

The tip of shipyard worker Mr. Anbazhaga's finger was crushed by falling metal, yet he had to beg for medical leave that he was entitled to¹. This is just one of the barriers that migrant workers face in accessing healthcare — insufficient medical leave. Singapore's medical coverage for migrant workers is extensive, covering a migrant worker's inpatient and outpatient treatment costs. These medical obligations of an employer are embedded in the law, which include the Employment of Foreign Manpower Act (EFMA), Work Injury Compensation Act (WICA), Primary Care Plan (PCP) and Employment Act. While there are multiple safety nets for these migrant workers, there are still inevitable flaws in the system, and those who take advantage of them.

Firstly, the degree of coverage for the medical health of migrant workers extends from inpatient costs to outpatient costs, accounting for their primary care needs. For instance, under the EFMA, employers are mandated to purchase medical insurance (MI) with an annual claim limit of at least \$60,000, up from the previous \$15,000², with a co-payment of 75% by insurers and 25% by employers for claim amounts above \$15,000. Given that more than 5% of foreign workers' medical bills exceed the previous \$15,000 coverage limit³, this increased annual claim limits will cover more than 99% of their inpatient and day surgery bills⁴, including non-work-related injuries or illnesses. These requirements significantly relieve the financial burden on employers and employees alike, conquering two important barriers to a worker's access to healthcare.

Apart from EFMA, the WICA covers compensation and medical bills for work-related injuries for all migrant workers, where a worker can claim a maximum amount of \$45,000⁵ for both medical and dental health reasons. For a form of lung cancer known as Mesothelioma, one of the more expensive

¹ Olivia, H. (2016, August 2). Worker with crushed finger gets just 1 day off. AsiaOne. <https://www.asiaone.com/singapore/worker-crushed-finger-gets-just-1-day>

² *Medical insurance requirements for migrant workers*. (n.d.). Ministry of Manpower Singapore. Retrieved 18 September 2023, from <https://www.mom.gov.sg/passes-and-permits/work-permit-for-foreign-worker/sector-specific-rules/medical-insurance>

³ Wong, S. (2023, March 31). Employers must provide medical insurance coverage of at least \$60,000 for maids, migrant workers from July. The Straits Times. <https://www.straitstimes.com/singapore/employers-must-provide-medical-insurance-coverage-of-at-least-60000-for-maids-migrant-workers-from-july>

⁴ *Enhanced medical insurance coverage to better protect employers*. (2022, March 4). Ministry of Manpower Singapore. <https://www.mom.gov.sg/newsroom/press-releases/2022/0304-enhanced-medical-insurance-for-work-permit-and-s-pass-holders>

⁵ *Types of compensation under WICA*. (n.d.). Ministry of Manpower Singapore. Retrieved 18 September 2023, from <https://www.mom.gov.sg/workplace-safety-and-health/work-injury-compensation/types-of-compensation>

occupational diseases to treat according to the Workplace Safety and Health Report in 2022⁶, a worker who pays around \$27, 495⁷ for his treatment can be adequately covered by WICA.

Additionally, the PCP supplements the MI plan by covering most of the migrant workers' primary care needs at a fixed cost, where workers pay \$5 for each medical visit and \$2 for each telemedicine session⁸. This plan accounts for primary healthcare services, including unlimited acute and chronic consultations, annual basic health screenings, and medication delivery⁹, thus cementing the foundation for affordable healthcare for migrant workers.

As for dental care, although it is not covered in the MI requirement and PCP¹⁰, employers are still mandated by EFMA to bear the costs of their dental treatment, even if the condition is not work-related¹¹. To complement the existing dental care, a recent launch of the MWC Associate Membership provides a group insurance plan for migrant workers to access affordable dental services, where they can pay a flat fee of up to \$30 for dental services¹². Additionally, HealthServe clinics offer subsidized health services to low-wage migrant workers with inadequate health assistance, primarily in the construction, marine and process sector. These workers only need to pay a flat fee of \$15 for dental services and chronic disease care¹³. Moreover, workers covered under the Employment Act are also entitled to paid sick leave, including dental leave¹⁴. These measures lighten the financial burden of both the workers and their employees, encouraging migrant workers to seek dental care.

⁶ *Workplace Safety and Health Report 2022* (ISSN 2424-7774). (2023). Ministry of Manpower.

⁷ Lim, A. (2020, April 22). The average cost of cancer treatment in singapore(2023). SmartWealth Singapore. <https://smartwealth.sg/cost-cancer-treatment-singapore/>

⁸ What employers need to know about the mandatory primary care plan (Pcp) for foreign workers. (2022, March 7). *DollarsAndSense Business*. <https://dollarsandsense.sg/business/what-employers-need-to-know-about-the-mandatory-primary-care-plan-pcp-for-foreign-workers/>

⁹ *New primary healthcare system for migrant workers*. (2021, November 29). Ministry of Manpower Singapore. <https://www.mom.gov.sg/newsroom/press-releases/2021/1129-new-primary-healthcare-system-for-migrant-workers>

¹⁰ Zaihan Mohamed Yusof. (2023, June 11). Thanking migrant workers for building Singapore and giving them a bigger reason to smile. *The Straits Times*. <https://www.straitstimes.com/singapore/thanking-migrant-workers-for-building-singapore-and-giving-them-a-bigger-reason-to-smile>

¹¹ *Are employers responsible for the cost of a Work Permit or S Pass holder's dental treatment?* (n.d.). Ministry of Manpower Singapore. Retrieved 21 September 2023, from <https://www.mom.gov.sg/faq/work-permit-for-foreign-worker/are-employers-responsible-for-the-cost-of-a-work-permit-or-s-pass-holders-dental-treatment>

