



LITTLE KNOWN TRUTHS ABOUT INJURED FOREIGN WORKERS

By Dr Chan Lai Gwen

Having worked in the hospital setting for the last 11 years, it was inevitable that I eventually mastered the language of “hospitalese”: length of stay, discharge planning, estimated discharge date, case management, step-down care, and so on. However, I found that this language has had no relevance to my volunteer work at HealthServe Community Clinic for the last six years.

HealthServe is a voluntary welfare organisation that began primarily as a low-cost clinic providing basic medical care to foreign workers, which has since grown in size and capabilities. The variety of services that HealthServe provides was inspired by our first-hand contact with the real needs of injured foreign workers as we walked with them in their arduous journey from injury to compensation and finally, to their return to their homes overseas. HealthServe volunteers have learnt many things from their interactions with such workers in the community that they would otherwise not have learnt from their limited encounters with them during acute hospital admissions. The following four short stories have been modified from real patient cases managed by HealthServe, with all names and details changed, but they typify the harsh truths about the plight of injured foreign workers.

1. No such thing as light duty...

The details of the last patient on the Orthopaedics house officer's (HO) ward round list read, "Jagdee, late 20s, male, right forefoot crush injury POD 3, refer PSY". Beside this information, he had written down the plan that his registrar had made during the morning ward round. The patient would be fit for discharge after wound inspection tomorrow, and the HO needed to give him a referral letter to the polyclinic for wound dressing EOD,TCU to himself in three weeks, for a medical certificate (MC) for two weeks and light duty for one week. All the HO had to do was to check if the psychiatrist had given any plans for follow-up after discharge. When he reached the blue letter referral that he had made to the psychiatrist, the HO immediately turned to the final paragraph of the reply, which read, "S/T pt's employer re: plans after discharge, assure pt, NFU PSY".

He had missed the preceding paragraphs which described in detail how Mr Jagdee had been anxious and worried, to the extent of having sleepless nights, over what his plight might be after discharge.

Oblivious to Mr Jagdee's concerns, the HO called Mr Jagdee's employer and explained the plan that the medical team had made for Mr Jagdee. "Bah!" thought the employer, "what sort of light duties do construction workers expect to have? Light duty is no duty and is as good as having no worker. I can't keep an injured worker on MC and pay him a salary when he does no work for me."

Mr Jagdee was discharged as planned, but when he reported for work at the construction site after his two weeks of medical leave, he found that he could not be assigned any duties as he could not fit into his boots without suffering pain and was still hobbling around. He was not entitled to any wages on those days and his employer had no legal obligation to make work modifications for him.

2. Medically fit for discharge and there is a discharge destination but...

In the bed next to Mr Xu was an old lady under the care of the geriatric department. He could not help but overhear the conversations she had with her team doctors and family. He gathered that she had surgery for a leg fracture, and would be transferred to another hospital very soon for further exercise and to learn how to use the walking aid. After that, she would return to her own home where there would be a helper to look after her. On top of that, someone from the hospital would make a home visit to make the environment safer for her.

Mr Xu himself had been admitted to hospital after he fell from a significant height at the construction site. He also had a leg fracture and a back injury. The doctors had told him that his operation had been successful, and all he needed was to learn how to walk with crutches and some physiotherapy exercises, then he could be discharged soon.

If someone from the hospital had done a home visit for Mr Xu, he would have seen that Mr Xu lived on the fourth storey of an old walk-up apartment with no elevator. He shared a room and a single toilet-cum-bathroom with 30 others. The toilet was a squatting one and bathing was done by scooping water from a large pail.

Mr Xu's bed consisted of an old and flattened mattress on the top bunk of a double-decker bed and the worker who slept below him reluctantly swapped bed space with him. Everyone else would be at work in the day and there was no one to assist Mr Xu with his daily needs. He struggled to get his daily meals and very often, he had to wait for the other workers to come back in the evening as they would cook and share food with him. There was no enforcement carried out on the legal obligation of employers to provide food and accommodation for their injured workers.

