INVISIBLE PEOPLE
Stories of Migrant Labourers in Thailand

The contents of this publication do not necessarily reflect the views of the donors.
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Stories of Migrant Labourers in Thailand

Nic Dunlop
All the names of people interviewed for this publication have been changed to protect their identities.

Words and Photographs © Nic Dunlop/
Raks Thai Foundation 2011

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Preface

Raks Thai Foundation and its civil society partner organizations - AIDS Network Development Foundation, Foundation for AIDS Rights, MAP Foundation for the Health and Knowledge of Ethnic Labour, Pattanarak Foundation, Social Development Association, Stella Maria Seafarer Center Songkhla, and World Vision Foundation of Thailand - together with the Bureau of Health Administration, Ministry of Public Health have been working at the grassroots level for the last eight years promoting access to health services for migrant workers and their dependents. Currently we work in 37 provinces through an extensive network of migrant field officers and volunteers extending access to health services, providing information on rights and addressing the inequalities faced by migrants.

Over the years, we have witnessed several positive changes towards more inclusive policies and practices. At the same time, at the ground level we see various forms of discrimination, rights violations and exclusion of migrants on a daily basis.

While migrants have a significant presence in Thailand and are essential to our daily lives, they are invisible in many ways - they are unseen by our social networks, they lack coverage under health and welfare systems, and are overlooked by the systems that provide legal protection. This book provides a look into the world that migrants face every day.

We are thankful to Nic Dunlop who has faithfully portrayed migrant workers’ lives through his photos over the years and has once again brought us these powerful images and their stories. We also thank Fah Sakharet for the design and artwork that has made this publication so captivating.

A special thanks to all the migrants who told Nic their stories. At their request, we have changed all their names to protect their identities.

The production of this book is supported through the Prevention of HIV and AIDS among Migrant Workers in Thailand (PHAMIT) Program funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and through support by the Empowering Migrant Workers in Labour and Social Protection Project which is funded by the European Union to whom we are grateful.

Finally, we hope that this book will one day become only a memory of the past and migrants in Thailand and worldwide will enjoy the quality of life and rights protections that all humans deserve.

Promboon Panitchpakdi
Raks Thai Foundation
A Member of CARE International
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All persons are equal before the law and shall enjoy equal protection under the law.

The 1997 Constitution of the Kingdom of Thailand
Burmese migrant workers in a garment factory near Mae Sot.
The next fish that arrives at your table in Thailand may have been caught by Cambodians working on Thai boats. In all likelihood, it was prepared in a factory by ethnic Mon from Burma. Even the rice that is heaped on your plate may have been planted and harvested by Burmese Karen. And the fruit you eat at the end of your meal probably came from farms cared for by Shan, another ethnic group from Burma. But what do we know about these people?

There are more than 2 million migrant workers in Thailand today. They make up 5% of Thailand’s labour force, working mainly in agriculture, the seafood industry, construction, manufacturing and domestic work. Most of these people come from Burma. A smaller number come from Cambodia and the Lao Peoples’ Democratic Republic. Together they make up Thailand’s invisible population.

There is a commonly held belief that these migrants are stealing jobs from Thailand’s workforce. In fact, the reverse is true. They are filling a gap in Thailand’s labour pool created by Thais who travel overseas to do manual labour primarily in other Asian countries and the Middle-East. The jobs left open to migrants are generally shunned by Thai workers because of the low pay and the difficult working conditions. Far from taking anything away from Thailand, migrant workers contribute more than 1.6 billion baht (US$ 53 million) to Thailand’s economy annually.
Life for migrants in Thailand is hard. They are the most vulnerable and exploited of Thailand’s workforce. Although there is a recruitment system that allows workers from neighbouring countries to enter Thailand legally, this system is time-consuming and expensive. As a result, many migrants continue to enter the country through informal and illegal means, sometimes facilitated by brokers. Migrants are often trapped by a form of debt bondage where their wages are deducted to pay off the cost of the broker that found them the job. In some cases, migrant workers are never paid and subject to a modern form of slavery. On deep-sea boats where the men are trapped at sea for months at a time, there are reports of beatings, abuse and even murder.

