



HIV/AIDS FAMILIES EVICTED FROM BOREI KEILA

The eviction of 31 families affected by HIV/AIDS from the inner-city community of Borei Keila in the Cambodian capital, Phnom Penh, raises serious discrimination, health and other human rights issues. Twenty of the families were banished to a de facto AIDS colony created by the government on the city outskirts, where they were given grossly sub-standard housing, on June 18. Three days later, the remaining 11 families were also evicted, sent to stay in rental houses while they wait to see whether the authorities will honor a dubious verbal promise of permanent new housing for them at Borei Keila in three months time.

These evictions cast grave doubt on whether Cambodia, which has been internationally praised as a model country for its approach to HIV/AIDS, is in fact truly committed to respecting the housing, health and other rights of people living with HIV and AIDS. In particular, the establishment of an AIDS colony, which promotes the isolation of such persons and their families from the rest of society, is a significant step backward. As well as the obvious discrimination and stigma issues, the site – 20km from the families' usual jobs, hospitals and schools – raises serious questions about access to health and other services and, even more fundamentally, how they will earn money to feed themselves.

Background

Borei Keila, a 14-hectare piece of prime land in central Phnom Penh, is home to a community of more than 1,700 families. Most are poor, with the adults and sometimes their children working as laborers, market porters, scavengers and so on. A number of residents are HIV+, and many of them are among the poorest of the poor in the community. Many are widows taking care of children by themselves, their husbands having died of AIDS.

In the run-up to the 2003 general election, the government proposed a "land-sharing" scheme which would allow a private company to develop part of Borei Keila for profit in return for constructing 10 apartment buildings elsewhere on the site as alternative housing for the residents. The idea, part of a public commitment by Prime Minister Hun Sen to improve the lives of Phnom Penh's urban poor, was welcomed by residents and others. It was agreed that all home owners living permanently at Borei Keila, and house renters who had lived there for at least three years (meaning at least since 2000), would be eligible to receive apartments in the buildings.

By early 2007, three of the 10 residential buildings had been constructed and authorities began allocating apartments to residents. Allegations of corruption in the process, with some families being unfairly excluded while outsiders who had no entitlement were given apartments, soon became rife.

In March 2007, about 160 families – more than 30 of them affected by HIV/AIDS – were evicted and their homes demolished, to clear land for the construction of the remaining apartment buildings. Most of these evicted families were screened to determine if they were eligible for apartments (some were given apartments, but authorities reneged on promises to give them to 25 other families). Nearly all of the HIV/AIDS families were, however, specifically excluded from the screening process, and denied a chance to claim an apartment if entitled to one – simply because they were deemed by the Phnom Penh Municipality to be in a different category, due to their HIV/AIDS status.

With the April 2007 local elections looming, and facing mounting criticism about its treatment of the HIV/AIDS families, who were living under tarpaulins in the ruins of their destroyed homes, the municipality agreed to provide temporary housing to them at Borei Keila and promised to find a permanent solution for them later.



*Mother & children evicted from home,
Borei Keila, March 2007*

The Green Buildings at Borei Keila

The authorities' temporary solution was to move the HIV/AIDS families into partitioned green metal sheds, known as "the Green Buildings", which had initially served as accommodation for construction workers building the

apartments. For two years, at least 31 families – each with one member or more who has HIV/AIDS – stayed in cramped, squalid conditions in the Green Buildings. The rooms were tiny, far too small for most families. The metal sheds were extremely hot in the hot season, and built on low-lying land which flooded in the rainy season. The sanitation system was poor, and residents waded through floodwater mixed with sewage at times. The health risks were high, including by having so many immune-suppressed people – many of whom suffered opportunistic infections – living in such close quarters with each other.

Importantly, however, the families were nearby to their medical providers and to their jobs, as well as schools and other services.

From the beginning, the authorities made it clear that the Green Buildings were only a temporary shelter, and for two years the families lived in fear of being evicted to somewhere even worse. Their concerns were heightened when it became known that the Phnom Penh Municipality's intended permanent solution was to move them to a relocation site in Tuol Sambo village, outside the city center, where it was building metal sheds – just like at Borei Keila – for them to live in. The families began advocating against the plan, complaining that it would take them far away from their jobs and hospitals, but the municipality pushed forward. The issue came to a head in early 2009 when the Ministry of Tourism, which is constructing a new headquarters on part of Borei Keila, sought the demolition of the nearby Green Buildings in order to create a garden in front of its new building.



