


The Vulnerability of Migrant Workers in Global COVID-19 Pandemic: Highlights from Malaysia and Hong Kong

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The global movement was halted by the city lockdown and travel restriction, resulting in grave repercussions for individuals who must travel to work due to the limited work opportunities in remote hometowns. These migrant workers are the disadvantaged populations with precarious employment, and their labor rights and entitlements to health were curtailed during the pandemic.

In Malaysia, around 2 million migrant workers come from neighboring countries, such as Indonesia, Myanmar, Bangladesh, and Nepal. Migrant workers were more susceptible to contracting COVID-19 as their cramped living conditions made physical distancing and sanitation challenging to achieve. They are more likely to be involved in temporary work that leads to income instabilities. In other words, the desire to purchase face masks and sanitation products would be less when compared to the purchase of other essentials, such as food, shelter, and medical needs. After a residential outbreak and massive screening during the first national lockdown, more than 1300 undocumented migrant workers were arrested and placed in overcrowded detention centers.¹ These detention centers later became hotspots for the spread of COVID-19.² Also, access to health facilities for migrant workers is subjected to employers' subscription of health insurance. Unfortunately, insurance does not cover outpatient treatment or COVID-19 screening, thus denying access to medical treatment.

In Hong Kong, migrant domestic workers, primarily females from the Philippines and Indonesia, hold a special visa requiring them to live in their employers' homes, predominantly Chinese or expats families. They were being exploited at work, facing heavier work demand, longer working hours, and less rest time. On holidays, employers requested them to stay at home due to the negative labeling effect after the outbreak related to the migrant workers. Employers fear that they would bring the virus after hanging out with their ethnic communities. At worst, some employers unlawfully terminated migrant workers after experiencing symptoms similar to those of COVID-19, although they had not tested positive.³ There were politicians and government officials who called for imposing a

“weekend lockdown”⁴ and “compulsory vaccine scheme before renewal of contract or signing a new contract”⁵ on migrant domestic helpers. The government has reviewed and withdrawn the aforementioned plans after backlashes from the worker's group and the public over discrimination. Also, the regional cultural sensitivity in public health practice was limited. The government only published health pamphlets in mainstream language—Chinese and English, while information in languages used by ethnic minority communities was available later.

The public health restrictions put in place by governments highlighted the fundamental root causes of health inequity determining poor health among migrant workers: overcrowded living environments, poor adherence to social distancing, language barriers, and labor exploitation. Their psychological needs and well-being have been overlooked. When new clusters are detected, migrant workers' stigmatization is unjustified, as they are more prone to get infected due to their living conditions and socioeconomic status. The persisting migrant workers' vulnerabilities warrant public health, social, and ethical conversation.

Author Contributions

OMYN conceived the paper. SS and OMYN made equal contribution to the first draft and intellectual content of the manuscript. All authors read and approved the final manuscript.

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