Women are particularly vulnerable to abuse. They make up approximately 50% of the migrant population and work in seafood processing, agriculture, clothing factories, construction, and as domestic workers. There are reports of young migrant women being sexually harassed and raped, commonly while in transit. In the worst cases, young women have been trafficked into brothels and factories where they are forced to work without pay.

Saphan Plaa in Samut Sakhon, south of Bangkok. Most of the workers here come from Mon State in Burma.
Why Thailand?

Ask any migrant worker why they have left their homes to work in Thailand and the answer is invariably the same: to escape poverty.

Burma has been ruled by a military dictatorship for almost half a century. Decades of economic isolation have kept the majority of Burma’s people in a severe state of poverty. Many have fled an ongoing civil war which continues to rage along Burma’s borders.

The end of years of conflict in Cambodia has meant a population explosion but few jobs. In recent years, tens of thousands of Cambodian farmers have been forced off their land. The countryside remains isolated and impoverished leaving a younger generation with few choices. There simply isn’t enough work.

Registration

Since 1996, the Thai government has permitted employers to register their migrant workers. More recently, migrants have undergone the Nationality Verification Process, which entitles workers to a temporary passport and legal status. In 2010, just under a million migrant workers registered with a work permit. It is estimated that there are still many more undocumented migrant workers in the country and over a hundred thousand migrant children whose legal status is uncertain.

There are several reasons why migrants do not register. Migrants coming from Burma are particularly fearful because the National Verification process requires them to return home where they are subject to persecution and extortion at the hands of the military regime. However, it is the linking of the work permit to a migrant’s employer that discourages migrants from registering. Because employers pay the registration fee in advance, they feel justified in seizing work permits to prevent migrants from fleeing, even though the fee is repaid through deductions from their pay. With this form of control, it is common that migrants are forced to work more than 10 hours a day with perhaps a single day off a month. Many employers also pay below the minimum wage and refuse to pay for overtime. With the only option being to change employers and risk becoming undocumented, migrants become prisoners of a system that leaves them open to abuse instead of protecting them.

Those migrants who do not register are considered “illegal” which is often confused with having no rights at all. Some unscrupulous officials and employers, together with law enforcement agents, then exploit undocumented migrants and extort money with impunity by threatening them with arrest and deportation.
Health

Migrants are unaware of their rights. Few realise that as part of the benefits of registration they have paid for health insurance that entitles them to health care. A large percentage of workers are poorly educated and do not know how to protect or maintain their health. They are often away from families for years at a time which can lead to risky behaviour that leaves them vulnerable to sexually transmitted diseases, including HIV. Other diseases such as tuberculosis are quick to spread in overcrowded communities and workplace dormitories with unsanitary conditions. Exposure to these kinds of communicable diseases is difficult to monitor and control because migrants change work places regularly and live in isolated locations.

Although health insurance is available to migrants who have registered, most of them do not receive reproductive health services and information in their own languages. As a result, few are aware of what family planning options are open to them or misuse them and unplanned pregnancy is common. Some employers are known to fire pregnant women, spurring migrant women to seek dangerous back-street abortions out of desperation to keep their jobs.

There are gaps in coverage for accidents in the work place or for work related illness under migrants’ health insurance. Children of undocumented workers have no health insurance and parents must pay for treatment in cash. And while migrants’ receive antiretroviral drugs which treat HIV and AIDS, these are supported by the Global Fund, not the health insurance, and there is not enough.

An estimated 6,000 babies are born to migrant workers every year in Thailand, but they do not receive proper birth or identification documents. And the numbers are growing. These migrant children do not have a recognized nationality status. Under Thai policy all children in the country, regardless of their origin, can attend school but many migrant children do not because of language barriers, related expenses, or because they have to work to help support their families.

