

INTERNATIONAL RESCUE COMMITTEE

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#91-018

January 17, 1991

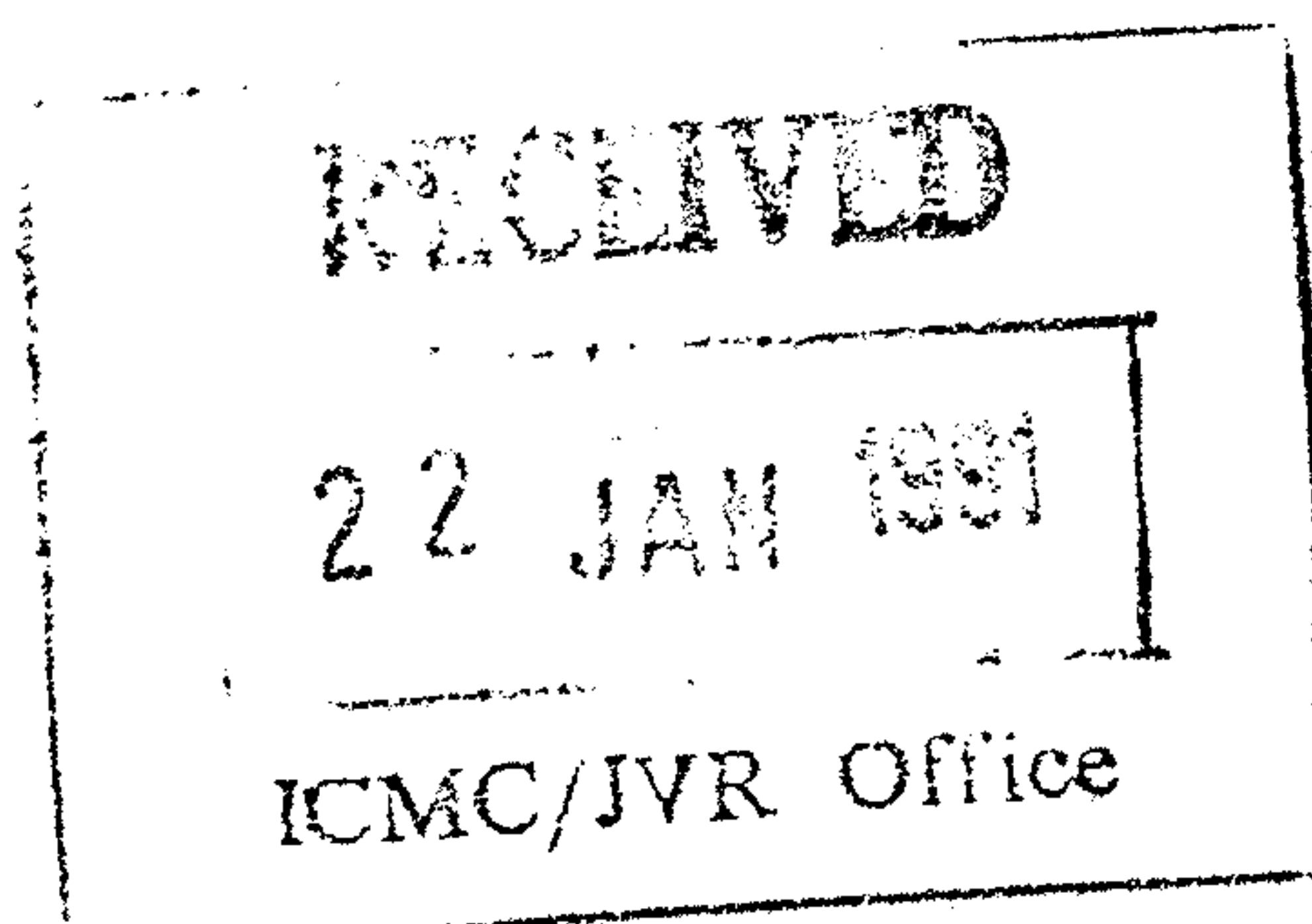
Ms. Anne Convery
Director
ODP/ICMC
127 South Sathorn Road
Bangkok 10120

Anne
Dear ~~Ms. Convery~~,

Enclosed please find a report from the Women's
Commission for Refugee Women and Children on
their recently completed trip to Cambodia.