Wading through dirty floodwater at Borei Keila's Green Buildings

Eligibility for apartments

For two years, authorities failed to assess the Green Buildings' families for eligibility to receive on-site apartments, despite it being well-known that some of them had lived at Borei Keila for long enough to be entitled. This exclusion – as well as the effective segregation of the HIV/AIDS families in the Green Buildings, where they were easily identifiable as being different from others in the community – violates Cambodia's 2002 Law on the Prevention and Control of HIV/AIDS. The law states that that no-one can be "quarantined, placed in isolation or refused abode" due to actual or perceived HIV/AIDS status.

It was not until late April 2009 – in the midst of intense advocacy by the families and by human rights and other organizations against a planned imminent eviction of the Green Buildings at the behest of the Ministry of Tourism – that local officials for the first time publicly acknowledged that any of the families were eligible for apartments. In May, 12 of the 31 families were put on a supposed list to receive apartments. It is unclear how the list, which was later reduced to 11 families, was drawn up. Several other families who have arguable cases for eligibility to an apartment were excluded. In any event, none of the families on the list immediately received apartments.

Evictions

The authorities proceeded to evict the HIV/AIDS-affected families from the Green Buildings in mid-June, ignoring numerous repeated appeals not to do so from non-government organizations, UN agencies, and the people themselves. Concerns about the relocation site in Tuol Sambo, especially when it became clear that conditions there would be sub-standard, had been mounting for months. In September and October 2008, more than 15 local and international organizations had written to the Municipal Governor and to the Prime Minister and his wife¹, urging that there be no forced relocation to Tuol Sambo; the organizations offered to contribute to finding fair, humane solutions for all the families in the Green Buildings, but on the condition that those of them who were eligible must receive apartments first. In March 2009, 27 of the families also wrote to the Prime Minister and his wife, after months of appeals to other officials had fallen on deaf ears.

Subsequent efforts by the UN Country Team, representing all UN agencies operating in Cambodia, also failed to prevent the eviction. On June 17, the day before the first families were evicted, Phnom Penh Municipal Governor Mann Chhoeun rebuffed a UN Country Team delegation who requested the imminent eviction be called off. UN officials had also earlier met with the Minister of Health Mam Bunheng, who reportedly said that the eviction was outside of his jurisdiction, but assured them that the health needs of the families would be met at Tuol Sambo.

On the morning of June 18, local officials arrived without notice at the Green Buildings to tell 20 of the families to pack their possessions to be moved to Tuol Sambo. To entice them to accept the move without resistance, donations were given to each family: \$250 provided by the Ministry of Tourism, and \$25, a 50kg bag of rice, bottles of soy

¹ The Prime Minister's wife, Lok Chumteal Bun Rany, is president of the Cambodian Red Cross and has been presented as an advocate for people living with HIV/AIDS.

sauce and fish sauce, and two buckets provided by the Phnom Penh Municipality. Within a few hours, all 20 families were transported to Tuol Sambo and allocated tiny rooms at the grossly inadequate site (see below).



A family & their possessions, on the way to Tuol Sambo

Three days later, on June 21, the remaining 11 HIV/AIDS families in the Green Buildings – the ones deemed eligible for new apartments at Borei Keila, according to the authorities' belated acknowledgment – were also evicted. They were told that they would have to wait three months to get rooms in one of the new apartment buildings which has yet to be completed. In the meantime, each family was given the insufficient amount of \$90 in order to rent somewhere else to stay until their apartments were ready. The families reluctantly left the Green Buildings with only a verbal guarantee that they would receive apartments – officials showed them, but refused to give copies of, documents which

supposedly guaranteed them apartments. It remains unclear whether the 11 families will indeed get apartments: in order to persuade them to leave the Green Buildings, the district governor reportedly told them that they could chop off his head if they never received apartments; within a few days, however, the governor had weakened his position, telling journalists that there was a “90 percent chance” the families would receive apartments.²

