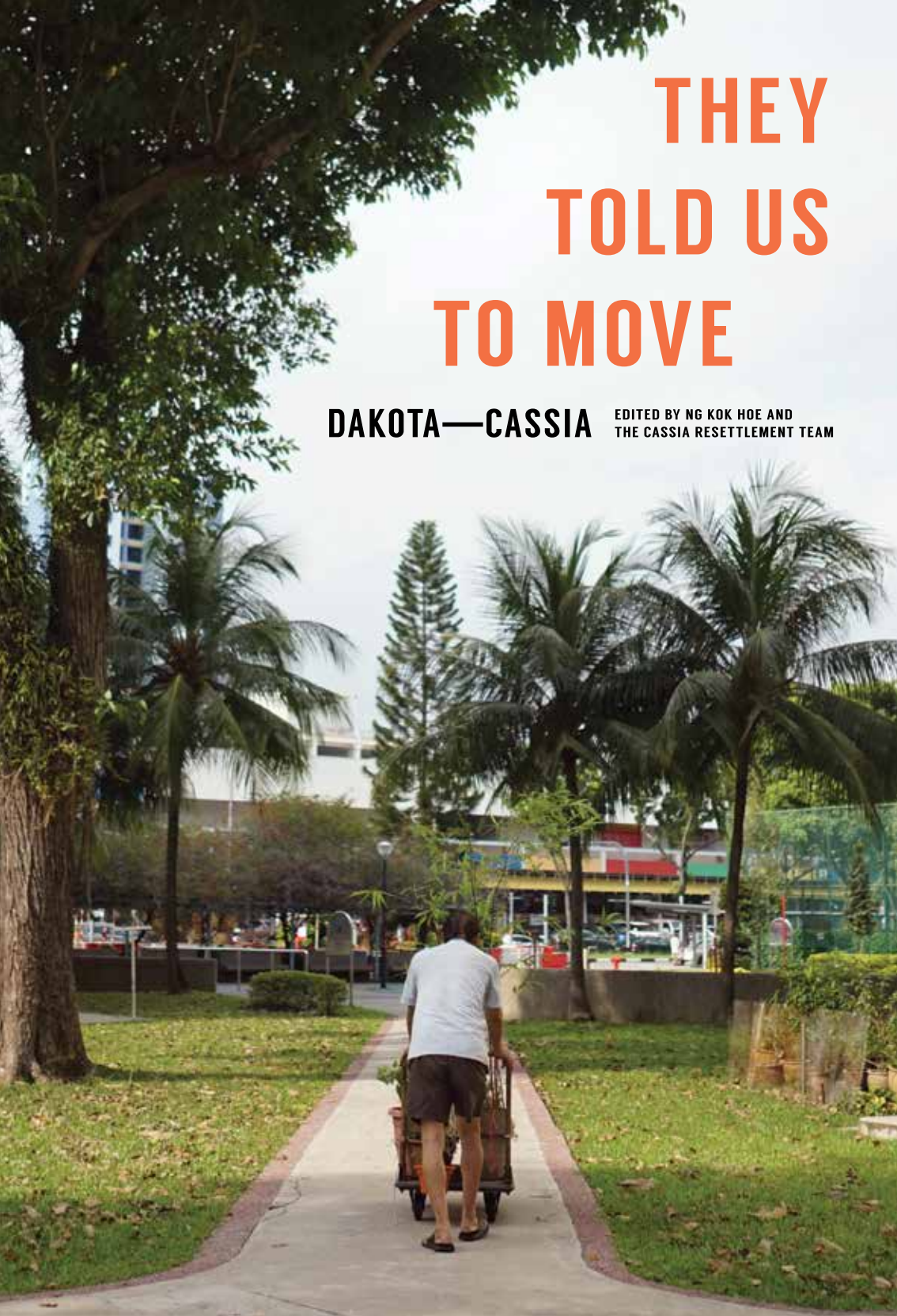


# THEY TOLD US TO MOVE

**DAKOTA—CASSIA**

EDITED BY NG KOK HOE AND  
THE CASSIA RESETTLEMENT TEAM



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DAKOTA—CASSIA



Edited by Ng Kok Hoe and the Cassia Resettlement Team  
(Rocky Howe, Lim Jingzhou, Sammie Ng)

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# **PREFACE**

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**NG KOK HOE**

This is a book about recognition.

