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Phnom Penh, 15. September 1998

**Das passive Genocid
an den Kindern Kambodschas**

Appell zur Aenderung der Politik und Strategie
arme Medizin fuer arme Menschen in armen Laendern
der Weltgesundheitsorganisation (WHO)
und anderer Organisationen.

**Le génocide passif
des enfants cambodgiens**

Appel à un changement de la politique et de la stratégie
de la médecine pauvre pour des gens pauvres dans des pays pauvres
appliquées par l'organisation mondiale de la santé (OMS) et d'autres
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Dieser Appell wurde am 25. September 1998 der WHO in Genf uebergeben.

Alle Zitate stammen von Representanten wichtiger Organisationen. Sie sind belegbar.

Namen wurden absichtlich keine genannt.

Cet appel a été lancé, auprès de l'OMS, à Genève, le 25 septembre 1998.
Toutes les citations sont des déclarations réelles de représentants d'Organisations.

Aucun nom n'a été cité.

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No name were used.

Poor medicine for poor people in poor countries. A policy which amounts to passive genocide.

The policy and strategy of the WHO and many of its subordinate organizations concerning medicine in poor countries, in our case Cambodia, results in thousands of deaths, thousands of invalids, and thousands of brain-damaged victims. This policy, which we characterize as poor medicine for poor people in poor countries, is not only ineffective, it actually actively endangers, damages, and destroys thousands of lives. This policy amounts to passive genocide. These organizations and their proponents are called upon to assume their responsibility and change their policies and strategies.

To a great extent the WHO determines the policy of the Cambodian health ministry. Thus, for example, in the health sector the projects and money from the World Bank are directed by WHO policy, as are UNICEF activities in the health area (the UNICEF central pharmacy in Copenhagen for all UN organizations' campaigns the "basic care" vaccination program at district level, etc.). The WHO, the World Bank, and other organizations have their offices on the first floor of the Cambodian health ministry, in other words at ministerial level. They have a permanent, central presence in the Cambodian health ministry. Numerous organizations, large and small, as well as numerous governments of industrialized, wealthy nations follow the WHO's policies and strategies.

We also call upon the WHO and other organizations to stop defaming and endangering those institutions which are effective and have the equipment and know-how at their disposal to uncover and successfully combat the actual horrible situation of suffering and death.

There is little point 30 years from now in complaining about the tragedy of today and the past 20 years caused by the mistaken policy of the WHO. We challenge the international community to have the courage to recognize the cruelty and horror of the situation and act appropriately.

Violation of Children's Rights

Every child has the right to health (UN Charter of Children's Rights). Every child has the right to the best medical treatment possible (UNESCO Charter). The best possible treatment for infectious diseases (90% of children's diseases in Cambodia) is correct, monitored, and corruption-free treatment. Corruption-free means that medical criteria determine treatment, not social class, ability to pay, or patient connections. Correct means that an accurate diagnosis must be made, a treatment's efficiency must be evaluated, and the medication's effectiveness monitored. The medications must be efficacious and not deadly.

Anything else violates the fundamental rights of children. Nevertheless, correct medicine is being hindered by the international organizations, and the rights of children are being abused.

The philosophy of basic medicine, peasant medicine, or grass-roots medicine continues to be given as a pretext and justification. However, there is much confusion associated with

these concepts. What is really meant is just cheap medicine. If it were correct and efficient, there would be nothing wrong with basic, grass-roots, or peasant medicine. But in fact it has never existed. It was always propaganda and lies to justify a two-tiered medical system that abandoned the poor. The claim is that little is done for the masses of poor in order that there is enough for everyone. In other words, nothing is done efficiently. The powerful, the ruling classes, the nomenclature, the party elite, and the wealthy are exempt from the strategy of poor medicine; there are other rules for them. The same holds for the international organizations, especially the WHO and UNICEF, which impose poor medicine on poor people in poor countries. Their officials have other rights: they assume the right to better medicine, a privilege they would never grant to the poor masses they plan for. There are other rules for them.

Basic medicine for poor countries: a propaganda lie with lasting reverberations and grave consequences . . . almost a parable.

