



Phot courtesy of OWPD

Migrant fishery workers often have very little time to rest on the boat; they can be called to work even in the middle of meals. Rayong, Thailand, July 2003.

THAILAND

Political and Economic Update

The Thai Rak Thai political party, led by business tycoon and former policeman Thaksin Sinawatra, has remained in power in Thailand. The government has implemented populist policies such as the village fund scheme, under which 70,000 villages nationwide were given one million baht each, as well as the One Tambon¹ One Product scheme. These policies have been widely welcome and have increased support for the government by the rural population in central, northern and northeastern Thailand.

Macroeconomic performance remained strong, with GDP growth in 2003 at 6.9%. Private investment grew by 17.5%. Agricultural production grew by 8.7% in 2003 while the manufacturing sector grew by 10.4%. The unemployment rate has followed a downward trend since the 1997 Asian financial crisis; unemployment dropped down to 3.3% in 2003. Since

2002, the Thai government has aggressively pursued a policy of rapidly entering into Free Trade Agreements (FTAs). Under the Enterprise for ASEAN Initiative (EAI) in October 2003, US President George W. Bush announced the intent to negotiate an FTA with Thailand. The United States hopes to finish negotiations with Thailand in early 2006.

Meanwhile, the style of leadership has led to criticism by human rights advocates. In February 2003, the government started the controversial “war on drugs”, the official objective of which was to curb the trade in methamphetamines. In a matter of three months, an estimated 2,275 drug suspects were shot dead. Following the poorly prepared “blacklist” of alleged drug dealers, many people were ordered to report to the police station. Human Rights Watch reported that a number of these were shot by unknown gunmen after leaving the police station.²

The other issue for which the government has been criticized is its handling of the unrest in the South. The three southernmost provinces of Thailand have been under martial law since January 2004, after violence between the police, army and local community

increased. At least 200 people, including both victims of attacks by insurgents and alleged insurgents, died between January and April 2004. Prominent Thai human rights lawyer and human rights defender, 53 year-old Somchai Neelaphaijit, went missing on 12 March 2004. He had been working to support the end of martial law in the deep South, advocating the promotion of rule of law and justice for Muslim suspects accused of terrorism and treason.

Migration Update

In 2004-2005, the Mekong Migration Network conducted a joint research on quality of life of migrants in the respective countries. This section is a summary of the findings of the research in Thailand.

Migrants in Thailand

Update on registration policies

Beginning in 1996, Thailand has implemented policies to require undocumented migrants to register for work permits. Since 1998, each registration policy allowed migrants to obtain a work permit which was valid for one year. Migrants were required to renew the permit annually. Between 2001 and 2003, however, the number of registered migrants dramatically fell from 508,249 in 2001 down to 288,780 (247,791 from Burma, 19,675 from Cambodia, 21,314 from Lao PDR) in 2003.

This decrease does not indicate that there were fewer migrant workers; rather, fewer migrant workers decided to register due to systemic problems with the registration system. First, registration was linked to the employer, and under the policies in 2002 and 2003, migrants were not given any time to find a new employer. Second, the registration fee of USD100 imposed too high a burden on many migrants, especially because the minimum wage of about USD86 per month is not enforced. Third, migrants saw no real benefit from becoming registered workers after one or two years, as the labor laws – under which the registered migrant workers were entitled to labor rights protection – were not effectively enforced. Finally, it was cheaper to pay the police “protection fees” than to pay the registration fee.

In response to some of these problems, the 2004 Alien Labor Policy of Thailand attempted to reduce

migrant dependency on employers. Registration in 2004 was carried out in two stages: the first stage entailed the registration of migrants for temporary ID cards and registration of employers who declared their needs for potential migrant workers; and the second stage was for registration of migrant workers and employers for work permits.

During the first stage of registration in July 2004, migrants from Burma, Cambodia and Lao PDR could register for a one-year temporary residence card for free, upon presenting at the designated local office with a landlord or with a central village house registration. Many migrants, however, actually ended up paying as much THB1,000-3,000 for these residence cards under false pretenses. For example, village headmen, particularly in the north of Thailand, took advantage of the general confusion regarding the ID cards for the hill-tribes of Thailand and offered to obtain a temporary ID card for anyone willing to pay, which they fraudulently inferred would lead to full



Thai NGOs distribute brochures on labor rights and HIV/AIDS at migrant festivities. Chiang Mai, Thailand, 2004.