The key issue facing migrants in Thailand is their entitlement to rights and the protection of those rights. There are many organisations like Raks Thai Foundation who work with the migrant population. These organisations recognise the need to create new initiatives, to enforce existing laws and to support and strengthen migrant communities.

This book offers a glimpse into the lives of Thailand’s invisible people and the difficulties they face. Through their words and stories it is hoped that a greater understanding can be reached so that one day migrant workers’ contribution to Thailand’s economy will be fully recognised and their basic rights not only respected but guaranteed.
STORIES OF MIGRANT LABOURERS IN THAILAND

The Gulf of Thailand. A Thai vessel crewed by Cambodians returns to Rayong.
Nowhere to Go

After an abusive home life in poverty-stricken Burma, Cho Cho Win sought work as a domestic worker in neighbouring Thailand. Having safely crossed the border she managed to organise passage to Bangkok through a broker. She had no passport or documents of any kind. She was escorted by a Thai policeman who later raped her. Instead of being taken to work as a domestic worker, she was delivered to a brothel in Bangkok. The policeman was paid 15,000 baht by the brothel owner for Cho Cho Win’s safe delivery. Several days later, she managed to escape with other women and return to Mae Sot.

She later contracted HIV from her husband. On learning of her status her family abandoned her. Unlike the vast majority of people living with HIV and AIDS in Burma, she had access to antiretroviral drugs in Thailand. She was supported by an aid organisation that provided bed and board. There in the shelter she lived with four other women and their children – all of whom were HIV positive. Stigmatised by their communities, with nowhere to go, they were given medical and psychological care as well as bed and board. They were also given trainings so that they could, in turn, become counsellors and trainers and provide trauma counselling to other migrants workers. In February 2007, Cho Cho Win died of AIDS-related complications.

Sometimes I feel I’m the only one in the world with AIDS. The next worst thing is being discriminated against in the community. I feel really sad when they talk about me, but I understand them and the way they talk about me. This is my fate.

Cho Cho Win
A house shared by several Cambodian families in Rayong.
The Strength to Fight

“When I found out I was HIV positive I didn’t want anyone to know,” explained Khun Dam. He comes from central Burma and now works on a Thai boat out of Samut Sakhon. “I closed the windows - I was alone in the room - I didn’t want to go outside and didn’t want to see my friends. I felt alone and depressed. Every time I went to the hospital I worried about what people might think. I moved around to live in different parts of Samut Sakhon, from place to place. I didn’t want anyone to know because I was so worried,” he said. “When you’re alone, you can’t talk to people. My heart was really heavy.”

“I thought, ‘I can’t keep this in!’ When I opened the door to talk about having HIV, I felt better, much better.” He knew it was risky to tell people of his condition and that he might be ostracised. “When everyone knew I had HIV some people accepted it and some couldn’t. But it was better than being alone in my room.”

“Being open you feel better. It gives you the strength to fight it. When I hear friends talking about people who died of AIDS I can pass on what I know since I know a lot about HIV. People don’t have to die. I tell them how they can find medicine, take exercise and take care of themselves and stay healthy for a long time.”

“I’ve seen people with their hair falling out. And a lot of people think that when their hair comes out they haven’t got long to live. They don’t realise that they can turn it around and make a recovery.”

Khun Dam is a volunteer for Raks Thai Foundation. He works closely with communities in Samut Sakhon helping to educate migrant communities about healthcare and sanitation.

“Knowledge is the key to fighting HIV,” he said. “Now many more people know about HIV and AIDS; they live together in the community and are less afraid and more understanding.”

Khun Dam’s boss understands his condition. “He was the one who took me to the hospital,” he said. “He’s a caring man and doesn’t make me work hard. He gives me the easy jobs because of my condition.”