Liuk Shaoqi, Mao's challenger and possible successor, contracted tuberculosis in 1965. Mao ordered the physicians in the area not to get involved in the treatment of his opponent. However, he could not prevent his opponent from getting medical care in a good hospital. Consequently, all good hospitals had to be paralyzed or destroyed. All physicians were sent to the countryside. The pretext was the implementation of a basic medicine strategy: "Doctors rush to the countryside to be peasant physicians for the good of the poor masses" (June 26 Directive of the Cultural Revolution, 1965). This peasant or basic medicine remained propaganda. It was never shown to be effective for public health, which of course would not have been in the interest of the manipulator Mao anyway at the time of the Cultural Revolution.

The propaganda lies of basic medicine were taken over by, among others, the new left in Western Europe (basic medicine basic groups) as a result of the '68 movement. Those lies still linger in the minds of the former '68 heroes as a hazy mirage, those same heroes who have been able to secure a comfortable existence for themselves in international organizations, aid organizations, and the media.

The propaganda of basic medicine was also embraced by Pol Pot, Mao's star pupil. Of course, after he sent all the physicians to the countryside he had them murdered (900 out of 953). Basic medicine was celebrated with little in Pol Pot's regime, so that there would be enough for everyone. For all medical complaints, an orange syrup was distributed by semi-skilled teenagers, the young officers of the Khmer Rouge. The Khmer Rouge officers themselves received medical care from good Chinese physicians in Phnom Penh, and after 1979 from other foreign colleagues as well. (Just as this was always taken for granted by Mao, it is taken for granted by all the experts and officials of international organizations.)

The third-world ideologists now set up programs of poor medicine for poor people in poor countries, cheap medicine that they distribute as basic medicine. The efficiency of this practice has not been proven anywhere. There has been no effectiveness shown since the "memorable" Alma Ata conference in 1978, when the principles and goals of basic public health care for poor countries were established by the WHO, UNICEF, and many nations, including Switzerland. It was and remains just dossiers, bogus balance sheets, and humanitarian long-haul tourism.

The only place that basic medicine did function and was not simply propaganda was in

Cuba. Che Guevara was a physician, an allergist. He was an asthmatic himself and one of the first patients to inhale with Ventolin. Without Ventolin the Cuban Revolution could never have taken place, because he suffered a severe asthma attack on the legendary crossing to Cuba. Che Guevara always insisted on the best possible medicine for everyone. Even on the high plateau, a poor farmer could have a free operation for a perforated appendix, with no consideration as to whether that was too expensive compared to "meeting the needs of the masses". Thus for many years, Cuba enjoyed the fairest and best medical system in Latin America. Che Guevara, because he was honest, eventually became intolerable for Castro, who was recently (May 1998) celebrated in Geneva by the WHO. Che Guevara's lot is well-known. In the meantime, the public health system in Cuba has deteriorated.

Man is not made to think and fantasize for the masses; he should act for individuals, and act fairly to all. And he should not exempt himself from the rules that he makes for others. In this way the mistakes of the basic medicine propaganda over the past 30 years can be rectified, mistakes which for the poor masses and poor individuals have brought nothing but suffering, misery, and death.

Recently a Chinese delegation from the first and best Peking hospital visited Kantha Bopha. All of them were deeply touched by Kantha Bopha. They said that where they came from everything was also free for everyone, but not everyone had access, only the party officials. They were moved when they saw that we (even) did a CT scan on a poor 12-year old girl: a year earlier in the province of Takeo the girl had been treated for pneumonia with chloramphenicol after a three week long fever. Now she had arrived at Kantha Bopha with a severe headache. The scanner showed a mandarin-sized tuberculous brain abscess and calcification in the lungs (a 100% indication for tuberculosis) that was too small to be detected in an x-ray. Conclusion: thanks to cheap medicine, which is backed by the Swiss Red Cross and practiced on children in Takeo provincial hospital, tuberculosis was not diagnosed and the wrong treatment was carried out with a dangerous cheap medication. The tragic result was then an inoperable brain abscess. This is one of thousands of cases similar to Mao's opponent, Liu Shaoqi, although these are not manipulated by Mao but by third world ideologists who implement the enduring lie of basic medicine in the form of cheap medicine for the poor masses in the poor areas of the world.

There is little point 30 years from now in complaining about the passive genocide that the world bestowed on the children of the poor countries; 30 years from now is when history will assess how the West handled this problem 30 years ago, that is, today. It would be more useful to be honest now and act.

