

Impressions of Cambodia

Neil Young

Since visiting Cambodia in 1996 the work of Harvest International has expanded enormously. Why? Because of the vision of one man who arrived in Cambodia 8 years ago with \$130 USD in his pocket and a big vision, tons of faith and a compassionate heart.

At that time, Anba, a Malaysian who is the leader of the work, and 2 ladies cared for 27 children in an orphanage with the help of a Khmer couple. While there Anba asked us if we could attempt to find more foreign workers to help. Now, more than 4 years later, 1200 children per week are being loved and cared for by the staff of Harvest international.

Thursday and the bus is going to one of the flooded areas in the city of Phnom Penh. Over 70% of the Cambodian population are affected by the current flooding of the great Mekong River which has its headwaters in Chinese Tibet. The old bus doesn't run well but most of the seats have been removed and it has been fitted out to help street children. In the back section is a small clinic with an examination table, a large kitchen sink, some small bench seats and a large medical cupboard. A washroom with a hand basin and shower is on one side of the bus and remaining space is taken up with bench seats. All the windows have curtains which are drawn when the bus is on location.

The bus visits 9 different locations each week and this trip we pull into the yard of a Buddhist temple. One long row of children were seated along the steps of a building and they all clapped and cheered as we arrived. The

*The bus on site*

children's ages range from about 6 months to 12 years. It is difficult to tell the age of these street-wise children. The youngest are carried by their older siblings. They were in all stages of dress from stark naked to some of the girls who were wearing beautiful floral dresses, that were obviously far too big for them.

"Ooohh !! we have a lot of children today, I hope we have enough food for them all." I jumped out of the bus with my camera and had a lot of fun taking photos. "How could I help with the caring for these children?" I ask.

I was then handed a small plastic stool, a set of nail clippers and a rubber surgical glove for my left hand, and told to start at the end of the line! I sat on the low stool which was obviously made for the Khmer people who are not very tall. With my long legs sticking out, I attempted to pull on the surgical glove. Once again it was for a very small hand and I tore it trying to get it on my great fist. By this time there were many small hands thrust towards me. They knew what to do even if I was not too sure.

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- Medical work in Tibet, China
- Updates from Kazakhstan & Nepal

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Health-care in Tibet

Hugh Nelson

Recently I read the 1948 record of the journey to Ganze by a group of ladies with a heart to share their love through medical work. They travelled by mule train from Kanding. There were no roads, and their trip took 2 weeks.



Handing over medical equipment

"From a Chinese perspective, the perfect western medical visitor demonstrates some expensive new medical equipment, and leaves it behind when they leave!

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This year a smaller group with similar interests made the trip in about 10 hours in an air-conditioned bus. The road is now an important corridor into the Tibetan autonomous region, and many sections of it are wide smooth concrete, decorated with a necklace of fibre-optic cable draped between telegraph poles with a spectacular backdrop that varies from steep valleys with river torrents, occasional wooded slopes, village houses with occasional satellite dishes, barley standing on any good ground, and treeless mountain passes guarded only by grazing yaks and white stupas.

Our team was treated with undeserved honour because of the good works of SAI over some years. We were fed tsampa cakes made by hand by a local religious leader. We were given a picnic at 14,000 feet. We banquetted with community leaders. We visited the famous local monastery and the charity school and hospital it helps support. We visiting patients accompanied by both Chinese and Tibetan trained health professionals.

From a Chinese perspective, the perfect western medical visitor demonstrates some expensive new medical equipment, and leaves it behind when they leave! Our interests and gifts were at the other end of the technology scale, where basic issues have such a powerful effect of peoples health in the community. This approach is not only more efficient in terms of lives saved or improved per dollar, but gives the greatest opportunity for continuing personal involvement and sharing.

The cases seen on a hospital visit are the tip of the iceberg of community health, but revealed tremendous community concern for strokes caused by hypertension, and liver disease caused by hepatitis B.

We had friendly contact with officials responsible for the efficient free basic vaccination program, and it was clear that help would be welcomed to improve hepatitis B coverage which is limited by the ability of poor families to pay the \$2 (RMB10) contribution per dose. (The same vaccine costs \$15 per dose in Australia).

Hypertension is a lifestyle disease partly related to salt intake. In former times, salt was a luxury item, brought across mountain passes by on the backs of sheep. Extra salt in food and tea implied honour and prosperity. With roads and trucks, salt is cheap and abundant. Changing attitudes about such a basic thing needs an information process at community level. Taking blood pressure is a basic teachable skill. Effective drugs for blood pressure are very cheap and safe.

During the Cultural Revolution China promoted the concept of village level health workers to the world. Health professionals working with communities with limited resources all over the world were inspired by this approach. Since Deng's economic reforms it seems that the western concept of health delivered by professionals and clinics and technology has become the only acceptable model. The situation in villages around Ganze, and the simple approaches available for enhanced hepatitis B vaccination, and hypertension monitoring and management, might mean a role for village level health workers if appropriate support is provided by these other excellent institutions, with some outside encouragement.

