Migrant Workers and their Rights to Healthcare

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ABSTRACT

The Thai government permitted migrants from three countries, Burma, Laos, and Cambodia to work in several sectors. Burmese make up the majority of the estimated two million migrant workers from these neighbouring countries. The workers are allowed to extend their permit on a yearly basis provided they pass a mandatory medical examination. Registered migrant workers can access healthcare provided under the 30 baht (USD 0.8) scheme which is available to all Thai citizens. The 30 baht scheme was introduced in 2001 by the former Thai Prime Minister Thaksin Shinawatra. The scheme, which offers limited cover, was the first time that affordable treatment for all was introduced. Registered migrants are expected to pay Bt 1,300 (USD 37) for their annual health insurance while registering their permit. Nonetheless, they are only allowed to enter designated hospitals or healthcare offices. Furthermore, migrant workers face a variety of other barriers when accessing healthcare e.g. some migrants may lose a day’s wages, language barriers, patronizing attitude of Thai healthcare staff, and harassment from local authorities if their work permit is kept by their employer. Social networks formed informally through social gatherings can be helpful for facilitating migrants’ access to healthcare in the host country.
1. Migrant workers in Thailand

It is known amongst neighboring countries that Thailand is considered a popular destination country for migrants, especially for migrants from bordering countries. 2004 marked the first time that the Thai government allowed employers to register with the Ministry of Labour (MOL). This was done to determine the demand for migrant workers in Thailand. On the first day of registration 6,000 employers requested approximately 120,000 migrant workers. The Thai government then agreed to have the entire month of July, 2004 to be the registration period for migrants from three neighboring countries: Burma, Laos and Cambodia. After the migrants register themselves they are expected to have a physical medical check-up in identified hospitals or healthcare offices. The migrants that pass the physical exam can then submit their requests to obtain work permits.\(^1\)

There were 1,276,837 migrant applicants, including laborers and their family members that attempted to register under the state registry of Thailand known as Tor-Ror 38/1. Of that number, 1,161,013 migrants officially completed their registration. It is estimated generally by Government and NGOs that the total number of registered and unregistered migrants in the country is in excess of two million. Huge numbers of migrants may have failed to report themselves in that designated period since migrants enter Thailand on a daily basis and aside from the designated period the Thai government is not giving any opportunity for recently arrived migrants to register themselves. In addition, those migrants who registered in 2004 are required to renew their permit annually.\(^2\)

Most migrant workers in Thailand come from three neighboring countries: Burma, Laos, and Cambodia. Burmese migrants are the majority amongst these three countries. The migrants from the three countries are placed mostly in low-skilled jobs which most Thais prefer not to perform. Many of these migrants are working in “3Ds” jobs – Ds stand for dirty, dangerous, and degrading. It is also believed that limited economic opportunities in their home countries and high rates of poverty are “push” factors pushing people in the neighboring countries to cross into Thailand to explore more opportunities in life.

However, for Burmese migrants push factors can be more complex and different from their two counterparts since the causes of cross border migration can vary between forced labour (people are recruited by the Burmese military in state government projects), forced relocation, and persecution. Some of the Burmese migrants can be considered refugees, although some of them may fail to be recognized as refugees. To make things less complicated in this study the target group of migrants is limited only to economic migrants nonetheless the existence of migrants who have been persecuted and are working in the country is also acknowledged. Some incentive factors that can be considered as “pull” factors in the destination country (Thailand) can be the availability of work permits.

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\(^2\) Ibid.
of jobs especially in low-paid sectors i.e. fishing, fishery processing industry, agriculture, construction, domestic work. Therefore this allows the migrants to fill employment gaps in the country.

The main reason why Thai citizens do not perform “3Ds” jobs is that “3Ds” employment is characterized by poor working conditions and inadequate payment. Even though “3Ds” jobs are not considered as an income incentive to Thai citizens, generally, migrants can make more than five times the wages they would get working in their country of origin. The 2003 Gross National Income per capita in USD for these countries was as follows: Cambodia - $310; Lao PDR - $320; Burma - $220; Thailand - $2,190. Thailand's gross domestic product accounted for 91% of the combined GDP of Thailand, Burma, Cambodia and Lao PDR in 2003.  

It is believed that migrants' tolerance levels of poor working and living conditions is high considering the poverty, hardship, and even persecution (for some Burmese migrants) they face at home. It is apparent that migrant workers are also not fully aware of their labour rights. In Thailand migrant workers are not allowed to form a labour union since the labour union is limited only for Thai workers. Therefore the migrants are prone to have their human rights infringed.