Photo courtesy of MAP Foundation

Thailand Significant Events 2003 - June 2004

2003**January**

(29) Thai actress's alleged comments on Angkor Wat provoke Cambodian mobs to attack the Thai embassy and Thai-owned businesses in Phnom Penh and Siem Reap, resulting in a serious diplomatic row.

February

Thailand's "war on drugs" starts.

March

(21) Thailand and Cambodia agree to reopen their common border, which was closed in the wake of anti-Thai riots in Phnom Penh.

April

The death toll as a result of Thailand's "war on drugs" reaches 2,275. Amnesty International criticizes the government by calling the campaign a "de facto shoot-to-kill policy" of anyone suspected of being involved in a drug trade.

May

(31) Thailand and Cambodia sign an MOU on Cooperation in the Employment of Workers as well as an MOU on Bilateral Cooperation for Eliminating Trafficking in Children and Women and Assisting Victims of Trafficking.

June

(21) Thailand and Burma/Myanmar sign an MOU on Cooperation in the Employment of Workers.

July

Prime Minister (PM) Thaksin

announces his decision to send Thai troops to Iraq. Despite lacking popular support, the Thai government completed the dispatch of 447 military personnel to Iraq in September.

Ministry of Public Health reports that there have been two deaths as a result of SARS since November 2002. The ministry reports that both victims are foreigners and that there has been no local transmission in Thailand.

October

(16) Surrounding APEC forum, PM Thaksin announces that the US made Thailand a major non-NATO ally, a move that will make boost security cooperation between two countries.

(17-18) Thailand hosts the ministerial meeting of the APEC in Bangkok where leaders agree to revive the talks on global trade liberalization that collapsed in Cancun, Mexico.

2004**January**

The unrest in Yala, Pattani and Narathiwat provinces in the deep-South starts to escalate. In the first four months, more than 200 people, including police, militants, insurgents, monks, teachers and youth, are killed.

The Cabinet approves a smart card project starting in April 2004.

April

The government renews its "social

order campaign" and orders night clubs to close at 1pm, one hour earlier than previous regulations. NGOs report that the income of sex workers has dropped and pimps and agents can take advantage of sex workers more easily as a result of this regulation.

April

(2) It is disclosed that Thailand will ask Malaysia to withdraw the Malaysian nationality of about 30,000 Thai citizens holding dual citizenship. The government says the problem in the South is partly caused by people holding dual citizenship.

(4) It is reported that the UN High Commissioner for Refugees called on the Rights and Liberty Protection Department to establish preventive measures and prosecute violators due to deep concern over alleged rights violations against Burmese refugees in refugee camps along the Burmese border.

July

(5) Thailand signs an FTA with Australia.

(11-16) Thailand hosts the 15th World AIDS Conference in Bangkok with over 17,000 attendees from various sectors.

Migrants register for a temporary ID card while employers register for the needs of migrant workers.

Sources:

Bangkok Post, The Nation

Thai citizenship.

By the end of July, 1,284,920 migrants (921,492 from Burma, 179,887 from Lao PDR, and 183,541 from Cambodia) had registered during this phase for the temporary residence card. It was announced in August that migrants with this card could buy into the Universal Health Care Coverage scheme (also known as the “30 Baht scheme” because treatment for each disease costs THB30 only) independently of the work permit, paying a total of THB1,700 (USD43) for a year’s access to health care. Education for children was officially guaranteed for any child on Thai soil, although in reality there has been little facilitation of this for the children of migrants.

During the same period of time, employers were asked to register their needs for potential migrant workers. 246,553 employers registered, requesting a total of 1,591,222 migrant laborers.

During the second phase of the registration, from 1 August to 15 November 2004, migrants who had registered for the temporary residence card could start the process of obtaining a work permit. Migrants first had to present at the hospital for a health check-up. Some pregnant female migrants were deported after pregnancy screening, but the pregnancy-related deportations ceased following public criticism against this inhumane treatment.

