



## CHAPTER V

### CASE STUDY OF PEOPLE LIVING WITH HIV-AIDS IN TOUL SAMBO

*"They didn't tell us anything except that the company needed to develop it as a market with parking spaces" Chhum Sivaneth, a Borei Keila resident, said, "They took over people's land and will construct a market and rent it to other people ((Phnom Penh Post , 2009)).*

#### 5.1 History



*Fig 4: Borei Keila: The Green Shed is where most of the HIV-infected families lived earning the nickname "AIDS colony"  
Source:www (Licadho Cambodia)*

Borei Keila is located opposite Bak Tuok High School in Veal Vong commune, 7 Makara district, central Phnom Penh. It housed approximately 1,776 families, including 515 families who rented and 86 families affected by HIV/AIDS. Villagers first settled on the land, which was the site of a police training facility, in 1992 (Licadho).

In early 2003, a "land-sharing" arrangement was proposed for Borei Keila, which allowed a private company to develop part of the area for commercial purposes while providing alternative housing to the residents on the remaining land. The idea was hailed because rather than being evicted, villagers would receive compensation for their land in the form of apartments in newly-constructed buildings (Licadho).

In June 2003, Prime Minister Hun Sen authorized a social land concession for approximately 4.6 hectares of Borei Keila (30% of the total 14.12 hectares of land). Construction giant Phanimex company was contracted by the government to construct 10 apartment buildings on 2 hectares of land for the



Figure 5: Transfer from Borei Keila to Toul Sambo. Source: (Bisetha)

villagers, in return for obtaining ownership of an additional 2.6 hectares for commercial development (Licadho). Municipal and district authorities conducted a survey of the area, and as a result, 1,776 families were identified to receive apartments on the site. In addition to home owners, renters were also eligible for apartments if they had lived in Borei Keila for at least three years. By May 2007, the Phnom Penh municipality had allocated apartments to only 335 families, including 14 HIV/AIDS-affected families. More than 100 other families, their houses demolished to clear space for new apartment buildings, were left living under tarpaulins in squalid conditions (Licadho).

There is ample space to provide housing for all families according to the original concession; however allegations of corruption and irregularities in the allocation process have plagued Borei Keilas' residents. This was brought up by the focal person from Borei Keila's/Toul Sambo's home based care team. *"Irregularities were common not just with the municipal mayor or the community leader who would pressure families to leave but also amongst the families in Borei Keila themselves<sup>1</sup>"*, said Kathleen O'Keefe, who is affiliated with Licadho. There have been reports that some families now living in new apartments had never been residents of Borei Keila at all (Licadho).

<sup>1</sup> Interviewed, July 23<sup>rd</sup>, 2009

This was confirmed by one respondent who has worked extensively with the community and affiliated to Licadho *"It's not a black/white-good/evil scenario here, there are too many spectrum of greys. You have to be careful when dealing with the community. But this has come at the expense of those who truly need and deserve the apartments"*.

Of particular concern is the eviction of 47 families, the majority of them affected by HIV/AIDS, in order to clear space for the construction of a new Ministry of Tourism building. In early 2008, the government approved the ministry to build its new premises at the Borei Keila site and Borei Keilia's developer, Phanimex, received a contract to construct the new ministry building, to be completed in 2011 (Licadho).

The relocation site of these families is a place called Toul Sambo, a site 20 km



*Figure 6 Toul Sambo. As you can see the houses are made of metal sheetings which are very hot during the day and colored green same as the shed in Borei Keila. Photo Credit: Marly Bacaron*

from Phnom Penh (Licadho). In June 18, 2009, the government started evicting residents from Borei Keila to Tuol Sambo; another batch of families was relocated on July 23, 2009 (Corey-Boulet and Channyda, 2009). The eviction became a high profile case with the media due to the

vulnerability being faced in particular by those who were HIV infected and calls against the government in establishing an "AIDS colony" in Tuol Sambo (Corey-Boulet & Channyda, 2009).

## 5.2. The Story Unfolds

- NGOs and multilateral agencies were involved to advocate in persuading the government to forego the eviction and later on to provide for basic services in the

relocation site. *"It had far reaching effects because it pressured the government to provide for basic amenities towards the evictees which is not something it had done for previous evictions"* said Ms. Katherine O'Keefe, who is affiliated with Licadho and a journalist.

