

PASSPORT TO HEALTH

Over one million migrants in Thailand migrated without a passport, many without any form of documentation whatsoever. For migrants from Cambodia and Lao PDR, Thailand is a country of labour opportunities where they hope to save some money to return to their countries. For migrants from Burma, Thailand offers not only labour opportunities but also freedom from the oppression of the military regime ruling Burma.

In 2001, the Thai government allowed migrants from Burma, Cambodia and Lao PDR to register for a temporary work permit. 560,000 migrants paid 100US\$ each to get a work permit which included protection under the labour laws and access to the 30 baht universal health care system in Thailand. In some provinces it is clear that this money was also used to subsidise the health care of both registered and unregistered migrants. But in other provinces, migrants without any registration had to pay full costs for health care, and in a few areas, hospitals even refused to admit unregistered migrants. A border hospital told the Nation newspaper (June 8th 2004) that they treated 15,982 foreign migrant patients in 2003 and paid 16.1 million baht in treatment costs. Hospitals in other areas are on the other hand reaping the benefits of treating foreign paying patients in Thailand's bid to become a health tourism centre. In 2003, 630,000 foreign patients were welcomed to Thai hospitals where they generated 19 billion baht in foreign exchange. The dual track health system in Thailand will have to expand quickly in

the coming year in order to encourage more local people to use the universal health care system, provide services to the 800,000 migrant workers expected to register and treat the one million foreign patients expected to come for treatment. The universal health system has been allocated 15-17 billion baht per year, while hospitals on the border receive supplementary funding to support migrant health care from WHO, USAID, IOM and other international donors, and the foreign paying patients are expected to generate 30 billion baht for the Thai health system.

Accessing health care remains difficult for migrants. Working hours are not well regulated and migrants often have no time off to go to the hospital. If the health station is far from the work place, migrants fear being arrested on the way. Once they get to the hospital migrants experience difficulties with language and culture. While the health care for registered migrants is only 30baht, the queues are long and it can take a whole day, thus migrants lose one day's pay.

In Mae Sot, the Mae Tao clinic run by the Magsaysay and Jonathan Mann award winner, Dr Cynthia Maung, offers medical services in the language of migrants for migrants, complementing the services of the local state hospital. In other areas the hospitals must take on this task alone. Outreach public health services in Thailand for HIV, TB, malaria, child vaccinations, dengue fever and family planning have difficulty themselves accessing the migrant population. Migrants live in fear of authorities and so live in hiding. Employers are reluctant to allow officials to see the substandard

conditions in which they force migrants to live and work. Even when public health officials do meet with migrant communities, there is no legal provision to employ migrant health assistants so it is difficult for the public health workers to communicate with the migrants. The migrant population is highly mobile so it is difficult for the public health to follow up on treatment or give courses of vaccines. In 2003 the Royal Thai Government offered ARV treatment under the universal health care system to 50,000 people in Thailand. A handful of migrants have been able to access this ARV treatment, but many challenges remain if access for all is to become a reality. Doctor to patient consultations on the progress of the treatment would require translators, the freedom for the migrants to regularly travel to the hospital and also the guarantee that they would receive the same treatment on return to their countries.

The vast majority of migrant workers in Thailand are from Burma (90%) with the remaining 10% from Cambodia and Lao PDR. Migrants work in nearly all jobs classified as unskilled or semi-skilled. Their work and life is:

- ◆ *dangerous* : seafarers on the high seas in disputed waters, workers on quarries laying dynamite in the mountain-sides;
- ◆ *hazardous*: pesticide sprayers on orchards, factory and construction workers work without any protective equipment or clothing supplied

- ◆ risky :domestic workers and sex workers risk sexual violence, sex workers cannot exercise their right to negotiate safe sex with their clients
- ◆ stressful: migrants live in fear of arrest, extortion, violence, face discrimination and deportation

For migrants from Burma, the fear of deportation is increased by the severe penalties which can be enforced on migrants who left the country illegally and the fear of being given a mandatory HIV test at the holding centre for deported migrants at Myawaddy.

At the current time, July 2004 the Royal Thai government is opening a registration for all migrants who entered the country illegally to register for a temporary residence ID card. The registration is free and all migrants need is to supply details of their address in Thailand and in their home country. The registration offers many advantages both for the migrants and the local authorities although it is a massive undertaking and there are many challenges.

