CHAPTER 8

Into The Crucible

"Lionel, I need your help!"

It was 9:00am on Saturday, 11 April 2020, when my phone flashed "unknown caller". Thinking it was an unsolicited sales call, I was about to launch into an anti-telemarketing barrage when I was greeted by the most polite voice. It was SGH CEO Kenneth Kwek. There was no way I would refuse him. The situation was dire. My life was going to change abruptly.

LIONEL CHENG
Senior Consultant,
Department of Diagnostic Radiology

The COVID-19 situation in the migrant worker dormitories[1] was getting out of control, and a national response had been mobilised. An inter-ministry Joint Task Force (Assurance) [JTF(A)] was being put together. Lionel would be SingHealth's alternate point-of-contact (POC), assisting medical administrator Edwin Low[2] as the lead POC.

Singapore had just announced a Circuit Breaker[3] a few days before, on 7 April 2020, as the nation recorded a daily high of 120 new cases. As community cases rose, an outbreak likened to relentlessly exploding land mines was taking place in many densely packed migrant worker dormitories that dotted the country. Cases first started in Pulau Punggol Timor Lodge 1B (subsequently dubbed "S11@Punggol"), a huge dormitory on a reclaimed island along the north-eastern edge of Singapore.

Even as SGH struggled to ride the whirlwinds of change in the hospital, we now had to respond to the nation's call to provide medical support outside our four walls. The summons for us to get out of our comfort zone and help manage the increasing eruptions in the dormitories was unprecedented, but a crucial plank of the whole-of-nation response.

Within hours of activation, our tasks – in broad strokes – reached us from the upper echelons of the nascent JTF(A). SingHealth would be the primary healthcare provider for an estimated 98,000 migrant workers living in 15 purpose-built dormitories (PBDs)[4]. SGH Campus[5] would take care of

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[1] In 2020, 54,505 out of the 58,320 infections were migrant workers living in dormitories, according to a Ministry of Manpower press release dated 14 December 2020.

[2] Dr Edwin Low, Director, Programme Development, SingHealth Office of Regional Health.

[3] The Circuit Breaker from 7 April 2020 to 1 June 2020 was the term used for Singapore's partial lockdown.

[4] There were several types of migrant worker dormitories in Singapore. These included large Purpose-Built Dormitories (PBDs) which could house several thousand workers, mid-sized Factory Converted Dormitories (FCDs) for up to a few hundred workers, and small Construction Temporary Quarters (CTQs) at worksites. The external operations mounted by SGH focused on PBDs.

[5] SingHealth operates out of four campuses. SGH is co-located with four national specialty centres – National Cancer Centre Singapore, National Dental Centre Singapore, National Heart Centre Singapore, and Singapore National Eye Centre. For the purposes of external operations, the National Neuroscience Institute (NNI), which runs the Departments of Neurology and Neurosurgery in SGH, also contributed to SGH Campus efforts.

eight dormitories as well as support swab isolation facilities (SIFs) – hotels converted to isolation compounds for patients awaiting the results of a swab test – and deploy mobile swab teams. By virtue of size, SGH Campus would be expected to contribute a significant proportion of personnel and resources.

Sunday, 12 April 2020: the first foray

The next day, staff from four SGH Campus institutions – the National Cancer Centre Singapore (NCCS), the National Dental Centre Singapore (NDCS), the Singapore National Eye Centre (SNEC) and SGH – mounted their first swab operations outside of the hospital, assisted by personnel from the Singapore Armed Forces (SAF). The mission was to start testing about 20,000 seemingly healthy migrant workers so that they could be quickly cleared to carry on working in essential services. These workers were being extracted from their dormitories across Singapore and moved to 21 blocks of disused public flats at Redhill, barely two kilometres from SGH.

Staff of SGH Campus carried out its very first mobile swab operation at Redhill on 12 April 2020.

SWABBING THOUSANDS

At that time, we thought it was a one-off thing for the migrant workers. We knew it was going to be a large number but didn't know how it would unfold. The largest number swabbed at a single time then was just a few hundred.

That Easter Sunday morning, while walking to the Redhill site, I saw cranes lifting mattresses through the windows of the empty HDB flats. These workers had been relocated at short notice. There was apprehension all around.

The SAF had set up a tent for us. They were registering the workers for us, getting them ready to be tested. All we had to do was swab and label the specimens, and send them off to the lab.

It was a colossal operation, and the choke point was at registration, which was done manually. Each swab took just a few minutes. After the swab, there were again long queues, this time to collect care packs containing SIM cards. So, the SAF had to deploy manpower over there too – they were running all over the place.

Thanks to NDCS, 40 dentists and nurses came to our aid, and we managed more than 1,500 swabs over six hours that day. That record became the benchmark.