Currently other eviction incidents such as those with the Sambok Chap community in Tonle Bassac, Phnom Penh and Key Krahorm, Tone Bassac the families are living in tents in the relocation sites after being forcibly evicted (Land and Housing Working Group, Cambodia, 2009) by the municipality of Phnom Penh.



Figure 7 Community Respondents: Husband and Wife. The wife has a low CDA count. Photo credit: Marly Bacaron

In the community FGD, one woman, who did not want to be identified who had her own small buy and sell store said that she wanted to go back to Phnom Penh because there was no form of livelihood in Toul Sambo – *"at least in Phnom Penh we could eat because we had livelihood no matter how small"*<sup>2</sup>. When asked what she did in the city, she said that she also had a small buy and sell store but there were more customers *"not like here where the only customers are within the community who have no jobs"*. Her husband is sick and although he has been checked up by the mobile clinic of Center of Hope, she believes that *"living in these metal houses with the heat together with not enough to eat is causing his sickness"*. When asked what medication Center of Hope prescribed for her husband, she said they could only afford to give him aspirin.

Another respondent who requested to remain anonymous replied that she found the atmosphere better in Toul Sambo compared to the cramp conditions of Borei Keila. *"Here we can breathe easy but we have no livelihood to support ourselves"*. She worked as a dishwasher in Phnom Penh and her sixty year old husband was a tuk-

<sup>2</sup> Interviewed August 5, 2009

tuk driver. Whilst the couple had a motorbike, there were no regular customers "*the problem with Toul Sambo is that it is far from the city and it's rural, we're surrounded by rice-fields that are not our's while we cannot even feed ourselves*" said the husband, Lich Kimlong. His wife has a low CD4 count<sup>3</sup> which means that she needs to eat the required nutrients to take up the ARV treatment. "*But how can I maintain this diet if the food provided for us is not enough?*" she asked. Center of Hope respondent, Vathadna Chhavelith<sup>4</sup>, has already discussed her case "*and we are following it up, certainly she needs the required nutrients*" but indicated that her case was an isolated one. The family has one daughter that is not HIV-infected and goes to primary school which is less than 20 meters away from the community.

Furthermore while the government has provided for electricity, there is no potable water, and there is the start of a sanitation problem since the community has started throwing their waste in and around the area. "*We have to go to the market which is accessible by tuktuk or motodop to buy drinking water for \$1.25*" was their common response. Upon direct observation large jugs were placed outside their homes and they said that it was to catch rain water.

The respondents replied that access to treatment is provided for free. An American Buddhist nun provides them with transportation fee to go to the health centers for treatment. "*She has a system to know who are the PLHIVs and we also give her our records so that the community do not cheat her to get transportation money to go to Phnom Penh*", said the representative from Center of Hope.

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<sup>3</sup> When a person is diagnosed with HIV, a CD4 test, a CD4 percent or CD4/CD8 ration is used to evaluate and track the progression of HIV infection and disease. The CD4 count, CD4 percent, or a CD4/CD8 ratio can tell your doctor how strong your immune system is and can help predict the risk of complications and debilitating infections (Source: (Labtestsonline)

<sup>4</sup> Interviewed, August 5, 2009

Food however, according to a joint report by some NGOs<sup>5</sup> is problematic. Rice rations from their home-based care provider Center of Hope, have been reduced since the families were relocated at a time when they need more food due to loss of income. Some people reported receiving only 10kg rice per



Figure 8: Food Support: Three sacks of rice, Iodized Salt, Milk, and Cooking Oil  
Photo credit: Marly Bacaron

month per family. I was there when Center of Hope distributed its rice to each household. The representative had replied that *“we are a service provider of KHANA so we provide what KHANA gives us but in most cases the sacks of rice have conformed to the requirements of WFP and NAA”*.

*“Some of these families have reportedly gone back to Phnom Penh just to continue their work as garbage pickers, motodop drivers and the like for a week and come home during the weekend to make ends meet but I do not know where exactly they stay when they are in the city”* said the respondent affiliated with Licadho.