The origin of this appeal

This appeal originates from the Kantha Bopha children's hospitals in Phnom Penh, the capital of Cambodia. Kantha Bopha is an active permanent stronghold of dramatic daily combat against the passive genocide practiced on the Cambodian children. In the words of a leading Cambodian newspaper (August 1998), the Kantha Bopha I and II children's hospi-

tals hold the promise of the Cambodian people. They are the only institutions in the health system which function. Why? Here corruption-free correct medicine is practiced for every child, whether rich or poor. They are the only correct and corruption-free functioning hospitals in the country, with large preventative and medical education centers and large medical and surgical departments. Opened six years ago, children now come from all over. The statistics for June, July, and August 1998 show not only the desperate situation in the country, but also the efficiency of the Kantha Bopha hospitals.

June 1998	41,143 out-patients	2,283 in-patients
July 1998	39,170 out-patients	4,514 in-patients
August 1998	38,613 out-patients	3,664 in-patients

Today, as this article is being written (29 August 1998) we hospitalized 523 seriously ill children. Of these, 65 children were sick with Japanese encephalitis, 212 with hemorrhagic Dengue fever (HDF), nine with tetanus (six of them newborns), and seven with cholera. A total of 1,740 sick children were treated in the clinic. A further 430 healthy children were vaccinated.

All of the 65 serious and at times distorted encephalitis (JEV) cases and all of the tetanus cases could have been prevented with correct vaccinations. In addition, the virulence of the Dengue fever virus can be lessened with the JEV vaccination (cross-immunity between the Dengue virus and JEV)! The WHO has been hindering JEV vaccinations in Cambodia (for the past four years!!!) in line with its strategy of "poor medicine for poor people in poor countries". "Too expensive for this poor nation" say the experts. At the sight of these seriously ill children, I cannot deny that today I am emotional. And why not? The noble West despises emotions. So do the distinguished experts, officials of international organizations, and their partners in third world ministries. Despite being invited, they never come to the hospital to see the terrible reality. Money and unfortunately bogus manipulated statistics are debated coolly in cooled offices. I am not ashamed of my emotions, my anger, my passion. In the final analysis, it is a matter of humanity and feeling whether the children's right to health is recognized. It is a matter of justice and, consequently, a matter of peace.

Each month 2,000 children more would die if it were not for Kantha Bopha. During the present Dengue epidemic in the last three months, it would have been more like 3,000. The WHO is against Kantha Bopha. They say: "The principle itself is wrong, it is too expensive for this poor country." "Kantha Bopha has created needs that did not exist before" !!!

Tuberculosis: the largest hidden minefield

Tuberculosis can be compared to personnel mines set in children that will explode eventually. In contrast to land mines, its explosion is programmed, short- or long-term, its target in sight: as sure as death, children. Tuberculosis in children can be declared the largest mine field of the world, concealed and preserved by the international organizations.

Tuberculosis can only be fought when every actual and potential center of infection is neutralized, meaning when every child sick or infected with tuberculosis is given correct, effective, and controlled

treatment. Unfortunately, there is no known effective vaccine yet.

Tuberculosis, the deadly "minefield for Cambodia's children" is the biggest health problem of Cambodia's children and Cambodia's population in general. Every year we discover 5,000 new cases just among the hospitalized children. The WHO long with numerous experts and officials still claims that tuberculosis is irrelevant for children in the third world; it is not a problem. Accordingly, it is not to be noticed or treated.

There are two reasons given for this:

- 1 Tuberculosis in children is not contagious so it is not a epidemiological problem.
- 2 Families are not disciplined enough to complete the course of therapy (six to 12 months). (Incomplete drug therapy is known to result in drug resistance.)

We have been able to refute both:

- 1 Contagions have been detected in lab tests on one-third of the children sick with tuberculosis.
- 2 In our tuberculosis center, only 5% of the patients fail to complete the full course of treatment. Parents are informed about tuberculosis during their child's hospitalization and receive instruction in our medical education center. Even patients from far away come for check-ups every three weeks, bringing back the empty medication vials and picking up fresh medication for the next three weeks. They receive the medication for free, the check-ups are corruption-free. The pretext of families' lacking discipline is an outrageous indication of experts' arrogance. The failure of many TB programs has resulted from corruption and lack of professionalism, and can be blamed on the experts and officials.

Tuberculosis is not listed as a disease in the WHO program of respiratory infections, one of the biggest classes of infections in the third world (IRA). However, 80% of respiratory infections in children which are not viral are tuberculosis cases. Thus, the most common type of tuberculosis, pulmonary tuberculosis in children, does not exist for the WHO!!