The Green Buildings at Tuol Sambo – an AIDS colony

The 20 families sent to the Tuol Sambo relocation site have traded the cramped, grossly inadequate conditions in the metal sheds of Borei Keila for virtually the same in Tuol Sambo. The major difference is that at Tuol Sambo, an isolated semi-rural area 20km from Phnom Penh, they are far from their jobs and support services in the city, and even more exposed to stigmatization. A return trip to Phnom Penh by motorcycle taxi, to go to work or to visit hospitals, costs the equivalent of about US\$5 – for families who only earn about \$1.50 to \$3 a day.³

There are multiple problems with the Tuol Sambo site, including:

Discrimination: There is a high likelihood of stigmatization of the HIV/AIDS-affected families by others who live in the area. The green metal sheds are distinctly different from other housing at Tuol Sambo, and from normal houses in Cambodia. Even before the evictees were resettled there, local people referred to the green sheds as “the AIDS village”. Just a few meters away from the green sheds at Tuol Sambo is a development of higher-quality, brick housing being constructed with the help of an NGO for other homeless people who are not HIV/AIDS-affected – sending an implicit if not explicit message that HIV+ persons deserve lesser-quality housing than other people. As well their conspicuousness, discrimination against the families from Borei Keila will likely further be engendered by their poverty and dismal living conditions.

Inadequate conditions: Conditions at the site are not fit for human beings, let alone for those who have serious health issues. The rooms in the six metal buildings at the site do not meet international minimal standards for even temporary emergency housing in terms of size, fire safety and sanitation, according to a 2008 Medecins Sans Frontiers assessment done of the site while under construction. The rooms measure 3.5 x 4.8 meters, including toilet, and some of them are grossly overcrowded, with families of up to eight persons in one room. The rooms are baking hot in the daytime, due to the metal walls and roof, and poorly ventilated because of lack of space between the buildings. The sewage and drainage system is rudimentary, including open sewers which will likely be a breeding ground for infection and disease, including mosquito-borne dengue fever and malaria. The buildings are constructed on unstable ground, prone to flooding. There are no kitchens or running water in the rooms, and only one well to service the 20 families and any other evictees who are sent there in the future.

Access to income/food: Tuol Sambo is far from the families' jobs in the city, and there is little if any employment available in the semi-rural area. The cost of transport to Phnom Penh to their low-earning jobs is prohibitively high. If they try to sell goods or services at Tuol Sambo, they would likely have limited success due to discrimination by

² *After Eviction, Officials Back Away From Housing Guarantee*, The Cambodia Daily, June 24, 2009.

³ According to a 2007 survey of HIV/AIDS-affected families in Borei Keila's green sheds and in the Toek Thla area of Phnom Penh, the average household income was 5,600 Cambodian riels (US\$1.40). According to a 2008 survey of HIV/AIDS families in Borei Keila (including some living outside of the green sheds and likely to be somewhat better off financially), average household monthly income was \$97 (or approximately \$3.20 a day). Cambodian Alliance for Combating HIV/AIDS (CACHA), *Action Research Focus on Food for All People Living with HIV/AIDS Particularly Women and Children*, June 2007; and Caritas, *A quick assessment on Community Needs of 52 HIV/AIDS families of Borei Key La*, July 2008.

local people there. Even at Borei Keila, close to their jobs, the families had lacked income and food security, and easily fell into debt if they could not work due to sickness.⁴ The situation can only be worse at Tuol Sambo.⁵

Health & access to medical care: The evicted families have significant health needs. Most have at least one member who is on anti-retroviral therapy (ART) medication, and many have opportunistic infections or other HIV-related health problems (including tuberculosis, kidney problems, stone in the urethra). The poor sanitation and other conditions at the site pose additional health risks, especially for those who are immune-suppressed and living in such densely-packed circumstances; the danger of infection or disease spreading quickly among them is increased. In addition, any drop in income for the families will likely lead to increased malnutrition and other disorders. The Ministry of Health has reportedly given assurances that ART and other medical services will remain available to the evictees in Tuol Sambo. But such a plan was not in place prior to the eviction and it remains to be seen whether the same level of medical services will be available to the families as was in Borei Keila.⁶ Also, it is apparent that there has been no discussion or assurances about the broader health issues, including the impact on health of the poor conditions at Tuol Sambo and the lack of income-generating opportunities there. Maintaining people on life-prolonging ART is of limited benefit if they don't have enough to eat. (Some residents, before the eviction, privately admitted that if they didn't have enough income in Tuol Sambo, they would be forced to sell their anti-retroviral medicine to feed their children.)