Those migrants who passed the health check paid THB1,700 (USD43), which entitled them to access the 30 Baht health scheme in Thailand. After this, they could find an employer who had registered their need for a migrant worker. Employer and employee would then register together for the work permit. 900,000 migrants, of whom 90% were from Burma, registered for work permits. To get a one-year work permit, migrants had to pay a total of THB3,800 (USD100).³

As the Royal Thai Government was implementing its registration policies, it also signed an MOU on Employment Cooperation with Lao PDR, Cambodia and Burma in October 2002, May 2003 and June 2003 respectively. The MOUs aim to make migrations flows legal and regulated, and to entitle migrant workers to due protection. As part of the initial stage of implementation of the MOU on Employment Cooperation, the government has started its preparation for the process of verification of country of origin and issuing of travel documents to migrant workers.

Working Conditions

According to Thailand’s migration policy, all migrants who register to work in Thailand are protected by the national labor laws of Thailand and entitled to receive the minimum wage, which varies between THB139-181 per day, depending on the province.

Despite this policy, the majority of migrants receive far less than the minimum wage. For example, most women factory workers in the Mae Sot area work from 8am – 5pm and receive around THB50-70 day (a third of the legal minimum wage). In peak seasons, they work overtime from 6pm – 11pm or sometimes even until early the next morning; despite this, they receive only around THB30 for six hours of overtime. The employers deduct between THB100-300 for accommodation (often a small floor space in a crowded dormitory), and also deduct the cost of the work permit through monthly installments. Therefore, on average, a female migrant factory worker receives only THB1,200 – 1,500 a month after deductions. Migrants are also fined in some factories for infractions such as “taking a long time” in the toilet or for arriving five minutes late to work.

In other sectors, agricultural workers earn some of the lowest wages and have to work very long hours. Quarry miners earn the highest wages, but also work in one of the most dangerous jobs, dynamiting the quarries by hand.⁴ Fishery work was also cited in the MMN research as one of the most difficult and dangerous jobs. Workers have to stay on a boat for seven to 10 days per shift, working for nearly 16 hours a day with no days off until they return to the shore. They may face a storm during the shift, which can lead to fatal accidents.

Most of the migrants interviewed received only one day off every two weeks. Domestic workers were given a mere two or three days off a year to attend religious ceremonies or for the Water Festival. They are not protected by the national labor laws of Thailand and thus their working and living conditions totally depend on their luck in finding a good employer.

In addition, many migrants have their personal documents, such as work permits, impounded by their employers, resulting in a risk of being approached by the police or immigration at any time and being arrested and deported for not possessing

the necessary documents. Without their health cards, they cannot access the 30 Baht scheme despite the fact that they paid THB1,900 for this when registering for a work permit.

Legal Protection

In Thailand, migrant workers are banned by law from forming their own unions. The law specifies that the Board of all unions must only have Thai nationals born in Thailand. (Labour Relations Act 1975, Section 101). Migrants are also physically limited from forming committees due to the realities of their situation, including having no free time, no autonomous community areas and difficulties in



NGO representatives meet an official from the Ministry of Health to discuss the health issues faced by migrants in Thailand. Rayong, Thailand, July 2003.

moving around and meeting workers from other sites.

Not being able to form unions is a major barrier for migrants trying to improve their working conditions. Additionally, many migrants never actually meet their employer. They deal only with a supervisor, a foreman, or a *mamasan* who may or may not represent their case to the employer.

There have been some encouraging cases where workers in factories began speaking out against exploitation. In 2003, 34 workers who worked for far less than the minimum wage and had been subjected to physical and psychological abuse at the Nut Knitting factory in Mae Sot, filed complaints to the Labor Protection office. The office issued an order for the employer to compensate the workers for THB4.6

million (USD118,000) in unpaid back wages. When the employer did not pay, the migrant workers took the case to the Labor Court. One and a half years later they received compensation of THB1.3 million (USD33,333). This was much less than the original claim owed, but a victory nonetheless for migrant workers who had previously believed that they could not successfully avail themselves of the legal system of Thailand.

Issues faced by migrants

• Movement and Travel

Until recently, migrants from Burma, Cambodia and Lao PDR entered Thailand without any travel documents.⁵ Those who cross the border into Thailand often have no other choice but to rely on brokers, agents and traffickers in order to go well inside Thailand, where there are more employment opportunities than the border areas. In some cases, these agents charge extortionate fees and subject the migrants to severe forms of exploitation.