It was conceived in August 2017 when I first met several members of the Cassia Resettlement Team (CRT). Their group of volunteers had come together to help the residents of Dakota Crescent resettle in the new Cassia Crescent estate. Dakota had been scheduled for redevelopment and the residents had to move out by 2016. I was struck by the way these volunteers combined an enthusiasm for practical tasks with sensitivity to the larger barriers in the environment. They had an immediate purpose but also kept an eye on the long term. As a housing researcher, I often explain public housing policy in charts. These charts show patterns—they present no words to describe human choice and helplessness. The volunteers' work in Cassia is a reminder that public housing in Singapore has been about moving people around as much as it has been about building homes and renewing landscapes. For many, physical housing conditions and living standards have improved, but there has also been disruption, loss and sacrifice. This book recognises these realities.

Some of the residents had been interviewed earlier as part of a documentation project. We selected seven of these interview transcripts for the book and took great care to preserve the original voices as we shortened and edited the transcripts, and had the Chinese and Malay passages translated into English. Two more interviews, with Neo Hock Ann (Roger) and Mano, were conducted after the relocation took place. These first-hand accounts are the starting point—they recognise how relocation affects the lives of residents. Although the residents had consented to the publication of their transcripts and identities in this book, in the end we decided not to use their actual names due to the candid nature of the interviews. This way, they will have another chance to decide whether to remain anonymous or identify themselves with their transcripts after the book is published. There are two exceptions—Roger and Bilyy Koh had explicitly asked to be identified, so we did not replace their names.

For each transcript, a CRT member was asked to pen a short reflection. We asked them to write about their motivations, experiences and discoveries. Their writing gives us a glimpse into the life of the CRT. Many of the residents were much older than the volunteers and had known many years of financial hardship. The reflections describe encounters between two persons, two generations, two

worlds. They acknowledge what is common and shared, and the possibilities when people connect.

We then assigned nine academics to the nine residents. Their brief was to read the resident's transcript and volunteer's reflection, pick out something that caught their eye, and write an essay in response. The contributors represent diverse fields spanning sociology, anthropology, gerontology, social policy, public administration, history, architecture and cultural studies. Some perform a close analysis of the material we gave them, others use it as a spark for a broader discussion. Collectively, they help us to appreciate what is at stake when people and communities relocate.

As you move through the book, you will notice the register switch between interview transcript, reflection and essay. This variety of views and voices, this dialogue among people with different concerns and convictions, expresses the book's belief that housing relocation is a public issue that deserves wider engagement. At the time of publication, there is a growing public conversation about inequality and aspiration in Singapore. This book adds to these discussions. Major decisions about public resources seep into and shape people's lives in many ways. Citizens want to and are capable of taking responsibility for the future of our communities, and debate and diversity will be a vital part of this future. When we are thinking about how society should be organised, these we must recognise.



# **CRT: THE JOURNEY INTO PEOPLE'S HOMES AND LIVES**

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**LIM JINGZHOU**

The Cassia Resettlement Team (CRT) was formed in 2017. We had not set out to do this, but were compelled to respond to the needs that we observed among the residents who had just moved from Dakota Crescent to Cassia Crescent. The CRT has since grown into a team of more than 50 active members—all volunteers. They range from 14 to 59 years old. They come from fields such as education, social services, academia, civil service, the private sector and the arts. Some are in school or National Service. Each volunteer brings unique motivations and skills, and takes away different experiences and lessons. This diversity and the ways we tap on it allow us to work in a flexible and dynamic way.

We do not have a fixed list of services, but we are guided by several principles: we focus on building strong relationships and trust with the people we serve, we consult the residents, we facilitate linkages to professional social services rather than replace them, we work closely with public agencies to highlight the personal circumstances and institutional barriers that residents face, and we use our experiences to advocate for change. We also believe in partnership and have embarked on special projects with collaborators, like cultural mapping and end-of-life support.

For close to two years, we appeared at Block 52 Cassia Crescent almost every week, welcomed into people's homes and lives. Once, a resident started crying when we visited: she was going to collect her late husband's ashes that day.

Our residents know that we are just a phone-call away. There was a resident in critical condition who asked the hospital to call us, telling the doctor that he would only listen to us as he "trusts us". Another resident still ends every conversation with a grasp for assurance: "I call you if there is anything?"

The work often takes us beyond Block 52. We have spent many hours at hospitals, including long waits at the Accident and Emergency Department. We visited a resident in prison, who asked us to take care of his father while he was in there. We have also had to attend a few funerals.

Along the way, some residents shared the desire to serve: "I want to help. How can I volunteer too?"

These experiences form part of our lives as CRT volunteers and are glimpses into the journey with people who are not just residents but friends. Often, they feel like family. We have shared much joy, worry, and heartache. They have also shown

us courage and hope, supporting us as much as we are there for them, and allowing us to learn as we serve. By working together, CRT represents the kind of home we hope to build.