In the midst of the sweltering heat as the swabbers worked outdoors in full personal protective equipment (PPE) – disposable gowns, gloves, N95 masks and goggles – SGH and SingHealth leaders turned up offering support, including a surprise bubble tea treat. CEO Kenneth Kwek gave me $500 cash to buy drinks. After paying for them, I had a few hundred dollars left. "How do I return this to CEO?" I wondered, naively thinking that the swabbing was going to last only a few days.

LIM CHIN SIAH[6]
Consultant,
Department of Emergency Medicine

He led the launch of the mobile swab operations.

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[6] Dr Lim Chin Siah, Consultant, Department of Emergency Medicine, had served in the past with Doctors Without Borders or Médecins Sans Frontières, the international medical humanitarian organisation.

Planning for the outposts – HQ quandaries

The fog of war was pervasive as Edwin and Lionel, both former regulars with the SAF Medical Corps, tried to figure out what exactly was required of them in their new roles. Public healthcare institutions were not configured for such sudden and large-scale mobile operations. Even while they plotted the deployment strategy based on the instructions given, details remained scant. It was not a well-rehearsed deployment like the usual SAF In-Camp Training (ICT)[7] with a reservist unit, and there was no battle-tested model to follow. Lionel reflected on the experience. "We didn't know exactly what we needed to do, but we knew we had to do something soon. We were literally building the boat, sailing and fighting the battle, all at the same time."

Surgeon Puah Ken Lee[8], who was the deputy medical lead at S11@Punggol dormitory, put it in perspective. "This was the closest that most of us would come to an actual humanitarian and disaster relief operation. There were some key differences though. This was not an earthquake in a remote region miles away from home. We could bring the virus back to our loved ones, putting our families and the general community around us at risk. Therefore, what's at stake was not just ourselves, but everyone else we were in contact with."

The team was given 72 hours to deploy the first Mobile Medical Team (MMT) to the workers' dormitories, upon receiving the ops orders[9] on Saturday, 11 April 2020. The next day, after witnessing the mass swabbing operations at Redhill, they developed an initial plan to push out the first wave of

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[7] All male Singaporeans are required to serve full time national service (NS) for two years, after which they return to normal civilian life as operationally-ready NSmen. During this time, they may be recalled for annual refresher training or operations, usually lasting up to two weeks. These annual sessions are referred to as in-camp training.

[8] Dr Puah Ken Lee, Consultant, Department of Orthopaedic Surgery.

[9] "Ops orders" is military lingo for Operations Order, or to the layman, instructions from headquarters for the mission at hand.

the MMTs by Monday, 13 April 2020. This rough and tumble deployment plan was shared during the first online briefing to the hospital leads on Sunday morning, 12 April 2020. Lionel recalled how that first meeting was disrupted by problems with internet bandwidth. "We could barely see and hear each other during that first teleconference with all the SingHealth leads, but somehow the message got through."

DORMITORY	RECCE
Tampines Lodge	Done ✓ SHP team deployed
Homestay Lodge	13 Apr 10:00am ✓ SGH
Avery Lodge	13 Apr 8:00am ✓ SGH
Shaw Lodge	13 Apr 11:00am ✓ KKH
The Leo	13 Apr 2:00pm ✓ SGH
Changi Lodge 2	13 Apr 12:30pm ✓ CGH
Cassia at Penjuru	13 Apr 3:00pm ✓ SGH
Jurong Penjuru 1	13 Apr 5:00pm
SSKBJV Dormitory	14 Apr 8:00am
Central Staff Apartments	14 Apr 10:00am
Brani Residence	14 Apr 12:00pm
Pasir Panjang Residence	14 Apr 2:00pm

This table, modified for publication, was presented on a slide at the first online briefing on 12 April 2020. It showed the scope and urgency of deployment for the external operations.

The initial leads tasked with mounting the SGH Campus response were surgeons Tan Hiang Khoon[10], Tan Mann Hong[11] and Chan Chung Yip[12]. There were difficult online discussions as they grappled with the ever-growing commitment needed from SGH Campus. SGH leadership was very concerned about safety as teams would be entering a hot zone – one very different from the usual sterile hospital environment – with a high risk of exposure to the virus and a markedly increased heat load due to PPE requirements.

Many questions on the mission remained unanswered. What exactly were they supposed to do? How long was the deployment? How much PPE should they don? How would they eat or drink? Was it safe for them to use the toilets?

No one had all the answers or knew all the requirements for starting and running a medical post in the dormitories. JTF(A), too, was developing the protocols on the fly. The SGH leads had to use their judgement, make do with the little information that they had, and improvise along the way. Every decision was part of a Plan-Do-Check-Act (PDCA) cycle that was repeated endlessly. The priority was to keep staff safe, while ensuring mission success. Nurse Janice Yee[13], who served stints in both the mobile swab team and the MMT, echoed everyone's concern. "The key thing on my mind was infection control and ensuring the safety of the team."

