

HIV Harm Reduction for Low-Income Migrant Communities

Thailand

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Section I: Narrative

The main goal of this project was to address structural barriers to healthcare by providing access to information and resources for the prevention and treatment of HIV among migrant workers in Thailand. In doing so, this project also aimed to address biases against migrants and the LGBTQ+ community within the healthcare sector as well as in society more broadly.

I have been involved with the LGBTQ+ community in Thailand for three years, in both an academic and personal capacity. For my senior thesis research on LGBTQ+ healthcare in Thailand, I conducted three months of fieldwork in Thailand and interviewed 30+ healthcare providers and LGBTQ+ patients on barriers to health, healthcare, and wellbeing for LGBTQ+ Thai patients. During this experience, I learned about the systemic barriers to care faced by LGBTQ+ migrant workers in Thailand.

Migration due to political, environmental, economic, and/or social factors is an increasingly necessary and common experience, particularly in the Global South, due to the effects of climate change and rising inequality. Nation-states are often not fully equipped or willing to provide universal, comprehensive health services even to all of its citizens, much less to those who do not have the rights of citizenship. Though healthcare has been considered a human right for decades by many international organizations such as the World Health Organization and the United Nations, most countries have neither the economic resources nor the political will to make this a reality. As such, many people experience gaps in access to the resources necessary to secure health, healthcare, and wellbeing for themselves and their communities. In Thailand in particular, resources dedicated to HIV prevention and treatment are often limited to those with Thai citizenship. Additionally, many migrant workers experience prejudice and discrimination when trying to access health services.

Thailand currently has the highest prevalence of HIV in Southeast Asia. Additionally, this project was hosted in Bangkok, where the need for these services in Thailand is greatest due to the high concentration of migrant workers who are employed on construction projects and at factories in and around the city. As a Thai-American, it was also personally meaningful to me to be able to conduct this project at a place to which I have significant ties. Having Thai language skills allowed me to communicate with our partnering organization and execute project activities more smoothly.

I was not able to travel to Thailand due to the ongoing COVID-19 pandemic, which meant that I was overseeing project activities remotely. However, it was a joy to work with the HIV Foundation. The organization had the capacity and the relationships in the healthcare and LGBTQ+ migrant communities to effectively execute this project.

Many of our initial planned activities needed to be curtailed or adjusted due to the constraints of the COVID-19 pandemic, such as government-mandated lockdowns and restrictions on gathering. For example, while we had initially planned to conduct support groups to build spaces for critical discussions about living with HIV in different migrant communities, doing this in-person was not possible, nor was doing so remotely possible considering many in these communities do not have access to smart phones or laptops.

Furthermore, we also needed to prioritize the safety of the case managers and volunteers with whom we were working, which limited the degree and extent to which they could interact with community members directly.

While I, the case managers, and volunteers speak Thai, we relied on Cambodian, Burmese, and Laotian case managers to communicate with migrant workers from those respective countries. Additionally, case managers and volunteers had to communicate with people in a socially distanced manner, or even had to communicate with patients who were actively under quarantine.

I define peace as the absence of violence, both direct forms of violence as well as structural violence, defined by Paul Farmer as “historically given (and often economically driven) processes and forces [that] conspire to constrain individual agency.” Freedom from both is necessary for people to live safely and to prosper. I believe that equitable access to healthcare is an integral component of this peace.

In the short-term, this project materially impacted ~150 migrant workers in Thailand during a time in which they are facing the extreme economic impacts engendered by the COVID-19 pandemic. With this funding, the HIV Foundation was able to establish a hotline, website, and other forms of outreach on social media specifically for migrant workers to access information and resources regarding HIV and COVID-19 prevention and treatment. Additionally, this project directly helped migrant workers living with or at risk of HIV to access medication and healthcare and to receive the food and living support needed for them to safely quarantine to mitigate the risk of COVID-19. Thus, this project contributes to the health and well-being of a systemically marginalized community.