Even after migrant workers are registered for a work permit, they are not allowed to travel beyond the province where they are employed. In July 2004, for example, a small group of migrant representatives requested the government to allow them to travel to Bangkok to attend the World AIDS Conference. Their

request was turned down.

• Occupational Health and Safety

Enforcement of occupational health and safety (OHS) standards is critical in making sure that workers are safe. Migrants' work involves working with chemicals (spraying pesticides in orange orchards), lifting heavy objects (construction sites), or long hours of standing or repetitive movements (factory work). No migrant workers have reported that they have received training on occupational health hazards, nor were any safety officers available for consultation. No migrant workers were issued safety equipment in their workplace, whether safety hats and hard shoes for construction site workers, face

TABLE 1: DEPLOYMENT OF THAI WORKERS OVERSEAS

Destination Countries	Year						Total**
	2002		2003		2004*		
	Total	Female	Total	Female	Total	Female	
1 Taiwan	79,589	10,345	75,849	11,736	58,050	9,372	586,913
2 Singapore	15,354	453	12,480	436	9,757	333	102,273
3 Israel	12,952	682	6,327	579	8,689	760	69,731
4 Brunei	7,155	1,341	6,118	1,090	4,922	822	46,792
5 Japan	4,701	1,715	5,037	1,813	4,832	1,978	30,932
6 Malaysia	14,619	1,263	7,479	667	5,412	1,306	33,781
7 Hong Kong	4,962	4,577	4,143	3,823	3,431	3,256	27,094
8 South Korea	2,428	290	8,631	1,629	8,247	1,606	24,509
9 UAE	2,171	-	1,835	-	1,513	-	11,016
10 USA	1,955	-	2,331	-	2,367		

Source: Office of Overseas Employment Administration, Department of Employment, December 2004

Note: * As of October 2004

** The figures do not equal to the total stock of Thai migrants in the respective receiving country, as these are total of the deployment without calculating the number of workers who have returned.

masks for garment workers, protective clothing for migrants spraying pesticide in orange orchards or goggles for mechanics. Only some brothels provided condoms for sex workers. Only some workplaces had emergency fire equipment and instructions on what to do in case of fire.

Workers are left with no mechanism to complain without repercussions such as immediate dismissal, threats on personal security, or intrusions into personal space by "hired thugs".

● Health

In 2003, 70% of all malaria cases in Thailand occurred in the ten provinces bordering Burma. This seems to reflect both the health situation of migrants arriving from Burma and the health situation along the border in Thailand. The Ministry of Public Health figures for 2004 show that around 16,898 of the 288,000 migrants eligible for health care reported to state hospitals for treatment, the majority of them from Burma. Topping the list of conditions was acute diarrhea, with 5,822 cases, followed by malaria with 4,667 cases. Other conditions included pneumonia (830 cases), venereal disease (718 cases), and tuberculosis (519 cases). Most worrying were reports of illnesses already eliminated among the Thai

population, including leprosy (12 cases), tetanus among newborn infants (6 cases), and elephantiasis (5 cases). Around a quarter of the immigrant workers with medical conditions were found in the border province of Kanchanaburi.⁶

Migrants are particularly susceptible to the impact of the socio-political environment on health status. Language barriers, an absence of channels through which migrants can participate in the design, implementation and evaluation of public health programs, and the fact that migrants are denied the ability to travel freely and may be arrested and deported at any time all lead to the breakdown or inefficacy of the health system. Migrants who have not registered to work in Thailand and are not covered by the health insurance scheme are deterred from visiting a hospital as they will have to pay the full medical costs, and in some provinces will be handed over to the Immigration authorities after treatment.

There is a need for an official system wherein migrant health volunteers can be employed. In Thailand, there is a system of village health volunteers who are trained to work within the community to improve the public health. However, it is not possible to employ migrant health

volunteers under the current policies despite the acknowledgement of such need by local public health officials.

Increasing vaccination rates among migrant children is another challenge in Thailand. While many public health departments are now working with local NGOs on this issue, it is estimated that 16% of children of migrant workers do not receive vaccinations.

Another health-related issue faced by migrant women is the lack of sufficient services specializing in reproductive health and women's health needs. There are many incidences of unwanted pregnancies, home abortions, STIs (including HIV), and birth defects, which could all be avoided with appropriate health promotion, prevention, treatment and care services. Migrant women suffer from anaemia, malnutrition, communicable diseases, septic abortions, stress and other mental health problems.

