

## Innocents in Cambodia

By Ed Bachrach  
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### Highlights

- Ed and Laurie Bachrach spent five days over the holidays in Cambodia visiting aid organizations looking for ways to help the unfortunate.
- We visited 19 organizations or contacts.
- The most memorable experience was [the man inching along the street with no legs](#).
- Progress is being made with some of Cambodia's problems, giving rise to hope, but other problems are so intractable and are multiplying so fast that it is hard to sustain hope.
- There is a strong international aid community that seems to provide valuable relief to those in need worldwide.
- This aid effort is supported by government aid and also the small individual donations to churches and other charities.
- Our inquiry covered five loose topics and several organizations.

### Mines and Amputees

- [Mine Action Group \(MAG\)](#)
- [International Committee of the Red Cross, Orthopedic Component Factory](#)
- [Cambodia Trust](#)
- [The American Red Cross](#)

### Hospitals and Health

- [Angkor Hospital for Children](#)
- [The National Pediatric Hospital in Phnom Penh](#)
- [Calmette Hospital](#)
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### The Rule of Law

- [The College of Law and Economics](#)
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### General Welfare

- [Catholic Relief Services](#)
- [Returnee Assistance Program](#)
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### Journalism

- [Seth Mydans](#)
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## **Background**

In May of 2002 my daughter Laurie and I, along with family and friends, spent several days in Cambodia. In addition to sight seeing in Siem Reap and Phnom Penh our group toured a children's hospital and a school for handicrafts in Siem Reap. Seeing the desperate poverty, ubiquitous amputees and seemingly intractable physical and social problems, we were moved to try to find a way that we could help some of these unfortunate people.

In December of 2002 Laurie and I returned to Cambodia to spend a week talking with various people who work for charities, schools, hospitals, non-governmental organizations (NGOs), journalists and activists. Our purpose was to learn about the needs of the people and the society and to see if there are efforts we could support financially or with time and effort.

Why Cambodia? We have been asked this many times. We have visited many countries that are poor and there are people in every country, including our own, who are in need. Cambodia caught our attention for several reasons. First of all, we are of the impression that the disadvantage is universal throughout Cambodian society. There is no significant privileged group of people and everyone suffers from the lack of facilities and opportunity for improvement. In addition, the tragic recent history, reviewed herein, seems to confer on all Cambodians a sense that they are all innocent victims of events far beyond their control. Moreover, in spite the significant amount of aid money put into Cambodia over the years, development efforts are still very much in their infancy. This coupled with the fact that Cambodia is a fairly small country led us to feel that we could begin to grasp the extent of what is being done even if we couldn't fathom the extent of the problems. We were further encouraged by reports that political stability was improving and we felt personally secure. Cambodians know they have immense problems; they welcome aid and visitors and seem to have a sincere interest in bettering their lot.

While there are a number of countries that have suffered terribly from oppression, civil war and internal conflict they hardly equal what Cambodia has endured. Corruption, coup d'etat, invasion, bombing by the U.S. during the Viet Nam war, and years of civil war are only a backdrop for the physical and social suicide committed by the Khmer Rouge between 1975 and liberation by Viet Nam in 1979. During this period the communist inspired Khmers attempted to establish an agrarian egalitarian society of ignorant and illiterate peasants all working in fields developing the food supply. This meant that anyone with any education or other skill who could contribute to a complex society was to be eliminated by execution. During this era an estimated two million people, 25% of the population, died from execution, torture, starvation and disease. Cities were emptied, schools, hospitals, and factories were closed and destroyed. The ruthless hunt for intellectuals and enemies of the regime along with each individual's struggle for physical survival created a society devoid of much moral conscience or social capital. Cambodia has only emerged from this dark period in the last 10 years and most of the people have known very little of working peacefully and cooperatively in a complex society.

Today Cambodia is trying to build a society out of the past 30 years of destruction. We were told that the country receives more foreign aid per person than any other country in the world. You could say that sympathy for Cambodians is the country's number one export. Our trip was an opportunity to learn firsthand about the needs of

the people, how they are being met and how we could help. The following is a log of our inquiry.