Dam has spent twenty-two years working on boats in Singapore, Cambodia, Indonesia, Malaysia and Thailand. He thinks he contracted the disease when he took drugs on board the boat. “When the ship was on the ocean and there was only one needle we used to share needles. The longest period at sea was six months, off the coast of India,” he said. The supply boats sold drugs to the workers. “We just used them to work...they helped us feel better.” And when the ship came into port they would all go off to karaoke bars and brothels. “We’d been working really hard.”

“The teenagers like to try many things; drinking, smoking, drugs. And when you do those things, HIV can follow. I worry the most about teenagers. I want them to learn about the effects of HIV; don’t use the same needles, use condoms if you go to night clubs and karaoke.”

“I don’t want other people to find out about HIV the hard way like I did. I want people to protect themselves by word of mouth. Some of my friends, or people I know, are surprised to see I’m still alive. And it was good to talk with other people because I realised that I had friends. I thought I’d lose all my friends and they’d be afraid.”
Cambodian women at a rubber factory in Rayong province.
Equal Treatment

In contrast to the abusive treatment that many Burmese receive as migrant workers, the Mae Sot General Hospital stands out. Here the staff have an intimate understanding of the problems people face in Burma and more than half the patients are Burmese. One Burmese AIDS sufferer, often the most stigmatised of people, said the Thai staff at the hospital were “kind and good natured.” She described how they gave her preferential treatment because of her inability to sit for long periods due to her advanced condition. They would always put her first in line.

This is not an isolated case. Doctor Ronnatrai Rueangweerayut, the director of the hospital, believes that everyone has the right to be treated - a view not often shared by Thai patients. Because the staff do not discriminate, some local people complained about Burmese being treated there. At times it can be a source of considerable antagonism.

What did they do when Thai patients complained?

“We tell them, ‘imagine if you were the foreigner, how would you feel if we turned you out’?”

Antipathy between the two countries goes both ways. The Burmese authorities often accuse the Thai’s of ‘stealing their people’ to work in factories in Thailand which further complicates relations. For example, some patients are so sick that they need wheelchairs, explained Dr. Rueangweerayut. And when the staff take them back, the Burmese soldiers at the border refuse the patients entry saying they’re not Burmese. On occasion, patients have been left in their wheelchairs on the bridge forcing the hospital staff to take them back.

“Whether they are illegal or not it doesn’t matter,” said the doctor, “we treat all people, regardless.” And they have never segregated the wards.

From the top: A Burmese worker (centre) and her Thai co-workers, Tak province; a garment factory near Mae Sot; factory workers take a break on the border.
I spend five or six days on the boat. We start hauling the net from about 10 pm until about 7 or 8 am without a break. Then we rest until about 11 am and then we clean up and repair the nets.

Cambodian worker
“Health is the biggest problem,” says nurse Nahathai Chulakarat of Samut Sakhon Hospital. There are estimated to be at least 200,000 migrant workers in Samut Sakhon alone, most of them from Burma. The true figure is impossible to verify because of the constant turnover of workers as they move from place to place, or back to Burma. Many of them come south from Tak and Kanchanaburi because pay is higher and Samut Sakhon is a centre for industry. Because of the high number of migrant workers here, there is poor sanitation. “The number of people with tuberculosis (TB) is small but it’s the severity which is a major concern because it spreads easily in these tight communities,” she said.

“Health insurance was launched five years ago in Samut Sakhon and health workers didn’t understand why we should give migrant workers healthcare and that it only increased the workload. It was difficult to work and communicate with the migrant workers. Thai patients complained, ‘why do you give service to Burmese first in the queue? Thai’s should be first. This is Thailand.’”

Most people have little understanding of the lives of migrants or the conditions they have left in their home countries. “They [ordinary people in Thailand] don’t have any contact with Burmese so they don’t understand. Thai people are afraid. They think they’re dirty, speak loudly, and they’re afraid of criminal elements because we don’t know each other well.”