Migrants may not always have easy access to condoms as they have limited mobility and their workplaces are often remote. Sex workers have relatively easier access to condoms, but this could

depend on the provision of condoms by brothel owners, NGO workers, or social or health volunteers in their workplace.

According to observations by local NGOs, an increasing number of pregnant Burmese women are giving birth to premature babies or babies with birth defects, including heart problems, cleft palates, and spina bifida. This possibly reflects the malnutrition faced by Burmese women both in Burma and as migrants in Thailand, and their lack of access to pre-natal health services in the early months of pregnancy.

Most migrants do not know their HIV status until they are very sick and have no choice but to go to hospital. Awareness of HIV issues among migrants and the level of understanding or stigmatization vary depending on whether or not the public health authorities and/or NGOs are active in those communities. In areas where health authorities and/or NGOs have been active, migrants are now more aware of HIV and there is less stigmatization than a few years ago. In reality, however, there are

TABLE 2: THAI WORKERS BY POSITIONS

No. Positions	2002		2003	
	Male	Female	Male	Female
1. Professional, technical and related workers	2,965	940	3,407	1,042
2. Administrative, executive and managerial workers	845	304	666	203
3. Clerical and related workers	403	353	580	397
4. Sales workers	211	146	181	143
5. Service workers	4,570	8,694	4,701	8,923
6. Agricultural, animal husbandry, forest workers, or fishermen	12,554	692	6,079	613
7. Production and related workers	11,505	1,526	10,297	1,462
8. Technical workers and transport equipment operations	56,852	9,702	60,165	9,815
9. Other industries	46,293	2,252	36,622	2,473
Total	136,198	24,609	122,698	25,071

Source: Office of Overseas Employment Administration, Department of Employment



A number of Cambodian migrants live together in migrant communities during their stay in Thailand. Rayong, Thailand, July 2003.

still many communities where stigmatization and misunderstandings are rife, as there are only a handful of NGOs while there are an estimated two million migrants. There are no specific statistics for HIV/AIDS among migrant workers in Thailand but some figures suggest that the prevalence rate may be high among migrants. For example, according to the latest UNAIDS report,⁷ the prevalence is particularly high in Burma on the Thai border. In Hpa-an, Burma, a crossroads for migrants crossing to Thailand's Tak province, the prevalence rate is 7.5%.

Free treatment for opportunistic infections is available for migrants living with HIV in Thailand and some small pilot projects offering Anti-Retroviral (ARV) medication are currently being implemented. However, to date, not all migrants who need ARVs have access to the treatment. According to migrants interviewed or who are in touch with a network of NGOs in Thailand, people do not seem to have access

to ARVs in Burma.

Meanwhile, prevention of mother to child transmission (PMTCT) of HIV treatment is readily available in Thailand and there have been great efforts by the authorities to make it accessible for ethnic minorities and migrant groups. Information has been disseminated through printed materials and radio in the migrants' ethnic languages. All pregnant women are tested for HIV on a voluntary basis, but there is a need for migrant counselors.

The mental well-being of migrant workers is closely related to their working and living conditions as well as safety issues. Interviewed

migrant sex workers and domestic workers both reported the stress and strain of trying to please many employers. Sex workers also work in fear of fights between clients on the premises which would require police intervention and lead to their possible arrest.

Migrant women are particularly vulnerable to violence, but in only a handful of cases can women pursue the Thai legal system to demand justice. In 2003, two Thai soldiers who raped a refugee woman and girl were sentenced to six and nine years respectively by the military court.

● Education in Thailand

Migrant children's access to education continues to be an urgent issue to be tackled. During the 2004 registration of dependents of migrants, it was estimated that 40,000 child dependents of migrants were registered. In addition, there may be up to another 50,000 children who are not registered. As of August 2004, however, only 1,269 undocumented and

**TABLE 3: REMITTANCE OF THAI MIGRANT WORKERS
BETWEEN 1995-2003 (THB MILLION)**

Year	1995	1996	1997	1998	1999	2000	2001	2002	2003
Remittance	42,235	45,777	51,910	58,845	56,910	67,936	55,606	59,251	66,297

Source: Bank of Thailand, April 2004



Photo courtesy of FTUB

Most migrants depend on agents to enter Thailand under unsafe conditions. The journeys arranged by agents are often dangerous, as migrants may be hidden underneath goods in a truck; this migrant was injured when his truck crashed. Thailand, April 2004.

non-Thai children were registered in Thai schools.

