clients via WeChat. To ensure nothing is lost in translation, the group translates official government responses to Covid-19 in languages that their clients are proficient<sup>19</sup>.

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<sup>12</sup> Ibid.

<sup>13</sup> Razak (2020)

<sup>14</sup> Daim (2020)

<sup>15</sup> Loganathan et al. (2019)

<sup>16</sup> Karim et al. (2015)

<sup>17</sup> DOS (2019b)

<sup>18</sup> Loganathan et al. (2019)

<sup>19</sup> Kim (2020)

These are only some of the factors that matter in accessing care; there are also risk factors not only to Covid-19 but other health ailments as well. Migrants often live in overcrowded quarters with poor living conditions and little or no clean water and soap<sup>20</sup>. In other words, they are unable to meet basic requirements to protect themselves from the Covid-19: physical distancing and washing hands with water and soap<sup>21</sup>.

Furthermore, the economic shocks would very likely severely affect foreign workers, particularly the undocumented ones, as they do not have access to paid or sick leave nor are they protected under social protection schemes<sup>22</sup>. The International Labor Organization also pointed out that travel restrictions would constrain the ability of foreign workers to go to work<sup>23</sup>. While access to care is vital, these other challenges remain to be addressed.

## Conclusion

Michelle Bachelet, the UN High Commissioner for Human Rights stated that “[t]o effectively combat the outbreak means ensuring everyone has access to treatment, and is not denied health care because they cannot pay for it or because of stigma.”<sup>24</sup> Truer words were never spoken and the barriers faced by foreign workers must be demolished. Our mistreatment of foreign workers is shameful and is blind to their contributions to the economy<sup>25</sup>. To care for Malaysia is to care for all its people. Epidemics don’t discriminate, and neither should we.

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<sup>20</sup> Bedi (2020)

<sup>21</sup> WHO (2020)

<sup>22</sup> ILO (2020), Loganathan et al. (2019)

<sup>23</sup> ILO (2020)

<sup>24</sup> OHCHR (2020)

<sup>25</sup> Refer to Chapter 2 of KRI (2018).

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