In preparation for our trip we tried to contact the few people we knew who might know about aid efforts in Cambodia and we searched the internet. It was difficult to learn very much this way and we had very little success finding contacts to meet with. However, once we were on the ground in Phnom Penh we had no trouble walking right into any institution and talking to the director. There was only one organization, a private hospital, that wouldn't meet with us. The week we visited Cambodia included New Years Eve and Day, observed by most Western aid workers, and yet we met until 7:00 PM New Year's Eve and had several appointments the next day.

Scott Wild of [Wild Card Adventures](#), Camano Island, Washington arranged our previous trip. We asked Scott once again to arrange this trip, telling him of our purpose and requesting a guide who would be familiar with the "aid community." We were met at the Phnom Penh airport by our guide, Lach Chantha, who asked to be called Tha (Tah) and our driver, Keo Sun. Tha had never been a guide but instead worked as a cameraman for Reuters filming news and documentary features. His brother, a guide with a local tour operator, had recruited him to take us around since there weren't any guides that had his level of familiarity with the "aid community." Sun is a good friend of Tha's and is a retired manager of a canned milk factory. He survived the Khmer Rouge era working in one of the few factories still operating during that time.

## **Mines and Amputees**

Wherever you go in Cambodia the most visible and visceral symbols of Cambodia's misfortune are the amputees. It is estimated that one out of every 300 Cambodians is missing a limb from warfare or land mines. There are vast areas of Cambodia still uninhabitable because they contain unexploded mines or bombs. Hundreds lose limbs every year accidentally activating explosives. Amputees are not only incapable of working but are stigmatized and ostracized by society. Helping these unfortunate people and freeing up land from danger were priorities of ours as we planned our trip. The organizations we met with and our findings gave rise to hope.

**Mine Action Group (MAG)** - We met with David Hayter of the Mine Action Group one of the leading mine clearing efforts in Cambodia. MAG operates worldwide clearing mines and has been in Cambodia for ten years. There are an estimated 454,000 hectares, approximately one million acres that contain mines or unexploded ordnance, bombs. Last year MAG cleared 140 hectares (300 acres), less than 0.01% of the mined land. A de-miner can clear 50 square meters a day. The MAG budget is \$ 3,000,000, receiving funding primarily from the Japanese government, World Vision, the U.S. State Department and the Lutheran Federation. By my calculations it costs 25 cents a square foot to de-mine land which may be of limited value once cleared.

Mine clearing is slow, arduous and dangerous work and David told us that in some cases it is more important to clearly delineate dangerous land than to clear every hectare. He reminded us that there are large areas in Europe that contain unexploded mines from both world wars. A more important measure of the success

of demining in Cambodia is the number of casualties from accidental exposure to explosives each year and that number that has fallen to under 500 in recent years.

**International Committee of the Red Cross, Orthopedic Component Factory -**

The Orthopedic Component Factory, operating in Phnom Penh, is the only facility in Cambodia that produces prosthetic and orthotic components for amputees and those crippled at birth or by disease. We met with the director, Jean-Francois Gallay, and toured the facility. Jean-Francois has run this factory on and off for seven years and had done similar work in Afghanistan and other places for the ICRC.

According to him, his factory and the prosthetic and orthotic delivery clinics throughout Cambodia have the capacity and meet all the needs of amputees and those otherwise disabled free of charge. His factory is producing 6,000 components a year, which is less than its capacity but meets current demand. The ICRC runs the factory and one of the several rehabilitation clinics in Cambodia. Various organizations including Handicapped International, Veterans International, the American Red Cross, and Cambodia Trust run other clinics. These clinics all operate using a standard procedure and receive prosthetic supplies from the ICRC factory. Any amputee in Cambodia can have free prosthetics and refitting and some of the organizations even drive out into the countryside to transport amputees to the clinics. According to Jean-Francois those without limbs that we see on the street have probably taken off their prosthesis presumably because they will get more money from begging if they don't have their prosthesis on. The budget for the factory is \$ 300,000 and is all paid for by the ICRC but they hope to turn this facility over to the Cambodian government when the government can pay for the operating expenses.