● Remittances

Migrants in Thailand do not have a right to open a bank account and thus do not have access to formal channel of remittances. Under these circumstances, the usage of the Hundi system to send money home has been seen as reasonably safe and effective. This is a system in which a broker in Thailand facilitates the remittance of migrants by accepting money from the migrant in the receiving country, and then calling a broker in the home country of migrants to pay the remittance amount to the recipients. Around 7% of the money will be charged to the sender and a percentage may be also charged to the receiver.

Other migrants will carry some money or gold with them when they go home. Migrants who are returning home for the first time may run into police and army checkpoints and have to pay fines or bribes, while more experienced migrants know how to avoid these checkpoints.

● Security Issues

Security is among one of the most immediate and

serious concerns faced by migrants. Immigration raids on factories, particularly in the middle of the night, create panic and confusion, and, in the worst case scenarios, result in death. In Kanchanaburi in January 2004 the Vita Pineapple canning factory was raided, and 11 migrants who tried to escape to the river drowned.

Mass crackdowns and mass deportations continue to be carried out, during which the obligation to ensure humane treatment and safety standards is often neglected. Migrants are often dangerously packed into old trucks and there have been several cases where these trucks have then crashed. In one case in February 2004, a truck commissioned by Immigration and insured for 20 passengers was carrying 106 migrants when it crashed, killing eight and seriously injuring many more.⁸

● Return/reintegration concerns

Most migrants have safety concerns during their return. Migrants from Burma are at risk of arrest on re-entry. Some Cambodian migrants also reportedly experience robbery or punishment upon return. From 1999 - 2002, some deported migrants were forced by

Thai police to walk a considerable distance back to Cambodia. At the Cambodian police station, migrants' remaining money was taken away by corrupt Cambodian police or were ordered to cut the grass in the station before they were released to their villages.⁹ Undocumented migrants from Lao PDR will be fined upon return according to village regulations.

Thai Migrants Overseas

While Thailand is the major receiving country of migrants in the GMS, it is also a sending country of migrants to countries outside the GMS. The top destination continues to be Taiwan, with 75,849 legally deployed migrants leaving the country in 2003 and 58,050 leaving in 2004.¹⁰ 12,480 Thai migrated through legal channels to Singapore in 2003. According to sources in the receiving countries, there are an estimated 104,728 Thai migrants in Taiwan and 70,000 in Singapore, as of 2004.

Migrants hired as "low skilled" laborers, especially domestic workers, are vulnerable to exploitation and discrimination, similar to that faced by migrants in Thailand. Domestic work is not covered under the national labor laws in Thailand. Ironically, many Thai migrants abroad face lack of protection of their labor rights, as many of their host countries also do not recognize domestic work as work and thus the workers are not covered under the respective labor laws.

Male laborers, especially construction workers and factory workers are also often vulnerable to exploitation, with further details discussed in respective receiving country reports in this book.

Responses

IGOs

There are a number of IGOs which carry out regional as well as sub-regional programs in Thailand, many of which center around combating trafficking or HIV/AIDS. Organizations carrying out anti-trafficking programs in Thailand include the International Labor Organization (ILO) which carries out the Mekong Sub-regional Project to Combat Trafficking in Children and Women through International Programme on the Elimination of Child Labour (IPEC), International Organization for

Migration (IOM), United Nations Inter-Agency Project on Trafficking of Women and Children in the Mekong Sub-Region (UNIAP), and UN Educational, Scientific and Cultural Organization (UNESCO). UNAIDS and UNDP are among those active in fighting HIV/AIDS and prevention activities. Many of these organizations work in close cooperation with the Thai government.

NGOs/CBOs

There are several organizations advocating for migrants' rights in Thailand, most of which focus on the issues of migrants in Thailand. The Action Network for Migrants (ANM), the national network of migrant grassroots organizations and migrant support groups, collectively advocates for better protection of migrants, and carries out a dialogue with the Royal Thai Government on a regular basis.

