



# Health and social welfare of expatriates in Southeast Asia



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**Summary** Since the end of the Vietnam War and increasing tourism to Asia, there has been ongoing reverse migration of Westerners to Southeast Asia. Some, but not all, have pensions and modest assets. Some acquire a locals spouse and raise a second family. Many of those who arrived early are now aging rapidly and are depleting their financial resources. Health problems become socio/economic threats. None of the Asian target countries that attract reverse migrants have adequate health care and social safety nets that are available to them. The usual health care safety nets expected in western countries do not cover their nationals in a foreign country. This essay discusses these problems as seen from the perspective of two practicing physicians in Southeast Asia.

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The explosion of adventure tourism, the search for lower living costs in warm climates and the aging of Viet Nam War veterans with a taste for life in Southeast Asia, created new ongoing social and medical problems. A significant number of these foreigners retire in Thailand, the Philippines and, increasingly, also in Malaysia, Indonesia, Viet Nam and Cambodia. Many, but not all, have pensions or some means to sustain them. Others obtain poorly paid language teaching jobs which are temporary at best. A very few establish new careers, learn the languages and integrated into the local middle class population by becoming legal residents. Naturalization is difficult but not completely

unknown. Many western migrants acquire local wives and children, and burn most bridges to their former homes, friends and family.

The 2006 Thai Census listed 20,000 westerners as living in Thailand, yet a total of 98,000 were reported by their embassies (see Table 1). For US citizens, the Thai census listed 5200 but the US Embassy estimated between 10 and 14,000 Americans were present in Thailand [1]. This indicates that there are many who do not have legal status but rely on maintaining their tourist status by frequent "new visa runs" to neighboring countries. A significant number are outright illegal migrants, at risk of confinement in an immigration jail, deportation and blackmail. For UK citizens, the numbers were 2300 by Thai census and 21,000 by their embassy in 2006. The median age of expatriates living in Thailand is 43 years with over 90 percent being

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**Table 1** Official statistics and estimates of numbers of selected foreign nationals in Thailand. 2009, collected by Robert W Howard <u>[1]</u>.

Country	Tourists	Census	Registered immigration	Embassy estimates
Australia	396,959	1400	750	7000
Canada	107,506	1400	268	8000
Italy	119,639	600	381	
France	252,458	700	968	7679
Germany	449,765	3400	1307	10,000–30,000
Netherland	137,582	900	1079	7000
Russia	118,966			
Sweden	223,031	100	592	400
Switzerland	129,347	2200	614	4166
UK	634,750	2300	5577	21,338
USA	566,726	5200	2394	10,000–14,000

Note the disparity of numbers from Thai Census of foreigners living in Thailand and foreigners actually registered by the Thai Immigration service. This suggests that the majority may be in Thailand illegally or maintain their stay by “visa runs” to neighboring countries every 3 month.

male. Those that settle down are older. Among reasons that they report for moving to Thailand are: Thai lifestyle (54%), low living costs (42%), Thai women/men (36%), climate (35%), Thai culture (31%), dislike of politics back home (27%), taking up a job (26%) and unspecified (21%). When expatriates were questioned as to what level of acceptance by local citizens they experienced: 39% felt that this was excellent, 47% good and only 2% poor. Interesting answers were gained when asked with whom they mainly socialize: with other expatriates 46%, Thai friends 22%, Thai partner or spouse and their family 6%, mostly the bar scene 6% and unspecified 15% [1]. One could conclude that the majority of such reverse migrants make little effort to integrate into the local society. Social activities are mostly with other expatriates and language skills are minimal at best. Some of those that have married and are raising children do develop meaningful contacts with their wife’s family. This often centers on financial issues which may be perceived as the same burden from which the expatriate had escaped.

Divorce is relatively simple in most of this region except the Philippines, which result in both amicable and very angry separations with financial losses on both sides. Sad stories from elderly expatriates, who had married much younger wives and ended up being relieved of most of their assets, are common. However, one can also hear many tales of interracial marriages with a happy history over decades and success in raising and educating their children. Most common causes of divorce among interracial couples in Southeast Asia are cultural, educational and life experience differences, and an inability to overcome such differences by one or both partners. Also, the involvement of the expatriate with his large new rural extended family, and continuing demands for financial support, tends to destabilize the marriage. All of this is eventually compounded by failing health and depleted financial resources. No official data could be found concerning divorce rates among expatriates in this region, but they are considered much more

common than among local nationals. When children are involved in a divorce, some local courts may hold common property in escrow for the children, thus making it difficult for the husband to recover all of his assets. This is partly the result of married expatriates leaving the country and taking all their assets with them, thus leaving wife and children without means. They are then unlikely to obtain support from a foreign embassy or courts. As most expatriates in Southeast Asia are male, even less is known about women’s fates when health and marriages fail. A foreign wife married into a large Asian family faces many additional problems to those of a man [2,3].

Not much has been written about medical care issues among these adventurous, economic and often escapist reverse migrants. It appears from anecdotal data that only few migrants have made arrangements for sustainable health insurance. A telephone survey of Southeast Asian insurance firms showed that new purchase of health insurance becomes virtually impossible after the age of 70. American military retirees are covered by insurance till age 65 when they become eligible for the US Medicare plan. However, this plan does not normally cover citizens outside the USA. A new much overdue regulation is making an effort to solved part of this problem and does allow some veterans to receive help after age 65 and living or falling ill abroad. However this is only as long as He or She also continue to maintain their US Medicare membership as a deduction on their social security pension check. This new regulation applies mostly to veterans with service-connected disabilities. Detailed information can be obtained from the “Foreign Medical Program (FMP) [g.fmp@champva.denver.va.gov](mailto:g.fmp@champva.denver.va.gov)”. There is a US Veterans Administration office and clinic in the Philippines who can provide very limited services (US Department of Veterans Affairs 1501 Roxas Boulevard, Pasay City, PI 1302).

If the person is a veteran of one of the US military services, they can also obtain medical and nursing home care from any US Veterans Administration (VA Hospital) system, but again this is only available in America. European and Australian expatriates will find the situation much the same when needing help from their governments. American veterans with a disability pension, however, may also be covered for medical care related to their disability when abroad. However, Australia recently terminated disability pension funds to recipients who live abroad. If truly enforced, this is a major disaster for many who have established families in Asia and could not live as well in Australia as they manage to do in some low cost countries abroad. Desire for transfer to one’s original home appears often first when the patient is not acceptable by commercial airliner and can only be repatriated at great cost on an air ambulance.

Few expatriates, who have settled abroad permanently, have considered what to do when they become seriously ill outside their home country. This is also true among many elderly tourists. They may be fully aware that excellent medical care can be readily obtained in several Asian countries, but only if one has insurance or the funds to pay for it. Some fortunate expatriates will experience a sudden uncomplicated and inexpensive death which solves the problem for both subject and their families. For most of us, it will be a slow and expensive event. Most Asian countries

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