**Cambodia Trust** - Cambodia Trust is the leader among a handful of organizations that fit amputees and the otherwise disabled with artificial limbs or braces. Founded in 1992 by the Rector of Trinity College in England, Cambodia Trust operates three clinics and an international school for prosthetic and orthotic technicians. Through the three clinics the Trust dispatches teams to drive into the countryside to search for those in need and to provide transport for those already served for refitting and adjustment.

The technical school has trained about 40 technicians out of an estimated 60 required to meet Cambodia's needs. Nevertheless almost half of this past year's incoming class of students came from other countries, primarily Sri Lanka, Myanmar, and Laos. Training requires three years of instruction and clinical experience.

The budget for Cambodia Trust is \$ 1,000,000 annually and major contributors include Japan's Nippon Organization, the government of New Zealand and private donations from the U. S. Cambodia Trust has produced an inspiring and informative documentary video describing its work, which we purchased during our tour.

**The American Red Cross** - When we conceived of the idea of visiting Cambodia we had preconceived notions of NGO's as inefficient organizations with large staffs of administrators and very little mission work being done. While we were pleased to find this not to be the case with most of the organizations we met, the efforts of the American Red Cross were a disappointing exception. . The ARC has an office in Phnom Penh with 26 staff people but only one facility, an orthopedic clinic in Kampong Speu that provides prosthesis and orthotic care for those in need in that province. This clinic employs 39 technicians.

This overhead staff of 26 is a poor reflection on the ARC, which already has a tarnished reputation in the U. S. Funding for ARC in Cambodia does not come from the Red Cross but instead from the Australian (AusAID) and the U.S. Government. (The United States Agency for International Development, or USAID)

After our brief visit and pointed questions, Tha received several nervous cell phone calls from the deputy administrator we met with wondering what we were up to, whether we were journalists, and whether any trouble was going to come of the information he had provided.

**Prostrate Man** - As our car sped down a side street one afternoon on our way to our appointment with the ICRC we noticed what appeared to be a pile of rags or clothes on the side of the road. Phnom Penh is not an immaculate city, but it would be unusual to see something as valuable as clothing lying in a pile in the middle of the street. As we passed this site I could see a head at one end of the pile and two hands trying to propel a prostrate body slowly up the street.

I asked Sun to stop the car and asked Tha to accompany me as I went up to this puzzling sight. We stood nearby and watched as a man with one leg completely missing and the other mangled with a scrap of rubber wired to what was left of the foot struggled to crawl up the street. At this point I would like for you, the reader, to get down on the ground and try to move yourself forward without using your legs. This man's effort was painstaking and the damage to his hands, clothes and exposed leg were visible. I also wondered why he was crawling up the street and not the sidewalk.

Tha translated my questions as we talked with prostrate man. He did not look up as he talked: it would have taken what little energy he had left in him. We learned that he lost his legs five years ago when a car drove over them in the western province of Battambang. He had just come to Phnom Penh five days previously.

I wanted to help this man but didn't know what to do, so I reached into my pocket and gave him the largest denomination of riel, Cambodian currency, I had with me. It was a 10,000 riel note, about \$ 2.50. The man was still prostrate looking at his right hand when I put the money in it. At this sight he arched his back as much as he could and gave me a stare which I could only read as incredulity and said "aw kohn," (thank you).

As we drove to our next appointment we made a plan to find out where we could get a wheel chair for "prostrate man," and how we could get the chair to him or vice a versa. We learned from Jean-Francois that Veterans International gives away free chairs and other assistance. I asked Tha to write this information down in Khmer to give to prostrate man in the hopes that we could find him again and help. When our appointment was over we went back to where we had seen him but he was nowhere to be found. A shopkeeper nearby told us that he is normally not around during the day but has slept nearby the last few nights. We never found him and I still have the directions to Veterans International in my notebook.