2. The vulnerability of migrant workers

The migrants seem to be more exposed to vulnerability during their employment in Thailand as compared with local employees due to the fragility of social support via family and kinship in the destination society. The nature of the “3Ds” job can push the migrants into working long hours and labourious working conditions. Although some migrants conceded that working conditions in Thailand are more decent than the hardships they endure in their country of origin. Still there is some vulnerability faced by migrants such as lack of social support and legal protection, harsher working conditions, labour exploitation, and human rights abuses are reported. The migrant workers that failed to register themselves for the permit seem even more exposed to vulnerability since they can be easily threatened by both employers and authorities (for illegal stay and work).

The domestic labour laws in Thailand do not seem to be in favour of employees – Thai employees are still struggling to have their labour rights protected. The migrants working in low-paid and labour intensive sectors may have even worse conditions for having their labour rights protected. A possible explanation describing why the migrants are more fragile than the local workers could be that they (the migrants) are not allowed to form a labour union. Impeding their rights to form a labour union implies that the migrants

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cannot bargain for sound conditions of employment. Therefore the migrant workers are not protected by the labour law.

3. Health rights as labour rights

The human rights of every migrant worker are stated in international law mentioning that all migrant workers regardless of legal status are entitled to have their human rights protected the same as any other human being. The International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families can be considered as the most comprehensive instrument protecting migrant’s rights. In 2003 the convention came into force. The convention creates a baseline for governmental parties that signed the convention and obligates them to advocate. Mentioned in the convention for both documented and undocumented migrant workers, the Convention outlines that the human rights of all migrants regardless of their legal status are to be enjoyed and protected. However this convention has not been ratified by most developed countries.

In this convention migrants’ rights are needed to protect against enslavement and violence; they should have access to emergency medical care and education for their children; they should have equal treatment as nationals in regards to working conditions; they should have the right to join trade unions and other organizations defending their interests (in Thailand migrants are not allowed to form a workers union); and they also should have rights to cultural identity, freedom of thought and of religion. Nonetheless in the convention the responsibilities of migrants to abide by national laws and respect the cultural identity of host country inhabitants are also outlined.

4. Rational

Thailand can be considered as a hub for migrants from its neighbours, Burma, Cambodia and Laos searching for a better quality of life. Although migration in this region was acknowledged by the host country (Thailand), Thailand does not seem to have any long-term plan for handling migrants so only some short-term (annual) policies based on contingency were introduced. Migrant workers and their families were allowed to access the national healthcare plan through registration. Therefore the registered migrant workers are allowed to exercise their rights to access healthcare services provided. The family member(s) of the registered migrant are also encouraged to buy annual health insurance in order to access governmental healthcare services. As long as the influx of people into Thailand is still existing and some migrants from neighboring countries are employed nationwide, migrants’ access to healthcare will continue to be of concern since it will be considered as one of the most fundamental rights migrant workers should be entitled to have in order to live and work healthily in the host country.

5 Ibid.
5. Methodology

5.1 Area of focus

To narrow the area of focus on labour rights of migrants, health rights were chosen. Migrants’ access to healthcare provided in the host society is a major concern in this study. Since health can be considered as “first wealth” the migrants’ right to access fundamental healthcare was considered. Having good health is of major importance to most people. The accessibility of adequate healthcare (including dental care) can be also reckoned as a means for a good healthy life.

5.2 Sample

Focus group interviews were conducted with migrant workers. From late 2005 to early 2006 three groups of Burmese migrants (roughly 25 to 30 persons) living and working in Bangkok and Mahachai area, a port town located in the western part of Bangkok which is well known for producing frozen seafood products, were interviewed. The first group of Burmese comprising of three male Burmese who were coerced to work on fishing boats for 3 to 5 years and were then trafficked to an island called Tual located in Indonesia. The other two focus group interviews were conducted with two groups of Burmese migrants, one working in seafood processing factories. They were interviewed on their working conditions i.e. working hours, nature of work performed, access to healthcare, etc. Another interview was conducted with a group of Burmese migrants who experienced some injuries while they were working in seafood processing factories.

5.3 Objectives

- To pinpoint possible hindrances for migrants’ access to healthcare services
- To investigate Thai policies on registration of migrant workers regarding migrants’ access to healthcare
- To suggest realistic recommendation(s) for helping migrants to have better access to healthcare services in the host country.