¹² Shukry Rashid. (2023, June 11). *Migrant Workers' Centre enhances its associate membership benefits*. <https://www.ntuc.org.sg/empu/news/Migrant-Workers-Centre-enhances-its-associate-membership-benefits/>

¹³ HealthServe. (2022, February 1). *Medical & dental services—Healthserve*. HealthServe. <https://www.healthserve.org.sg/medical-dental-services/>

¹⁴ *Sick leave eligibility and entitlement*. (n.d.). Ministry of Manpower Singapore. Retrieved 21 September 2023, from <https://www.mom.gov.sg/employment-practices/leave/sick-leave/eligibility-and-entitlement#:~:text=The%20number%20of%20days%20of,paid%20outpatient%20sick%20leave%20entitlement>

While the medical and dental health coverage can be generous, the coverage for mental health may not be as extensive as the others. According to the Enhanced MI, the “Treatment of mental conditions and conditions or injuries arising from self-inflicted injuries and attempted suicide” is one of the many allowable exclusions¹⁵. Similarly, the EFMA does not account for “any psychiatric or nervous or mental disorder”¹⁶. The coverage for mental health seems alarmingly scant, especially when migrant workers suffer from poorer mental health than resident populations¹⁷ and 13% of South Asian workers showed indications of a Serious Mental Illness (SMI)¹⁸. Although coverage for mental health is scarce, a taskforce named Project Dawn aims to improve access to care services like counselling, mental health screening, and the timely escalation of care¹⁹.

Next, the barriers to access healthcare are multitudinous. The underlying causes of these barriers lie in three major factors: Culture/language, finances, and unethical employers. In a 2020 survey by Singapore Medical Journal²⁰, the doctors stated that communication barriers (92.3%) led to limited medical histories obtained from workers and thus compromised treatment. 62% of workers did not receive insurance coverage information in their native language²¹ and discharge advice was often not conveyed smoothly (8.2%). Secondly, the fear of high costs (81%), exacerbated by the unawareness of one’s rights and coverage policies (20.6%), suppresses their will to seek treatment. Lastly, uncooperative employers — the most infuriating factor that’s not easily resolved by mandatory policies. Some employers refused to bring workers in for treatment (8.2%) while others downplayed the extent of injury and causality (14.3%) and dismissed the need for surgery. A large portion of employers either avoided covering hospitalization and rehabilitation treatment costs (40.9%) or denied medical leave (20.2%). A 2015 study by Harrigan found that 64% of workers awaiting injury

¹⁵ *Implementation of enhanced medical insurance for foreign employees to better support employers*. (2023, March 31). Ministry of Manpower Singapore. <https://www.mom.gov.sg/newsroom/press-releases/2023/0331-implementation-of-enhanced-medical-insurance-for-foreign-employees-to-better-support-employers>

¹⁶ EMPLOYMENT OF FOREIGN MANPOWER ACT (CHAPTER 91A), HQ/Legis/EFMA/EFMR; AG/LLRD/SL/91A/2010/1 Vol. 4, 4 S 569 77 (2012). <https://www.mom.gov.sg/-/media/mom/documents/services-forms/passess/wpspassconditions.pdf>

¹⁷ Farwin, A., Low, A., Howard, N. et al. “*My young life, finished already?*”: a qualitative study of embedded social stressors and their effects on mental health of low-wage male migrant workers in Singapore. *Global Health* 19, 47 (2023). <https://doi.org/10.1186/s12992-023-00946-5>

¹⁸ HARRIGAN, Nicholas and KOH, Chiu Yee, “Vital yet vulnerable: Mental and emotional health of South Asian migrant Workers in Singapore” (2015). Research Collection School of Social Sciences. Paper 1764. https://ink.library.smu.edu.sg/soass_research/1764

¹⁹ ‘New Taskforce to Enhance Mental Health Care Support for Migrant Workers’. *Ministry of Manpower Singapore*, 6 Nov. 2020, <https://www.mom.gov.sg/newsroom/press-releases/2020/1106-new-taskforce-to-enhance-mental-health-care-support-for-migrant-workers>.

²⁰ Ang, Jw, et al. ‘Are Migrant Workers in Singapore Receiving Adequate Healthcare? A Survey of Doctors Working in Public Tertiary Healthcare Institutions’. *Singapore Medical Journal*, vol. 61, no. 10, Oct. 2020, pp. 540–47. DOI.org (Crossref), <https://doi.org/10.11622/smedj.2019101>.

²¹ Ang JW, Chia C, Koh CJ, et al. Healthcare-seeking behaviour, barriers and mental health of non-domestic migrant workers in Singapore. *BMJ Glob Health* 2017; 2:e000213.

compensations experienced threats of deportation from employers²². This is known as employer gatekeeping, which took root in the sponsorship system from Singapore's contract migration model²³. This occurs when employers have too much power over the workers' lives, thus delaying workers from seeking treatment. Other factors include the poor health awareness of workers themselves and healthcare workers' deficit of knowledge on migrant workers' healthcare coverage, even though they should be advocates for their patients' care.

Migrant workers left their homes to build ours, yet they don't receive proper healthcare access and compensation for such a high-risk job. While the extensive medical and dental coverage have significantly weakened financial barriers, language and employer behavior still impedes a worker's access to care, and mental health remains neglected. More needs to be done to break down the barriers to affordable, accessible healthcare for migrant workers.

²² Harrigan NM, Koh CY, Amirrudin A. Threat of deportation as proximal social determinant of mental health amongst migrant workers. *J Immigrant Minority Health*. 2017;19(3):511–22.

²³ Farwin, A., Low, A., Howard, N. et al. "My young life, finished already?": a qualitative study of embedded social stressors and their effects on mental health of low-wage male migrant workers in Singapore. *Global Health* 19, 47 (2023). <https://doi.org/10.1186/s12992-023-00946-5>