In order to lessen tensions, the hospital opened up a section to deal exclusively with migrants. “We perform services here and don’t discriminate. Now people in Samut Sakhon understand more. The governor spread the idea that the Burmese workers help develop the Thai economy and so we should support them. Now we have translators, we have an antenatal clinic and it’s a very good clinic.”

Nurse Nahathai has learnt a lot through her work about these people and believes that everybody should be treated the same. “When someone gets sick, we should have equal healthcare whoever you are and wherever you come from. Access to healthcare is a basic right. Most nurses, like me, share this idea. Because in Burma there are no jobs, there is no money; they’re poor. They want a better life and they want to get more money to support their families back home.”

“Thailand wants to control tuberculosis, so if they have no money we still treat them.” The staff at the clinic go out regularly into the Burmese migrant community to explain about healthcare and sanitation. “Changing people’s behaviour is difficult, even with Thai’s who consume sweets, McDonald’s et cetera.”

“We’re positive in our thinking here in the hospital, but other departments may have a different or lower opinion of migrants. That’s what we felt when we first began, but over time we’ve begun to understand more and more about their situation. There are 15 translators and we have mobile clinics and work closely with Raks Thai Foundation. We do screening, education, and primary healthcare. And we try to increase the access to healthcare and set up health networks which can be difficult since it is a migrant community and people come and go.”
Ngyi Ngyi Swe didn’t want to use her real name, she said, “because I have my family and relatives in Burma. If I were to use my real name, the authorities there will try and extort money from them.”

Originally from Yangon, she comes from a family of five including one brother and an elder sister who has her own family in Burma. The rest of the family now live near Mae Sot. Her mother has a small stall in a market nearby where she sells cooking oil, seasoning and other spices for cooking. Her father doesn’t work as he is ill and unable to walk far.

Like thousands of others, Ngyi Ngyi Swe illegally crossed the border. She had no legal standing and feared arrest and deportation. When the police raided her previous workplace, she had to run and hide in the countryside to avoid being jailed and sent back.

Many police in Mae Sot regularly extort money from migrants. “Sometimes when I had free time in Mae Sot the police stopped me and demanded money, usually about 100 baht. They just wanted the money. They never arrested me, and sometimes it happened when I was waiting to register. No matter how many times I explained to them they wouldn’t listen and I had to pay them. When my father needed an operation they stopped us on our way to the clinic and wouldn’t let us go until I paid.”

Ngyi Ngyi Swe now has a work permit. The company takes 500 baht a month from her salary to pay for it. She pays 1,900 baht towards the cost for a year. She works in a large garment factory outside Mae Sot where more than 60% are women. She has worked there for six years. She works a minimum of ten hours a day and is paid a maximum of 300 baht a day. Apart from a single day a month, she has no holidays. “Sometimes when there is less work I only get 60-80 baht a day, but most of the time it’s very busy.” She didn’t want to change to another factory because of her co-workers. “They’re like family,” she said. “We help each other out.”

“The manager of her section is kind,” she said, “but in another section of the factory the manager is less forgiving. When the workers make a mistake she shouts at them and abuses them and makes them lose face,” she said. “Many Thai’s have an attitude about migrants from Burma - they look down on them. I don’t think people in Thailand understand about life in Burma; how hard it is. Because of the difficulties in Burma and the economic crisis, we need to earn money. That’s why we come here. People should realise that we are only looking for a better life.”
Support for the Family

“I dreamt of a better life,” said 30-year-old Aung Zaw. He has been living and working near Mae Sot for six years now. Before coming to Thailand he had been a farmer in central Burma planting beans and occasionally working as a cowherd. He has five brothers and sisters. “I’m the eldest and came here to work to help my parents.”

When he first came to Thailand, he earned about 160 baht for a seven or eight hour day, depending on the job mainly as a farm labourer. When he worked in Burma he could only make 60 baht a day. “The daily wage is not enough because of the economic crisis. That’s why I came here.”