In the long-term, this project has raised awareness about the healthcare needs of migrant workers among those within the Thai health system and government and allowed community workers.

This project distributed supplies and facilitated access to doctors' appointments and medication for migrant workers living with HIV. Additionally, this project provided food and living supplies to migrant workers living with HIV who contracted COVID-19 and were under quarantine. Furthermore, we arranged to have case managers who are Burmese, Cambodian, and Laotian to assist migrant workers living with HIV in order to address migrant-specific concerns. Because migrant workers often live in close living quarters highly susceptible to cluster infections, we also arranged for rapid COVID testing for at-risk workers in order to ensure timely quarantine, if necessary. We set up a hotline for migrant workers to contact in order to access resources and information regarding HIV and COVID-19. Additionally, we developed a website with information regarding HIV and COVID-19 in Thai, Khmer, Lao, and Burmese.

The project has raised awareness regarding the gaps in healthcare access experienced by migrant workers. We anticipate that the success of this project will demonstrate to government and NGO stakeholders the value of this work and continued need to build resources that address gaps in healthcare for migrant workers in Thailand.

This project has humbled me. Because I was not able to go to Thailand to execute this project, I relied heavily on our partner NGO, the HIV Foundation, whose volunteers and case managers undertook considerable risk to do the on-the-ground outreach and organizing work for this project. I have been amazed by their bravery, sacrifice, and compassion. Executing this project during COVID-19 has also further fueled my belief that healthcare is a human right. I seek to contribute to making that a reality by pursuing medical training.

This summer, the COVID-19 pandemic situation in Thailand significantly worsened, accelerated by the spread of the Delta variant. As mentioned above, I was not able to travel to Thailand to execute this project, and many members of the HIV Foundation, our partnering NGO, were directly affected or had family members directly affected by the pandemic. Additionally, migrant workers in Thailand have been among those hardest hit by the COVID-19 pandemic. Many were fired from their jobs or faced extensive quarantines with limited to no economic relief. Additionally, those who contract COVID-19 often fear deportation if they seek treatment. This meant that while conducting outreach related to HIV prevention and treatment, nearly everyone we met also sought assistance with COVID-19 related concerns. Additionally, the risk of COVID-19 is even higher among those in the migrant community living with HIV

who are immunocompromised because they have stopped taking anti-retroviral medication, since the economic impact of the COVID-19 pandemic has rendered medication unaffordable for many.

The case managers and volunteers of the HIV Foundation are vaccinated and were still able to conduct outreach activities outdoors and in a socially-distanced capacity with appropriate PPE. Additionally, the online and media aspects of the project were still able to be conducted, and I was able to meet with the case managers and volunteers regularly via Zoom.

My advice to future PFP grantees would be to be as flexible and understanding as possible and to anticipate potential setbacks or challenges and to have contingency plans in place.

Working with a trusted NGO with significant experience conducting advocacy in this field meant that this project could still be implemented effectively despite my not being able to be in Thailand in person. However, not experiencing the lived day-to-day reality of the situation in Thailand also meant that I was not able to fully understand the circumstances experienced by our volunteers and case managers. While this was not a detriment to the project, it did mean I felt unsure at times what was reasonable/possible to do and what level of risk was acceptable to undertake. As somebody who was not in the position of undertaking that risk myself, this meant that I felt less comfortable directing certain aspects of the project and left it up to the case managers to for certain decision-making processes. This was not a burden by any means, nor did it detract from the project, but was rather an additional communication dynamic to keep in mind when implementing the project.

Personal Statement:

“The Davis Projects for Peace grant allowed us to intervene and provide necessary healthcare resources and information to address both long-standing structural barriers and urgent needs created by the COVID-19 pandemic for migrant workers. This project taught me that direct action in these ways is important but is most sustainable when it builds towards longer-term solutions, such as by building connections among community organizations or by providing people with access to information and resources that allow them to then better advocate for themselves and others.” – Montita Sowapark

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Section II: Photographs