Each decision made on the JTF(A) WhatsApp chat group would cascade down through the SingHealth Medical Operations Cell[14] to the SGH leads, resulting in multiple layers of scrambling. Everyone down the line had to react quickly and mobilise additional resources to make things happen.

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[10] Dr Tan Hiang Khoon, Chairman, Division of Surgery & Surgical Oncology, SGH and NCCS.
[11] Dr Tan Mann Hong, Chairman, Division of Musculoskeletal Sciences.
[12] Dr Chan Chung Yip, Head and Senior Consultant, Department of Hepato-pancreato-biliary and Transplant Surgery.
[13] Janice Yee, Senior Enrolled Nurse, Specialist Outpatient Clinics.
[14] The SingHealth Medical Operations Cell was the group responsible for processing instructions and policies from JTF(A), and then reframing and distributing the tasks across all SingHealth teams at various locations. It was staffed by personnel from multiple SingHealth institutions.

Just do it

> It was late afternoon on Easter Sunday when I was alerted. We needed to supply one Pharmacy Technician per MMT and we could be looking at deploying six MMTs progressively starting from Monday. We had to get the medications packed... all to be ready in less than 24 hours!
>
> Lee Soo Boon, Deputy Director, Pharmacy

The Pharmacy team quickly modified the medication list developed for the Fever Screening Area[15] already operating in SGH. They also had to check out the deployment sites to set up a proper workflow – including infection control, proper drug storage out of direct sunlight, as well as a secure area to store and lock the medications overnight.

The Operations team from SGH outpatient clinics was asked to provide the logistical support for the MMTs. Manager Poonam Vas Dec Bajaj[16] recounted. "Within hours, consumables poured in quickly with help from our colleagues in the store. The Pharmacy team came in lightning fast with medications for 200 patients. Medical equipment was pulled from locations across SGH. We moved mountains and made it happen. Details were scarce but the task was urgent."

Her colleague Christina Tan[17] had to configure the teams quickly. "I had to activate four teams of six admin staff each to be deployed by the next morning. Are they mask-fitted? What languages do they speak? As the MMTs would operate seven days a week, I could not pick people from the same work area. By the time I was done, it was almost midnight. And by 7:00am, I was at the MMT logistics base at Bowyer Block to meet and brief the staff."

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[15] For more details of the Fever Screening Area, see Chapters 1 and 4.
[16] Poonam Vas Dec Bajaj, Senior Manager, Specialist Outpatient Clinics – Operations.
[17] Christina Tan, Senior Operations Executive, Specialist Outpatient Clinics – Operations.

Tuesday, 14 April 2020: entering the trenches

In the end, deployment to the dormitories was pushed back by a day to enable careful reconnaissance of the actual locations. Tuesday morning, 14 April 2020, came, and the first MMTs set out into unknown territory. They went to four dormitories – Avery Lodge, Cassia@Penjuru, Homestay Lodge and The Leo. Lionel remarked. "The immense courage these initial teams displayed, diving straight into the mayhem, cannot be overstated."

Nurse Vir Kaur Gill[18], a SARS veteran, was deployed without notice to one of the dormitories. "Early on Tuesday morning, I received a call to report for a short briefing and the next minute I was in scrubs ready to head to the dormitories. I did not bring my toiletries nor a change of clothes, but I made do with what I had."

Forming the MMTs for the dormitory deployments was no mean feat. The teams had to be self-sufficient for manpower resources and logistics, and learn to perform the oral and nasal swabs proficiently. Doctors, nurses, pharmacists, pharmacy technicians, allied health professionals and administrative support members were extracted from tertiary sub-specialised hospital environments and parachuted into austere conditions at the dormitories.

Buses in formation outside Bowyer Block ready to ferry staff to the dormitories. A staff member commented that they looked like armoured vehicles at the start of military operations.

[18] Vir Kaur Gill, Nurse Clinician, Specialist Outpatient Clinics – Operations.

BASE CAMP

Everybody ran on pure adrenaline in the initial days. Although the MMTs did not have to operate overnight, they had to maintain full day (morning till evening) operations seven days a week. This meant an early arrival at SGH Campus to get ready. The SGH LIFE centre was converted to a central logistics and coordination headquarters for the medical teams. Each morning, the teams would gather here to change into scrubs, top-up medical equipment and supplies, and have a final briefing before heading off to their respective dormitories. After their mission in the dormitories, they would return to SGH to wash up and have the daily debrief before departing for home.

SGH Campus teams at their morning briefing.