“I’ve managed to send back about 3,000 baht so far, but only twice in six years. Working on a farm is not regular work, so it’s very difficult to find work during the dry season.”

He has no legal documents of any kind. The work permit, he says, “is too expensive.” It would cost him 3,800 baht. “My boss has already paid off the police,” he said. “At present, I earn 2,700-3,000 baht a month. My room is 150 baht, electricity is 50 baht and food is about 1,500 baht.”

Sometimes the police come to check their documents. For those who don’t have papers, “they arrest them.”

“I want to save a little money and return to my village in Burma. When I have enough, say 6,000-7,000 baht then I’ll go. I’ve managed to save nearly 2,000 baht,” he said. “My parents are getting old and so are my grandparents and I want to support them.”
Workers from Mon State in Burma sort fish as they arrive at Saphan Phrao, Samut Sakhon.
Ye Aung came from Tenassarim Division in Burma. His wife, Heng, comes from Kompong Cham province in Cambodia. Both are HIV positive. They found out they were positive about five years ago. Heng became very ill and returned to Cambodia where she had a blood test. Ye Aung accompanied her and was also tested. “I felt so sorry and cried and cried,” said Heng. “I was pregnant at the time and I felt so much pity for my baby. My relatives helped to cheer me up.” Babies are especially vulnerable to opportunistic disease because HIV attacks the immune system. Their son died when he was three months old because of HIV related problems.

Ye Aung works on a construction site near Rayong. Before that he worked on boats. He switched jobs so that if he falls ill, he can visit the doctor when he needs to. At sea he can be away for months at a time. “When I first found out I was positive, I became suicidal. But the doctor and my neighbours did their best to cheer me up both in the community here and back in Heng’s village in Cambodia. They said, ‘don’t give up, others who have this lead normal lives.’”

“We don’t blame each other,” said Ye Aung. “Now we support each other more than before. When my wife got sick she was very thin and our neighbour saw and asked what was wrong. I couldn’t think of an answer so I just told him. At first some people cut off contact, but others didn’t care whether we were positive or not. Everyone here understands how the infection is transmitted and everyone has accepted that we’re positive. It’s seen as normal.”
Fear of AIDS

“I’m scared,” said Ma May who wanted her identity concealed. “If they know I’m positive they will think that they can catch it and won’t buy anything from my stall. For people with no access to information they think that if we eat together or wear the same clothes they could be infected. Those are the people who discriminate against people like me.” Ma May has a small stall in a market for Burmese migrant workers near Mae Sot. There she sells garlic, beans and cooking oil to the migrant community. The stigma surrounding HIV and AIDS is still strong.

The 38-year-old mother of three has lived in Mae Sot for five years now. She has one son who is 12-years-old, an elder daughter who is 16 and the youngest who is 8. The two eldest live back in Burma. The youngest lives with her in Mae Sot. Like most migrants she sends back money to support her family when she can. “I want to continue to live in Thailand and visit Burma as often as I can. There’s no medicine in Burma.”

She now has access to antiretroviral (ARV) drugs. “Before I got a work permit and I didn’t have health insurance. But this year the government opened new registrations for migrants and so I got a work permit (and health insurance). Before this I had to pay 2,000 baht for the drugs. I only earn about 2,500 baht a month. After I got the permit, I only have to pay 150 baht.”

Before she had health insurance, Ma May fell ill and she was sent to the hospital. Her bill came to 7,000 baht. “It was an emergency,” she said, “so I borrowed the money from another seller in the market. It took 4-5 months to repay the debt.”

It was when she worked in the market that a man took an interest in her. “I told him, ‘I can’t have a boyfriend because of my health.’ But he didn’t stop. He came to see me often. And finally I told him that I was HIV positive and he said, ‘I don’t care. I’m in love with you.’ He wanted to take care of me even more.” They were married soon after. He is HIV negative.

