

My LIA at HealthServe: Facing Healthcare and Humanity



Picture of the clinic from the garden

I could feel the internal heat rushing to my cheeks, only mirroring what I was already feeling externally with my clothes sticking to me in the humid air. I felt wholly inadequate, unable to speak better Chinese to aid the frustrated patient standing in front of me. It is a vivid moment that has marked my memory and is one which encapsulates my personal takeaways from my time at HealthServe this summer.

From July to August 2025, I had the privilege of working at HealthServe's community and dental clinic in Geylang, an area traditionally known as the "red light district" of Singapore. The organisation aims to serve the migrant and foreign domestic workers of Singapore as well as the surrounding community, and depends entirely on volunteers to carry out the clinic work. My first day of work consisted of a full-day free Sunday clinic dedicated to health screenings for live-in helpers. We screened over 65 patients for their blood pressure, height, weight, blood glucose levels, and general concerns, triaging for high risk patients. They then proceeded to consultations and more in-depth care. This first experience helped me rapidly adapt to the working environment and simultaneously introduced me to the average health profile of this particular group of patients. The majority presented with obesity, diabetes, or cardiovascular issues, pushing me to reflect on the social determinants of health, how ethnicity and environment influence physical condition.

While the first day gave me a grasp of the clinic workings, I was faced with a new learning curve when I had to help with registration of patients. This involves more verbal communication to understand their conditions. Most domestic helpers can understand and speak English, but for migrant workers, this is less so. I had to make do with gesturing and pointing, to sometimes chaotic effect – my bungled miming once ended with a patient pulling down his pants in the waiting area to show me what was wrong. Although I have been acquainted with the significance of language barriers before, in previous work placements in local hospitals, this experience hit me more deeply. Perhaps it was because instead of being an observer, I was suddenly the direct communicator with someone whose language I could not speak. Being in this

position made me feel the weight of the responsibility. Even if I could identify conditions or had some idea of what the patient needed, could I walk away feeling I contributed to the best care? After all, frustration in the first point at registration can influence one's entire time at the clinic, before getting to the consultation with the doctor.



The waiting area

I found comfort in that many migrant workers came from South Asia, and therefore I did not “look” like I should know the language, being of East Asian descent. Nonetheless, when eventually I did have to interact with a worker from China and try to read what was on his phone – he looked visibly confused at my inability to speak the language – it did spark in me a desire that at some point in my life, I should try to learn conversational Mandarin. My grandmother who immigrated from Taiwan to the U.S. had discouraged Mandarin, wanting us to speak English and assimilate into American culture. My mother's side, being Peranakan Chinese, spoke Baba Malay at home. So even though I tend to fall back on the excuse that my family does not speak it, it is now a life goal of mine to learn this language which is of growing importance globally.

Walking in the surrounding area of Geylang exposed me to a side of Singapore that is quite different from the more promoted areas. In my first week, I distinctly remember walking to a bus stop late at night, going down a road of brothels where people were also dealing drugs, an action which is punishable by death in Singapore. While I did feel slightly unsettled, I found it interesting to see. In every city, there will always be pockets which contrast any polished image given to visitors. And myself being a New Yorker, I found it to provide a more complete, albeit complex, picture of real urban life.

I felt the happiest when packing medications. Reading prescriptions and recognising words, clarithromycin, ciprofloxacin, insulin, losartan, ramipril, loperamide, felt like a safety blanket. It helped me solidify my basic medical knowledge, to find assurance when I could piece together, “yes! The patient is on ramipril and metformin, he likely has type 2 diabetes and potential kidney and heart conditions... metabolic syndrome. This also explains why he has a dry cough.” And when I came to read the notes, my ideas were confirmed. In addition, as I am deaf in one ear, working in the back surrounded by boxes (all donated medications) eased the stress of trying to make sure I heard everything correctly. Yet recognising that I was in my comfort zone served a poignant reminder of the tension I often feel when I push myself beyond it. There still remains a part of me that desires retreat to the safe and familiar, even when I know growth actually mainly lies in the opposite.

The encounter which particularly stays with me, however, involved a migrant worker who had travelled across the island with the help of two friends after suffering a severe foot injury. It was my last day and near our closing time at night. His foot had been crushed by a cement block with rebar only days before, and it

was now not only fractured and swollen but also infected. To make matters worse, the construction company had fired him the day of the accident, meaning he was unable to obtain proper medical help and also did not have any food vouchers. With his work permit revoked, he needed to now apply for a Special Pass to allow him to remain in the country while unemployed. This application costs S\$100 (~\$78 or £57) and proved a heavy burden.

While initially shocking to see upfront, this situation unfortunately reflected systemic issues I had anticipated. I would learn in the following days that this is a common practice: many migrant workers face dismissal for minor or alleged infractions as a mechanism for companies to avoid responsibilities. Furthermore, there exists a loophole, in which companies sponsor workers for their permit, but the permit is not for construction work. Therefore, the claim can stand that the worker was on-site illegally. It became obvious when interacting with such patients that employers were exploiting the language barrier. There were far too many “misunderstandings”.

Coming more clearly face to face with the realities of not just healthcare but also the social nature of the world we inhabit reinforced an opinion I had developed prior to this experience. The vulnerabilities faced by these workers are structural, and pro bono services remain essential to filling critical gaps. Witnessing these challenges firsthand was sobering but motivating. Small-scale volunteer efforts can tangibly improve the lives of patients who otherwise have no alternative avenues for care. It is now another life goal of mine to continue this train as I progress in my career.

I am happy to say that in my last week I also assisted with the SG60 Tribute Luncheon for Migrant Workers. We gave out medallions and played fun games. President Tharman of Singapore also came, which was a highlight. It felt heartwarming to get to recognise all the individuals who have really built Singapore to what it is today.

Ultimately, my time with HealthServe has shaped my understanding of healthcare as not only a clinical practice but also a social responsibility. I've emerged with two life goals: 1) to learn conversational Mandarin and 2) to continue volunteering alongside my medical studies and eventually to take on pro bono work. I suspect the former will be the more difficult goal. I have high respect for all the patients and fellow volunteers with whom I crossed paths, and I am so grateful to have met them. I am humbled by their resilience and intelligence, and they have made a strong impression on the way I hope to approach both medicine and service in the years to come.



The team