The bustle of activity inside the logistics base at Bowyer Block where MMTs stocked up supplies and got things ready for the day.

Dedicated areas were marked out for each MMT, allowing them to customise the supplies they needed for the day. These would then be loaded onto buses which brought the teams to the respective dormitories.

Thursday, 23 April 2020: another front opens

A week after scrambling to launch the external deployment on 12 April 2020, SGH received an ops order to set up a hotel Swab Isolation Facility (SIF)[19]. These hotel SIFs would have substantial capacity to isolate people awaiting swab results – they had plenty of single rooms with en suite toilets. The first assignment was the nation's largest SIF – the 790-room Village Hotel@Sentosa. On 23 April 2020, this SIF took in its first patients.

A few days later, the SGH team was also given command of the 400-room Concorde Hotel. It became the second SIF that was operationalised, on 1 May 2020.

> It felt like we were walking into our new role with blinders on, full of questions about the whole operation.
>
> Karen Shiu, Senior Manager, Specialist Outpatient Clinic – Operations
> *She was deployed to the SIF at Concorde Hotel.*

The enormous carpark of Village Hotel@Sentosa was converted into a mobile clinic. This 790-room facility managed by the SGH Campus team was the largest SIF in the national response plan.

[19] Workers who were swabbed by dormitory medical teams were sent to SIFs to await their swab results. Each dormitory had a small SIF on site usually with communal toilet facilities. The hotel SIFs had substantially greater holding capacity, and also en suite toilets for each room which were more suited for isolation purposes.

Every day, migrant workers would arrive by the busload. They needed quick assessment and processing before being sent to their rooms for isolation.

Nurse Choo Xiu Hui[20], with both to MMT and SIF Sentosa experience, said reflectively. "There was no established protocol on how an SIF should be run. We initially donned PPE and went room by room, checking on the migrant workers. Patient screening was subsequently conducted in the SIF carpark which had better ventilation. This change also allowed migrant workers to leave the confines of their room, especially those who had been there for weeks. It was heart-wrenching to see some of them break down. The pandemic had robbed them of their livelihood and freedom."

Screening of patients in the carpark of one of the Swab Isolation Facilities allowed migrant workers a reprieve from the isolation of their hotel rooms.

[20] Choo Xiu Hui, Senior Staff Nurse, Operating Theatres.

May 2020: pulled from all sides

By May 2020, SGH Campus was sending teams out seven days a week to eight PBDs and two SIFs, in addition to running dedicated mobile mass swabbing and phlebotomy operations[21] at various locations.

"The virus is the real enemy". This was the mantra that Ken Lee repeated often, sometimes aloud, sometimes silently, whenever the team was pulled in different directions. There were multiple reporting lines. Besides that, there was also a lot by way of instruction and advice from well-meaning seniors exercising domain expertise. Sometimes instructions were given directly to ground staff – Ken Lee and other team leads found themselves having to integrate it all and rationalising plans on a daily basis. To top things off, policies and processes were becoming increasingly complicated. The management of suspect and confirmed cases changed frequently, resulting in confusion on the ground.

This was exacerbated by the fact that multiple teams from different agencies [hospitals, Ministry of Manpower (MOM), Home Team[22], SAF, and dormitory operators] had to coexist and coordinate their activities. Many helping hands could easily become many hampering hands if there was no alignment with the mission's objectives. A great deal of time was spent working out new protocols and workflows, and communicating these to all the different entities at the dormitories. It was a daily challenge to bridge the desired policy goals of JTF(A) with the ground realities faced by the MMTs in the PBDs and SIFs.

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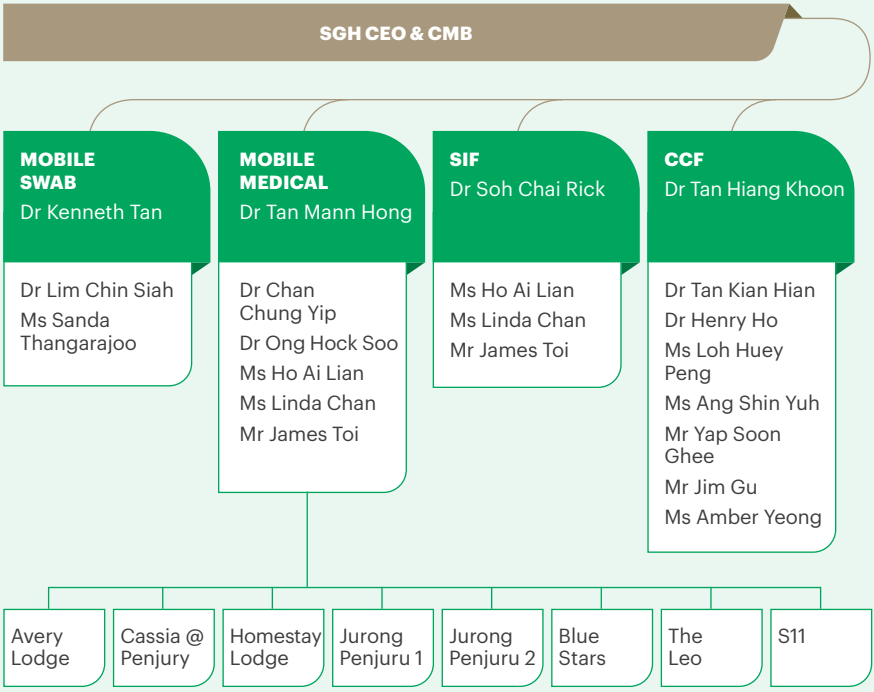
[21] To find out more about the phlebotomy operations, see Chapter 9.

