

The hopeful cadence of Cambodia's health care struggle

By Julie L. Kessler

Sometimes it's hard to see the connections between the dearth of decent health care in far-off places and how we live our daily lives. However, if you go into your closet and pull out a pair of casual cotton pants, purchased from a major U.S. retailer, chances are, they were made not too far from where I am currently sitting in central Phnom-Penh, Cambodia. That said, mired as we Americans are now in the never-ending Affordable Care Act debate, it is often difficult to stay focused on the world health as a whole. But focused on world health we must remain.

Cultural Commentary

This country of nearly 15 million people, officially known as the Kingdom of Cambodia, and once known as the Khmer Empire, has had a recent history that is both extremely hard to forget and, at the same time, excruciatingly painful to remember.

Cambodia became a French protectorate in 1863 and obtained its independence 90 years later in 1953. When the tentacles of the Vietnam War encroached into Cambodia, the communist-backed Khmer Rouge in 1975 took the capital of Phnom-Penh and commenced, for a period of four horrific years, under the leadership of the infamous Pol Pot, what came to be known as the Cambodian genocide. During that dark period, it was the Khmer Rouge's aim to return Cambodian society to its agrarian past. To socially engineer that plan, the Khmer Rouge, among other atrocities, killed off nearly all of its educated class, including teachers, lawyers and physicians. When the Khmer-Rouge commenced its genocide, there were

approximately 270 physicians in Cambodia for a general population of about 7 million. By the time the Khmer Rouge were ousted and Vietnam invaded Cambodia in 1979, there were only about 40 physicians remaining, and 20 of those then left the country. In addition to the mass murders, it was also a nearly complete infrastructural demise.

Much of what many Americans know about the visual details of the horrors of the Khmer Rouge were learned as a result of the 1984 film "The Killing Fields" starring a previously unknown Cambodian native, Dr. Haing S. Ngor, playing the role of Dith Pran, the Cambodian assistant to New York Times correspondent Sydney Schanberg. Ngor, who prior to the war was an obstetrician and a medical officer in the Cambodian army, became a captive of the Khmer Rouge and was imprisoned and tortured. Like many educated Cambodians, he hid his glasses and denied having an education or being a doctor — even having to watch his wife die in childbirth, unable to assist her, in order to avoid his own certain execution by their captors. After finally escaping to a refugee camp in bordering Thailand, he then emigrated to the U.S. in 1980. Following the making of "The Killing Fields" and receipt of an academy award for his performance (the first for a non-actor since 1946), Ngor's life had an ending seemingly imaginable only in Hollywood: On Feb. 25, 1996, Ngor was found shot to death in the garage of his apartment building in Los Angeles. Although at the time there was widespread speculation that Ngor's murder was a revenge killing for his opposition to the Khmer Rouge, the police ultimately determined the killing to be the result of a botched robbery. During his life in the U.S., Ngor generously supported two clinics and a school in Cambodia.

In Phnom-Penh today, there are

three main hospitals, two private (with another under construction) and one public. There are also two medical schools, a public one where courses are taught in French under the French system and a very expensive private school which opened in 2002, where the courses are taught in English. Together, these two medical schools graduate approximately 200 physicians a year. A handful of the graduates who attend the French-speaking medical school go to Paris for their residencies and then return

for what I bore witness to.

One thing is certain: The Cambodian people are an undeniably resilient people. There is also a consistent humility, kindness and welcoming generosity present here found in few other places. Perhaps because of this, it is especially difficult to see the current status of the Cambodian health care system.

Admittedly, at one's first encounter, the public hospital is pretty frightening. Tuk-tuks (small-engined motorcycles with open-air, rear benches and a tarp canopy)

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to Cambodia to practice. According to The World Bank, as of 2012, there were only 0.2 physicians in Cambodia per 1,000 people. By way of comparison, in 2012 there were 3.4 physicians per 1,000 people in Azerbaijan, 1.9 physicians per 1,000 people in neighboring China, and 0.7 physicians per 1,000 people in India. In the U.S., as of 2011, there were reported 2.5 physicians per 1,000 people.

En route to Laos on a writing assignment, I stopped in Cambodia to visit my daughter, a native French speaker, who is spending this summer working in the emergency room at the Khmer-Soviet Friendship Hospital, Phnom-Penh's public hospital. Nothing quite prepared me

routinely deliver ill or injured patients to the emergency room. There are only a precious few ambulances in the capital, and in any event, unaffordable for the majority of the local population. Gurneys in the main emergency room are without sheets and basic other indicia of hygiene; and in spaces that can often be a literal sea of infectious detritus in a country with one of the highest HIV/AIDS infection rate in Asia, many nurses and doctors routinely work and operate with their bare feet exposed in rubber thongs. In my lengthy walk through the hospital, there were almost no fully functioning EKG monitors, despite the fact that the beds were occupied by seriously injured or very sick

patients. Accordingly, there is no way for the physicians to accurately monitor those patients.

The post-surgical wards of the hospital to those accustomed to Western-style medicine, are, in a word, stunning. As there is a severe lack of trained nursing staff, family members are required to be at the hospital and take care of the recovering patients. As such, the wards are extremely crowded and the floors are literally lined with relatives and others in various states of repose, including babies in swinging hammocks hung between exterior railings. Additionally, family members and friends must feed and hydrate patients and some of those caretakers can often be found cooking on makeshift facilities under patient beds. Most every available possible bit of space is occupied. (Though it should be noted one can witness this phenomenon in several countries' hospitals in the region, including neighboring Vietnam.)

For those of us who grew up in the West and have been blessed with the availability of excellent health care, and relatively speaking, an abundance of it, at first blush, the situation here can seem dire and utterly hopeless. But it is not. Although the infrastructure is very weak, there are a number of incredibly dedicated physicians and surgeons here and an undeniably grateful population. While a number of non-governmental organizations are present and making heroic efforts to provide assistance, it is not enough. What is needed are western physicians, whether through NGOs, philanthropic organizations or Western medical schools (via rotating foreign externships, for example), to provide medical assistance and much needed additional training to Cambodian professionals dedicated to developing and maintaining good quality healthcare, following what can only be described as a national medical disaster of unmitigated

proportions. This will not only of course help the Cambodian people, but will fortify and strengthen the professional resolve of those western medical professionals who make the humanitarian journey.

Providing the most basic healthcare to a population with such a recent, nearly complete decimation of its entire medical community is a difficult and enormous task indeed. It should not however, be an insurmountable one. Though to be sure we have an abundance of systemic healthcare problems at home, and struggle with our own needs and methods to provide affordable healthcare to all Americans, providing the most basic healthcare to Cambodians is not a Cambodian problem, but a humanitarian one. Perhaps the next time you grab that comfortable cotton tee shirt out of your closet, you may wish to ponder for a moment the healthcare of the person who labored to make it for you.

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