

Insight World Aid Scouting Trip to Cambodia  
Report to the IWA Board of Directors  
By Jeff Hardin  
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I traveled to Cambodia for 2 weeks in January 2011 to investigate potential communities for an Insight World Aid (IWA) medical aid trip to Cambodia. During this time I was a team member on a medical volunteer trip organized by Peaceworks Medical Projects, a non-denominational charity that sponsors medical aid trips to Honduras, Haiti, Ghana, and Cambodia. Our trip was very productive in terms of connecting with and helping some Cambodians, making contacts for IWA, planning logistics for the IWA mission for 2012, and learning the practical aspects of volunteering and traveling in Cambodia.

### **Peaceworks Medical Projects**

This 10-year old non-profit was created by Pam Burwell in response to the devastation that Hurricane Mitch created in Honduras. Pam, an emergency medicine physician assistant has organized many medical volunteer projects over the years and has an efficient, well-practiced model for conducting these trips. Her model, simply put, is to bring together well-intentioned American medical providers and receptive host communities in need abroad. The groups she organizes travel to the host country bringing along all of the supplies and medications for the 1-2 week clinics. Volunteers pay their own way with a portion of the trip fee covering the medications that are brought for distribution to the patients. The group lives and treats patients in the same location, reducing travel costs and time. There is no proselytizing religion or pandering to political agendas. Pam guides the group to be respectful of and open towards local customs and culture. By returning to the same communities each year, a long-term relationship is formed that benefits volunteers and aid recipients alike. In many cases, improvement in the overall health of the host community over several years is apparent.

A key element of overseas medical aid work is partnering with effective local workers. Collaboration with reliable non-governmental organizations (NGOs) and scrupulous individuals is essential for success of the team's work. Local personnel coordinate the logistics of transportation, room and board for the visiting team, location of the temporary clinic, translation services, arrangements with the host government, and organization and registration of patients. Peaceworks collaborates with a NGO called the Khmer Asian Friendship Society (KAFS) for

the Cambodia project. This organization works mainly with Japanese aid workers to develop impoverished communities in Cambodia. Their primary activity is the installation of water systems and building of schools and community buildings. Peaceworks Medical is their only medical aid project. The KAFS-Peaceworks partnership has been very effective and the KAFS personnel are friendly, courteous, and hard-working. KAFS-Peaceworks collaboration has effectively benefited a small, underserved community in Cambodia annually for 3 years.

### **Cambodia 2011 Project**

I was a team member on the Peaceworks Medical Cambodia project this year. Our team consisted of 15 members: 3 physicians, 1 naturopathic doctor, 6 physician assistants, 2 physician assistant students, and 3 medical technicians. We originated from several locations in the US and met in Phnom Penh, the capital of Cambodia. The next day we traveled by bus to our project site: Baray Pagoda. This is a small monastery that serves several villages in the Takeo Province south of the capital. Connected with the pagoda is a public elementary school and an orphanage. There are about a dozen Theravada Buddhist monks in residence at the Pagoda who help administer the school and perform religious ceremonies for the community members. The community consists of impoverished but fairly healthy farmers. They have some access to healthcare, but it is a fee-for-service system. Major illness requiring hospitalization, surgery, or other extensive treatments is often beyond their means. The people we encountered in the community were friendly, welcoming, and grateful for our presence.

Arriving at the pagoda, we set up our clinic in the bottom floor of a beautiful 2-story, open-air building. The pagoda is a modern rendition of the monastery that has served the people of the region for centuries. Like most of Cambodia's monasteries, the original site was razed during the time of the Khmer Rouge. Only in the last 15 years has there been extensive rebuilding of the country's Buddhist sites.

We transformed a small storeroom into our pharmacy and erected tarpaulin dividers for clinic rooms. A large open area was used for triage, patient education, and a waiting room. We also ate our meals in the ground floor of this building. Upstairs, we transformed the ornate meditation hall into our living quarters. Each of us erected our own tent. We camped underneath colorful ceiling murals depicting the life of the Buddha. A rustic outhouse with a 2 toilets and a bucket bath was shared with the monks.

During the first of 6 full clinic days we experienced the effectiveness of the Peaceworks model: Patients are registered by local officials and capped at 200 persons per half-day session. After registration, groups of 50 patients are led to mats in the waiting area where they sit and listen to a 15-minute health education talk delivered by one of the providers. Since there were no nurses on this trip, each of the medical providers took turns at the different stations of the clinic.