[22] The Home Team refers to the agencies under the Ministry of Home Affairs, such as the Police, the Singapore Civil Defence Force etc.

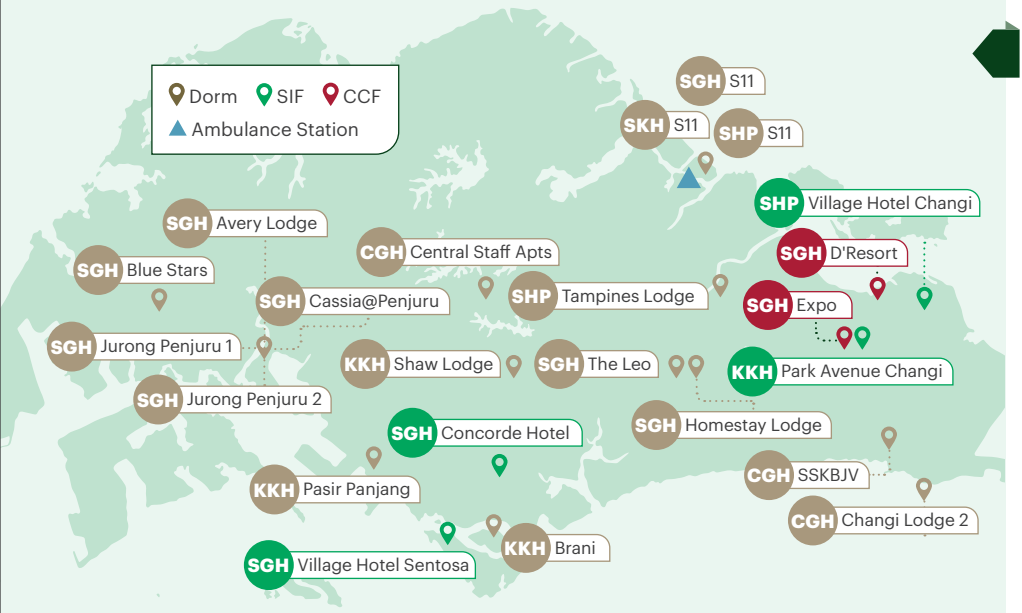
SGH CAMPUS EXTERNAL MEDICAL DEPLOYMENT COMMAND STRUCTURE

The SingHealth Medical Operations Cell would receive and process instructions from JTF(A). These would then be distributed across the different SingHealth teams. Within each institution, the respective leads had to then respond and deploy staff accordingly. The command structure for external operations in SGH as of early May 2020 is depicted in the chart below.



At the height of external operations, SGH Campus ran MMTs at eight PBDs, two SIFs and the Community Care Facility (CCF)[23] at Singapore Expo and D'Resort.

[23] CCFs were used to isolate those who tested positive for COVID-19 and were generally well but required monitoring. For more details on the deployment at the CCF at Singapore Expo, see Chapter 9.



Map showing the distribution of all dormitories, SIFs and CCF under SingHealth for the external COVID-19 operations in 2020.

SingHealth Medical Operations Cell members from SingHealth HQ, NNI, NHCS, SNEC, SGH and SAF at the Academia building on SGH Campus on 27 April 2020. This was the only time during the entire operations that the Ops cell met as a full group. Due to COVID-19 restrictions, operations were mostly run in a decentralised manner supplemented by online meetings and group discussions.

The real risks

SGH Campus teams deployed for external operations faced austere, even harsh, conditions. Working in makeshift shelters such as tents, open spaces and parking lots, they alternately submitted to intense heat and torrential rain.

