

Testimony before the Asia Pacific Sub-Committee
of the House Foreign Affairs Committee

Cambodia: An Humanitarian Agenda

Anne E. Goldfeld, M.D.
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Mr. Chairman and members of the Committee, I thank you for the opportunity to speak about the current humanitarian needs of the Cambodian people. Over the years the Asia Sub-Committee under the leadership of Representative Solarz has struggled to find a peaceful and humane solution to the Cambodian conflict and has had an important influence on United States policy. In giving this testimony I am aware of the importance of clearly communicating to you the humanitarian consequences of the policies decided upon here. I speak today as a physician and as a witness to the human tragedy of Cambodia. It is my hope that the committee will respond with the sense of urgency that this humanitarian crisis demands.

The plight of the Cambodian people is a complex human catastrophe, but central to all expert analyses is the fact that the Cambodian people continue to suffer. After 20 years of war and at least 2 million Cambodian deaths, war, displacement, hunger and disease in the region continue, and for most Cambodians peace is not at hand. The facts of 1990 speak for themselves. The Khmer Rouge have infiltrated deep into Cambodia from their bases in Thailand. Within Cambodia, at least 150,000 men, women and children have been internally displaced by the intensified war. The numbers grow daily. They live in some 30 camps in absolute poverty with no

sanitation, and inadequate food and water. There has been an estimated 15% increase in maiming and death due to land mines. The importance of this single problem alone cannot be overstated. Disease has soared as civilians flee the fighting through malaria infested jungles.

As a member of a delegation from the Women's Commission for Refugee Women and Children, I made my second visit to Cambodia in January 1991. Our mission was to assess the humanitarian needs within the country in order to offer recommendations about the most effective use of the congressionally mandated 20 million U.S dollars available for humanitarian and development assistance for Cambodians. Mr. Chairman, I would like to request that the report and recommendations of that mission be included in the congressional record as it adds important details to my testimony.

During this recent visit, we observed that within Cambodia there is no functioning public health system. Most roads are barely passable, making food and medicine distribution a logistic nightmare. Corroded sewage and water lines in the main cities and towns frequently intermix, causing disease and needless death, particularly among children. Due to international isolation and economic embargo, the Cambodian infrastructure destroyed by the Khmer Rouge, remains in ruins. Given these overwhelming needs, it was disappointing to learn that as of January 1991 the US AID assessment mission that was mandated by the Congress and the President last summer to make recommendations about the humanitarian needs within Cambodia had still not been dispatched, and furthermore, that the mandated 20 million dollars is yet to be spent.

The medical needs in Cambodia are vast. Maternal and child mortality rates are among the highest in the world due to lack of adequate food, clean water, medicine and trained personnel. One in five Cambodian children dies before his or her fifth birthday. A leading cause of death is waterborne diseases and infectious diarrhea caused by dirty water. Less than 13% of the Cambodian population has access to clean water.

Other major causes of death in children are malaria and dengue fever. Inexpensive public health training measures that control mosquito breeding, mosquito nets, affordable anti-malarial drugs, and simple fluid and plasma replacement capabilities would greatly lessen the destructiveness of malaria and dengue fever to Cambodian children.

Medicine availability throughout the country is marginal and if available, exorbitantly expensive for Cambodia's impoverished citizens. To treat a childhood case of pneumonia or even an uncomplicated case of malaria costs an average monthly salary. Despite the fact that tuberculosis is the second leading cause of death in Cambodia, for nearly six months last year due to the political situation, it was impossible to obtain a drug that is a cornerstone of anti-tuberculosis therapy.

It is estimated that children make up 10% of the 40,000 new cases of tuberculosis in Cambodia each year. Lack of infrastructure, trained personnel and the difficulty of obtaining medicines on a consistent basis to treat a disease which must not have a break in a course of treatment has

thwarted efforts to control tuberculosis. Untreated childhood tuberculosis frequently results chronic debilitating lung disease, neurological damage and death.

During my first visit to Cambodia in 1989, I witnessed a scene at Neak Luong Provincial Hospital that is commonplace in Cambodia. With heart wrenching sobs, a 22 year old woman begged the attending doctor to take her 2 month old son. She had no resources to feed her baby or his three siblings. Widowed during her pregnancy, she had no more breast milk to feed the boy as she had been denying herself food to feed her other children.