Kantha Bopha remains the only institution in the country that can diagnose and correctly treat tuberculosis in children. And the only one that does so.

Laboratory and diagnostic equipment cost money. The WHO's response: "Much too expensive and too sophisticated for such a poor country." "Not appropriate to the standard of the country".

The mines hidden in children

Calcification in the lungs, a sure indication of tuberculosis in children, is only visible if it is larger than 2 mm across. With computed tomography (CT), we are now finding countless children with calcification: mines that with time explode and destroy lives. The dormant tuberculosis also weakens the children's resistance to disease. For example, numerous glomerulonephritis cases (kidney disease) can be explained as the result of an imbalance in the child's immune system. In the CT scans of almost all of these children, we discover calcification, the 100% proof of tuberculosis. We discover tuberculosis as the cause of kidney disease.

The numerous serious skin abscesses, muscle abscesses, and fatty tissue abscesses are all directly and indirectly related to tuberculosis.

The virulence of viral diseases such as Dengue fever (of 40 serious cases in a small study at the beginning of August 1998, 60% had calcification in the pulmonary hili), Japanese encephalitis, and hepatitis B and C is much higher because the children are already infected or ill with tuberculosis. The same is true for typhoid fever, malaria, and normally trivial infections. Children free of tuberculosis have much stronger immune systems.

But tuberculosis can kill children on its own. If mistreated, the many tuberculous meningitis cases, the many tuberculous brain abscesses clearly identifiable in CT scans, the serious lung defects, the severe cases of miliary tuberculosis, the severe bone inflammation, and the serious cases of tuberculous pericarditis (clearly identifiable in ultrasound scans) result in death or serious disabilities.

Computed tomography is an enormous help in detecting tuberculosis. Typically enough, the acquisition of a CT scanner for Kantha Bopha II was refused and fiercely criticized by all the experts. "Foolish to have such a luxury for such a poor country as Cambodia" "Top medicine and prestigious medicine is ridiculous for such a poor country"!! The TB minefield is to be preserved, the truth not recognized. Thanks to the CT scanner we were able to confirm many of our suspicions, including the fact that thin "undernourished" children's condition was due to dormant tuberculous and not lack of food.

The Director of SDC (Swiss agency for Development and Cooperation in Bern) commented on the news of the upcoming acquisition of a CT scanner with: "If I were to finance a CT scanner, I would be torn apart by criticism from all my own staff, all the experts, and officials." (July, 1996). At the official opening of Kantha Bopha II on October 12, 1996, J. P. Delamuraz, then President of Switzerland, exclaimed in the presence of the King of Cambodia Norodom Sihanouk: "Anyone who thinks that this machine is too sophisticated for Cambodia is a neo-colonialist."

The policies and strategies of the WHO and many of its experts and officials are the epitome of neocolonialism.

Ask one of the officials whether a TB child has to die of TB because treatment is not relevant for epidemiological reasons (the experts believe that TB in children is not contagious) and the answer is "Oh well, yes" (November 1997).

A population infected with tuberculosis can never achieve vitality; a population infected with tuberculosis remains repressed. It can never apply the rules of democracy, never determine its own path. It remains trapped by the powerful, exploited by the rich.

The WHO's inadequate TB policy in Cambodia has accomplished nothing in the past six years. First there was the IRA protocol, which declared that tuberculosis did not exist in children. Then the protocol prevented hospitals from treating tuberculosis in children. According to the protocol, this can only be done in the so-called tuberculosis centers (and then with inadequate diagnostic criteria). But medication never even makes it to these centers in the provinces; it disappears in corruption and never gets farther than Phnom Penh. The statistics and accounts are faked.

The policies and strategies concerning TB in Cambodia amount to passive genocide on Cambodian children and a weakening of the Cambodian people in general.

Japanese encephalitis

We first serologically established the endemic and at times epidemic incidence of Japanese encephalitis in Cambodia four years ago. For the last two years the definite proof from CT has been available: cerebral infarctions - terrible, irreversible destruction of children's brains. Even if the patient survives, normal life with normal intelligence is over. In the month of June 1998 alone, 85 children in Kantha Bopha died of this disease. The fatality rate is given as 34%. We have found a fatality rate of 20% here. Sadly, many of the surviving children suffer from light to severe neurological, motor, and intellectual deficits for the rest of their lives. There is an efficient vaccine available. The WHO turned a deaf ear to our appeal three years ago for a mass vaccination program: it was unnecessary and too expensive for such a poor country.