Four days after the eviction, Tuol Sambo was largely quiet. Many of the women and children had gone out scouring nearby ricefields for crabs to eat. Meanwhile, many of the men had returned to Phnom Penh to continue their jobs; one woman told LICADHO that her husband and others would eke out a living in the capital, sleeping on the streets wherever they could, and would return to Tuol Sambo to see their families on the weekends or whenever they could afford it.



The green sheds at Tuol Sambo

In the meantime, the government seems intent on sending more HIV+ people to the relocation site, expanding the AIDS colony. With the 20 families sent so far crammed into one room each, there are another approximately 40 rooms in the six metal sheds at the site still vacant. At time of writing, the district governor at Borei Keila was telling journalists that he intended to send 20 more HIV/AIDS families to Tuol Sambo imminently.

Conclusions

The HIV/AIDS-affected families of Borei Keila have faced two years of discrimination and other violations of their rights, and now they face more of the same. Solely because of their HIV status, authorities refused to consider whether they were eligible for new apartments at Borei Keila. Belatedly, and only under great pressure, did the authorities concede that some are indeed eligible, but still they are being kept waiting – without even being given a piece of paper stating that they will receive apartments. The 20 other families, including several who seem to be eligible for apartments but have been excluded, have been sent to an AIDS colony where they face stigmatization and serious risks to their health and welfare.

The authorities' treatment of these families over years speaks volumes about the level of respect for the rights of people living with HIV/AIDS in Cambodia. A government which receives tens of millions of dollars in donor money for HIV/AIDS⁷ programs was unable to find in a timely manner an equitable, humane housing solution for a small number of affected families in downtown Phnom Penh; it has deprived about half of them their rightful apartments for more than two years, and has now dispatched the others to live out of sight in deplorable conditions.

This case also highlights how services for people with HIV/AIDS, and recognition of their rights, are often largely limited to provision of ART and opportunistic infection treatment. This ignores their other equally-essential needs

⁴ According to the 2007 CACHA survey, families on average needed an additional 2,400 riels (60 cents) in income per day to cover their daily expenses. According to the 2008 Caritas survey, families' incomes barely covered their expenses and "they can earn money for daily consumption only"; when families could not work due to sickness, they had to borrow money to buy food.

⁵ The authorities' limited donations to the families during the eviction (a total of \$275 and some rice to each family) will provide an immediate buffer for them. However, the danger is that over time the families will spend all of this money on food and other essential needs, rather than be able to invest it in income-generating activities to give them a chance at self-sufficiency.

⁶ Following the eviction, the ministry seems to be relying solely on NGOs to provide services to the families at Tuol Sambo: one NGO has agreed (at the ministry's request) to regularly send a mobile medical team to the site, while another NGO is covering transportation costs for the families to come to Phnom Penh for medication or other treatment as needed.

⁷ More than \$38 million in international funding in 2006, according to UNAIDS; more than \$83 million for HIV/AIDS programs dispersed to the government by the Global Fund to Fight AIDS, Tuberculosis and Malaria, 2003-08. See

http://data.unaids.org/pub/report/2008/rt08_CAM_en.pdf and

<http://www.theglobalfund.org/programs/portfolio/index.aspx?CountryId=CAM&Round=7&lang=en>

such as adequate housing, job opportunities and sufficient nutrition, or even simply the cost of transport for people living afar to come and get their medicines. It remains to be seen whether the Ministry of Health's pledge of continued medical treatment for the Tuol Sambo families will be met; even if it is, this does not necessarily assure their good health or address other key issues such as discrimination. Without enough food, reasonable living conditions, and efforts to protect them from prejudice, the families will likely remain in precarious health and facing poverty and stigmatization.