Not all migrants have an address in Thailand as they are often itinerant or live in fields; not all migrants have a home address. They may have fled to Thailand when their home village was forcibly relocated, they may have been trafficked to Thailand over 10 years ago as a young girl and have no idea where their village was. These are the challenges that must be overcome to ensure that all migrants can access health care and exercise their rights.

The Action Network for Migrants (Thailand) is a network of over 10 NGOs and CBOs working with migrant workers from Burma, Cambodia and Lao PDR in North,

Central, Northeast and South of Thailand. Migrant workers in different jobs have different problems and needs regarding their health. In Passport to Health the migrants express their needs and explain what they and their supporters are doing now to address these needs. ***A passport opens the door to safe migration, migrants hope this passport will open the door to good health for them and their families.***

MIGRANT AGRICULTURAL WORKERS

Thailand has developed its agriculture from local production and consumption to a huge export industry employing hundreds of thousands of workers. Thailand is the world's largest producer and exporter of rubber. In the south of Thailand, rubber plantations employ large numbers of migrant workers, Vast mandarin and lynchee orchards cover the North of Thailand around the Fang area. The majority of the workers on these extensive orchards are migrant workers from the Shan State in Burma. Although agricultural work is usually considered as seasonal work, the cost of migrant labour is so cheap that many workers are kept on all year to tend the trees and the area. Fruit pickers receive some of the lowest daily rates of workers, between 50 – 100 baht a day (1 – 2US\$ a day). Migrants who spray the trees with pesticides get paid more, between 100 - 200 baht a day (2 – 4US\$), no protective equipment is supplied and no training is given. Many migrant agricultural workers suffer skin diseases, respiratory problems and conjunctivitis from both spraying the

pesticides and from bathing in the streams where there is the residue of the pesticides. Migrants work from 4am to 10am and then from 3pm to 7 or 10pm.

Living far from any town they are vulnerable to local corruption and pay out small sums regularly to police or local people pretending to be police when they try and travel, including travelling to the hospital. Many of the workers on orchards live as family groups, but only a few of the employers make any arrangements for the children to attend the local schools. Any violence or disputes among the workers are usually settled by the community leaders who are always men.

Average monthly wage Qtr 1, 2004

Agricultural, hunting and forestry (Thai labour):
2,800.97baht (74US\$)

Source: National Statistical Office

Agricultural: (migrant labour) 1,500bht – 4,500 bht
(39US\$ - 118US\$)

Source: SWAN

Migrant Agricultural Workers Requirements for Health

- ❖ Outreach health workers to visit the sites. As the workers are isolated and cannot travel without harassment, agricultural workers are reluctant to visit hospitals unless they are very sick.
- ❖ Trainings on the safe use of pesticides and information about the possible side effects.

- ❖ Supplies of protective clothing, goggles and washing equipment for their clothes.
- ❖ Proper equipment for the safe disposal of pesticide containers and equipment.
- ❖ Regular supplies of contraceptives.
- ❖ Ability to travel safely to access medical and social services.
- ❖ Schooling for their children and trainings in child development. The workers have no leisure time, and expect the children to work on the farm. Children have no opportunity to develop their potential.
- ❖ More information about living with HIV. Discrimination and stigmatisation remains high in the farming communities and most HIV positive migrants will not tell anyone of their status until they are so sick they must go to hospital.

Migrant Agricultural Workers Responses

- ❖ Migrant communities have set up small schools near the orchards to increase access of migrant children to education.

- ❖ NGOs arrange workshops with new arrivals on the safe use of pesticides and other occupational health and safety standards.
- ❖ A Woman Crisis Centre has been set up for women in need of safe refuge and counselling.
- ❖ Outreach migrant health workers visit workers on site and refer migrants in need to clinics.
- ❖ A community health centre has been set up in the orchard area for easy access for migrant workers.

Organisations working with Agricultural Workers:

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Migrant Construction Workers

Construction in Thailand boomed in the 90s and many migrant workers found work in this area when they first came to Thailand. After the economic crisis in 1997 many construction workers did not receive any pay for several months and then lost their jobs. Since 2002 the construction industry has re-entered a boom period, with dormitories, hotels, housing estates and convention centres being built. Migrants who work on construction sites often also live on these sites, making houses for themselves out of the bits and pieces lying around on the site. Some employers ensure that water supplies are arranged for the workers, but in other sites the water supply is dirty and sporadic.