The fact that all this was a reality and not an exercise weighed heavily on the minds of the two doctor leads at S11@Punggol, Puah Ken Lee and Pang Hee Nee[24]. Medical staff normally worked in a controlled hospital environment, and many do not usually wear PPE. So working in full PPE in field conditions was a significant heat load. To acclimatise, Ken Lee himself went for runs with an N95 mask before deployment. Nurse Wayne Toh[25], who was deployed in the MMT at S11 deadpanned, "I wasn't trained to do this in nursing school."

Recognising heat injury as a major risk for our frontline staff, the SingHealth Medical Operations Cell quickly arranged for fans, cooling units and refrigerators to be deployed at our medical posts.

The Medical Mobile Teams had to adapt to working under conditions very different from the hospital.

[24] Dr Pang Hee Nee, Senior Consultant, Department of Orthopaedic Surgery.
[25] Wayne Toh, Senior Staff Nurse, Radiology.

Strict infection control rules were also not easy to remember, especially if there was an emergency. Nurse Goh Rui Hao[26] was among the first wave of volunteers at Avery Lodge. When a worker had an epileptic attack at the dormitory dumpster, he rushed to his aid without his face shield. It was frightening because he was now potentially exposed to a person of unknown virological status.

> I only realised that I was without my face shield when I saw the patient foaming at the mouth. Why was my vision so clear? Luckily, I had my N95 mask and hair net on.
>
> As a Neurology nurse, I was trained to respond as fast as possible.
>
> After this, I learnt to slow down, go through the steps to check my PPE first.
>
> Goh Rui Hao, Senior Staff Nurse, Ward 74

SGH teams did not always have members who were fluent in the native language of the migrant workers, adding to the challenges of communicating through N95 masks and face shields. To better engage with the migrant workers, SGH worked with non-governmental organisations that supported migrant workers (such as HealthServe), and also brought in staff fluent in the workers' native languages. The teams did their best to update the workers with information, and assist those who needed help.

[26] Goh Rui Hao, Senior Staff Nurse, Resident Nurse, Ward 74.

Beyond the risk of infection, the situation in the dormitories was also tense. The migrant workers were fearful of the unknown disease, and worried about the well-being of their families back home. They had come to Singapore to support their loved ones, but now their future was in limbo. Many saw friends coming down with COVID-19, evacuated to hospital and not heard from again. Rumours were rife and fake news rapidly spread via social media. Their movements in the dormitories were restricted, with uniformed personnel on site.

It was necessary to plan for public disorder, to keep the MMTs safe. SGH did this by working closely with the dormitory operators, as well as officers from the SAF, Police and MOM, all of which had also stationed staff in the dormitories.

The dormitories were a literal melting pot of tension, heat, misinformation and chaos – such was the workplace of the many deployed medical staff as Singapore weathered the darkest months of the pandemic.

UNEXPECTED NIGHT ENTRY INTO THE HOT ZONE

About one or two weeks into our deployment at S11@Punggol, I received a call at 9:00pm from Lawrence, the dormitory manager. "The situation is tense. The workers insist on speaking to a doctor to understand what is going on."

I was worried for my own safety, but I thought I could help. I was also fairly confident of Lawrence's security arrangements. When I got there, about 40 to 50 workers were gathered in an open area within the security perimeter which the MMT was not allowed to cross. I passed through the gantry and walked up to them.

They needed reassurance, a listening ear, and wanted to know what would happen next. As I explained through a translator, their mood improved immediately. I realised this is what we should be doing – communicating regularly to let them know what was happening.

PANG HEE NEE
Senior Consultant,
Department of Orthopaedic Surgery

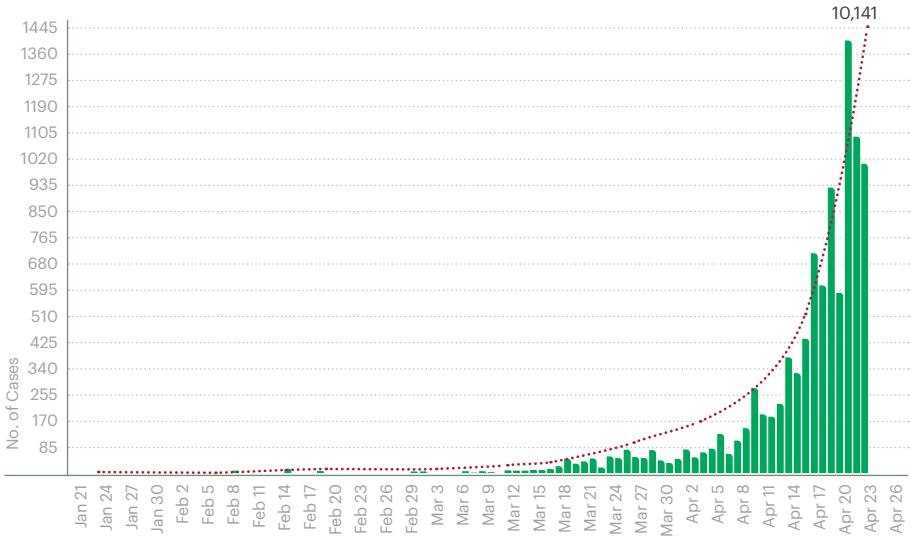
He was the medical lead for the dormitory.