Sincerely,


Jim Anderson
Director - Thailand Program



The Women's Commission for Refugee Women and Children
Cambodia On The Brink

We travelled to Cambodia the first week of January, 1991 when the United Nations-sponsored peace talks to end the war are nearing their final, crucial stage. Our mission was to assess the needs of women, children and victims of war at this vulnerable time when the outside world presumes peace is at hand but inside the country there is little relief from the daily consequences of war. Indeed, significant foreign aid has been promised only after a peace settlement, condemning children to die while the peace talks drag on.

The war has changed character considerably since the Vietnamese withdrawal of September, 1989, becoming a largely civil war where the rebel alliance of the Khmer Rouge and two non-communist forces are trying to take power from the present communist government. To the alarm of humanitarian organizations, the general population has become a target in this distant, dirty war fought largely in the northwestern provinces but echoing across the country. Malaria is being spread as villagers flee the fighting and pass through mosquito infested jungles looking for safety in the plains. These displaced villagers and farmers now number over 144,000 and they live in harsh camps where food is precious and sanitation nonexistent. Every month at least 600 Cambodians lose an arm or leg after stepping on antipersonnel mines which they have

been strewn haphazardly across ricefields and roads by all parties in this conflict. Already a country of widows after the slaughter of the Khmer Rouge regime, Cambodia has seen a sudden increase in families headed only by women as their husbands and sons are drafted into the army.

Even the new liberalizations enacted by the Phnom Penh government since the Vietnamese withdrawal work against women and children. By freeing up the once closed communist economy and dismantling the old cooperative system in the countryside, women have lost government support when they most need it to feed and care for their families. Women and children are more vulnerable to poverty, disease and malnutrition.

The war notwithstanding, humanitarian organizations and the government are trying to steer their programs towards preparations for peace. But their resources are minuscule and the country's infrastructure weak. If the international community and warring Cambodians were to sign a peace accord within the next six months, as envisioned, Cambodia would be incapable of reintegrating the 300,000 Cambodian refugees scheduled to be repatriated from the camps controlled by the resistance forces along the Thai-Cambodian border. The peace process could be undermined by such prosaic issues as lack of sewers, electric powerlines, and food.

Finally, chances for solving the grave problems we will

detail in this report would be improved overnight - and lives and limbs saved - if the countries of France, the United Kingdom, China, the Soviet Union and the United States all publicly called for an immediate ceasefire. As in many other negotiations to end complicated wars, a truce on the battlefield cools tempers and builds confidence that the adversaries could lay down their arms.

The nations negotiating a peace settlement for Cambodia have adopted a strategy of prohibiting some essential steps for peace - from a ceasefire to basic development aid - until the entire settlement has been signed. This means aid crucial for preparing the country for peace, and the repatriation and reintegration of the displaced is prohibited until a settlement is reached.

HISTORICAL NOTE:

Cambodia has never had a chance to recover from the 1970-1975 civil war or the genocidal regime of the Khmer Rouge who literally decapitated the society, destroying the skilled and intellectual classes and killing over one million people. The Khmer Rouge were overthrown in 1979 by the Vietnamese who then occupied the country until 1989 and imposed a rigid system that inhibited most meaningful developments. From the Khmer Rouge regime until today Cambodia has been isolated from most of the world. The Khmer Rouge cut off the country themselves. The West and much of Asia then cut Cambodia out of the international community, imposing a strict trade and developmental aid embargo to force the Vietnamese to

withdraw from Cambodia. The isolation and embargo remains in effect although the United States government, among others, has acknowledged the 1989 Vietnamese withdrawal. Thus Cambodia has had to rebuild its society from scratch - entire educational and medical systems, the training of nearly all professionals - without access to the West's resources, whether they be textbooks or industrial plants, because of the embargo and diplomatic isolation.

REFUGEES AND DISPLACED PERSONS

Preparing for the repatriation of the 300,000 Cambodian refugees held in camps controlled by resistance forces along the Thai border is the chief refugee issue for Cambodia. Some of the refugees have been in the camps since 1979; all are under the control of one of the three resistance factions fighting the Phnom Penh government. The Women's Commission visited these camps in June, 1989 and issued an appeal to provide neutral camps, freedom of information, and freedom for refugees to choose their own future. Sadly, the UN and the international community have still not enforced these basic human rights. If anything, the situation has worsened, thousands have already been moved without international protection or assistance.