Living on construction sites is particularly difficult in the rainy season, when the area becomes very muddy with small pools of water. These become breeding grounds for mosquitoes, and dengue fever is a problem for migrant construction workers. Other workers suffer from respiratory diseases and skin diseases. All construction workers suffer aches and pains from carrying heavy loads, climbing bamboo scaffolding and working in

difficult circumstances. Outside of Bangkok, hard hats and shoes are rarely supplied to construction workers.

Average monthly wage Qtr 1 2004

Construction: 4,453.57 bht (117US\$) (Thai labour)

Source: National Statistical office

Construction: 2,500 bht (65US\$) (migrant women labour): 3,900bht (102US\$) (migrant men labour)

Source: MAP Foundation

Migrant Construction workers requirements for health

- ◆ Enforcement of occupational health and safety regulations and free supply of hard hats, shoes and other safety equipment.
- ◆ Improved living conditions with clean water for bathing and drinking. Proper sanitation of the temporary housing site for migrants.
- ◆ Equal pay for equal work starting at minimum wage. Many women work on construction sites, but they are always paid less than men, and therefore have less money to spend on taking care of their health.
- ◆ Support in accessing education for their children. Many construction workers live as families with children. With no schooling the children play on

the construction site, and the older children are bored and restless. Parents worry about the future of their children and experience stress.

Migrant Construction Workers Responses:

- ❖ Migrant construction workers have requested basic Thai literacy skills for their children on site. With these skills the workers are more confident to request the local schools accept their children.
- ❖ Migrant construction workers in some areas have selected health leaders who attend workshops on health and rights and spread the information in the community.
- ❖ Outreach workers discuss reproductive health issues, STIs, violence against women, gender with interested workers.
- ❖ Several members of the network have set up Migrant-line. A hotline for migrant workers offering information about registration policies, counselling on HIV/AIDS, sexual and gender based violence and general support.

Organisations working the migrant construction workers:

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Migrant Domestic Workers and Carers

Tens of thousands of migrant women work as domestic workers and carers throughout Thailand, with large numbers of families and business people employing domestic workers in their households in the major cities and business areas of Thailand. In other families, migrant carers take care of the old or sick. Domestic workers and carers are not fully protected by the Labour laws of Thailand and there is no standard contract of employment between the employer and the worker.

The standards of work and living conditions are therefore totally dependent on the employer. Domestic workers and carers in Thailand have been isolated from mainstream society and their voices are rarely heard. For those who have been heard it has usually been too late, when the women have been found abused or dead.

Average monthly wages Qtr 1 2004

In private household (Thai labour): 4,154.70 baht
(109US\$)

Source: National Statistical Office

In private household (migrant labour): 1,000 baht (26US\$)

Source: Action Network for Migrants (Thailand)

Migrant Domestic Workers Requirements for Health

- ♀ Standard contract of employment between employer and domestic worker or carer, covering paid holiday, sick and maternity leave, weekly days off.
- ♀ Domestic work, other household work and carers recognised and fully protected under the Labour Protection Laws.
- ♀ Proper training for workers of all the skills required in domestic work and the caring profession.
- ♀ Private space for living with lock on room
- ♀ Support and space for domestic workers to meet regularly and plan their own activities.
- ♀ The creation of reproductive health clinics or women well-being clinics with female translators
- ♀ Safe refuge and legal status for women escaping from abusive situations

- ♀ 24 hour free hotline service offering all major relevant languages

Migrant Domestic Workers Response

- ♀ Migrant women have worked together to contact as many domestic workers as possible and document their situation.
- ♀ Individual women have risked making contacts with relatives to support them in their attempts to leave abusive situations
- ♀ In some situations the Labour Protection Office have intervened to release women from exploitative situations and have secured small amounts of compensation money.
- ♀ Organisations have documented the reproductive health needs of migrant domestic workers and the situation of child migrant domestic workers.
- ♀ Organisations have tried different ways to reach domestic workers: through radio,

confidential postbox numbers, hotlines, and activities at temple festivals.