After the education session, the patients were triaged. At this station, they had their blood pressure and pulse recorded on a small slip of paper that was their medical record. Each slip had the patient's name in Khmer, the Cambodian language. This was the only time when we didn't have a translator. Working at this post was my favorite as I could silently look into the patient's eyes, smile, and touch them as I was doing the work of taking their vitals. It was a silent lovingkindness meditation in motion.

After triage, the patients were led to chairs where they waited to be seen by the next provider. As providers we would take the history of each patient with the aid of a small team of translators (usually 2-3). The translators were mainly high school students who were learning English and were happy to practice with us. Some were proficient in translating and others seemed to interfere more than help. All of them spoke better English than I speak Khmer. Several monks helped translate as well.

After taking the patient's history we performed a brief physical exam. Then the patient's diagnosis and a few prescriptions were recorded on the slip of paper and the patient was guided to the pharmacy. At the pharmacy, the patient's record was taken and a pharmacy aid filled the prescription. A provider would explain the medication instructions to the patient with the aid of a translator. After pharmacy, most patients were done with their encounter and took their prescription home. Some of the patients were prescribed acupuncture. We had the privilege of having a skilled naturopathic doctor who brought a large cache of acupuncture needles to use. Initially the patients were shy of receiving acupuncture but after a few Cambodians had experienced relief from the therapy, it was very popular.

During the 6 days of clinic we treated 2,300 patients. Some patients, however, came back on successive days. The conditions that we treated included: headache, gastritis, backache, arthritis, scabies, diarrhea, diabetes, lacerations, hypertension, malnutrition, pregnancy, vaginitis, hemorrhoids, cancer, goiter, parasites, pneumonia, TB, HIV skin infections, and rashes. The treatments we provided included: health education, listening, acupuncture, suturing, splinting, vitamins,

antibiotics, antacids, analgesics, cold remedies, steroid creams, antifungal creams, aspirin, and referrals to a local physician and regional hospital.

On average, each patients received 2-3 prescriptions. Typically we gave them only a few weeks' worth of medications. Peaceworks obtains its medications at a reduced rate through non-profit organizations in the U.S. These groups provide medications that are donated by pharmaceutical companies to benefit underserved communities abroad. The amount of medications that can be obtained and transported in our luggage to the clinic site limits the amount we have to distribute.

Most of the patients expressed gratitude after their encounter with our makeshift clinic. Some seemed bewildered or unsure after receiving their medications. The limitations of time and translator skills precluded any in depth conversation about the patient's condition or treatment. The lack of any ongoing follow-up is a weakness of this sort of short term aid intervention. We referred a few patients to the local physician or hospital. It is not clear to me if they will be able to receive the diagnostics and treatments they need. They will likely have to pay for any services they receive.

After clinic each day, we would wander in the countryside and nearby villages. The local people were very grateful to us and would often greet us on the path. Some offered us small gifts and most people met us with a smile. It was interesting to see how simple, yet seemingly satisfying the existence is of these people who have endured so much.

We were comfortable staying and living at Baray Pagoda. The food was simple, hearty, and plentiful. We had plain white rice, rice noodles, curries, stir-fries, tropical fruit, and a lot of meat. There were a few vegetarians on the trip and the cook tried to make a small dish each meal without meat. The weather was comfortable both day and night. Only a few of the team members got sick with a cold or traveler's diarrhea. It was delightful camping out in the meditation hall and there was ample time to practice meditation. As the only Buddhist on the team I was able to connect with a few of the monks on a deeper level. Some of them didn't speak English and I would chant some in Pali for them. They often showed surprise at this. Or perhaps it was amusement. At my request the monks held a special evening puja for our group. I was able to participate with some of the familiar chants. On another occasion I held a meditation class for members of the group. Several members of the team developed an interest in meditation and Buddhism as a result of their time at the pagoda.

## **Cambodia**

Southeast Asia has been through centuries of warfare, famine, and natural disasters. Of all the countries in the region, Cambodia, perhaps has had the most tragic recent history. With the influence of the U.S.-Vietnamese war, the Khmer Rouge took control of the country in 1975 and led the country to its darkest moment in history. Led by Pol Pot, the country was transformed into a pre-industrial, agrarian society. Forced migrations emptied the cities and the citizens were subjected to hard labor on rice farms. Anyone with an education was suspect, mistreated, and often tortured and killed. It is estimated that 2 million Cambodians died during Asia's worst known case of genocide.