Alone in a foreign land with no network of support, struck by misfortune, and with nothing to occupy his mind and time, it was not surprising that Mr Xu made a poor recovery and began to entertain thoughts of ending his life.

3. When the foreign worker on your clinic list doesn't show up...

Dr Tan heaved a sigh of relief after his morning clinic. It had threatened to be a very busy period with more than 20 patients on the list, but turned out quite manageable because of several no-shows. He went through the list and saw that some of the no-shows were foreign workers who had been under his team's care in the wards. He was a little surprised because he understood that it was now mandatory for employers to purchase medical insurance for their workers, but he did not pursue this train of thought further as he quickly became distracted by the prospect of lunch.

Mr Chen and Mr Bala were two of the workers who could not turn up for their appointments even though they wanted to. Mr Chen had injured his back, and had been scheduled for an outpatient spine MRI for evaluation. Mr Bala had a hand injury, and was supposed to have had outpatient sessions with the hand occupational therapist. Both of them were unable to provide the hospital with a Letter of Guarantee from their employer or insurer, and were thus denied access to investigations and treatment because of payment issues.

They could not afford to pay for their treatment out of their own pockets because they had been owed their wages for the period they were on MC. Manual workers are entitled to full wages for up to 14 days of outpatient sick leave and up to 60 days of hospitalisation leave, and two-thirds of their salary beyond those periods up to a maximum of one year after the date of injury, payable no later than the usual date of their normal salaries. However, in HealthServe's experience, many workers go through



An injured foreign worker consulting a volunteer doctor

Photo: HealthServe

unnecessary delays in obtaining their Letter of Guarantee (if they get it at all) and are more often than not owed their wages for the time they were on medical leave. This negatively impacts the workers' treatment and recovery.

4. Special Pass is anything but special

Mr Ying was terminated from his job after he sustained his injury. While waiting for the outcome of the Work Injury Compensation Act claim, his work permit was converted to a Special Pass. Although this pass allowed him to remain in Singapore legally, he was not allowed to work. He was thus left to fend for himself in "no-man's land" as no one was legally responsible for his daily sustenance, accommodation and basic welfare.

With no savings and no earnings, Mr Ying barely got by with one meal a day. He could not communicate with anyone as he had no money to buy a card for his handphone. Mr Ying continued to live in the workers' quarters as his employer had forgotten to throw him out. He prayed hard every day that he would not suffer further illnesses or injuries as he did not have money to consult a doctor. Mr Ying hoped that his compensation would be paid to him soon so that he could return home quickly. While waiting for his claim outcome, Mr Ying could not help but think that Singapore was cruel and that Singaporeans treated their dogs better than fellow human beings like himself.

One day, while he was wandering along the streets of Geylang, he chanced upon HealthServe and discovered a community of people there who befriended him and returned him a sense of dignity by respecting and

considering his needs and difficulties. He realised that HealthServe not only ran a thrice-weekly clinic run by volunteer doctors who spent time listening to him, it also provided free meals for people stuck in situations similar to his. HealthServe's social welfare fund also subsidised his medical and transport expenses, and their befrienders also accompanied workers to their hospital appointments and helped voice their concerns to their employers and the Ministry of Manpower. There were also lawyers who volunteered their services there to offer legal advice on their compensation claims, and other staff and volunteers who organised community outings for foreign workers.

Conclusion

How do these little known truths affect a doctor's clinical practice? Not very much, if one feels that his hands are tied because of the failures of The System or if one feels the same way as a doctor who told one of our staff members, "You are helping the WRONG PEOPLE!" But it heartens me when volunteers at HealthServe find that stories like these free their minds from stereotypes that stigmatise these workers and liberate them to care for everyone equitably. **SMA**



Dr Chan has completed her "National Service" requirements and thinks the best things in life are God, a good husband, a good boss, and kids that go to bed at 8 pm (in that order).