6. Thai registration policies

On December 7th 2006, the government announced the renewal of the work permit policy for 668,576 migrants from Burma, Cambodia and Lao PDR who hold work permits which will expire on 28th February 2007 and 30th June 2007.

1. The Administrative Council on Irregular Migration approves the extension of the work permits for a further year.
2. The Ministry of Interior extends the period of time that migrants can be in Thailand until 28th February 2008 and 30th June 2008.

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3. The Ministry of Labour issues the workers cards and develops criteria.
4. The Ministry of Public Health issues information regarding the health check, health insurance and the diseases on which the work permit will be rejected. The health check will cost 600 baht and the health insurance 1,300 baht
5. Provincial authorities will re-issue the personal registration and ID card for people without Thai nationality on the same card as the workers card.
6. Immigration, Police and relevant authorities will strictly enforce arrest of unregistered migrants and prevention of entry in order to prevent negative impact to society and to the security of the country.

6.1 Methods

1.1 Migrants whose cards expire on 28th Feb 2007 can extend to 28th Feb 2008; migrants whose cards expire on 30th June 2006 can extend to 30th June 2008
1.2 Registration for migrants whose cards expire on 28th February takes place between 10th January 2007 and 28th February 2007
1.3 Registration for migrants whose cards expire on 30th June 2007, registration takes place between 10th January 2007 and 30th June 2007.

6.2 Documentation

2.1 For migrants registering with the same employer they do not need to bring any documentation.
2.2 When a migrant has a work permit, s/he can change employer under the following conditions: abused by the employer, sexually exploitation, no payment, the employers business closed, or the death of the employer etc.
2.3 Migrants who get work permits must enter into the verification of nationality process to change status to enter the country legally.
2.4 For employers who already have a quota for migrants to use the same quota. For employers who have workers but no quota, to register for a new quota.

7. Accessibility of healthcare services for migrants

The admission for labour registration policies always requires the migrants to undergo medical screenings after the migrants have registered with the MOL. The migrants are expected to have themselves physically checked in designated hospitals or healthcare offices. Upon the (medical) approval based on the result of the medical check-up the migrants are allowed to have an annual work permit to live and work in the country. The medical check-up is compulsory for all registered migrants in order to have their permit renewed annually. Through the registration process the migrants are asked to pay for yearly health insurance in order to gain access to the designated governmental hospitals or healthcare offices. In most cases the migrant workers have to pay the registration cost themselves although in some cases the employers may help their employees pay the initial cost of registration. The registration fee initially paid by the employers can then be deducted on a monthly basis from the employees through their wages.
Medical insurance and check-ups are not only limited to migrants in the labour force but family members who have registered with the Ministry of Interior can also apply for healthcare. The medical check-up costs 600 baht (approximately USD 18) while the yearly insurance costs 1,300 baht (approximately USD 38). Via this process the migrants and their family members who registered with the MOL can access healthcare in designated hospitals or healthcare offices. However, the amount of money needed to pay for annual health insurance and medical check-ups comprises a large proportion of their annual remuneration since the payment for the migrants is relatively low.

Ma Ne, a migrant worker working in Samut Sakorn Province, a port town well-known for seafood processing industries, earns 145 baht (3.80 dollars) a day cleaning shrimp and fish. A migrant worker may have to work solid for at least a month or two to be able to afford to pay for the insurance, medical check-up, and registration fee. Through the process of registration for the permit it is compulsory for the migrant workers to pay for health insurance and medical check-up. Some workers mentioned that they barely need access to any healthcare service since they are young and healthy enough not to be susceptible to any curative transmitted disease. Based on the statistics given by the MOL the average age for most migrants working in Thailand is below forty so that it is less likely that this youthful migrant population would require intensive healthcare services; nonetheless it should be available for the migrants to access when need be.

The study on “An Evaluation of Employment and Health Rights of Female Burmese Migrants Working as Domestic Workers in Bangkok” suggests that the range of ages for the majority of Burmese working as domestic workers is between 14 to 35. Considering the younger age of these migrant workers it appears most of them are less apt to require healthcare services than their older counterparts. Interviews with 27 female migrant workers were conducted in the above mentioned study. Most of these Burmese domestic workers are working without the permit – only 4 out of 27 migrants have the permit. Questions related to the access of healthcare services were posed to these migrants. None of them had experience accessing public healthcare services because they had not needed it and they did not want to jeopardize their work and stay in Thailand in case they report themselves to the authorities through accessing (public) medical services. Therefore some of them would prefer to go ask for healthcare from private medical services where the cost of treatment is tremendously high. Nonetheless the employers have been very helpful in facilitating access to healthcare services for these Burmese migrants.

