

Worker healthcare | Primary care | Remaining gaps

# Room for improvement as care gaps for migrant workers remain

Difficulty accessing specialists, dental care and mental health resources are cause for concern, say observers

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## Caring for migrant workers' health

Healthcare providers, employers, workers and NGOs tell of the achievements and gaps in Manpower Ministry's primary healthcare system.

### CHAPTERS

What has the primary healthcare system achieved thus far?



Gaps in migrant worker healthcare that remain



One migrant worker needed a biopsy, but his employer refused to provide a letter to show he was insured and threatened to send him home. HealthServe, a local non-governmental organisation (NGO), eventually funded the procedure.

Another repeatedly returned to a general practitioner (GP) clinic for pain in his stomach, despite being referred to a specialist for further examination as his employer did not want to pay for it. He was eventually taken to a hospital's accident and emergency department during one of his GP visits because the pain had become unbearable.

Dr Louis Tan, chief executive of private healthcare provider StarMed Specialist Centre, said migrant workers who require specialist intervention often do not get it.

This was one of the gaps that industry players and watchers highlighted in the healthcare system for migrant workers that the Ministry of Manpower (MOM) rolled out in 2022 to provide them with greater access to primary medical care that is also affordable.

While the system has largely met the healthcare needs of workers, more

remains to be done in areas such as outpatient specialist care, dental care and mental health, they said.

StarMed is one of four anchor operators under MOM's system.

**We write memos, we urge the worker (to follow up), sometimes we even take the extra effort to call the supervisor or the company, but the worker doesn't end up at the restructured hospital or the specialist clinic for a variety of reasons.**

DR TAN, WHO RECOUNTED THE STORY OF THE WORKER WITH THE ABDOMINAL ISSUES TO THE STRAITS TIMES.



One reason he cited was employers avoiding “bill shock”. As they are responsible for their employees' medical bills, they often are not keen to send their workers to see a specialist for fear of racking up a huge bill, he added.

As Mr V. Manimaran, an operations manager who oversees 180 migrant workers at Wee Chwee Huat Scaffolding and Construction, put it: “Workers being given referral letters to the hospital to seek further consultation or treatment results in higher medical costs and drives up our operational costs.”



Dr Tracey Lim tending to a patient at Fullerton Health Medical Centre for Migrant Workers in Gul Circle. ST PHOTO: AZMI ATHNI

Dr Tan said that while primary care, received through GP visits, is able to handle the ailments of 95 per cent of the 200 to 240 patients that visit StarMed's dedicated migrant worker medical centre in Farrer Park each day, the remaining 5 per cent of cases will "cost employers a lot to care for" as they require specialist care.

The longer employers deny workers treatment, the higher their eventual treatment costs are likely to be, Dr Tan said.

"If you don't nip a condition in the bud early and get a specialist to make an intervention, the workers end up going to the accident and emergency department in the public hospital system, they end up with surgery, they end up with long admissions and worse – they end up being sent home,"

he said.


“It’s a lose-lose for everyone.”



While employers of migrant workers need to buy medical insurance to cover hospitalisation and surgical procedures, HealthServe’s chief executive Benjamin Kuan said there is currently no compulsory coverage for outpatient specialist care – such as MRI scans that do not require hospitalisation.

Dr Kuan said some employers may also try to put in barriers or threats to deliberately delay workers from accessing care, for example, by not releasing a letter of guarantee. Such letters act as proof of coverage to healthcare providers that a patient is covered by insurance.





Adding specialist outpatient care to the plans could help, says Dr Benjamin Kuan.

Some employers are also fearful that if their workers tap the insurance plans for treatment, premiums will be raised in subsequent years, he added.

He called for a closed-loop system – where hospitals will automatically know whether a migrant worker is insured when he visits, and bill the insurers directly – to be rolled out earlier.

This would remove one barrier to receiving treatment. MOM plans to implement such a system from July 2025.



Patients queuing to be served at the triage area at Fullerton Health Medical Centre for Migrant Workers in Gul Circle. ST PHOTO: AZMI ATHNI



Patients waiting at the triage area to see a doctor at Fullerton Health Medical Centre for Migrant Workers in Gul Circle. ST PHOTO: AZMI ATHNI

Another method that one anchor operator – Fullerton Health – used to improve access to specialist care was to set up a direct channel with hospitals under the National University Health System (NUHS) to refer patients.

Prior to this, some migrant workers who were referred to specialist clinics did not get the care they needed, as some employers did not follow through and help their workers to make appointments, said Dr Marcus Lee, deputy medical director at Fullerton Health.