We have now been vaccinating against encephalitis in Kantha Bopha for more than a year. For free. The Cambodian minister of health has repeatedly authorized, approved, and welcomed our campaign. The rich and the foreigners can get vaccinated at the commercial Pasteur Institute for US\$60. None of the other 90% of the poverty-stricken population can afford to pay that. The vaccine, which we import directly from Osaka, costs us US\$4. Employees and families of the UN and embassies are strongly recommended to have the vaccination. The policy of the WHO, a UN organization, is to abandon the poor masses to the deadly disease. Thousands are left to suffer and die a wretched death.

The WHO's inactivity and denial of the epidemic leads to passive genocide of thousands and the destruction of brain tissue in thousands more.

Encephalocardiopathy

Hundreds of seriously ill children under 9 months of age arrive at Kantha Bopha with signs of dyspnea, difficulty in breathing. According to the WHO protocol (IRA), rapid breathing indicates bronchial pneumonia. For serious dyspnea the protocol specifies that chloramphenicol be given. We have now determined that none of these children were suffering from lung disease, but from encephalocardiopathy. Pulmonary hypertension could be definitively proven with cardiac Doppler ultrasonography. The dyspnea is also cardiac. Cerebral infarctions were revealed with the scanner too. In all probability, the encephalocardiopathy is evoked by the same virus that causes Japanese encephalitis (JEV). The serology is sometimes JEV positive. Children under nine months old react with different symptoms than children over a year old since the immunological situations of the two age levels are different.

Treating these dyspneic children with chloramphenicol, as stipulated in the protocol, is therefore absolutely senseless. The treatment is random and the drugs used can be fatal, as described in the next section. Chloramphenicol is deadly.

Prescribing useless and dangerous medications

There are still antibiotics on the WHO's essential drug list that are ineffective because of existing resistance and produce such lethal side effects that they were taken out of circulation in the West as early as 1970.

Chloramphenicol:

Resistance

Four years ago we had already determined that 95% of the *Salmonella typhi* bacteria were resistant to chloramphenicol. Nevertheless the medication, in the form of Typhomycin, is used by numerous organizations to treat the widespread typhoid fever. The resistance to Bactrim and Ampicillin is 94% each. Augmentin is not effective; blood cultures remain positive. We have continually observed this situation in thousands of blood cultures.

The only medication to consider in treating typhoid fever in children is Rocephin (which is, unlike chloramphenicol, Bactrim, and Ampicillin, a very expensive drug). The WHO defends the use of chloramphenicol: "Chloramphenicol is a good medication. Moreover, it is inexpensive. We cannot afford to use Rolls Royce medication, expensive medication like Rocephin, in the third world."

Chloramphenicol produces the most adverse side effects

As early as 1970 chloramphenicol was withdrawn from circulation for children in Europe and the USA. The side effects of transitional bone marrow aplasia, irreversible bone marrow aplasia, and isolated anemia are well-known. We have watched hundreds of children bleed to death in Kantha Bopha as a result of the "medical" complications from other clinics. The chances of a Cambodian child dying from this medication is many times greater because many diseases here affect the liver's functions. (Dengue fever, malaria, tuberculosis, and hepatitis A, B, and C all diminish the liver's ability to metabolize chloramphenicol.)

It is therefore also outrageous that the WHO protocol continues to specify chloramphenicol as the treatment for meningitis and severe infections, in general.

The most common cause of meningitis is tuberculosis. Here, chloramphenicol is ineffective anyway. The second most common form of purulent meningitis is *Haemophilus meningitis*. However, 55% of the *Haemophilus* germs are resistant to chloramphenicol. Because of this resistance and especially because of this dangerous medication's deadly side effects, chloramphenicol should not be prescribed randomly.

Use of chloramphenicol actually amounts to active genocide knowingly risked on the Cambodian children.

Proper clinical pathology can and must only be done with the proper equipment and laboratories, which permit the correct diagnosis, and correct and controlled treatment. That has nothing to do with luxury medicine, as the WHO, UNICEF, and other organizations, experts, and officials notoriously and consciously would like to suggest in numerous media. It only has to do with a medical duty to care for children, with the correct treatment that every child has a right to.

The tragedy of AIDS. A deliberately missed opportunity.

Until 1991 (starting in April 1975), Cambodia was more or less a closed society. It had always been the custom that a young man's first sexual experience was in a brothel. It was considered good form. AIDS was not known. In 1992, 14,000 UN troops and 8,000 UN administrative personnel arrived in the country to run the elections (UNTAC).