It is time for the United Nations High Commissioner for Refugees (UNHCR) to move aggressively into the border camps and exercise their protection mandate. The Women's

Commission strongly recommends the UNHCR mount a serious and independent education program with a repatriation office in each camp to inform the refugees of their rights and to do so immediately before thousands more refugees are forced out of camps.

The Women's Commission strongly supports the UNHCR position that all refugees be allowed to resettle where they wish inside Cambodia. The country's ability to give them such a choice may depend on preparations made beforehand and the availability of passable roads, housing, water, cultivatable land and mine clearance. Initial surveys suggest that 75% of the refugees want to resettle in the two northwestern provinces that are heavily mined. The Khmer Rouge, for example have seeded rice paddies, levees, and roads with undetectable small green plastic land mines which will be impossible to clear in the time allotted for repatriation.

Cambodia's Vice Prime Minister Kong Som Ol, one of the officials charged with repatriation efforts, said he needs international help immediately to prepare the infrastructure that will begin to meet the needs of the refugees for repatriation and reintegration. The government wants to provide land, supplies for building homes, seed for cultivation and access to water for irrigation but desperately needs international assistance to do so.

"I know," he told the delegation. "your country doesn't

recognize Cambodia and they will not help us prepare for repatriation because they say they can't give Cambodia developmental aid. Well, when 300,000 Cambodians arrive here with last-minute preparations it will create an emergency crisis. When you prepare a dinner for your friends and invite them for seven o'clock you begin preparations in the morning. That is what we must do."

Even the capital city Phnom Penh is able to provide only 50,000 cubic meters of clean water per day, less than half of what is required for the present population of some one million. Adding thousands of newly repatriated refugees could break the back of the water system. The city is electrified by four antiquated electric power plants that are in various states of disrepair.

The second leg of repatriation and reintegration is the family tracing effort now underway through the International Committee of the Red Cross (ICRC) and Cambodian Red Cross. This is a humanitarian

effort supported by the Women's Commission in 1989 that has begun without waiting for the conclusion of a peace settlement and the results are impressive. In the first eleven months of last year 3,663 people were traced and nearly 5,000 cases opened.

"This is preparation for repatriation and peace," said

Bertrand Kern, ICRC Chief of Delegation in Phnom Penh. "It gives people something to go back to if we trace their families beforehand. What's better than finding out you can go back to your mother and live in your own house...And it satisfies the deep need to know what happened to your family."

Representatives of international and non-governmental organizations (NGOs) working both in Cambodia and Thailand said their plans for repatriation and coordinated humanitarian assistance were being undermined by the American AID project in western Cambodia. The US AID project has built a 21 kilometer road from Thailand, near Site II refugee camp, across the border into Cambodia's Battambang Province, to the town of Thmar Puk. In this zone, under the control of one of the non-communist resistance forces, the US Aid project has built four hospitals, with from 50 to 100 beds and is completing a fifth in old Ampil which will be called the Khmer-American Friendship Hospital. All the hospitals are built of concrete with clean water and their own power systems. In addition, the US has trained over 7,000 Cambodians to work in this zone in fields such as animal husbandry, agriculture extension training, carpentry, blacksmithing and radio repair. The US AID program supports the teaching of 13,000 students with notebooks, pencils and the training of teachers. At the same time, the US refuses the same development aid for the rest of Cambodia saying it must wait for peace.

Most worrying for the ICRC and UNHCR representatives was the effect this program is having on their repatriation programs. "They are creating an entirely artificial situation that cannot be sustained," said one official. "Enticing people to zones with food and medicine... This activity is not in the interest of a comprehensive solution. It is encouraging the Lebanonization of Cambodia".

In other programs to prepare for repatriation, ICRC has opened a bureau in Battambang Province where a majority of the refugees hope to find homes. Along with Medecins San Frontieres (MSF) of Holland - Belgium and France, ICRC and other NGO's are setting up a system in that province to treat and prevent malaria in northwest Cambodia. Malaria will be a major threat to the returning refugees many of whom because of international assistance live in largely malaria-free camps. In addition ICRC has appealed for emergency aid to begin surveying mine fields for clearance.