8. Barriers that prevent migrants from accessing healthcare

First, the long distance to get to designated healthcare services combined with migrants long working hours make it somewhat difficult for migrants to access healthcare facilities. In the meantime, to take time off implies that the migrant has to bear the loss of daily payment. The migrants mostly would ignore minor sicknesses i.e. headache, cold,

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stomachache in order to make sure that they do not miss any payment. In some cases minor health problems accumulated and in the end required some intensive care and treatment.

Second, some employers seize migrants’ permits and return only a photocopy. Although according to the law the migrants have sole rights to keep the permit, in reality the employers seize their employees’ permit. The reason the permits are kept is because the employers do not want the migrants to abandon their jobs. Therefore the migrants are not able to show authorities the permit while traveling in the host country and without the permit (in cases when the permits were kept by the employers) the migrants have difficulty obtaining healthcare services. In addition, migrants may be afraid of being arrested by the authorities on the way to or from healthcare service centers.

Third, language barriers can also be considered a hindrance for migrants to access healthcare services since most hospitals and healthcare services do not have any translator providing services in the migrant language. The migrants may have some difficulty describing the symptoms of their sickness unless the migrant can manage to take their own translator (some migrants can manage to take their friend who can speak Thai to help them with translation). In some areas with a high density of migrant workers the local hospital can afford to have some translation services (mainly supported by local NGOs working on migration). For registered migrants who have been working in Thailand long enough and manage to speak the language well they seem to have more access to healthcare services.

A study on “An Evaluation of Employment and Health Rights of Female Burmese Migrants Working as Domestic Workers in Bangkok” suggests that Burmese female domestic workers who are more accustomed to Thai can easily bargain for better conditions of employment i.e. payment, fringe benefits, and access to healthcare services from their employers.

Fourth, and last, the condescending attitudes of Thai healthcare staff discourage the migrants from accessing healthcare services. Negative attitudes of Thai healthcare staff makes the migrants somewhat reluctant to seek treatment from assigned public healthcare centers. In addition, most patients visiting public healthcare services are likely to wait an extreme amount of time before receiving treatment and sometimes end up in need of intensive treatment. Unregistered migrants may fear being arrested or harassed while they are looking for healthcare services.

9. Occupational health and safety risks affecting migrants

Many migrants working in “3Ds jobs” are exposed to hazardous working environments, poor housing, labour exploitation and inadequate access to healthcare services. Some migrant workers, especially the Burmese working in seafood processing factories in the

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Mahachai area on the Western side of Bangkok, face more health problems relating to the nature of their work which exposes them to harmful substances.

In the seafood processing industry the nature of work requires the product to be cleaned with various substances. There are hazardous substances, i.e. acid detergents, tray wash detergents, caustic detergents, alkaline detergents, and acid foam detergents which can cause tremendous negative effects on health. To preserve fresh products a cold temperature is required, therefore seafood factory migrant workers are often expected to work in very cold temperatures for long periods of time. Migrant workers are thus often susceptible to illness due to a poor and unhealthy working environment.

It is likely that the migrants working in “3Ds jobs” face unpleasant working conditions which can render them more vulnerable to infectious disease and poor health; although health status can be determined by numerous factors and outcomes as diverse as the background and overall condition of individual migrants. Still in some cases, moving abroad (into Thailand) may offer access to improved health and education services. Regardless of the fact that well educated and skilled migrant workers tend to have less chance to suffer from the migration experience, there are several interrelated reasons why certain groups of migrants face increased health risks. Poverty can also be considered as the most critical health determinant of all; the poorest tend to have the poorest health. Compared to locals, migrants especially from the three neighboring countries; Burma, Cambodia, and Laos are far more likely to be economically disadvantaged.

