



Health Access for Informal Workers in Bangkok, Thailand

Koon's Story

Koon Berkbandee (41-years-old) and her husband (46-years-old) were both born in the Mahachanachai District in Yasothon Province, located in the Northeastern region of Thailand.

After their marriage, they relocated to Bangkok where her husband earns a living as a tile layer and she as a home-based garment worker.



Photo: WIEGO

Two or three years after they had settled in, Koon discovered that her breast was red, swollen and had a lump.

There are six members in Koon's family. Her elder son (aged 19) works with his wife in a nearby factory while Koon watches their son at home. Koon's younger son (aged 14) is working on his grade eight studies in secondary school.

In 2002, Koon's family relocated to the Chalong Krung Housing Estate, a state housing project that provides low-cost housing for the poor and slum-dwellers who have been evicted from inner-Bangkok to the fringes of the city. The government provides the relocated community with cheap land for sale.

Koon used to work in a garment sweatshop in Huay Kwang. It was a highly populated area where surging land prices forced the family to rent a house as they could not afford to buy one there. Later on, when Koon's husband's sister, who had lived in a slum in the Klong Tan District, moved to the Chalong Krung community, Koon visited her. After she had had a look at the community, Koon's family decided to move there in order to own a house and live near her husband's relatives.

Koon's family did not earn the right to purchase a piece of land in the community. Instead, Koon approached and bought the right from a street vendor who did not want to relocate to the housing estate because she would have had to discontinue her trade. Koon's family paid 10,000 THB (334 USD) in order to buy the right to purchase land from the street vendor.

After the move, Koon's husband continued his tile laying trade in the community while Koon began her home-based garment trade.

Two or three years after they had settled in, Koon discovered that her breast was red, swollen and had a lump. She had heard about the Universal Coverage card (UC) (Thailand's state health care insurance scheme) on TV, but at that time she had not yet relocated her civil registration to Bangkok. Her existing health care entitlement was still in Mahachanachai Hospital in Yasothon Province.

Koon contacted the hospital and was informed that she would be transferred to a cancer centre in a larger hospital in Ubonratchathani Province. Koon worried that, because the hospital was in a different province, she would not have any relatives there to take care of her. Her relatives suggested that she should be diagnosed and treated at Chulalongkorn Hospital, under the Chulalongkorn University, as the hospital had experts and modern medical equipment.

She was diagnosed with stage II cancer, but it was not deemed necessary for her to have a mastectomy. She had six chemotherapy sessions at 10,000 THB (334 USD) per session and 30 radiotherapy sessions at 500 THB (17 USD) a session. Additionally, she had to take medication which cost her 50 THB (1.7 USD) a day.

Although the treatment worked for a while, the cancer returned in 2007 and she was advised to have a mastectomy due to the aggressive cancer growth.

She spent about 200,000 THB (6,667 USD) at Chulalongkorn Hospital. Her husband worked hard to pay the medical bills, but they had to borrow from their relatives when they could not make ends meet.

During the new treatment, her family hardly had any money, so she decided to rely on the UC again. She contacted people from a nearby health centre and through the 1330 hotline (a hotline set up by the Thailand Government to support victims of natural disasters or those in need of medical assistance). However, those resources were unable to help Koon immediately access a UC card. It took her almost a year to complete the application process in order to access the UC in 2008. By that time, the family had already paid for Koon to have a mastectomy at Chulalongkorn Hospital because “the cancer was very aggressive and I could not wait for the UC relocation process.”

She did not have any chemotherapy sessions during this time as she was still waiting for her right under the UC as well as for the process for her relocation to a Bangkok Hospital to go through. It took her almost a year to receive the chemotherapy covered by the UC.

Currently, Koon is registered at Health Center No. 44, which will refer her to a secondary health care service at Nong Chok Hospital. However, the secondary health care facility cannot perform chemotherapy treatment, and she has to be referred to Nopparat Hospital. As a result of many previous radiotherapy sessions, she cannot undergo anymore radiotherapy and chemotherapy is the only option. She has been under regular medical care since.

In 2012, she developed pulmonary edema (fluid accumulation in the lungs), and later on a doctor discovered that the cancer had spread to her lungs. She had two sessions of chemotherapy on her lungs, and now she must visit Nopparat Hospital every two months to receive her medications. Nevertheless, her UC right is still in Nong Chok Hospital because the allocation of registered patients to Nopparat Hospital has already been filled up.

Koon and her husband have faced many difficulties in accessing her treatment. For example, she must renew her referral papers under the Nong Chok Hospital every three months. When she has a medical appointment, she has to apply for referral papers from Nong Chok Hospital, which she has to visit twice in order to submit a referral application and to receive a permit before she can visit a doctor. Every time she has a special diagnosis appointment from Nopparat Hospital, she encounters this same problem during the referral.

On one occasion, the doctor wanted to order a bone scan to see if the cancer had spread to her bones,

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However, Nong Chok Hospital said they could not establish a connection with Thanyaburi Hospital in order to refer her there, and, furthermore, she would have to join a two-month-long waiting list.

but in order to do so, she had to obtain a bone x-ray result before the next appointment. Nopparat Hospital did not have a bone x-ray unit, and she was referred to Thanyaburi Hospital for the x-ray. However, Nong Chok Hospital said they could not establish a connection with Thanyaburi Hospital in order to refer her there, and, furthermore, she would have to join a two-month-long waiting list. Finally, Koon decided to pay the bone x-ray fee herself, costing her 3,500 THB (117 USD).

For an expensive test such as an MRI, she had to wait for four months. She was told by a nurse at the supervising referral services at Nong Chok Hospital that she could not have her MRI done at Nopparat Hospital because patients from Nong Chok Hospital must have their MRI done at Vibhavadi Hospital only. Koon said she was perplexed since she has always been referred to Nopparat Hospital for treatment, so why did she have to have her MRI at another hospital? She had to see a doctor for permission and confirmation that she could have her MRI at Nopparat. It was only after a long day of negotiations that the doctor granted permission for a referral permit.



Photo: WIEGO

During this time, Koon was not able to earn any money, but she still had to pay for transportation costs for several trips to the hospital. Because of her health, Koon had to use a taxi to contact Nong Chok Hospital, which costs around 200 THB (6.07 USD) for a round-trip. Most of the time she goes to the hospital on her own because her husband cannot stop working to accompany her. If her husband goes with her, the family will lose a whole day's worth of income, which would cause significant financial hardship.

Despite all her difficulties, Koon said she would still recommend that her friends and other people in the community relocate and exercise their right for referral under the UC. Her illness requires lifelong treatment, and without the UC, she would not have survived because her family cannot afford the cost of regular health care.

However, she also acknowledges that the referral system and the documentation system both need improvements. If Nong Chok Hospital and the National Health Security Office improved their documentation and simplified the referral system, she could reduce her travelling costs and coordination time.

About WIEGO: Women in Informal Employment: Globalizing and Organizing is a global network focused on securing livelihoods for the working poor, especially women, in the informal economy. We believe all workers should have equal economic opportunities and rights. WIEGO creates change by building capacity among informal worker organizations, expanding the knowledge base about the informal economy and influencing local, national and international policies. Visit www.wiego.org.