

HOLISTIC CARE FOR



SINGAPORE'S VULNERABLE POPULATION

Interview with Dr Goh Wei Leong

Dr Goh Wei Leong is a GP who has been running a general health clinic in Chinatown for 30 years. He is also the co-founder of HealthServe, a charitable organisation set out to bring healthcare, dental services and care to the migrant community here in Singapore. In recognition of his and HealthServe's tremendous efforts and work, Dr Goh was named Singaporean of the Year in 2017. One year on, we speak with Dr Goh to understand more about his vision for HealthServe, as well as the impact the award has had on him and the organisation.

Please tell us more about yourself and how you first got involved in volunteerism.

Growing up, I had always wanted to be a GP, so it's no surprise that I am now a GP with a practice at Chin Swee Road, on the outskirts of Chinatown. I serve a very colourful multi-ethnic community of those living in one-room rental flats, homeless families, the elderly poor, and people from the lower strata of society. Because we are in a commercial building, my patients also include lawyers, businessmen and traders. I enjoy my practice, and these varied communities helped shape me.

I was first introduced to the world of volunteerism some 20 years ago, when I went to Mongolia to conduct medical checks for NGO workers in 1995. Seeing how they served the common humanity, bringing relief and expertise while also learning from the locals, opened up my world; it also challenged and reframed my Christian worldview. It was a beautiful picture and I wanted to be a part of that – it became my inspiration. When I started visiting India in 1996, I was further challenged. I was confronted with issues of the world that I had been sheltered from and had no experience with in the context of my Chin Swee clinic. Going to India and Mongolia opened my eyes to all these issues in a bigger way. I later also got involved in crisis and disaster relief, and was confronted by the mass devastation and human helplessness brought on by the super cyclone that hit Odisha, India, in 1999.

In 2000, I met Dr Simon Mahendran, who had opened the Karunya Community Clinic for migrant workers in Little India, at a conference in Taipei. Being a dentist, he was lacking a medical network, and I was introduced to the migrant community in Little India. This was perfect since I already had experience from my trip to India and had an understanding of the South Indian community. I was typically a networker. For me, the idea of volunteerism has always been that it is a shared platform for collaboration and friendships, bringing people together to share their medical expertise, talents and passion for a greater cause. The opportunities I had to meet people involved in the NGO, relief and volunteer world helped established the networks that I now have, eventually culminating in HealthServe and the volunteer work that I now do.

Reaching out to the migrant community

What was your motivation in setting up HealthServe?

While helping out at the Karunya Community Clinic, I realised strongly that there was a lack of efforts in social justice among the marginalised communities around me, especially for the migrant workers. Recurring world and local issues, such as poverty in its different forms, propelled me to action.

Legend

1. Dr Goh posing for a selfie with some of HealthServe's beneficiaries
2. Dr Goh attending to a migrant worker





Within my role as a doctor, I also felt a sense of detachment where running a clinic well does not extend beyond the medical prescription. The social contexts of our patients are conveniently overlooked. Perhaps a holistic approach to medicine was simply assumed. I wanted to change that and effect a cultural shift in thinking and approach.

How has HealthServe grown since its establishment?

It started out as a clinic in 2007 with a small team consisting of one clinic manager and five volunteer doctors. In the course of learning about our beneficiaries and surrounding community, we gleaned that more had to be done to achieve whole-person/ holistic care, beyond just dispensing treatment or medicine. The care needed

includes psychosocial support for those who experience deep despair or display symptoms of anxiety and helplessness. I also saw and heard for myself their revealed needs for basic food provision, transport costs and even dental care.

We are blessed to be able to operate in the migrant dormitories now. We have a total of three community clinics providing medical and dental services, a Welcome Activity Centre in the Tai Seng industrial area, as well as two case work offices, in Geylang and Little India, respectively, where many low-wage migrants live. These clinics are supported entirely by donations and a large team of committed volunteers who go the distance to serve regularly despite their hectic schedules. Across our centres, we have 431 active volunteers as of July 2018, comprising 151 doctors, 28 dentists and 46 nurses.

We also partner with corporate groups like Changi Airport Group, and healthcare systems like Singapore Health Services and National Healthcare Group, to reach out to workers who may not come to our doorstep and to increase awareness among medical personnel.

We have also been given opportunities to be involved in educating both the youth and adult learners, through our collaboration with institutions such as Ngee Ann Polytechnic, Nanyang Polytechnic, Temasek Polytechnic, Singapore University of Social Sciences, Singapore Management University and National University of Singapore.

We are also involved in advocacy through the communicative exploration of social injustice themes in the arts. For example, in May this year, as part of our fundraising efforts and awareness agenda, we engaged Pangdemonium! and had donors and supporters come together to watch a play which featured migration and its challenges as its central theme. During the Saturday matinee show, we even had a dialogue with Adrian and Tracie Pang on the topics of social justice and migration.

What challenges have you encountered and how did you overcome them?

On a personal level, I am continually confronted with new situations. Being exposed to new facets of medical work in HealthServe deeply challenged my own presuppositions.

At the community level, I was introduced to communities that were very different from the one I had known. The community I was familiar with – the professional community – had its own set of expectations and high-minded solutions. However, upon implementation, we realised that we needed to be more sensitive to the voices and needs of those we serve. Thus, the migrant and the professional came face to face with cross-cultural difficulties impeding our understanding of one another. For example, we gave out Panadol for headaches, but the workers' needs sprung from more complex issues that required listening, which were perhaps better served by a counsellor. Now, as we learn to be active listeners rather than quick advisers who try to "fix" these people, our methods continue to

be sharpened and shaped by the broader perspectives across communities.