With the direct channel in place, referral letters are now automatically

sent to NUHS, and the referred worker will be given an appointment date within weeks, depending on the severity of the patient's condition, Dr Lee said.



To make specialist care affordable for workers and their employers, StarMed charges migrant workers \$150 for first-time visits to its outpatient specialist services, which are located in the same building as its medical centre in Farrer Park.

The fee includes consultation, medication and basic testing such as radiology.

A check on the Singapore General Hospital's website shows that for non-residents receiving specialist outpatient treatment, consultation fees alone for first visits range from \$151.20 to \$193.32.

Dr Tan said about 30 per cent to 40 per cent of those referred from its medical centre in eventually go on to see the specialist at StarMed. While he does not have data on the others who opt not to, he said many continue to be hampered by their employers' reluctance to pay for specialist care.

Another gap that caused healthcare providers and migrant workers much chagrin is workers' access to dental care.

## **Between 6,000 and 7,000**

MIGRANT WORKERS WHO MAY BE SUFFERING FROM PAINFUL DENTAL CONDITIONS THAT REQUIRE A VISIT TO THE DENTIST WITHIN ABOUT A MONTH, ACCORDING TO A 2022 SCREENING BY HEALTHSERVE



But low-wage workers are often priced-out from getting the care they need, with average dentist visits costing \$75 to \$145 – up to nine times the \$14 to \$18 that low-wage migrant workers make per day, said HealthServe, which has provided migrant workers with affordable healthcare since 2006, and dental care since 2015.

In May 2022, the charity conducted a large-scale dental screening at Terusan Recreation Centre in Jurong, which drew 400 workers.

Of those screened, about 1.5 per cent had painful conditions that warranted a dentist visit within the next four to six weeks, said HealthServe's Dr Kuan.

When extrapolated to the entire population of migrant workers in the construction, marine shipyard and process industries, this could mean 6,000 to 7,000 are in the same boat, he said.

But the high cost of dental treatment has prompted many to take painkillers and hold off treatment until they return home, he added.



Workers waiting outside a room as one speaks with a nurse at StarMed's medical centre for migrant workers in Farrer Park on Sept 18, 2023. ST PHOTO: HESTER TAN

To plug the gap, HealthServe has provided workers dental treatment at \$15 per visit.

“Most of the workers don't come for scaling and polishing. They come when they have pain, which likely means they have a tooth decay, or they have a wisdom tooth that needs to be taken out,” Dr Kuan said.

But those on the waiting list currently need to wait four to six months for treatment.

“Why can't we have dental health in (MOM's primary care plans) as well?” Dr Kuan said.

“Until then, we will ramp up our dental services to see how best we can help with this need.”



Separately, while the mental stressors that affected workers while they were in lockdown during the Covid-19 pandemic have largely faded, Dr Kuan said mental healthcare resources remain difficult to access.

He cited how the medical centres under the primary healthcare system are not required to have counsellors, although operators are encouraged to identify distressed workers and refer them for further care.

More can be done in the area of preventive upstream care such as making counsellors available to workers, said Dr Kuan, who added that “if you have a healthy worker, you will have a safer workplace and a safer workforce”.



Mental health care is also another gap in the current plans, says Dr Benjamin Kuan.

He called for initiatives to raise awareness of mental health issues and stigma surrounding them to be ramped up, especially for workers coming from South Asia, where many of the migrant workers hail from, and mental health issues are taboo.

The implementation of crisis debriefs – when counsellors are called in to speak to workers affected by catastrophic deaths, such as fellow workers suffering from heart attacks or committing suicide – can be more systematic, he added.

HealthServe's counselling team is sometimes called in to help in such instances, but this is not compulsory. Dr Kuan said workers do not always know how to process their emotions and trauma, and would benefit from some form of early help and intervention.

“We have seen a worrying increase in the severity of cases being referred to HealthServe for counselling,” it later added.

## At least one in 10

MIGRANT WORKERS REFERRED TO HEALTHSERVE IN 2023  
PRESENTED SOME RISK OF SELF-HARM

Migrant worker rights group Transient Workers Count Too (TWC2) said it remains unclear if a worker whose work pass is cancelled remains covered by MOM’s primary healthcare system.

These workers are given a special pass that allows them to stay in Singapore before returning home.

“Already, if a worker is on a special pass, it means their relationship with their employer is contentious,” said TWC2 general manager Ethan Guo.

If not taken care of by MOM’s system, these workers “would essentially fall into a coverage black hole”.

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