# **FAMILY, NEIGHBOUR, SOCIETY**

Tong, at 90, has no family and no children. He shares the struggles of ageing alone and his unease at relying on others. He talks about being caught in a vicious cycle of debt, and bitterly confronts us with how Singapore has left a generation of elderly people behind. Rocky and Ad respond in grappling with the pitfalls and complexities of caring for Tong. They highlight the different ways in which we, as individuals and as a society, might begin to rethink how we care for the marginalised and vulnerable.

*[This interview includes discussions of depression and suicide. If you know someone who needs help, please seek advice from professionals, such as the Samaritans of Singapore (SOS) at 1800-221 4444.]*

**INTERVIEW — TONG**  
**“I HAVE TO DEPEND ON OTHERS.”**

*What is your name and age?*

My name is Tong. 90 years old.

*Are you married? Any kids?*

Not married, no kids.

*Do you still have a job now?*

No work. I retired long ago, when I was 60 years old.

*What were you doing before you retired?*

Before I retired, I was on charity [i.e. welfare]. Charity was around S\$200 at the start, later it increased to around S\$500.

*How long have you stayed at Dakota?*

Should be more than 40 years.

*When you moved into Dakota, what did Dakota look like?*

When I moved here, I was working. Didn't really think about it. I only knew it better after I retired. Now I have to move, it's a real hassle.

*Do you have friends in Dakota?*

Now... in the past, many friends. Now they're gone, lost touch. I'm the only one left.

*When do you have to move?*

The 25th of this month.

*When did you know you had to move?*

The government wants to redevelop Old Airport, so we have to move. They said long ago.

*Will the shift cause you any inconvenience?*

Not really... moving is difficult. I'm old now, so it's very difficult. I need help. That's the thing. I can't manage it myself.



*Do you have any problems with your new house?*

No real problems. I have used up the S\$500 from the charity department. The government's help makes it a bit easier.

*Are the charities doing anything for you at your new place?*

Need to take time to sort out the new place, so it's easier to move about and I won't fall. I'll be in trouble if I fall. That's the thing.

We all need help from friends sometimes. But I have no friends, only help from the charity.

Need to ask HDB [Housing and Development Board] to sort out the water and electricity supply. That's the main thing. If it's done properly, then I won't fall.

*Do you want to go to your new home?*

If you ask me, of course I don't want to. Nobody knows what the new place will be like. The old place is better, it's more familiar, isn't it? At our age, a change of environment is difficult.



*Have you been to Block 52? Your new home—have you been there?*

Yes, I go over to have a look every day, to see if there are any water leaks or other problems. I've checked the tap. I have. It's going to be my home, I should take a look.

*Do you have any opinion of your new house?*

The environment is poorer. My flat now is a one-bedroom flat, it's very spacious and airy. The new flat is small and not as well-ventilated. It will take some time to get used to.

*Do you think there will be changes to the way you live after shifting over to Cassia?*

Changes, not really. I can't stay at home all the time. After taking a shower and doing my laundry, I will go out. I'll only go home in the evening. I go out to buy breakfast in the morning. After breakfast, I will think of where to go. I will ride my bicycle everywhere. It's like exercise.

*Do you have friends that are moving over to Cassia with you?*

I have very few friends here. They know my difficulty. Sometimes they're afraid that I'll ask to borrow money. So we don't talk.

Because the S\$500 from charity is not enough. Food, telephone, water and electricity bills, household items, haircut, washing powder, toothpaste, I need to pay the government rent, utilities... it's not enough. When I run out, I'll borrow from friends. From my taxi friends, or vendors at the market. It's not much, S\$20 or S\$30 each time, after I run out.

They cut the rent. S\$26. Rent is S\$26, utilities may also be lower. Maybe the S\$500 will cover it, so I won't need to borrow. I think so. There may be other problems later on, that I'm not sure about.

When I see the doctor, I need to take a taxi. Because of my high blood pressure, I get dizzy very easily on the bus. So I need the taxi, costs more than S\$20 two-way, then the money runs out.

I need to see the doctor every three months, two months. Sometimes when he is worried about my condition, he will ask me to see him the next month. Then my money will run out and I will need to borrow.

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*Some pages are omitted from this book preview*

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**REFLECTION — ROCKY HOWE**  
**CARE IS THE STORY OF WHO WE MIGHT BE**

Tong's health suffered after the move to Cassia Crescent. On the first occasion I met him, he looked pale, wan and in obvious discomfort. I was about to drive him to Singapore General Hospital (SGH) to be hospitalised. I was told that he had rejected being hospitalised previously. It was only after he had time to sort out his affairs at home and pass his house keys over to a trusted friend for safekeeping, that was he willing to head to the hospital. It was also here that I began my journey caring for Tong.