MAP Foundation, based in Chiang Mai, works with migrants on the issues of health, labor and women's rights. It provides information in migrant languages through radio programs, brochures, audio magazines and interactive magazines. The Act Against Abuse project of the foundation supports migrant communities to act against exploitation and abuse through advocacy to prevent exploitation, to teach legal rights education and provide paralegal assistance.

EMPOWER Foundation, based in Bangkok, Chiang Mai and Mae Sai, conducts outreach activities to sex workers and advocates for the protection of sex workers' safety, health and labor rights. Programs target both Thai sex workers and migrant sex workers.

There are a number of organizations working on broader issues in Burma, such as calling for democracy and exposing human rights violations in Burma. Many of these organizations also advocate for protection of Burmese migrants' rights and provide a variety of activities for Burmese migrants, including training and awareness raising activities on labor rights and OHS, providing alternative schooling or language classes, helping Burmese migrant workers organize, and publicizing the issues faced by migrants through the media. Such organizations include Thai Action Committee for Democracy in Burma, Federation of Trade Unions-Burma, Shan Women Action Network and Friends Without Borders.

In partnership with migrant support groups, migrants are organizing themselves and standing up against exploitation. Young Chi Oo Association, for example, is a migrant grassroots organization that organizes outreach to fellow migrant workers to raise awareness on labor rights and exercise collective bargaining power.

Several organizations provide health care for migrants in respective areas. In Mae Sot, a well-established community health service has been run by award-winning Dr. Synthia Maung. The clinic offers treatment and care in the migrants' languages and around 500 migrants receive treatment a day. In Ranong, Mae Sot and Mae Sai, World Vision provides basic services to migrants through Burmese doctors. In Mae Sai, EMPOWER runs a community health center for sex workers. In Ranong, Center for AIDS Rights (CAR) runs a community health center for Cambodian migrants. Other NGOs provide health education and counseling through outreach, or on the radio in the migrants' languages. Some NGOs provide translators for the hospitals. A number of organizations in coordination with the Raks Thai Foundation conducts a joint research on migrants health issues.

There are also several NGOs working on women's issues, including migrant women. Foundation For Women, based in Bangkok, provides assistance to migrant women in need.

Some of the church based organizations also have programs providing assistance to migrants. Catholic Commissioner for Migrants and Prisoners (CCMP)-Ministry to Migrants in Thailand, a program run by Marynoll Thailand, provides assistance to migrants in need, especially those in detention centers. CCMP-Office for Thai Workers Overseas provides assistance to Thai migrants before departure or upon return. The Mekong Subregional Program, a program of the Christian Conference in Asia (CCA), is based in Chiang Mai and assists migrants in the registration process, and also publishes newsletters to raise public awareness on the issues faced by migrants.

Some of the Thai labor groups also work with migrant workers. Thai Labor Campaign has recently started its program in Mae Sot.

Some universities in Thailand have special programs on migration issues. These include the Institute for Population and Social Research (IPSR),

Mahidol University and the Asian Research Center on Migration (ARCM), Chulalongkorn University.

Endnotes

¹A Tambon is a sub-district.

²Human Rights Watch, "Thailand: Drug War Darkens the AIDS Success," *Human Rights News*, 8 July 2004.

³Migrants could get a three-month work permit for THB450 (USD12), a six-month work permit for THB900 (USD24), or a one-year work permit for THB1,800 (USD48).

⁴Action Network for Migrants, "A Passport to Health," July 2004.

⁵Currently, the Governments of Cambodia and Lao PDR are in the process of verifying the nationality of migrants and issuing travel documents.

⁶"Immigrant Workers Provoke Public Health Concerns," in *MCOT News*, 31 March 2005.

⁷UNAIDS, "A Scaled-Up Response to AIDS in Asia and the Pacific," 1 July 2005.

⁸Amnesty International Thailand, "The Plight of Burmese Migrant Workers," in *ASA 39/001*, 2005.

⁹According to a 40-year-old Cambodian ex-migrant, interviewed in Pailin province, Cambodia. He worked as a construction worker in Chon Buri and experienced this himself upon return to Cambodia, and is aware the other migrants face the same problems.

¹⁰As of October 2004.

¹¹Thailand Overseas Employment Administration Office, 2003.