10. Interviews with Burmese migrants working in the seafood processing industry

Through a visit to a migrant worker site in Mahachai some interviews were conducted with a group of migrants who had health problems related to occupation and safety at work. A 25-year old – Myint Wai—(anonymous name) had one of his hands cut off by a meat grinding machine. Mr. Wai worked in a fish ball factory for a couple of years. He states that:

“I lost my hand because of the grinding machine and now I am posted to work in a different section. My boss sent me to seek some treatment in the hospital in Mahachai and it took me at least a month to recover. It is a traumatizing experience to have a hand cut off. Although I have not really got over this yet, I know I need to live with it. Anyhow at least my boss did not ditch me after my hand was cut off. I am working in the same factory and my job does not require me to handle the machine anymore. The reasons I had my hand cut off is that I felt asleep while I was working. Normally I start my work around 4:30am and my job finishes about 4:30pm if I don’t have to do overtime. If I work overtime I may be required to work until 8 or 9pm. I needed to use the machine at all times so I had to be very careful while I was working.”

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Mr. Wai acknowledges that he has not received any compensation for loosing his hand from his boss and that he was not paid while he was hospitalized. Mr. Wai is a registered migrant worker so he is not afraid to identify himself at the hospital when he needs to access medical care through a public hospital in his compound. But for those migrants failing to register with the MOL accessing healthcare services, especially from public hospitals or public healthcare services, causes concern that they may uncover themselves. Some unregistered migrants tend to ignore minor sickness or injury to avoid identifying themselves. Consequently in some cases their health problems have accumulated and they eventually need intensive treatment.

Another terrible case concerning “four unregistered Burmese workers” was shared by a group of interviewees. Four unregistered Burmese were mistakenly allowed to work in an ice factory in the Mahachai area. One day when the authorities (police officers) came to investigate if the factory hires unregistered migrants, the four unregistered Burmese migrants were hidden and locked in a freezer to avoid arrest. The co-workers of the four migrants failed to recall that the four Burmese workers were still in the freezer. Four dead bodies were found in the freezing room the next day.

Most migrants working in “3Ds” job are exposed to excessive working hours, lack of toilets in the factory, hazardous substances usage, and unhygienic working environments. The situation of unregistered migrants is even worse due to the fragility of their illegal status. They are afraid of being harassed if they visit a hospital and of being arrested while traveling to access medical services. This problem could be solved if those migrants were able to be helped through a social network.

11. Social networks and migrants’ access to healthcare services

The employer plays an instrumental role to facilitate the workers access to healthcare. Some migrants are allowed by their boss to have a day off on Sunday and gather with each other as a group in public venues for numerous purposes. This allows them to form informal networks for assisting each other to access healthcare services. Mostly new comers who are struggling with Thai can be assisted by veteran migrants who are more accustomed to the language. Some migrants that know Thai after they have been working for some years are asked to go assist as translators when newcomers need to visit the doctor.

Poor working conditions such as long and restless working hours, lack of holidays, and the exhausting nature of work can push migrants to have an inclination to be susceptible to illness. For example some workers especially those working in a factory may be required to stand up for more than 8 hours to perform their job. Tina (anonymous name), one of the young migrants working as a domestic worker who used to work in a seafood processing factory in Chonburi province acknowledges that:
“When I was 17, I got a job in a small factory. My job was to remove the shrimps’ shell. I was expected to stand up during my working hours (at least eight hours). The shrimps were freezing cold. Although I was given some gloves to use my hands became waterlogged and hurt. It was horrible working in the factory so I just worked there for a year and a bit.”

Most young migrants find it is easy to escape from severe working conditions by finding new employment. Tina shared some experiences on how she found herself new employment after her nightmare in the small seafood processing factory.

“I left my job because a friend of mine had introduced me to work as a domestic worker with a Thai family. I jumped at that opportunity since I couldn’t bear having sore and swollen legs anymore. I sometimes cut my fingers because I needed to use a knife to remove millions of freezing shrimp shells. I always had waterlogged and frozen hands since the shrimps were soaked in ice and water. I was happy to be able to leave the job at least the new job will keep me away from such working conditions.”

Experienced domestic workers who have been working in Thailand for some years and are able to speak both Thai and English are able to have better employment, i.e. higher payment and / or better working conditions.

The barriers for accessing healthcare services can be removed with some assistance from the employers. The employers play a pivotal role with helping the migrants to access healthcare services.

Aye Aye (anonymous name) – a 21 year old Burmese domestic worker working in an English speaking house stated that:

“My boss and his family were so kind to me. I once had a serious stomachache in the middle of one night and they (her boss) gave me some medicine that night. They took me to see a doctor in a private hospital the day after and helped me to pay the medical bill. They allowed me to take some rest until I got fully recovered from my sickness. I still feel gratitude for their generosity.”