INTERNALLY DISPLACED PERSONS

People fleeing the war in Cambodia now number approximately 144,000. They live in some 30 camps in nine Cambodian provinces with minimal relief supplies from humanitarian organizations distributed in coordination with the Cambodian Red Cross. Dr. My Samedy, vice president of that organization, just completed a survey of the camps and said health and sanitation are at the top

of the list. An international representative told us that the previous week he visited the largest encampment near Sisophon where approximately 10,000 people live. "There are no latrines, only a defecation field and the camp's single well is in the center of this field".

In our visit to the Okoki displaced persons camp in Aural District of Kompong Speu province we were told rice was supplied irregularly. There were no latrines or sanitary facilities and only ten water pumps for the 7,452 inhabitants. The World Food Program (WFP) said Cambodia has had to divert 25% of the WFP rice allotment to feed the displaced and that it will still not meet the need.

There was an earlier controversy over whether these internally displaced people were forced out of their villages by the Cambodian army. ICRC estimates that no more than 20 per cent of the camp population was evicted. Today many Cambodians fleeing the fighting complain that the government is not helping enough. The Phnom Penh bureau of the Japanese television network Nihon Denpa News showed one of our delegation film he shot last month of refugees including one who said: "The government hasn't helped me at all. I can't carry all my rice in this small bullock cart. We need more to survive."

All the camps in the film had bunkers dug deep around the perimeters. One mother complained that the frontline kept moving

and the camp was regularly threatened. She said, "We have no time to cook, we spend too much time hiding in the bunkers." A local official reported that mines are placed perilously close to the Okoki camp perimeter (2 miles). Displaced persons leaving the camp have been wounded or killed.

VICTIMS OF WAR

The greatest toll of human suffering in this civil war has been caused by land mines. Estimates of casualties range widely - from 600 to 1,000 a month. Even at the lowest figure, this represents an increase of fifteen to twenty percent over last year's casualty rate. The majority of victims are young men between the ages of seventeen and thirty five. However, a growing number of women, children and civilian men have stepped on mines in their rice paddies and rural paths.

We met a 32 year old woman in the Kompong Speu Hospital whose oxcart rolled over a mine on December 30. Her husband was killed and she and her two children sustained shrapnel wounds. In another hospital bed was a 16 year old boy recovering from being shot in the stomach while tending his cattle.

The majority of the amputees are young men, and bands of them can be seen in the capital and on the roadways. At the Wat Than Rehabilitation Center run by the American Friends Service Committee (AFSC) we talked to a 20 year old policeman named Thom Sopeah who

had lost his left leg and was receiving vocational training at the center. He lost the limb stepping on a mine while on patrol last February. Than said he was training to become a typist and earn enough to "live in a house , not in a hospital with other amputees. How do I feel? I feel nothing inside."

The Women's Commission condemns the use of anti-personnel mines and calls on all parties in this conflict to cease sowing such weapons of destruction and cooperate in their removal.

Women And Children

One in five Cambodian children die before the age of five. Prime Minister Hun Sen told one member of the delegation that infant mortality is climbing higher this year. "I think you should focus first on health for our children," he said, "to heal their illnesses."

The causes of those infant deaths are diarrhea, respiratory infections, malaria, tuberculosis and dengue fever, according to Dr. Ang Sarun of the Ministry of Health. But there are neither enough doctors or medicine, and patients must now pay for most medical care. UNICEF has undertaken with success a child immunization program that deserves continued support.

Malaria is the most frequent cause of death in Cambodia. One Cambodian doctor said, "It costs 3,000 riel, or the average monthly

salary, to treat a child with a mild case of malaria; for a serious case the cost climbs to 30,000 riels, the average yearly salary".

If a child develops a severe case of dengue fever accompanied by hemorrhagic shock, there is little support to be offered. Treatment with fluids, plasma and electrolyte monitoring is available in only one hospital in Phnom Penh, according to NGOs.