Worries in the storm

> It was like a tsunami in slow motion. We were going to be overwhelmed, and there was nothing we could do to stop the onslaught.
>
> Lionel Cheng, Senior Consultant, Department of Diagnostic Radiology

SGH teams had no idea of the expected caseload in the dormitories. At a national level, we were still on the steep ascent of the epidemic curve. Within the first few days of deployment, it was clear that the odds were stacked against the medical operations. The number of COVID-19 cases in Singapore was rising inexorably each day. On 20 April 2020, barely a week after the deployment started, Singapore saw a record of 1,426 positive cases in a single day. Of these, 1,371 cases were from the migrant worker dormitories which were covered by SingHealth. The volcano had erupted, and the lava was flowing towards us, relentlessly. SGH could be overrun

THE NATIONAL EPIDEMIOLOGY CURVE AT THE TIME WHEN THE MEDICAL TEAMS WERE DEPLOYED TO THE DORMITORIES IN EARLY APRIL 2020



The line curve represents the cumulative cases, while the bar chart represents the daily cases.

Source: MOH. 22 April 2020 Daily Report on COVID-19. Available at: https://www.moh.gov.sg/docs/librariesprovider5/2019-ncov/20200422_daily_report_on_covid-1901de85a8cb014d17868e15630c800a76.pdf

with COVID-19 cases in the coming weeks, flooding the ICUs[27]. The teams were deployed to protect the hospitals and form a first line of defence. But it looked like they were going to fail in their mission.

Physician Gan Wee Hoe[28] was seconded from SGH to lead the MOH Policy and Liaison Team at JTF(A) from early April 2020. "We were constantly caught between a rock and a hard place. COVID-19 cases in the dormitories were growing exponentially. However, hospitals could not decant patients fast enough to admit new infected workers. Every Emergency Department (ED) was swamped and newly-diagnosed workers took several days to be transferred to the EDs. Everyone was extremely concerned about the rapid build-up of cases in the dormitories. The urgent need to coordinate hospital transfer, ambulance assets, and plan for in-situ quarantine facilities in dormitory premises were among a million and one tasks we needed to do."

The isolation facilities inside the dormitories ranged from rooms with a few beds to entire buildings for 1,000 people. Monitoring was a key challenge as the teams were not allowed to enter the workers' living quarters. So, they depended on declarations of symptoms and clinical parameters

Operating seven days a week, the Mobile Medical Teams not only attended to COVID-19 patients, they also provided primary care to the dormitory residents.

[27] In the initial days of the outbreak, it was unclear how many cases would need ICU care. If 5% of cases required ICU care and the caseload averaged 1,000 new cases per day, there would be 50 new ICU cases per day. This would rapidly overwhelm national ICU capacity.

[28] Dr Gan Wee Hoe, Head and Senior Consultant, Department of Occupational and Environmental Medicine.

collected by volunteer laymen daily. Any patient needing review had to be brought to the medical team. There were no ward rounds. Everyone knew that in COVID-19, those who deteriorated did so in the second week of illness. Picking up those who were going to deteriorate was a matter of life and death.

In dormitories with a high prevalence of COVID-19, workers presenting with new respiratory tract symptoms were presumed positive without a swab, due to limited testing capacity. They were to be grouped together with previously swab-proven COVID-19 cases. However, such workers diagnosed without a swab were frightened of mixing with confirmed positive cases. Could the medical teams compel such patients to follow protocol based on epidemiological likelihood? Or should they send such newly symptomatic workers back to their dorm rooms and risk infecting other room-mates who were still asymptomatic? This was one of the many ethical dilemmas that the MMTs faced on a daily basis. Such cases had to be dealt with delicately, in consultation with the SingHealth Medical Operations Cell, taking dormitory-specific limitations into account. The solutions were often not ideal, but this was the best that could be done in the challenging circumstances.

Movement restrictions meant that the workers were cut-off from their usual healthcare providers. Over time, this meant that pre-existing chronic medical conditions had to be managed as well. Now, the MMTs also had to deal with problems like epilepsy, hypertension, endocrine disorders, and even malignancies, over and above acute respiratory illnesses. This greatly increased the demands on each medical team. Surgeon Wong Ting Hway[29] observed that the migrant workers required more than just medical attention. “They were seeing us because they had missed their hospital specialist appointments. Some had minor surgical wounds that had already healed and did not need more attention. Even with the reassurance, they were disappointed that they could not go for their specialist clinic appointments in the various hospitals. Clearly, cabin fever was getting to everyone.”