Perhaps there is an opportunity to give something back, that will build relationships and provide platforms for other workers, in this vast country that is going to be the most significant player in the 21st century.



Charity school supported by monastery

Cambodia (continued from page 1)



Sores being tended on board bus

The children chattered... I chattered... but we could not understand each other. When I made a funny face, they laughed; when I pulled little fingers they giggled.

Clip, clip, clip, oops! this little one has a sore finger. A Khmer worker takes the small girl to join others with infected sores and cuts and these 20-30 children are then taken into the bus. I have many more nails to clip as about half the children need their nails done indicating they were not trimmed at last weeks visit. Perhaps they are new children? When the task is complete I take more photos. What wonderful faces the children have.

The doors of the bus are shut tight and the curtains drawn, to keep out the more inquisitive children who do not need medical attention. The benches in the bus are full of happy smiling children who chatted away and indicated they would like me to take their picture.

As I walk down the bus I am aware of clean, wet children as they have just had a soapy shower. I peered in as two small boys were about to have a shower. There was a sink in the corner where I could wash my hands. A number of these children could be carrying the Aids virus. The bus was parked in a strategic position over a smelly drain, so the water could run away.

In the clinic room at the rear of the bus a Singaporean lady cleans and disinfects sores and wounds while another prepares bread rolls that had been purchased on the way. The 'French sticks' were cut into about 15 cm lengths and cut open. A large plastic bag full of hard boiled eggs were removed from the cupboard and the process of cutting the eggs in half and slipping them into the rolls began.

While we prepare the "meal" 2 locals from the bus hand out a small card to each child lined up. The "meal ticket" is held tightly in their small grubby hand. Some of the older children try to take the ticket of a smaller child, but to no avail. Fortunately there seems to be an older child to protect the younger ones from the bullies.

"We don't usually have to cut the eggs in half, but today we have more children than usual, and we don't have enough eggs for everyone" "How many children?" I ask. "About 170 today. Usually there are around 120." When the rolls are ready, the process of exchanging a ticket for a roll begins. Their little faces light up, their teeth shine. They are once again told to sit in a row and wait. 'There is enough for all!' Or is there? The number of children seems to have increased.

I see a small wheel-chair being pushed towards us by small child. In fact she is so small that she has to peer around the side to see where she is going. In the chair is another small girl. How old, I could only guess. Maybe 10 or 12 or even older. It is difficult to say. The girl's legs are all twisted and thin. Where did the wheel-chair come from?

What makes this so heart-rending? Where are the adults, the minders of these children? There are 2 or 3 adults in the grounds, idly looking on, just curious, not caring. No child runs up to them to show what they have to eat. 170 very young children. Street kids. I am told that many of them have homes of a sort, a sheet of plastic over a ridge pole against a bush, with a mat on the ground to sit and sleep on. Many of these humpies ('tents') were set up ... you couldn't say built ... on low lying ground. Because of the swiftly flowing and rising muddy water of the Mekong, the poor had to leave the area and find somewhere else to live. Is this living? It was possible to see people walking, chest deep in water, with a bundle on their heads. But what of these children? Who was caring and looking after them?

HADA was able to contribute \$1,000 AUD towards the orphanage project and in a small way assist these precious street kids of Phnom Penh.

"I stand back and watch. The scene is so heart-rending. All those street children, 170 or so. A few more have arrived and are looking for an egg roll but they have to wait until all the tickets are collected. Hopefully there will be some left."



Enjoying the snack provided

HADA Newsletter

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VISION:

*To see medical, literacy, education,
agricultural & sanitation
programmes established
in countries as needed*

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Gleanings from the fields

Kazakhstan Bruce Hanke

New opportunities keep coming for HADA. I am now teaching business ethics at the Institute of Management which is wonderful - it amazes me sometimes that my former university studies in economics are so useful here!

I am also helping the department of education with some English teaching one afternoon a week. The department is happy for us to put

together some special seminars for students and families on health and lifestyle issues.

Plans are coming together for the purchase of an office and perhaps we can start counselling training within a few months. Next month we will have one or two students on practical from a university who can help with translating materials we need.

Nepal Gareth McCormick

Recent months have been very encouraging times for us here in Kathmandu. There have been 4 separate English language classes at Hope International Training Centre progressing at different levels, which has certainly given a lively buzz to the place, and at one stage we thought we were going to have to go out and buy some more chairs to accommodate all of our students!

Since early September we have also been pleased to see a greater degree of cooperation developing between the local Tibetan youth association and ourselves. We have been able to place two of our short-term voluntary teachers into this club and all reports have been very positive. It is very much our desire to continue, and to develop this relationship in the future.

Training in screen printing is another new venture for us. We have made our premises available for a local instructor to run courses in this subject. The students are learning how to produce things like business cards, letterhead notepaper, invitation cards, and advertising stickers. This is exactly the kind of vocational skill that we want to encourage.

We continue to sense the privilege that it is to be involved in our community here and are thankful for all of the support that our friends and volunteers have given us over the years. We'd love to arrange a way for you to become involved with our work too. Why not contact us via email at clearsky@loxinfo.co.th. Let's bring hope to these peoples together.

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