Up to 5% of the individual troop units were infected with HIV before arriving. Despite much intervention and many proposals for intervention programs and measures by the commander of the UN medical corps, all measures were rejected by the leadership of the UN (UNTAC under Mr. Akashi) and the WHO. People should not be discriminated against; everyone should enjoy the girls (as Mr. Akashi said). The WHO did nothing. AIDS spread like wildfire. Over the past five years the WHO has still not done anything effective. Of the children under five hospitalized in Kantha Bopha, 4% are already HIV positive!!! The number is growing. The children are vertically infected, from their mothers. This shows for one that with the UNTAC campaign an AIDS explosion broke out in Cambodia which should and could have been avoided by the WHO, a UN organization. For another, the steady rise in HIV positive mothers shows that too little is being done against AIDS at the moment. Among the older children, we only find HIV positive results sporadically, caused by contaminated transfusions in other hospitals.

Tetanus

Today, August 29, 1998, nine cases of tetanus! Six of these are new-borns. Their mothers were not vaccinated as children. UNICEF, which has been responsible for the Cambodian vaccination program for years, said in 1992 that Kantha Bopha should not worry about vaccinations because the vaccination program was working. But severe tetanus cases in older children and new-borns reveal the truth: thousands of children and thousands of their mothers were never vaccinated. In fact, the vaccine hardly ever gets to the provinces. The statistics were falsified (there are numerous witnesses), the UNICEF officials were happy (it does not affect their exorbitant salaries).

Afraid of the truth

UNICEF, like other organizations, is opposed to the hospital under construction in the north of the country, Kantha Bopha III, which will also have a large vaccination and disease prevention center, adequate diagnostic facilities, and 180 beds. The project is being discredited in the media to make contributors uncertain and thereby hinder the project. At the district level, UNICEF has been pursuing inefficient "grass-roots medicine" activities in the north for five years. Nine inadequate facilities are available to the poor there. "We don't need antibiotics. People should wash their hands to prevent disease." say the UNICEF officials. The insufficient relief services even have to be paid for. The policy of sustainability (a favorite word of third world ideologists from the West) demands that the inadequate facilities pay for

themselves. Now the concern is that the normal medical diagnostic equipment foreseen for Kantha Bopha III will reveal the truth about the terrible health condition of the children. If this happens, UNICEF's "grass-roots activities" in the north of the country will lose credibility. The WHO has joined the opposition. The Swiss agency for development and cooperation (SDC) in Bern has, as well. The claim now made about the Kantha Bopha III construction project is that it is: "undermining Cambodia's health system" (November 1997)!!

For any believers, the obvious collapse of the policy of poor medicine for poor people in poor countries has been the 1998 Dengue epidemic.

In the last six years, the WHO has run a Dengue fever project for Cambodia. It is totally inefficient. This year Cambodia has experienced the worst epidemic ever in the world. Nothing was anticipated, nothing was arranged. Between January and August 1998, the WHO registered 10,000 cases of hemorrhagic Dengue fever (HDF). Of those, 7,500 were hospitalized in the Kantha Bopha hospitals! They came to us from all the provinces. The fatality rate of the 7,500 seriously ill children we hospitalized, most in shock, would be 60% without treatment. Treatment and monitoring is costly; in many cases, plasma and blood transfusions are the therapy of choice. Furthermore, the frequent secondary infections such as typhoid fever and malaria must be recognized quickly and treated efficiently. We were able to reduce the fatality rate to 1.8%.

The WHO, although responsible for the past six years, has not accomplished anything with respect to Dengue fever. At the same time, the WHO has condemned Kantha Bopha as being subversive to the health system (1995). The only answer for the Dengue catastrophe is correct and controlled medicine. This cannot be cheap and poor, as the third world believers and the WHO assume. A properly functioning blood bank on location is crucial. Kantha Bopha I and II are the only institutions in the country with proper blood banks functioning without corruption. Kantha Bopha III under construction in the north will also have a blood bank and the appropriate lab facilities.

Of blood donors, 7% are HIV, 12% hepatitis B, and 4% hepatitis C positive. In the month of August alone, we had to perform 1,400 life-saving transfusions. Without the time-consuming and costly checks and tests to ensure that the blood and plasma were uncontaminated, we could have infected 100 children with AIDS in July alone and 220 children with hepatitis! This work, this equipment, these reagents and tests cost money. The tests alone are US\$50 per bottle! The handling of the Dengue fever has again exposed the collapse of the WHO's policy of poor medicine for poor people in poor countries.