[29] Dr Wong Ting Hway, Senior Consultant, Department of General Surgery.

FINDING THE SOURCE OF THE PROBLEM

During each consultation, I tried to exchange pleasantries for a few moments. It helped that I knew a few courtesy phrases in Bengali and Hindi. Workers from Andhra Pradesh would brighten when I mentioned that I had watched Baahubali, a movie from their state that had broken box office records across India. One said he had just re-watched it for, maybe the hundredth time, on his phone the day before. Another cracked a joke about the good-looking leads. Hopefully, my N95 mask did not slip when I laughed.

A patient came with a thick sheaf of laboratory results and discharge summaries from two Emergency Department visits, made within the last few weeks. Everything was normal. My colleague said he had seen him just a few days ago. His chief complaint was always of chest pain.

I was halfway through explaining to him that all the results were normal when I caught sight of a poster on the wall, with a phone number for a multilingual counselling hotline.

"Is it stress?"

He half-nodded. We persuaded him to call during the hotline hours.

He was back the following day. He said that when he called, he was asked to see us again. There was no referral note, and he could not tell us why.

I paused. My first thought was that the counsellor had trouble getting through to him; this was telephone counselling after all, where counsellors could not see their patients.

Then, it dawned on me – we had no excuse, he was right here, in front of us.

Mindful of the tendency to speak loudly with the N95 mask on, I lowered my voice, leaned closer so that he could hear me, and asked him – gently, I hoped – if he felt sad. His lips quivered and he looked down at his feet.

That was when he mumbled something about not being able to live anymore.

We called for an ambulance. He was sent to the nearest restructured hospital. I reached out to my friend Michael, the head of psychiatry at the hospital, hoping the worker was alright. "I am sure my team will take care of him, don't worry!"

My friend explained he had not been to hospital for weeks. "When the pandemic began, I mobilised my department, rostered to cover one dormitory."

"For the mental health needs?" I asked.

"Eh, we psychiatrists still remember our general medicine too!"

WONG TING HWAY
Senior Consultant,
Department of General Surgery

How close is the light?

After the initial operation at Redhill, the swab teams were deployed every day, rain or shine[30]. Rapid reconnaissance was done for unfamiliar sites, and the teams adapted to different conditions, ranging from dormitories to hotels corridors and even parking lots. The unrelenting pace and constant changes in deployment plans were both physically and mentally draining for all involved.

> We thought the swab operations at Redhill were a once-off event. But now, it was going on non-stop, with no end in sight.
>
> Lim Chin Siah, Consultant, Department of Emergency Medicine

After the initial operation at Redhill, the Mobile Swab Teams were sent to other locations.

[30]To understand the role of the Mobile Swab Teams, see Chapter 9.

At the SIFs, migrant workers continued to stream in, busload after busload. The protocol stated that the workers would be moved out from these SIFs after their COVID-19 status was confirmed. But resource constraints resulted in many workers having extended stays in five-star hotels, isolated in single rooms[31] with hardly any contact with other people. Administrator Olivia Jakarias[32] felt for them. "Many of the workers were isolated in their five-star cages for extended periods, some for as long as 70 days. They were alone, without any physical interaction with the community. We witnessed many strong, grown men break down due to anxiety and frustration. They didn't know what was happening, where they were being moved to next, what would happen to them, to their health, their job, their fate in Singapore."

News reports[33] of the death of foreign workers with COVID-19 reverberated amongst the staff on the ground. As COVID-19 cases increased in the dormitories, a parallel mental health crisis was infiltrating stealthily into the world of the migrant workers. Quarantine and isolation measures were extended repeatedly with no end in sight. The tension was growing, and people were getting frustrated. The psychological strain was becoming evident to the medical teams, through medical consultations and the behaviour of the migrant workers.

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[31] In their dormitories, workers lived communally, sometimes 16 to a room.

[32] Olivia Jakarias, Manager, Patient Liaison Service.

[33] Manas Sharma, Simon Scarr. (2020, May 22) How migrant worker outbreaks supercharged coronavirus spread in Singapore. Retrieved from https://www.reuters.com/article/us-health-coronavirus-singapore-clusters-idUSKBN22Y29U

Michael Yong. (2020, May 12) Man dies of heart attack caused by blood clot; confirmed to have COVID-19 after death. Retrieved from https://www.channelnewsasia.com/news/singapore/covid-19-death-blood-clot-indian-national-12722510

"We won't be stuck here forever, will we?"

SGH STAFF
MEMBER OF A MOBILE MEDICAL TEAM

Like the migrant workers, the staff too could not see the light at the end of the tunnel.