Organisations Working With Domestic Workers

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MIGRANT FACTORY WORKERS

In 2003 – 4 there were 52,755 migrant workers registered to work in manufacturing, food processing and garment factories throughout Thailand.. In addition there are large numbers of factories which did not register the migrant workers. Well over half the workers in factories are women. Unfortunately, it is impossible to represent the living and working conditions for all these factories, because despite the universal health care system and national labour laws, there are no standards enforced in factories on the border. The conditions vary according to the employer, the size of the factory and the amount of influence the employers yield in the area. Without enforcement of labour laws migrants often have to work extremely long hours with very little time available to seek health care. Migrants have to work long hours because payment of minimum

wage is not enforced. In peak season of orders, migrants are forced to work overtime.

In some factories, 70 – 100 single women sleep in one room. In another room, married couples sleep on the lower bunks and single men sleep on the upper bunks. These overcrowded conditions are ripe for the spread of TB, and deny migrant workers privacy, space, quiet and sleep. Some factories get clean and sufficient supplies of water for all the workers to bathe. But others have limited supplies of water, and if the migrants miss the bathing time, they do not get a shower that day.

Average monthly wages Qtr 1 2004

Manufacturing: 6,077.46 bht (160US\$) (Thai labour)

Source: National Statistical office

Manufacturing: 2,300baht (60.5US\$) (migrant labour)

Source: Yaung Chi Oo

Migrant factory workers requirements for Health

- ❖ Enforcement of labour laws.
- ❖ Punishment of factory owners who withhold migrants work permits. Without documents migrants can be arrested and deported, even on the way to the hospital.
- ❖ Right to identity. The work permit is the only ID a migrant worker from Burma has. It is therefore a sense of identity, a sense of dignity. Withheld by the employer, migrant workers self esteem and self confidence is eroded.

- ❖ Effective mechanisms for factory workers to seek legal redress in cases of exploitation or abuse.
- ❖ Hygienic and pleasant living conditions.
- ❖ Occupational health and safety standards enforced. Few migrant factory workers are supplied with any safety equipment: masks, plastic gloves, goggles.
- ❖ On-site health centres for large factories, or health stations for groups of factories. Because of difficulty accessing the factories, supplies of contraceptives are not regular, there are therefore many cases of unwanted pregnancies.
- ❖ Respect as workers and people. Immigration raids on factories have resulted in violence and death as migrants panic to escape.

Migrant factory workers responses:

- ❖ Migrants who have experienced particularly bad working conditions: physical harassment and receiving far less than minimum wage have taken their case to the Labour Protection office. In one case at the Nut Knitting factory in Mae Sot, the Labour Protection office issued an order for the employer to pay 4.6 million baht to the 34 workers.
- ❖ Migrant factory workers and their support groups have lobbied for the right to keep their own documentation. In the new registration, migrants

will receive an ID document independent of their employer.

- ❖ Migrants in some factories organise themselves into social welfare groups led by section leaders. These groups organise to take their fellow workers to hospitals and translate for them.
- ❖ Migrant workers contact with Public health departments and NGOs to get supplies of condoms into the factories. Migrant workers would like to extend these supplies to include the contraceptive pill.
- ❖ Migrants have produced their own media to inform others on health. They have produced radio programmes, and songs about HIV.

Factory Worker Organisations:

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Migrant Fishermen

Migrant workers from Cambodia and Burma constitute the majority of fishermen working in Thailand. Estimates suggest there are up to 200,000 migrant laborers or more working as fishermen on Thai boats; two-thirds or more are undocumented. Boats go out to sea for two weeks to two years, many into international waters. Their situation as migrants makes these fishermen vulnerable to exploitative or abusive work conditions, and health problems.

Fishermen are primarily between the ages of 16 to 30 years old and generally have low levels of education and literacy. Some have families to support, but most come to Thailand as single men. A majority of the men currently working on boats have been a fisherman in Thailand for less than four years; few have been fishermen in their home country, and most come from landlocked areas. The significant majority of migrants

working at sea are Cambodians, and Mon, Tavoy and Burmese from Burma. Many women and men from these ethnic groups from Burma, including the Karen, are also found working in seafood processing. In many of these locations, there are migrant communities with children.

Being highly mobile, moving from port to port with only a short amount of time on land, makes it difficult for fishermen to access health information or services. Seafood processors often live in compounds or near the factory, also making it difficult to reach health services..