The country has little blood for transfusions to treat dengue fever patients. The price of blood varies from 4,000 to 8,000 riels per one unit of blood (250 milliliters). In cases of hemorrhage particularly after childbirth, one unit of blood is all women can afford and it is usually inadequate and the new mothers often die, according to an NGO midwife.

Children are particularly vulnerable to waterborne diarrhea which is harder to control where there is no sanitation system. In camps for displaced persons, in the shanty towns growing up around Phnom Penh sewage water mingles with the water system, as it frequently does in Phnom Penh itself.

Tuberculosis is the second highest cause of death in Cambodia and children make up ten per cent of the tuberculosis cases. Last year, in 1989, some 40,000 people newly contracted tuberculosis, according to relief workers' estimates. Even though the French Red Cross has done a heroic job in assisting the Cambodian National

Anti-Tuberculosis Institute and to treat some 12,000 cases each year, the logistical difficulties and the lack of trained medical personnel has thwarted attempts to build an effective anti-tuberculosis system. The ecology of war favors the disease. New poverty, cramped quarters and poor nutrition create a natural environment for the spread of tuberculosis.

A decade of isolation and neglect by the international agencies and organizations like the World Health Organization, best equipped to deal with the health crisis gripping Cambodia has meant needless death, disease and for thousands of Cambodians.

The Women's Commission finds this lack of involvement by WHO unacceptable, given their mandate and their expertise. We cannot understand how efforts to control and eradicate disease, train and equip medical personnel, improve public health and sanitation, or provide potable water are not viewed as urgent humanitarian needs - not subject to embargoes or dismissal as development aid.

The trade embargo contributes to this continuing crisis. For nearly six months last year it was impossible to obtain the anti-tuberculosis drug pyrazinamide in Cambodia, according to the ICRC and French Red Cross. At the same time, the medicine was available at the Thai border camps thanks to international aid. Thousands of people sick with tuberculosis left their homes to receive treatment at the border hospitals, particularly Site Two.

WOMENS ECONOMIC ISSUES

The war has undercut rural women's ability to make ends meet. The number of female-headed households, has grown as more men are drafted into the army. NGO representatives report some villages in which they work have 60-65% of the households headed by women. Left to run family farms on their own women are in a double jeopardy now that the rural cooperative system is being dismantled Draught animals are no longer shared by rural communities. Now women barter three days of back-breaking labor transplanting rice in return for one-half day of labor by a draught animal. Better irrigation and income generating projects designed to augment the incomes of women headed households need strong support (eg. silk weaving, sewing, family food production, and cowbanks).

Economic insecurity also diminishes young women's chances to advance themselves. Girls are dropping out of secondary school at a high rate to help at home or earn a supplemental income.

In Takeo province, we spoke to a 54 year old widow who farms rice with the help of her 18 year old son. She said, "We just harvested the rice, we will have rice for 9 months and we will go hungry for 3 months. There is no water for another crop and no money to buy a silk loom or to do other business." Capital does not flow to the rural women who can only be helped with real developmental aid.

Impoverished women cannot care for their children. They rarely can afford hospital care which includes not only doctor's fees and medicine but the price of a ride on an oxcart or bus. At Neak Luong provincial hospital we saw a sixteen month old baby who had been sick for ten days before he was brought to the hospital moribund with meningitis. His mother was in the middle of harvesting and had no one to care for her other children so she held off the expensive trip to the hospital. We were told by a medical worker that a family will often have to sell their buffalo to finance medical care leaving them without draught power or transportation.

WOMEN'S HEALTH

In this climate of warfare and economic insecurity, old problems persist. Women continue to be at risk bearing children. Prenatal care and education do not exist. At the same hospital in Neak Luong we saw a sixteen-year old girl who had delivered a still-born child the week before. During labor the young woman suffered severe headaches that continued after delivery. Within three days she became unresponsive and was brought to hospital. She had an elevated blood pressure and neurological symptoms consistent with toxemia of pregnancy complicated by a cerebral hemorrhage. The Kompong Speu Provincial hospital reported frequent cases of toxemia of pregnancy as well.