The issue of Toul Sambo has divided members among civil society. *“There is so much focus on just one community when there are hundreds out there that have also been evicted but have not received the kind of treatment like the ones Toul Sambo has. The fact that they are a community of PLHIVs has worked in their favor but what about the nameless, healthy evictees or individual PLHIVs caught up in the eviction? If we want to make them some sort of model for advocacy on housing rights or the improvement of the house-base care package, that is fine. But that has not happened. We should go beyond just this one issue; it should not be treating this one community*

<sup>5</sup> CPN+, CCW, CACHA and HACC Joint Field Report on Tuol Sambo Based on joint and individual investigations by CPN+, CCW, CACHA and HACC on 30 July, 7 August and 18 August, 2009

*just because there is so much media pressure and the UN is involved in it", said one unnamed respondent from an HIV-AIDS NGO. However the presence of the UN or alleged lack of has also drawn the attention of the respondent from Licadho. "UNAIDS should realize that they have a moral authority to have a strong presence in this issue because it is the only way other NGOs will pick up the advocacy". UNAIDS however has commented "that we have discussed these issues with the NAA, NCHADS and even with the First Lady herself. The move is regrettable, the government would not budge from that decision and the best we could negotiate was that the access to treatment is ensured together with the food support from their home-base care team and that they have electricity, water and accommodation; otherwise their fate would have been worse. We have learnt from the governor that the water facilities will only be available towards the end of the year". Upon one field visit, UNAIDS together with other development players saw that the houses of metal sheets were affecting the health of the PLHIVs.*

Ideally, every family is given \$40 for income generating activities by the Home Based Care Team, explained the representative. However due to budget limitations, COH reported that for this year alone, only twelve families were given the allocation. This covers not just the former Borei Keila residents but also the other beneficiaries of COH. Upon site observation there are two sewing machines in the community which are currently being used to produce a line of environmental-friendly products and clothing for export. This is attributed to a COH initiative. In Tuol Sambo alone, apart from the two families provided with sewing machines, two others were given financial support – by repairing the motor vehicle of one family in the hope that it can be used as a form of livelihood and COH was able to provide for a job to another based in Phnom Penh. Aside from two other households who have small stores in the community, the rest have no form of livelihood.

### **5.3. Analysis**

The government evicted former residents from Borei Keila most of whom made their living in Phnom Penh either as dishwashers, garbage collectors, buying or selling at the market, or motopod drivers. Even if these respondents were originally not from

Phnom Penh, they had settled there for more than five years. The relocation area is 25 kilometers from the municipality of Phnom Penh – an agricultural area but the residents have no spare land to grow even backyard crops for subsistence living, yet it is debatable if their skills were suited to the area. The clamor for livelihood support and their strong co-relation to supplement the direct food support given to them was very obvious. Clearly the economic link between poverty and health cannot be disregarded.

Furthermore, the issue has layers of conflict as well amongst civil society. Without the negotiations of multi-laterals, international media pressure by groups such as LICADHO and Amnesty International, the government would have been able to get away with evicting the PLHIVs who were already poor and marginalized in the first place without offering concessions and providing for infrastructure to the relocated site which is by right the state should provide.

The fact that the state was surprised by the maelstrom of appeals and uproar from civil society and the international media meant that they had underestimated their strength – after all, it had previously evicted other communities with no thought about providing for basic living conditions for them in their relocated sites. This goes back to the issue of entitlements or rather the absence of entitlements that the state must and should provide for. People, particularly poor communities, are easily expended and because of the weak tenurial laws of the country, the state can transfer them depending on their interests. This is unfortunate since these groups are not aware of their rights, and even if they are and put up a protracted struggle, the state by force can evict them anyway.

But it also shows how a globalized form of governance that is present in Cambodia and discussed earlier can work against a graduated sovereignty that are detrimental to its citizens. Certainly without the interference from a mobilized civil society (who have their own interests as well) and the negotiations to retain their home-base care team – this would not have been possible and the community might have been in a worse off condition.



Toul Sambo is unique because they are PLHIVs and as a result their home base care team could provide for limited short term to medium term social protection mechanisms – the same cannot be said about previous evictions. *“We want to go back to Phnom Penh, but we know we can’t. We understand we have to adapt here but who will help us? We are poor”* asked one of the community respondents.

The issue of the HIV-infected community in Toul Sambo provides a human face on the weaknesses of the home-based care program as well as manifests the priorities of the state. The value of neoliberalism as a development model - whereby economic benefits from the markets trickle down to masses - is impaired by its methodological individualism which obscures the role of social and cultural factors in economic change. In the case of the community in Toul Sambo who lived in the urban area of Phnom Penh – a recipient of the economic growth pursued by the state, their former livelihoods in an informal economy was not enough to raise them out of poverty. This model for development is advantageous for a privileged few, one groomed, fostered or accommodated by the state but it does not protect poor workers, farmers, or even those who are affected by HIV-AIDS from the cold calculations of a government rationality based a culture of appropriation at all cost.