Caring for someone requires learning about and interpreting the needs they have. In Tong, my colleagues and I saw regaining independent functioning as his fundamental need, one tied deeply to the matter of personal dignity. Core to Tong's independent functioning seemed to be his personal mobility, and we spent much time encouraging him to take short walks about the common area in the hospital. After all, for someone so tethered to the freedom of his bicycle, the hospital bed and the wheelchair could not have done him any good.

We settled into a routine of visits to keep him company at the hospital, always making sure that he got his chee cheong fun. It was his favourite food, but perhaps he had always requested it for the reason that it was one of the few things he could chew on. Tong, being hard of hearing, often struggled to communicate with the hospital staff and had to rely on us as intermediaries. At that time Tong suffered streaks of emotional instability and showed signs of depression, which we attributed to his frustration with being in the hospital, his difficulty coping with the fasting required for his endoscopies, and being physically immobile. He would often repeat to me that there was nothing to be done about his health at his advanced age. But perhaps the challenges ran deeper. Reading his interview now, one sees how similar refrains of helplessness shape other aspects of his life, including a reliance on the goodwill of others to lend him money to stay afloat. What comes across is his acute consciousness and discomfort with his own dependence on and vulnerability to others.

Tong, it seems, had internalised a narrative far too common in a society that glorifies self-reliance and individual ability, that a dependency on care implies powerlessness and failure. We assume that everyone is suited for independence, but this disavows dependent relationships as a normal part of human affairs and fails to recognise that we ourselves have vulnerabilities as an intrinsic part of our

lives. For myself at least, in treating Tong's mobility independence as his first and foremost priority then, I could not go further in caring for Tong than alleviating what was a surface need.

My colleagues and I were certainly worried then that the extent of the care we had provided would make Tong dependent on us. We tried to address this by signalling to him that while our friendship would last, the rigorous schedule of visits could not keep up once he had recovered. We gradually reduced our visits after his discharge, as the demands of caring for other residents caught up, but Tong slightly begrudges us for this till this day, something that still sits uneasily with me.

We were in retrospect perhaps too caught up with the material and short-term needs of Tong. Perhaps we could have paid better attention to the narratives around ageing and dependency that Tong had articulated. Perhaps there were ways in which we could have better convinced Tong that dependence and care was nothing to be avoided, and that it should not be an impediment to the exercise of agency. Caring for Tong was one of the earliest instances in which we had to so intensively care for and work with a resident, and I certainly felt inadequate in my task. Trying to truly understand his needs required us to step away from the perspective of the caregiver, and replace it with that of the care-receiver, evaluating whether the care provided has met the recognised care needs.

### **Whose responsibility is it to care?**

One concern that has consistently emerged in our work with the residents of Cassia Crescent is the risk that public social institutions would become dependent on ground-up actors like the Cassia Resettlement Team (CRT) to do their caring work for them. This has posed difficult questions about the appropriate scope of care work volunteers at the CRT ought to take on, especially when caught between urgent unmet needs of residents and unsympathetic public institutions.

While caring for Tong and other residents, we were often loath to consider these questions, and were inclined to jump right in to address what we take to be the problem at the first instance. We would highlight instead—and still do to this day—that the care we provide can only be a stop-gap measure, and the needs

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**ESSAY — AD MAULOD**  
**WHO GUARDS THE BODYGUARD? THE ETHICS OF CARE**  
**FOR VULNERABLE OLDER ADULTS**

Tong honours the legacy of the late Mr and Mrs Lee Kuan Yew by placing their photographs at the entrance to his old Dakota flat. Will the photographs survive the move to his new, but much smaller, residence? Once a bodyguard to Lee Kuan Yew, 90-year-old Tong's contributions to nation-building have not gone unnoticed. Together with more than 450,000 of his contemporaries born before 1950, he forms the "Pioneer Generation" currently entitled to additional healthcare subsidies.

Tong, however, is struggling. His health is deteriorating, his mobility is limited. He has to borrow money just to buy food, which eats at his self-worth and dignity. Tong rationalises that pride cannot feed you. Yet he wonders if life is worth living when one has to "borrow and return, borrow and return," to get by. Tong talks about taking his life and, at one point in his interview, his hands gesticulate as if falling from a great height.