Ma May comes from Burma and is HIV positive.
"I can’t afford to be afraid"

When Ma Hla got sick with tuberculosis she went to hospital only to discover that she was HIV positive. She had been pregnant for a month when she found out. “Because we only just found out that we’re HIV positive, we’re taking it one step at a time,” said her husband, Maung Phou. They both work in the same processing factory in Samut Sakhon. “I’m afraid to tell my boss,” Maung Phou said. “Many people are afraid of HIV – he’d definitely fire me if he found out. And if more people find out they won’t accept me as their friend; they’ll reject me.” And if that happens, he said, “we’ll just move to another place.”

“My wife was sick everyday. Although I am positive, I can’t afford to be afraid because I need to take care of her.”

“I’m a new worker in the company and the manager doesn’t treat people fairly. When the people he likes have a problem, he looks after them, but if I need help he doesn’t give any.”

When he got the results from his test he went into a state of complete denial. “At first I refused to believe it because I was healthy and could work just like normal.” Eventually he came to terms with the results. “I felt really sorry.” They didn’t blame each other he said, but accepted their predicament. “It’s fate,” he said.

When asked why he continues to keep his HIV status a secret, he replied, “I’m scared how people will respond to us.”

Keeping a Secret

“When I first became sick, my skin became itchy. I went to the clinic. I went to the doctor and he said I should have a blood test to see what was wrong. My wife went to get the result because I was working at the time. When she returned and told me I was HIV positive, I refused to believe her. So I went to the doctor for myself.” Myint Soe has had HIV for more than ten years now. “When I found out I was HIV positive, I was really depressed and became very weak,” he said. “My wife is strong and she said, ‘don’t worry, we can stay together and help each other and look after each other.’”

When asked why he continues to keep his HIV status a secret, he replied, “I’m scared how people will respond to us.”
Cambodians repairing nets in Rayong.
“I didn’t want to come to Thailand”

Somaly, a mother of three, came to Thailand thirteen years ago. She has two teenage children living in Cambodia, but lives in Thailand with her 8-year-old daughter. The father of the two oldest children died in Cambodia more than a decade ago.

“We couldn’t live in Cambodia,” she said. She was a housewife and worked at home as a seamstress making less than 60 baht a day. “We came here because we needed money - if we had enough money, we would be okay. I didn’t want to come to Thailand.”

In Rayong she sells rice soup and noodles. “I have to send money to my children in Cambodia.” Her current husband works repairing nets. “I earn about 2,000 baht a month and I have to pay for all the bills and at the end, there’s nothing left. For about three or four months now, I haven’t been able to send anything to them.”

“When I was pregnant with my last child, I didn’t know I was HIV positive, but a year later, I became very sick for about three or four days. I couldn’t believe I was HIV positive because I had no symptoms,” she said. “I was so depressed.”

Why are you afraid to tell people about your condition?

“I have to conceal it. I have to earn money and if they know I’m positive then they won’t buy from me. From what I’ve learned, people reject people with HIV; they’re hated.”

“I’m registered here and have had a work permit for about a year. I had to pay for it myself. It was 5,000 baht. My nephew lent me the money to pay for it. He works on a boat. I’ve now been taking antiretroviral drugs for about seven years. Every month I spent 1,500 baht and I had no right to use the 30 Baht scheme, but now that I have a work permit I can. In the past I used to get sick often. Now I feel a lot better.”

“The doctors here, they don’t discriminate by nationality. Only a few Thai people look down on us. But I don’t pay any attention. I just get on with my job.”

Clockwise from right: Cambodian seafarer; housing for Cambodian migrant families in Rayong; a Thai vessel, crewed by Cambodians, returns to port.

Working on the ship is exhausting...
There’s no time to think about anything else.
Cambodian worker
A Thai boat with an ethnic Mon crew from Burma comes to unload its catch at Saphan Plaa, Samut Sakhon.