Cambodia is a country of widows. Approximately 60% of households are headed by women. These women have lost their husbands, their economic support and the fathers of their children at the hands of the Khmer Rouge and now to the ongoing war. Without draught animals and without manual help and reliant upon poorly planned irrigation systems (a relic of the Pol Pot time from which Cambodia has yet to recover), many women and their children go hungry. Poor nutritional status sets up the downward spiral of debilitation, susceptibility to disease and in the case of children, stunted growth and compromised brain development.

Women face other problems. Prenatal care and family planning education do not exist in Cambodia. The risk to a woman's health and life by bearing children in Cambodia is considerable. The effects of poor nutrition are exacerbated by the lack of simple pre-natal monitoring measures and access to trained midwives.

The lack of human resources is Cambodia's greatest deficit. Training is needed in every aspect of rebuilding the society. Medical training serves as a typical example. Although the medical school is brimming with students eager to learn, there are only a few outdated texts in the library, little laboratory and other essential equipment for the training of doctors, and few experienced teachers that are qualified to teach, who survived the slaughter of physicians by the Khmer Rouge.

The numbers of amputated limbs, blinded eyes and loss of life secondary to land mines has become an epidemic. It is estimated that up to 1000 people a month step on a mine. Land mines do not discriminate between farmers, little children, pregnant women or soldiers. This January, at Kompong Speu Provincial Hospital, a 2 year old girl was treated for a foot amputation after stepping on a land mine outside her house. In Phnom Penh, I met a woman at the Wat Than Rehabilitation Center who had taken her first step in 10 years after being fit with two prosthetic feet. Hospital rooms are full of otherwise healthy young people missing one or more limbs. In Kompong Speu Hospital, an hours drive from Phnom Penh, greater than half of all of the surgical cases treated there between July and December 1990 were comprised of gun shot wounds and single and multiple amputations from mines, mortars and grenades. At the current rate of mine injury and prosthesis production, there is an estimated 150 year waiting period in Cambodia for a prosthetic limb. Furthermore, it is judged that 30,000 hectares of rice producing land were taken out of production by land mines and war this year. The International Committee of the Red Cross (ICRC) reports that the Khmer

Rouge are now planting green plastic mines that are not detectable by metal detectors. Three things are certain. New mines are planted each day by all parties in the Cambodian conflict. With each passing day more Cambodians are mutilated. Cambodians will continue to step on mines for generations after the last one is planted.

To combat the medical emergency in Cambodia, I strongly recommend as a physician that the majority of the congressionally mandated funds designated for humanitarian relief of Cambodia should be appropriated to alleviate humanitarian needs in Cambodia. This needs to be done in coordination with international organizations working throughout Cambodia in a manner that addresses the most urgent humanitarian needs. Humanitarian funds that are diverted to isolated districts or political factions in support of military and/or political objectives subvert the stated humanitarian purpose of the legislation. Furthermore, in the opinion of many development experts, programs such as the USAID program in the zones under the control of the resistance forces, not only may create new humanitarian needs through their fueling of the war, but may encourage the "Lebanonization" of Cambodia.

Specifically from the medical perspective, the most pressing needs that fall under the mandate of this aid include:

1. A system that provides clean water is paramount to any improvement in the public health. This would have an immediate impact on the morbidity and mortality of children from waterborne diseases and would enhance Cambodia's ability to absorb refugees as they are repatriated from the Thai-border

camps. UNICEF and OXFAM UK have initiated small scale water projects with success. These need to be expanded immediately.

2. Cambodia will not have nutritional adequacy this year. It is estimated that there will be a 100-150,000 ton rice deficit due in part to the decrease of fertilizer from the Soviet bloc and to late rains. Contribution of rice to the World Food Program for Cambodia would benefit those most vulnerable to increased hunger, impoverished widows and children

3. Food, water and sanitation facilities for the internally displaced are urgently needed. 25% of Cambodia's rice allotment from the World Food Program will be needed for the internally displaced. The special representative of the U.N. Secretary General to Cambodia has made an emergency appeal of 2.7 million dollars to provide food and logistic support to avert starvation in the internally displaced camps. Contribution of rice for this purpose should be made. There are inadequate water supplies and no sanitation facilities at all in many of these camps, even those that house 10,000 or more people. Relief workers in Cambodia voiced fears of possible epidemics of cholera in these camps unless improvements are promptly instituted. Programs that provide sanitation, water and medical facilities to those who have been displaced and victimized by the growing war should be supported.