Average monthly wages Qtr 1 2004

Fishing: 4,119.88 baht (108US\$) (Thai labour)

National Statistical office

Fishing:

Migrant Fishermen, Seafood processors and their communities Requirements for Health

- Fishermen need to be able to leave port areas without fear of arrest
- Community or mobile health clinics that provide both general and specific health services (such as for STI treatment) at ports, seafood factories and related communities
- Health information, including explanation of health procedures and cost, in the language of migrants that accounts for issues of low literacy

- Translation or treatment by medical personnel of the same nationality
- A system of health volunteers who can provide referral and follow-up on medical treatment and medication or contraception
- The ability of both migrant workers and their families to purchase health insurance to reduce costs of treatment

Migrant Fishermen, Seafood processors and their communities responses

- Networks of migrant volunteers are being developed to assist in referral, and distribution of condoms and oral contraceptives
- NGOs are partnering with local Hospitals to provide mobile services at docks and near seafood processing factories
- Some NGOs have established their own clinics to provide preventative care or reproductive health to migrant communities
- Materials on specific health issues, including reproductive health and HIV/AIDS are being produced in the language of migrants and distributed

- A hotline for health is being developed at one site
- Migrant-community leaders are being organized to take more responsibility for the health of their communities

Organisations working with Fishermen

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Migrant Sex Workers

The Thai Entertainment industry is a diverse industry that currently operates outside of labour laws and controls. Entertainment workers work in karaoke bars, massage parlors, beer bars and brothels. They have a variety of work roles e.g. serving drinks, dancing, sex work, security or cashier. There is no provision for migrant workers to register to work in the entertainment industry. Their vulnerability as migrants is amplified by a combination of their debt, illegal status, and their lack of recourse under the law. For women from Burma the situation is more complicated for the fear of deportation back to a country that is living under institutionalized human rights abuses and oppression.

Employers in the entertainment industry exploit their vulnerability. Migrant sex workers are generally employed in the worst working conditions in the industry. They are awarded no actual salary but rather have their earnings deducted from their debt. They are charged

exorbitant amounts for food, shelter and clothing plus severe interest rates on any money owed. All health care is charged and billed in a similar manner. Having no legal status precludes them from accessing the public health system. In brothels the fee customers pay for sex are low and the employer takes at least 50% of this. There is no choice but to have a large number of customers each day in order to earn an income. High numbers of customers render condoms almost futile as protection against HIV. Those who are HIV positive develop AIDS quite quickly as they have high levels of stress, are malnourished, have had no previous primary health care and are usually in poor living conditions.

Migrant Sex Workers Requirements for Health

- ❖ End of military dictatorship in Burma
- ❖ Ability to travel and migrate independently and legally
- ❖ An entertainment industry that is monitored and controlled under existing labour laws
- ❖ Decriminalisation of sex work
- ❖ Occupational health and safety standards in the Thai entertainment industry
- ❖ Work visa's for migrant entertainment workers in Thailand with a provision for access to public health care

- ❖ Provision of sex worker friendly health care for all sex workers

Migrant Sex Workers Responses:

- ❖ Sex workers are advocating for the government to repeal laws that penalize sex workers and bring all entertainment workers under the labour law
- ❖ Thai and migrant sex workers have developed proposed Occupational Health and Safety standards for their industry
- ❖ Thai and migrant sex workers are providing education, safe sex work training and support to migrant sex workers
- ❖ The state STI clinic offers in Chiang Mai offers sex worker friendly services to all sex workers
- ❖ Thai and migrant sex workers continually distribute condoms, KY and information to other sex workers
- ❖ Thai sex workers advocate for the rights of migrant entertainment workers to work in Thailand
- ❖ Thai and migrant sex workers provide care and support to sex workers with AIDS
- ❖ Thai and migrant sex workers are calling for an end to indiscriminate raids and “rescues” of migrant sex workers

- ❖ Thai and migrant sex workers join with other groups campaigning for the end of human rights violations in Burma.

No statistics available

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Remote Communities

The ethnic groups of this region have lived in the mountains and the pastures long before state boundaries were introduced. The nationality of people of these border communities is often not clear and various types of coloured ID cards have been issued over the years to designate their status. None of these cards afford the holders full citizens rights, and only a few allow the holder access to the universal health care system. Usually the villages only have easy access to primary schools run by border soldiers, and a health officer from the nearest health station is assigned to visit, but does not always have the resources to make such visits to all the communities regularly. Access to these villages is particularly difficult in the rainy season as there are often no paved roads. Malaria is the major health problem in the border communities.