The authorities' conduct toward the Borei Keila families, including the Ministry of Health's implicit endorsement of their eviction by its assurances that medical services will remain available to those sent to Tuol Sambo, contravenes its own policy to provide comprehensive "continuum of care" to people with HIV/AIDS. Such a policy espouses the need to address not only the medical issues but also the social, psychological and economic and legal consequences, including stigma, discrimination, and human right violations.⁸

To the contrary, discrimination and rights violations have been at the core of the government's actions over the past two years which have consistently weakened the HIV/AIDS community in Borei Keila, physically, mentally, socially and economically. It is long overdue that the Cambodian authorities change their attitude and take actions that respect the rights of these families and that strengthen and empower them, rather than continue to do the opposite.

Recommendations

To the Cambodian Government:

1. For the families at Toul Sambo:

- Ensure that all basic humanitarian needs of the families are immediately met; in particular, adequate clean water for drinking and bathing, and adequate nutritious food.⁹
- To alleviate overcrowding, provide each family with two rooms instead of one in the metal sheds. (The families had previously requested this, and they say that district authorities agreed but later reneged on it.)
- Ensure that any of the relocated families who in fact have legitimate claims to apartments in Borei Keila receive them as soon as possible.
- Provide land titles to the families at Tuol Sambo immediately, to ensure their land security and that title can be passed on to children in the event of their parents' death (a key concern of the families).
- Improve the living conditions at Tuol Sambo; consult with the families, NGOs and UN agencies on actions to achieve this.
- Ensure comprehensive health care services to the families; provide additional primary health care and preventative measures to the community, due to the health risks of a group of HIV+ individuals living in such close proximity to each other; pay transportation costs for residents to go hospitals as required.
- Fund the provision of food supplements, through existing NGO HIV/AIDS programs, to ensure the families have a balanced diet, until such time as they are economically self-sustaining.
- Fund the provision of income-generating opportunities for the families, to ensure that they can become self-supporting.

2. For the 11 families currently remaining at Borei Keila:

- Immediately provide the 11 families with written guarantees that they will be given apartments as soon as possible; provide the families with apartments on the first floor of the next apartment building to be completed; if feasible, prioritize the completion of 11 apartments so that the families can move in even while construction is being finished on the rest of the building.
- Promptly provide land titles for the apartments to the families, to ensure land security and that title can be passed to their children if necessary.

⁸ According to *Continuum of Care for People Living with HIV/AIDS in Cambodia*, Ministry of Health, National Center for HIV/AIDS, Dermatology and STDs (NCHADS), April 2003: "Throughout the course of HIV infection, people living with HIV/AIDS (PLHA) will face a number of consequences of HIV infection including physical health (opportunistic infections, premature death) and mental health (psychological distress), but also economic consequences (inability to work and cost of health care leading to poverty), and often social and legal consequences (stigma, discrimination, human rights violations). HIV/AIDS care should not only focus on medical care but requires a wide range of services, such as psychological, social, and legal support, hence the need of comprehensive care."

⁹ The government's donation of rice, soy and fish sauce to the families is welcome, but not sufficient for a balanced diet for persons living with HIV/AIDS. Similarly, the money donated to the families is welcome but this should remain available for investment in an income-generating activity, rather than to be spent on food.

3. For other HIV/AIDS-affected families at Borei Keila:

- Ensure that none are discriminated against and excluded from screening for eligibility for apartments; ensure transparent, fair screening; ensure, in consultation with NGOs and UN agencies, that humane housing solutions are found for any families who are not eligible for apartments.
- Cease plans to send additional HIV/AIDS families to the Tuol Sambo relocation site.

To UN organizations and local & international NGOs:

- Insist the government meet the recommendations above.
- Conduct a comprehensive assessment, including consultation with the community, to determine the (short, medium and long-term) needs of the Tuol Sambo families; devise a strategy to improve their living conditions and livelihoods, ensure essential health and other services, and reduce discrimination; prepare detailed recommendations to the government on necessary actions; work with the government and outside organizations to ensure that the strategy is implemented.
- Urgently review the situation of HIV/AIDS-affected families at other eviction relocation sites in Phnom Penh and ensure adequate services are available to them, in cooperation with government and NGOs.