4. Programs that aid the public health system, including those that address problems of sanitation, maternal and child health and vector borne diseases must be a high priority. Funding for the UNICEF child immunization program

and the World Vision Pediatric Hospital are positive developments. The World Health Organization and other international agencies with experience in this sector need to establish an immediate presence.

5. Tuberculosis control programs must be made effective. An extremely successful TB program initiated at Site 2 South, is run by Cambodian medics who were trained in the camp. A program in Cambodia would greatly benefit from the experience of this existing border program. Support of such cross border interchange would also be of much value in building links of reconciliation. Clearly, anti-TB medicines must be available on a consistent basis. It is unconscionable that they were unavailable in Cambodia for months last year.

6. Banning of the use of land mines must be instituted immediately. Mine clearance by experienced international agencies should be vigorously supported. Programs to rehabilitate and provide prostheses to mine injury victims such as those run by Handicap International and the American Friends Service Committee should be supported.

Clearly, if the goal of our foreign policy is peace and reconciliation in Cambodia, of overriding importance is an absolute ceasefire that is monitored and enforced. In my opinion, the lifting of the trade and aid embargo is not only a moral imperative, but it is essential to the peace process and stability of the region. Without rebuilding the Cambodian infrastructure, as well as the medical system, it is difficult to imagine how the border population can be repatriated and democratic processes

assured within the country.

For twelve years now, people have endured in the Thai border camps. In an active war zone, where lethal weaponry is ubiquitous, a combination of hopelessness, insecurity and arms availability has led to escalating internal camp violence. In the last months organized bandits have terrorized the population with war materiel such as rocket launchers. Two weeks ago in Site 2, two anti-personnel grenades were thrown into a Buddhist temple killing to date eighteen people and injuring more than a hundred others. Many of the dead were young girls rehearsing a dance for the upcoming new year's celebration.

The problem of the Thai border camps, as Sr. Joan Healy, R.S.J., a border relief worker has written, ..."is a vast human tragedy. Survivors of an immense ordeal... (these) people are now deprived of their freedom and held in a place where not even their physical safety can be protected. They have been demoralized by dependency on aid for such basic needs as food and shelter... It is an affront to humanity that families live year after year in fear and without freedom, that hunger and violence continue to exist, and that the situation is progressively deteriorating. It is even more tragic that these problems afflict survivors of a holocaust who grieve for loved ones and for their nation." Ultimately, no amount of humanitarian relief aid is adequate in a place where there can be no guarantee of safety. The problem is the existence of the camp itself.

Sok Thim, a refugee in Site 2, writes: "One who has fallen into a bad dream

or nightmare might think of that dream for a few days. But we Cambodian people in Site 2 did not fall into a bad dream, we live a nightmare that began on April 17, 1975... We have the disease of chronic war."

In fact, with the passing of years of life in a closed encampment in a war zone, the most urgent medical problems in these camps stem from increasing levels of violence, family breakdown, mines, and ongoing war. From October 1989 to February 1990 I served as medical coordinator of the American Refugee Committee's Program at Site 2, which provides health care to half of Site 2's 150,000 inhabitants. During this period, 50% of all of the admissions on the surgery ward were victims of violence. These included both victims of family (many wives beaten by husbands) and neighborhood violence. In one instance, in November 1989, the hospital became a refuge for men hiding out from the Thai protectorate force in the camp, the Displaced Persons Protection Unit (DPPU). They were in hiding because the DPPU were randomly beating male camp dwellers following an altercation in Site 2 between a KPMLF soldier and a DPPU officer in which the DPPU officer was axed in the face. In the space of a week, we treated four men and one woman who had sustained wounds to the head reminiscent of those that have been described to be associated with "telephono", a torture method in which the ears are boxed with a hard object.