She is very fortunate for being treated well by her boss. But not every migrant experiences such luck. Many migrants working in factories are not under such close supervision of their employers and cannot rely upon them for assistance. The domestic household workers can sometimes establish a close relationship with his/her employer which can help the migrants to receive healthcare services.

12. Concluding remarks

Migrant workers in the three neighboring countries: Burma, Cambodia, and Laos registered with the MOL are required to go through the medical check-up process before
the permit can be issued. Via the registration the migrant worker is required to pay for their annual health insurance. The cost of the medical check-up and annual insurance is 1900 baht: 600 baht for the medical check up and 1300 baht for the annual insurance, the cost is mostly paid by the migrants. The family members of the migrants are also allowed to apply for health insurance. This helps the migrants and their families to have access to healthcare services. One thing which may be considered as a drawback is that the registered migrants are allowed to access only a designated hospital or healthcare service which sometimes can discourage the migrants to travel for healthcare services.

Most hospitals or healthcare services do not have staff who can communicate in migrant languages so language barriers can be considered as another bottle-neck for the migrants to access healthcare services. In addition, opening hours at the healthcare facility do not facilitate the off work hours of the migrants. Migrants having health problems may avoid health services because they have to choose between obtaining the healthcare service and getting paid to work. Also, the negative attitude and condescending tone of the healthcare staff towards the migrants can make them reluctant to ask for healthcare assistance.

Although the migrant workers are young, they are faced with long, monotonous, labour intensive, dangerous, unhealthy, abusive, and exploitative conditions. Those migrants working in the seafood processing industry are even more exposed to hazardous substances. This factor can push the migrants into having health problems. The generosity of the employers plays a pivotal role in facilitating the migrants’ access to healthcare services even from private hospitals.

The gathering of migrants can help to establish informal social networks which can be a benefit for migrants. These informal social networks are especially helpful to new migrants who seek assistance and support. In the case of language barriers migrants can get help from their friends who are more accustomed to Thai when accessing healthcare services. However, some workplace environments, i.e. domestic work where the nature of work does not enable the migrant to associate much with others make it more difficult to establish such networks.

For unregistered migrants there is not much incentive to access healthcare via formal channels such as public hospitals and healthcare services. But through indirect channels via the network the unregistered workers can receive some medical assistance by their peer friends, and from some social enterprises such as churches and NGOs.

13. Recommendations and suggestions

It would be beneficial if the MOL could designate places where migrants could access healthcare without the hassles listed above. Migrants should be allowed to select the place and time (on the weekend or outside their working hours during weekdays) in order to make accessing healthcare services more convenient. Health insurance paid by migrant workers should be enough to ensure care for the few that require services. Hospitals should be able to provide these services, but other options such as providing healthcare
services in areas, such as the docks for the seafood processing industry, would be useful and should be considered.

In an area with a high density migrant population some translation services in migrant languages should be considered in order to facilitate the migrants access to healthcare services i.e. translation of symptoms and medical prescriptions should be available. If this is possible hospitals should also consider having additional hours to facilitate migrants’ access to healthcare services. Consequently, migrants that have health problems should not face the dilemma of avoiding or delaying healthcare assistance in order to avoid forfeiting their pay. Negative attitudes to migrants amongst hospital staff and the general public, learnt from school and the media, can also be diluted through raising awareness of the conditions the migrants have come from and their contribution to Thai society/economy.

Undocumented migrants also fear that healthcare providers will tip off authorities. This often discourages migrants from seeking medical treatment. What often begins as a minor problem can flare up into a serious illness. Despite these and other problems, few decision makers appear willing to revisit existing policies and establish new legislation that would benefit both undocumented migrants and the health-care system. The policies on registration of migrants that allow only migrants who registered in July 2004 to extend their permit annually, should be amended to enable newcomers to have social protection or help in order to receive appropriate medical care. New migrants should be allowed to register so they can be part of Thai social security via healthcare services provided for registered migrants. If the MOL does not wish to register new migrants, some new approaches are needed such as having undocumented migrants buy health insurance to help them access healthcare services. Overall it is recommended that the registration process should implement a system of managing migrant workers with a longer-term perspective than is currently in place. If demand is met, there shouldn’t be any need for undocumented workers, so long as employers are also happy with the system. All registered workers and their families could then have health insurance.
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