SiRCHESI’s NEWSLETTER: JANUARY, 2013

SiRCHESI (Siem Reap Citizens for Health, Educational and Social Issues) is a non-profit, non-religious, non-political and non-governmental organization (NGO) formed in Cambodia in 2000. Siem Reap, a provincial capital, is adjacent to the Angkor Wat temples, which now attract over 3,000,000 visitors annually. Tourism and textiles are Camboidia’s leading industries. SiRCHESI finances its health-related activities independently through grants (2000-10), private and corporate donations, sale of fair-trade items, and paid internships for those sharing 17 days of intensive health research/intervention (see www.fairtradebeer.com/miscdocs/brochure2013.pdf). Some resources for the health system in Cambodia must still be provided by NGO or Agency partners including SiRCHESI, Doctors without Borders (MSF), the Global Fund for HIV/AIDS, Tuberculosis and Malaria, and the foundation-supported Angkor Childrens’ Hospital and Khanta Bhopa Hospitals. Local and international NGOs continue to deal with civic and health education, human rights, gender equity, labour rights, and micro-economic development.

SiRCHESI’s LOCAL HEALTH PROJECTS (2000-2013) In 2000, SiRCHESI first brought together, into one NGO, concerned citizens, business persons, and community health and medical workers to confront locally the HIV/AIDS pandemic. At the time, Siem Reap had one of the highest prevalence rates for key HIV risk groups in Cambodia, and Cambodia had the highest rates in South-East Asia. SiRCHESI forged links to local and international resources, and invited researcher/practitioner experts to help, pro bono, solve the health (and related) community challenges-- HIV/AIDS prevention, community health monitoring, rural outreach, alcohol abuse, workplace violence, trafficking, and women’s literacy. From the outset, we used a multi-sectorial, multi-disciplinary approach to community health-promotion, through PAR (Participatory Action Research). Between 2006 and 2008, SiRCHESI opened a school to facilitate long-term, financially secure career paths for 26 women—former beersellers-- in the safer, healthier workplaces of large hotels. Seven years later, we continue to monitor, thrice annually, not just the career advances of these women, but also their new social, entrepreneurial and family lives. Their stories have been told by Helen Lee et al (2010) in the Journal of Health Psychology.

SiRCHESI helps strengthen local infra-structure, through its pioneering “hybrid model of capacity building”. Our NGO staff can wear two hats, retaining their full-time public service positions and salaries, and also being assured a living-wage for their part-time work, week-ends and evenings, with SiRCHESI. All skills and health materials developed by SiRCHESI become immediately transferrable to the public health service. For many years, Dr. Sarath Kros was SiRCHESI’s part-time NGO Program Director (2003-2012); this year, he became the Director of the Provincial Health Department, and, since October, 2012 now devotes all his attention to running the hospitals, health centres and their large health staff, throughout the province. We thank him for his many years of service, and his ceaseless energy, in multiple roles with the Provincial AIDS Office, Provincial Health Department and SiRCHESI, as administrator and
captivating workshop educator. His leadership, skill and knowledge have all contributed towards the dramatic reduction in HIV/AIDS prevalence in Siem Reap province, now close to zero for many risk groups. We all wish him well in his new, major health leadership role. A new Director will be elected at the Annual General Meeting in June, 2013. In the interim, Mr. Hav Houl, the Financial Officer and IT/statistics specialist, continues to work with our 5 other part-time staff, 5 trained per-diem interviewers, and 23 peer-educator outreach workers; the latter have taught reproductive health, alcohol and HIV/AIDS prevention to over 10,600 persons in 2011 and about 12,000 in 2012. In 2013, it is projected that more of the financing of SiRCHESI’s health outreach will come from the paid internship experiences, provided to students and interns from 6 countries. In 2012, we had 3 from Australia, and hope to see this increase to 12, annually, in the coming year. See http://www.fairtradebeer.com/miscdocs/brochure2013.pdf.

WHY IS THE HEALTH CRISIS STILL SO OMINOUS? While SiRCHESI focused initially on HIV/AIDS prevention programs for high-risk groups, we soon learned that many other factors increased the vulnerability of community groups, such as the women selling international beer brands in bars and restaurants. SiRCHESI continues to prod the Cambodian professional beer-selling association (BSIC) and the parent global brewers profitably doing business in Cambodia to provide living wages, health education, safe work places and HAART for their HIV+ employees (e.g., the beersellers for international beer brands have had an HIV+ prevalence rate varying about 20.5% during1995-2003, but still not zero in 2012. The slow, incomplete response of the industry means SiRCHESI must continue to be a primary/first source of health information to beer sellers and hostesses, who are hired by restaurants to fill in for any beerseller not wishing to sit and drink with their customers (about 16%). Since 2002, we have worked with and interviewed over 1800 entertainment workers, and we have sent information about workplace risks since 2002 to corporate directors of major brands such as Stella Artois, Beck’s, Bass Ale, Budweiser (AB/INBEV), Heineken, Tiger, Carlsberg, San Miguel, etc. Since 2006, SiRCHESI’s data have supported ethical shareholders’ groups and NGOs such as SOMO, concerned about the unsafe workplaces for sellers of Heineken, Tiger, etc. (View SiRCHESI’s research/press reports, those of SOMO, and the apologetic reports of the BSIC industry at www.fairtradebeer.com, www.ethicalbeer.com or www.beergirls.org.) The plight of beersellers in 2011 and 2012 (Ennis et al, in progress), as with the report of Green & Lubek (2010) features “toxic” workplaces with more than 6 standard drinks consumed nightly by beersellers--a hazardous/harmful amount--and almost twice that amount for the restaurant hostesses, filling in for beersellers. The anti-trafficking law of 2009 closed all brothels, drove sex-work underground, and some now work as hostesses. SiRCHESI has now targeted these women for health workshops and peer outreach education..

SiRCHESI’s 2011 NGO Annual Meeting was held in June, 2012; we reviewed our continuing health initiatives and the challenging financial situation. As an NGO, SiRCHESI remains non-political. However, former beer-seller and SiRCHESI staff interviewer Sophear Phaal, continued to wear a second hat as president of the local union for beer-sellers. They struck in 2011 and won an industry-wide settlement of $320 (about half a year’s wages-see www.beergirls.org) The industry is reorganizing: one new local brand, Kingdom, started paying women a living wage--$160 monthly—but was then “taken over” by another company. Salaries decreased to the industry average, $65. Heineken’s distributor stopped rehiring its 220 beer-sellers when contracts expired, and by August, 2012, less than 40 remained in Phnom Penh, none in Siem Reap. Heineken then bought up Tiger Beer, with 800 beer-sellers in Cambodia.

To contact SiRCHESI:
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1.2) Breathalyzer testing/workplace interviews with Heineken inherits 4) Australian intern Vanessa captures Hav Houl, staff and international advisors (2012) 800 Tiger beersellers “hands on” village peer educator

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