Tong's recollection of his life does not always articulate failure and shame. There are successes: after serving Singapore's first prime minister, he went on to do well in construction. There is also misfortune: when he got caught up in gambling. Then again, Tong never had actual wealth to lose. He has always lived in rental housing, too busy working to take stock of the neighbourhood. Unlike his contemporaries, he has no rich memories of the estate. He decided against marriage, because "women were all about the money". Issues of money—and the lack of it—have shaped his entire worldview about what it means to live a good life. Money defines his access to social participation and ability to raise a family. It explains his isolation and lack of self-worth.

Moving from Tong's story to the way we talk about care in Singapore, I had several reflections. Why should we care about Tong's story? How should we care? Who owes Tong a duty of care?

### **The economy of gratitude, the oppression of goodwill**

Care must go beyond an economy of gratitude. Rocky's critique of the "Pioneer Generation" narrative is both nuanced and poignant. Linking access to basic needs such as food, health and shelter to a "contribution-based calculus" amplifies prevailing norms and attitudes around deservedness and entitlement. This economy of gratitude may also propagate the notion that when support is provided,



recipients should be grateful and should not question the status quo, even when the care that is received does not match actual needs.

An economy of gratitude can generate an oppression of goodwill. Channelling resources into things and programmes which do not address current unmet needs is not only wasteful, but also oppressive. When I first started my research in a public rental estate in Chinatown, I was happy to see food rations in the homes of the older residents I interviewed. At least they were cared for and had some provisions to tide them over.

However, this warm feeling turned to annoyance only a few months later. A single bag of rations by the doorway had multiplied into three or four. Bags of rice were infested with weevils. Tin cans were bloated. Boxes of crackers and bottles of oil remained unopened and were left to expire. The older adults I met said they did not need these things because most of them lived alone and it was more economical to eat at the hawker centre than to cook for one. A diabetic person said they were unsure if they should be drinking Milo or eating biscuits. They had not asked for these provisions and were uncertain how to return or dispose of them. More importantly, the residents hesitated to reject these items lest they be judged as arrogant or, worse, no longer “needy”. Finding space in their homes for these things was a minor inconvenience compared to the risks of losing assistance.

When I visited the new Cassia Crescent estate, the Cassia Resettlement Team (CRT) volunteers showed us a reflexology footpath in the void deck. Reflexology footpaths are a favourite among older adults. But at Cassia Crescent, the only reflexology footpath is tucked behind a maze of pillars, on a ledge that is about 60 centimetres high, with no rail support at all. In fact, it was not clear whether the pebbled ledge was meant to serve the function of foot reflexology or was merely decorative. Without regard for the safety of older residents who may be frail or need mobility assistance, and no clear understanding of how facilities are utilised, a public good becomes a waste.

The Japanese have a concept called “mottainai” which means “what a waste!” In the otogaisama community model, based on the principles of inclusiveness and mutual help, researchers, local residents, community activists, corporations, and non-governmental and not-for-profit organisations collaborate to assess and fully utilise their resources to create a comfortable, age-friendly environment for all.

The concept is simple. Ask people what they want, then turn what is currently unutilised or underutilised—that is, “waste”—into something useful for everyone.

In aspiring to be a city for all ages, Singapore can benefit greatly from an ethical framework like *mottainai*, where the fundamental principle is for citizens to participate in decision-making processes that will create understanding of *actual* community needs. Goodwill should not be oppressive, but democratic and participatory. It should redistribute and maximise benefits to all.

### **Ageing-in-place with dignity**

The efficacy of health and social services in Singapore tends to be measured in terms of tangible returns. In the provision of integrated care for frail and poor older adults, this translates to expecting improvements in functional capacities—physical, cognitive, and psychosocial—even though physiological and cognitive decline are inevitable in the ageing process. Also known as a “trampoline” model of care, this approach assumes that everyone has the resources, as well as the physical and cognitive capacities, to “bounce back” from adversity. The natural and biological process of becoming frail as we get older is stigmatised as failure on the part of individuals or burden to someone else.

The “trampoline” model also assumes that individuals only switch between two conditional, oppositional states: normal/sick, healthy/frail, independent/dependent, active/inactive. These dichotomies are more ideological than practical, as people’s actual conditions are on a continuum rather than absolutes. Judging needs using a binary mode of thinking ignores the agency of older adults in measuring “successful” ageing on their own terms.

The Singapore state requires that citizens do not age themselves out of productivity, particularly employment. In the Action Plan for Successful Ageing<sup>1</sup>—a blueprint for Singapore to become a place where citizens can “age successfully”—financial independence through “lifelong employability” occupies a prominent place. For those who cannot work, there is a different reality. As Tong pointed out:

Singapore is a good place for middle-aged people, not for elderly people. Lee Kuan Yew built this place so that middle-aged adults can lead a good life... because they have a lot of CPF savings.

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