After the Vietnamese defeat of the Khmer Rouge the country suffered further deprivations with years of civil war, famine, and extensive land mine deployment. Since the mid-1990's Cambodia has been trying to rebuild its social infrastructure. The numerous aid organizations that are helping on the ground in Cambodia have to tolerate the widespread corruption that plagues the government and private sector. China, Korea, and Japan lead the list of countries who have stepped in to capitalize on the development of the country.

I had the opportunity to visit the Killing Fields and Genocide Museum in Phnom Penh. These places are chilling reminders of how mass greed, hatred, and delusion can lead to vast suffering. I felt shock and grief learning about Cambodia's bloody past. It was difficult for me to imagine how these people who seem so friendly, kind, and gentle could have manufactured such a devastating reality. I believe that same evil dwells in some form in each of our psyches.

## **Insight World Aid**

After my time working with Peaceworks, I had the opportunity to network and scout for Insight World Aid (IWA) in Phnom Penh. I met with Beth Goldring who is a long time meditation practitioner and the director of Brahmavihara Aids Cambodia, a NGO providing support to people with AIDS. Beth has lived in Cambodia for 16 years, has many contacts, and knows the political and social landscape well. She is also on the IWA Board of Advisors. Beth is supportive of our efforts to bring a group of IWA aid volunteers to Cambodia. She favors serving a remote province where health resources are scarcer rather than an urban location or wealthier province. She has many ideas on how to proceed skillfully. She also cautions about working with the Cambodian government or corrupt individuals or organizations. Having a good translator as we engage Khmer

nationals is important. She has put me in touch with an American named Trent Walker who lived in Cambodia for several years and is fluent in Khmer. I have contacted Trent and he is willing to help us. Beth is willing to help us as our mission develops.

Beth introduced me to the Venerable Yos Hut Khemacaro who is a long-time Cambodian monk fluent in English and French. Twice a year he sponsors a French medical group to work in his home province of Prey Vang. He is familiar with the logistics of working with the Cambodian Ministry of Health and is willing to offer us assistance. The venerable also teaches mindfulness to foreigners at his Wat Langka in Phnom Penh every Thursday evening. I had the opportunity to attend his class.

While working at Baray Pagoda I had several conversations with the assistant director of KAFS, Mr. Hoeung Korng. I expressed to him our interests to bring an IWA team to Cambodia in 2 years. Mr. Korng offered that KAFS may be able to host an aid project for IWA. KAFS is currently in negotiations with the Ministry of Health over whether the Peaceworks team will be allowed to work at Baray Pagoda next year. The ministry wants Peaceworks to work out of the local regional health center. Pam has inspected the site and believes that it would not allow for an efficient project site. She stated to the KAFS team that Peaceworks will not return to Cambodia if they are forced to work out of the regional health center.

I also met with the French nurse Caroline Broussard who is the Cambodian Project Coordinator for the Italian Association for Aid to Children. This is a NGO that serves children throughout the world and has a thriving program in Cambodia. Caroline is developing health programs at the Sen Monorom Referral Hospital in the underserved Mondul Kiri province. She has a 3 year grant to work with the Khmer's to improve health care access for children. She has purchased anesthesia and X-ray machines for the hospital and a vehicle for a mobile medical clinic to visit the remote Regional Health Centers. Caroline is interested in assisting our group to visit her project and work for the Cambodians in her region.

Dr. Basil Stamos, an American philanthropist and member of IWA board of advisors was visiting Cambodia and met with me. He is involved in supporting the Angkor Hospital for Children in Siem Reap. This is perhaps the best hospital in Cambodia with a large annual budget supplied by Japanese, American, and European donors. Basil is very supportive of our mission and has many insights and experiences that could aid our efforts.

## **Conclusion**

My trip to Cambodia was fruitful, educational, and enjoyable. I was met by many Cambodian and international people who are interested in improving the living conditions in this country. The people of Cambodia have experienced decades of tragedy and horrible suffering. After many mis-directions they seem to be on their way to building a peaceful and relatively just society. They also need a lot of help. The country seems ideal for IWA's mission and we have several useful contacts on the ground. We are well on our way to bringing our first group of health care workers to Cambodia in late 2012, early 2013. We will continue to develop our project and our contacts there.

## **Recommendations**

1. Continue to develop the contacts made during this trip: Beth Goldring, Caroline Broussard, Ven. Yos Hut, Basil Stamos, members of KAFS, and Peaceworks Medical.
2. Visit Cambodia in 6-12 months to further develop our plans for IWA's first visit.
3. Research Cambodian Health.
4. Enlist volunteers for the aid trip and for supporting IWA in the U.S.
5. Raise funds for medical supplies and medications.