In many hospitals today transfusions are performed without any tests. Some of these children have been admitted afterwards to Kantha Bopha seriously ill with AIDS, suffering miserably, hopelessly. This problem has been purposely concealed by the WHO. The fantasy of poor basic medicine at the provincial or district level can no longer be maintained here. This medicine lets people die, or even actively kills them.

Introduction of a payment system

The new WHO policy for the poor third world countries of patients carrying the cost themselves is disastrous. This policy is also supported by SDC, "that is the global trend" and therefore correct, obviously. This professes to "encourage the patient to take responsibility for his health". (A principle that might make sense in the wealthy West, where cosmetic surgery and other luxuries are at issue, is transferred to poor countries without regard to the consequences under the modern preamble: globalization!) This modern alibi releases officials, experts, and their partner officials in ministries from their true responsibilities.

Kantha Bopha is free for everyone. This has been criticized by the WHO and also by the Swiss government as being "inconsistent with the global trend". Sustainability is the supreme principle. In order to hold to this, the system must cover its own costs, including hospitals. For a poverty-stricken child who needs to be healed and saved, the theoretical and ideological question of sustainability that the experts in their offices are concerned about is absolutely meaningless.

The Cambodian minister of health has admitted in the meantime that all forms of payment system in Cambodian hospitals have merely led to an increase in the corruption that already exists.

Terrible things happen. Farmers are forced to sell their oxen and all of their possessions; between US\$50 and US\$100 must be produced to even be admitted into hospital!!! The livelihoods of hundreds of farm families, the heart of Cambodian society, have been ruined in order for one member to receive improper treatment and die anyway. Hundreds, even thousands, of such tragedies happen every day.

In order to avoid any kind of corruption, we have always paid all of our Cambodian employees at Kantha Bopha a salary which they can live on. No one can live on the government monthly salary of US\$14. This has led to staff at hospitals working only two hours, taking money from patients under the table, and stealing medications to survive. Kantha Bopha does not have any of the corruption encountered in all these hospitals. Every patient is provided proper care free of charge. The staff work all day and have duty every fourth or fifth day.

We challenge the WHO, as a responsible body, to abandon its inadequate payment policy, which they have imposed on the government and which deprives the poor (90% of the population), thus precipitating genocide.

There is enough money on this supposedly global earth. With just the WHO budget of US\$800 million, 200 Kantha Bopha centers could be built and operated forever. That would be 200 centers where all patients could be properly treated for free, without economic ruin. But 85% of the WHO's budget goes to administration. The same is true for other organizations. The total annual budget of Kantha Bopha I and II is US\$7.5 million. Only 3% of this goes to administration (including PR).

Urgent appeal to the WHO and its subordinate organizations and institutions

The policy of poor medicine for poor people in poor countries amounts to passive genocide of the Cambodian children.

Four years ago, in September 1994, I first raised my criticisms concerning this issue. The WHO reaction in March and August of 1995 was to send the entire Cambodian government two ominous letters in which they incited the Cambodian ministry of health to defame and obstruct Kantha Bopha. The following was written: "subversion of the state", "subversion of the health system", "non-observance of the protocol" (the wrong one!!), "forming a state within a state", "blackmailing Cambodian employees with wages", "baiting patients with money"!! (we give the poorest families from the provinces money for food and the frequently long, distant journeys). It did not work! The government did not respond! Kantha Bopha remains the only hope for the Cambodian children. All of the Cambodian political parties agree. It is for all children, whether rich or poor. The minister of health has also repeatedly expressed his clear approval and appreciation and thereby distanced himself from the regrettable ideas of the WHO and other experts. Increasingly, I have been receiving letters and messages from doctors who work in other poor countries. They say that there are similar conditions where they are in the handling of tuberculosis and other infectious diseases, leading to passive genocide of children.

More and more visits to Kantha Bopha from health ministers and physicians from neighboring regions clearly imply that in their experience the WHO's neocolonial policy has also been unproductive. They would like to have centers like Kantha Bopha for their children.

We appeal to all experts and officials responsible to change the policy and strategy of poor medicine for poor people in poor countries immediately and unequivocally, and to realize and ensure every child's right to proper treatment.

