

By Dr Shawn Vasoo

## A 'Big' Mission in 'Little' India

"Love ye therefore the stranger."

– The Book of Deuteronomy X:XIX



Dr Shawn Vasoo is currently working at the Communicable Diseases Centre. He has also been roped into volunteering at the clinic by his friend Wei Leong.

When not at the clinic, he can be found at Mustafa checking out good deals.

"Crrrnk ..." The sound of the opening of the metal shutters of unit #01-16 at Block 668, Chander Road, marks the start of the weekly clinic at Karunya. Already by this time (about 4.30pm) the crowd starts to gather around the car park directly in front of the clinic. By 7pm, it is really crowded outside. Hundreds of foreign workers from the Indian subcontinent gather in the various pockets of Little India for their weekend off in what seems almost like a weekly pilgrimage. Most of them spend their time chatting and catching up with old friends before the start of another laborious week. I have been told that almost 16,000 descend on Little India each weekend. You would be forgiven if you thought you were in a busy street in Madras. Teeming chattering masses (mostly in Tamil but also in a smattering of Bengali and Telugu and some Hindi) occupy various corners and grass patches, while the smell of spices emanate

from the rows of curry houses. The challenge of negotiating through the crowd (whether you are on foot or driving) certainly requires a degree of feistiness.

### CROSSING PATHS

The over 500,000 foreign workers in Singapore form more than 12% of our population.

As Singaporeans, many of us live or work in a building which they have had a part in constructing. They certainly have an important but often unsung role in the making of modern Singapore. I remember taking a clinical history from one of them, and he proudly said, with a gleam in his eye, something like, "I built Sengkang." It is a marvel that many of them pick up pretty good working English within six months to one year of arriving here. I wonder if any Singaporean expatriate in Madras would be able to do the same with Tamil or Hindi.

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Many of our grandparents were immigrants from India or China (if they did immigrate to Singapore years ago). I have the privilege of my paternal grandparents coming from both. They emigrated years ago from Kerala and Canton, and I guess technically, you could call them one of the pioneer 'foreign workers' in Singapore. They met while constructing roads in the late 1930s – he was a road construction supervisor and she, a 'samsui' woman. I guess not a few of us may have similar 'lineage'.

As physicians, our paths often cross with foreign workers. They come to us for pre-employment checkups. We see them EMD when they come in with occupational injuries. They are admitted to our wards with dengue and sometimes more exotic diagnoses like typhoid, typhus and malaria and other baffling PUOs.

### DIFFICULT SITUATIONS AND DIFFICULT TIMES

Being a migrant (anywhere in the world) is a risk factor for being marginalised. Many of our migrant workers are largely illiterate, are at best semi-skilled, and face serious hardships. Returnees report discrimination of different forms and at different levels, and exploitation occurs often because of lack of awareness about rights, and alienation due to 'culture shock' and lack of knowledge about avenues of assistance.

In addition, 2004 and 2005 have been especially difficult for them. These stories made it to the *Straits Times*: employers defaulting salary payments, less than optimal dormitory conditions, possible cuts in medical subsidies, and the Asian Tsunami. One of our clinic attendees, Ravi, lost over 60 of his family members in that tragedy.

### THE CLINIC'S WORK

The Karunya (meaning 'compassion' in Sanskrit) Clinic was started in 1998 by Dr Simon Mahendran, a dental surgeon, and has since come under the care of the Asia Evangelistic Fellowship (AEF). The AEF, along with other local NGOs like HOME (Humanitarian Organisation for Migration Economics), have been active in helping migrant workers in Singapore. The weekly clinic (which is run by volunteer doctors, nurses, pharmacists and other helpers) aims to provide accessible medical care, counselling and practical support to foreign workers. Those who cannot afford the nominal clinic

fee (imposed so that they would not have the idea that we are providing sub-standard care) have their charges waived. In the past three years, the clinic has seen thousands of needy workers requiring medical attention, and has even seen Chinese migrant workers who heard about the clinic from friends.

It is not uncommon to see workers coming into the clinic after 'nursing' their medical conditions during the week. Many of them report sick only on the weekend as stopping work during the week means a stoppage of wages. This is one clinic where you will find patients rejecting MCs.

Simple things like expediting appointments for them for a specialist opinion, raising funds for an operation, and just being there in their time of need mean much to them. On a typical day, you would find ex-patients often just dropping by the clinic for a chat.

### GIVING BACK WHAT WE RECEIVE

A friend of mine, a fellow doctor in fact, ran out of quarters recently while she was travelling overseas. She was desperate to make an urgent phone call, and this was late at night. She had a five-dollar bill, with which she approached a stranger, a big burly African-American, for change. Unhesitatingly, he dished out all the quarters he had in his wallet and declined to accept the five-dollar bill. He said, "Don't worry, the next time it could be me needing this."

As Singaporeans, it is difficult for us to really understand what these migrant workers go through. After all, most of us never had to worry about the things they have to worry about from day to day. But we all need to start treating migrant workers differently, and our attitudes have to change. As doctors, myself included – it is so easy to be swamped by work – we all need to practise medicine with 'karunya' (compassion) again. Start building bridges – they too have hopes, feelings, aspirations and families – the next time you meet them. Maybe you could try talking to them.

The clinic, interestingly, has regular 'teh' and 'makan' sessions for our patients and visitors, and the last one we had was during Deepavali. This year we are going to have a Christmas 'makan' again with some good 'ol Christmas carols (in Tamil of course). I am looking forward to that.

"To us all towns are one, all men our kin."

– Tamil Poem in Purananuru, circa 500 B.C ■