At the national/policy level, I found that as comprehensive as our national policies are, realities on the ground are quite different. Active engagement has helped us overcome some of the challenges of making these policies understood and positively contextualised. For example, we have found workers without insurance coverage even though this is required by law, owing to non-compliant employers. This poses a huge problem when the worker is injured. Hence, we act as a bridge between the workers and the Ministry of Manpower, so that the existing policies protect and provide for the vulnerable worker/patient.

On a cultural and global level, migration is a tremendously complex issue especially with increasing xenophobia and fear of the “alien” in our midst. How can we work towards a major cultural shift? This is something that I am still working on, and I have noted that the ongoing rhetoric in the social media needs to be counter-balanced with positive humane stories of reciprocal friendships and a celebration of common humanity. Our land and selves have been shaped by the migrant worker, and vice versa.

What are some improvements that you most want to see happen for migrant workers here in Singapore?

I want to see their inherent dignity recognised by all who come to interact with them. Doctors are at the forefront and we can influence our colleagues to make this difference in the life of

a fellow human being. For example, migrant workers should have the freedom to rest when they need it, such as when they are injured. They should also have space for themselves and all the simple entitlements accorded with human dignity.

As doctors, we often view these workers through the diagnostic lens of searching out medical problems to identify solutions. However, these workers are often also breadwinners, and sons and daughters from struggling families who anticipate their safe return.

Recognition

How did it feel to be awarded the Singaporean of the Year 2017?

It has been extremely humbling. I enjoy serving and the little that I have been involved in has borne fruit far surpassing my imagination. The people who are part of this team, be it staff, donors, supporters or volunteers, have done so much more in unison than what I could have ever done on my own, and they all deserve the same honour. I also see the contributions of our migrant beneficiaries on a daily basis – they are our heroes too, and this has shaped HealthServe’s work and given it the flavour that it has today – one of diversity, generosity and an inclusive community.

Has receiving the award made any difference for you and HealthServe’s work?

Yes, we now have more opportunities to share our perspectives with

curious onlookers. HealthServe is an open-learning platform, and we find millennials and retirees coming to us for meaningful and engaging opportunities to serve. **Central to our communal efforts is our vision of a society where every migrant worker leads a dignified life.**

There is an inherent danger of being put on the pedestal, which has increased as well. How do we retain simplicity and integrity as we develop deeper and further? Thus, as much as possible, I try to give the migrant workers an opportunity to speak for themselves, rather than have me as the object of attention.

Personal thoughts

What are your visions and hope for volunteerism?

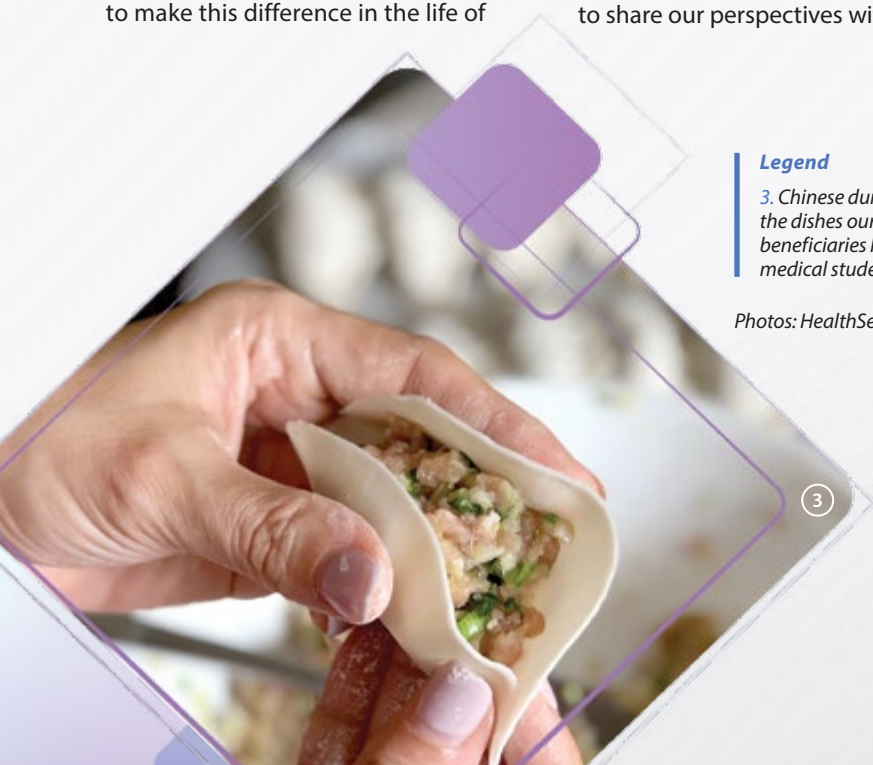
I hope to see greater generosity, creativity, innovation and learning cultivated through role reversal. For example, our migrant worker beneficiaries are empowered when they are invited to teach visiting medical students their values, hopes, life lessons and practical skills, such as cooking.

We want to nurture reflective practitioners who are deeply sensitive to the environment and society that is constantly changing. Generosity and a willingness to learn from those we serve will strengthen our community.

How can our medical colleagues get involved in the work that you do?

Simply by viewing and respecting every worker in your own practice as a unique and precious human being, you would already be doing your part in this work. We welcome volunteers at our clinics as well, especially orthopaedic surgeons and dentists. We are also looking at creating a list of HealthServe-friendly doctors and specialists who would be keen to partner HealthServe by providing subsidised care for those who are struggling to pay. This will go a long way in serving the most vulnerable in our society.

Remember to swing by our clinic in Geylang when you are having a meal in the vicinity; the food in this area is wonderful and we can provide you with the latest culinary advice in exchange for some meaningful volunteer hours! ♦



Legend

3. Chinese dumpling is one of the dishes our migrant worker beneficiaries have taught medical students

Photos: HealthServe volunteers