With no secondary education available in the villages, the young people often migrate to big cities at an early age to work as labourers or domestic workers. These young people have not been prepared for the city life-style and are thus at risk of being exploited, contracting STIs, or taking drugs. The stress of the working and living conditions in a big city, combined with their lack of full legal status and fear of authorities, make the young migrants vulnerable to psychological problems.

Remote Communities Requirements for Health

- ❖ Full citizenship rights of one country.
- ❖ Right to access the universal health system and to travel with any of the ID cards
- ❖ More resources made available for local health stations to be able to effectively service all remote border communities.
- ❖ Training of para-medics in the remote communities.
- ❖ Effective malaria control
- ❖ Improved access to further education and vocational training
- ❖ Information from and contact with the Department of Employment
- ❖ Health and rights information in the ethnic languages

Remote Communities Response

- ❖ Tackling health issues together with environmental issues
- ❖ Training key people in the community on HIV awareness
- ❖ Setting up income-generating projects: weaving, natural dying

- ❖ Providing life-skills training with particular attention to skills needed in migration
- ❖ Changing attitudes towards people living with HIV.

Organisation working in Remote Communities

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Other migrant workers

Migrant workers work in numerous other jobs where there are no NGOs supporting. Information is scarce on their situation and there are reasons for concern on the safety of some of these workers. We would like to draw particular attention to:

Workers on quarries and tin mines: on the quarries migrant workers scale the sides of the mountains to lay dynamite, ignite the dynamite in several places and then run over rubble for some sort of shelter from the fall-out. Living conditions and pay for these workers is much better than the vast majority of migrant workers in Thailand, monthly rates are 10,000 baht, but it is to be expected that life expectancy is very short.

Average monthly wages: Qtr 1 2004

Mining and quarrying: 6,717.04 baht (176US\$) Thai Labour

Source: National Statistics Office

Mining and quarrying: 10,000 baht (263US\$) Migrant labour

Source: Action network for Migrants

Migrant street beggars: children from Cambodia are brought from Cambodia to work as beggars on the streets. As young children on the streets of big cities they are at risk of sexual and physical abuse, have no access to education and services.

Other people of concern in the world of migration

Internally displaced persons: over 2 million people have been forced to migrate from their homes in Burma, they have not crossed the borders into Thailand but are internally displaced. Their situation is desperate. Cross-border medics offer some support in highly dangerous situations. The displaced persons had previously requested only food and medicines from the medics, in recent months they are desperate for security from the armed conflict going on around them.

Refugees: There are 130,000 refugees housed in camps on the Thai-Burma border. Health care for refugees is organised by international medical NGOs who set up clinics in the camps. However, refugees are not allowed to leave the camps or to grow their own food. Together with constant rumours that the refugee camps will be closed and people sent back to the same dictatorship and armed conflict they fled over a decade ago seriously affect the morale of the refugees.

The deportees: Unregistered migrants are liable to arrest and deportation. In 2001 560,000 migrants paid 1,000 baht (25US\$) deportation deposit fee as part of their registration process. Nevertheless, many deportations are carried out without safety or respect for human dignity. On February 20th 2004 a derelict truck commissioned by the immigration and insured for 20 passengers crashed in Sangklaburi district, Kanchanburi province. The truck was carrying 106 migrants being deported to the border. Six migrants died and many were seriously injured. Migrants awaiting deportation are held in crowded deportation

centres where TB can spread easily, and women are at risk of sexual abuse.

The disappeared: In the last two decades over 2 million people have migrated in this region. How many have returned? How many have disappeared? It is a question no one can ask, and no one can answer. There have been reports in the last two years of the bodies of migrants regularly being found floating down the rivers, of migrants who assisted the police to find drug traffickers being shot dead. And what of those who disappear with no reports. Families contact the migrant-line searching for their family members, young boys have been sent by families looking for their relatives. Some Cambodian families are refusing to lose any more of their sons to the seas. The migrants who leave are unrecorded, their disappearance is only recorded in the hearts of those they loved.

Migrant workers rights defenders: Migrant workers and their supporters who challenge the institution of cheap labour have been harrassed by those who benefit from it. There have been cases where local gangs have been contracted to attack the defenders.

With many thanks for the support from The Rockefeller Foundation and migrant workers from Burma, Cambodia and Lao PDR