In January 1990 we treated 10 people who had stepped on mines outside the perimeter of the camp. Eight were civilians who had risked their lives to scavenge a piece of bamboo or wood that could be sold for about 75 cents. A 35 year old woman had both of her feet blown off when she ventured into a

pond looking for fish, probably to feed her children. Words are inadequate to describe the sight of a leg or legs hanging by a tendon to a shattered bone. As a staff person, working in Site 2, I witnessed this repeatedly. Anyone who has witnessed such a needless tragedy could not help but be moved to work to end this ongoing nightmare for the Khmer people.

The past year has brought thousands of new arrivals to Site 2 who have sought food, medicine and safety as the war has encroached on villages in western Cambodia. Recent newspaper reports claim evidence of Khmer Rouge cooperation with the other resistance forces on the battlefield and China is reportedly increasing its arms shipments to the Khmer Rouge.

Approximately half of the 300,000 inhabitants of the border camps are under 18 years of age. Many have grown up knowing no other kind of life. These children and their families have been so marginalized that not only are they not permitted to live amongst us, but they are forced to live in barbed wire enclosed camps in an active war zone. They live in camps in which the controlling faction can move them out of the reach of international observation into jungles infested with deadly strains of malaria to porter arms. It is estimated by ICRC that during 1990, at least 60,000 refugees were forcibly repatriated out of Khmer Rouge satellite camps. Can the backing of any political agenda be worth this human cost?

The creation of a politically neutral camp on Thai soil from which the border population can freely choose repatriation, third country asylum, or affiliation with a faction is a moral obligation. We have all been

diminished by the length of time the tragedy of the border camps has persisted. As Sothol, another Site 2 refugee has written, "When the forest burns, the flames are extinguished quickly because people worry about burning the forests. But when my country burns with the smoke of war, nobody puts out the fire"

In his Nobel Peace Prize Address, Elie Wiesel wrote, "When human lives are endangered, when human dignity is in jeopardy, national borders and sensitivities become irrelevant. Wherever men or women are persecuted...that place must - at that moment - become the center of the universe."

Many times in this conflict, political agendas have taken precedence over the alleviation of human suffering. Too many times in this century, as Mr. Solarz has so eloquently pointed out, the international community has looked away and failed to act until it was too late. The Nazi Holocaust is perhaps the most blatant example. Our memory must motivate us to face and address this current situation squarely. We must support that which will bring peace and healing to Cambodia. That must be our mission here. Time is short for the Cambodian people. For those babies and young mothers who have died in the last months for lack of clean water and medicine, it is already too late. For those who have lost years of their lives in border camps, it is too late. Who in the Congress or in the Administration will assume responsibility for this human toll?

I urge you to formulate and adopt an humanitarian agenda for Cambodia that would include:

- * An immediate ceasefire and the institution of a strong United Nations force to ensure that this ceasefire is not violated

- * An end to the international trade and aid embargo against Cambodia. Implementation of the congressionally mandated aid program within Cambodia in a coordinated manner with international agencies currently working there.

- * The creation of a politically neutral border camp under United Nations protection, enabling those Cambodians living on the border to freely choose their future

- * The formal recognition of the Khmer Rouge genocide. The formation of an international tribunal to bring its perpetrators to justice. The establishment of guarantees that Khmer Rouge leadership responsible for the genocide will play no part in the political future of the country

- * The outlawing the use of land mines as a weapon of war.

All Cambodians bear witness to unspeakable violence. In Cambodia, on the border and in the United States, they grieve for mothers and fathers, sisters, brothers and children. They grieve for those from whom they have been cruelly separated by death and by borders. Reunion with family members, and the ability to build new lives in a country safe and at peace

is the hope I have heard articulated by all Cambodians. Yet competing political agendas continue to defy these hopes. The United States shares a terrible history with Cambodia. By throwing its weight behind ending the trade and aid embargo, by supporting the creation of a neutral camp, by demanding a cease fire, the United States can build a future for Cambodian children that ensures their human dignity. This human suffering must not go unheard and unanswered. Despite the forces that would block provision of medicine and clean water to children and despite the forces that tempt chronic war, there are other options. Let's take them.