The Council of Ministers of the State of Cambodia legalized birth spacing last November, the first attempt at family planning in the country. A midwife trainer working in a provincial hospital told the delegation that women are interested in spacing their children, but little information and assistance is available. Most women still deliver at home with a midwife who is often poorly trained. She also told of how poorly trained traditional birth attendants often over-massage the mother's uterus thus rupturing the uterus and killing both mother and child. Although statistical data is poor, Cambodia is believed to have one of the highest maternal mortality rates in the world.

TRAINED PERSONNEL

The training of medical personnel reflects the problems of training in the country at large. Only forty five doctors survived the Khmer Rouge era, according to the vice dean of the Faculty of Medicine. During the Vietnamese occupation cooperation with voluntary and foreign agencies in training new medical personnel was actively discouraged. Now the Cambodian government is openly soliciting liaison with foreign medical universities and the University of Paris has answered, sending visiting professors for short stays.

And while Cambodia's medical school has trained 587 doctors since reopening in 1980, there is no post-graduate specialization training for pediatrics, or obstetrics and gynecology. Libraries

are half empty. The 2,000 plus students share ten microscopes and the biochemistry laboratory is completely bare.

PREPARATIONS FOR PEACE

Many of the grave problems we've raised in this report could be immediately improved by a ceasefire. Displaced villagers could return to their fields, the rice harvested, national resources redirected, amputee wards emptied and minefields surveyed for clearing.

The Prime Minister Hun Sen and Defense Minister Tea Banh repeated their government's appeal for an immediate ceasefire in place. "A ceasefire is crucial," said Hun Sen. "Only after a ceasefire will the people have confidence that our peace process is working."

Defense Minister Tea Banh said, "If we could have a ceasefire we could begin to trust each other enough to solve our other problems."

The preparations for peace require building roads, a working water system, and an infrastructure, as was mentioned earlier. But to provide that aid, the international and voluntary organizations said the Cambodian government had to push harder to dismantle the cumbersome, bureaucracy inherited from the Vietnamese. It will be necessary to prepare Cambodians to manage and utilize large amounts

of multilateral aid and to take over long term planning. The new Cambodian Development Resource Institute is now trying to begin this difficult training process.

The government with the foreign ministry now acting as coordinator, has begun streamlining procedures for the international and voluntary organizations, a sign of a new openness to encourage more projects and more humanitarian aid for the country.

Concomittent with increased assistance is the requirement that the government of Cambodia and the international community put in place adequate monitoring and auditing systems to insure that humanitarian aid is reaching people in an equitable co-ordinated manner.

Cambodia is still not food self-sufficient. This year's rice harvest has not been as large as expected and the WFP has not been able to fill the gap. One international official estimated in 1991 the country will have a 100-150,000 ton rice deficit. 25% of the current WFP assistance is now allocated for displaced persons. Complicating Cambodia's economic and humanitarian needs is the loss of large amounts of aid previously received from Eastern Bloc countries. The loss of 50,000 tons of fertilizer from the Soviet Union unless replaced will mean a smaller harvest. In addition, thousands of acres are being taken out of production as people

leave villages and farms in war zones. The UN has made a special appeal for 6 months of food to the displaced.

The prospects are however, that endemic malnutrition of the population will continue. Adequate food aid and emergency agricultural assistance - including fertilizer - will be critically needed in the months ahead.

Conclusion

Cambodia today is on the brink. It's people are hopeful that the international diplomatic efforts will succeed this year and bring peace and prosperity, but are steeling themselves should they fail and the war drag on, bringing Khmer Rouge control closer. The fear of the Khmer Rouge returning is universal inside the country. It is based on reality. The Khmer Rouge have had unrestricted aid from China and enjoys diplomatic access because of its alliance with two small non-communist factions. Informed observers underscore that they continue to expand their operations in the Cambodian countryside.

This year, the United States will allocate \$25 million of humanitarian aid to Cambodia. A minimum of \$20 million of that money should be spent in a coordinated, monitored international assistance program in Cambodia. The UN and the other major donors to humanitarian projects should be encouraged to vastly increase

their assistance to Cambodia. To continue to ignore the needs of the people inside the country not only costs human lives but risks destabilization of Cambodia and increases the likelihood that the well-funded Khmer Rouge could return to power.

The United Nations and the wealthy nations of the world have been too comfortable for too long, turning their backs on the needs of Cambodia's eight million people.