## **Hospitals and Health**

During our May trip, as we were just beginning to develop a serious interest in NGOs and development in Cambodia, one of the first things we did was take a tour of the

Angkor Hospital for Children in Siem Reap. Touring this facility we learned about the need for hospitals and public health programs throughout Cambodia. Therefore, during our December trip we made it a priority to learn more about the state of health care in Cambodia.

**Angkor Hospital for Children** - Although we tried to travel to Siem Reap to revisit the Angkor Wat Children's Hospital we were unable to make flight arrangements on such short notice, so instead we had a long phone conversation with Jon Morgan, the Executive Director of the Hospital.

The Angkor Hospital for Children is known locally as the Japanese Hospital, because a famous Japanese photographer named Kenro Izu founded it. Kenro's artistic focus is ancient monuments and it was on a trip photographing Angkor Wat in 1995 that he got the idea to start a clinic for children. What was conceived as a clinic has evolved into a large regional children's hospital.

Our impression touring the facility in May was that it was clean, organized and well maintained but very crude in terms of the sophistication of equipment and health care delivery. There were no semi-private rooms, just wards where children rested on wooden beds with family members gathered around. Lab facilities and the operating room contained minimal equipment compared to what we would expect in an American hospital. Charts and educational posters on the corridor walls were prepared by hand. And yet this facility sees 4000 children a month, which is 160% more than was estimated when the budget for the current year was established.

This year's budget is \$ 675,000, but Jon said that it would require \$ 1,000,000 to adequately serve the patient needs. The cost per patient visit based upon the budget is \$14, but the cost if the hospital could raise the million dollars it needed to serve 4000 patients monthly would still be \$21. The hospital has a budget shortfall of \$ 325,000 and fund raising in the U. S. has fallen off in the aftermath of September 11 and the stock market decline, making it hard to even fund the \$675,000 budget.

In addition to providing children with health care, the organization tries to deliver education as an additional activity. Some sort of education for Cambodian health care workers is delivered every day. The organization recently founded a sister organization, the Capacity Building and Health Education Project, to concentrate on public health education.

**The National Pediatric Hospital in Phnom Penh** - We didn't realize how nice the Angkor Wat Children's Hospital facilities were until we visited the government pediatric hospital in Phnom Penh. This facility was on a large area of land and contained five or six buildings. The original buildings were built by [World Vision International](#) in 1974 but were never opened. World Vision then came back in 1980, renovated and reopened the buildings it had built. The grounds were overgrown and poorly kept and the buildings were crudely built and maintained. As we walked up to one of the buildings a child lay in a bed that had been placed in the grass outside the door of the building. The child lay in the shadow of the building with an I.V. attached and no blanket.

While this is the only government pediatric hospital in the country, there were probably 50 children admitted when we walked through the facility. The hospital does crude diagnosis and delivers some medications. A simple surgical unit has

recently been added. The facility is expanding to 114 beds now but according to the director there are close to 10,000 admissions a year and more than 70,000 outpatient consultations.

The government pays only the salaries of the hospital's staff. All other expenses and improvements must be paid for through patient fees, which are negligible, or from donations. World Vision International has been a major direct supporter and facilitated a major contribution by an anonymous American family in 2000.

**Calmette Hospital** - This private hospital is the only organization that would not meet with us. We visited twice trying to make an appointment. The facility was equivalent to the Angkor Wat Children's Hospital in quality. The grounds and facilities were well maintained and we observed a patient being delivered by ambulance, which is rare in Cambodia.

**University of Health Sciences, Phnom Penh** - The University of Health Sciences is the only Medical School in Cambodia. We had a long informative meeting with Prof. Ka Sunbaunat, the vice dean of the school. The school was founded in 1953, was closed during the Khmer Rouge era and reopened after renovations commenced in 1980.

The school provides a seven-year course of study for high school graduates to qualify them as a general doctor. An additional year of education is required for specialists. There are approximately 3200 doctors in Cambodia but only 100 specialists, which include pediatrics, internal medicine, surgery and mental health. The school graduates 100 doctors, 20 pharmacists and 30 dentists each year. Funding for the staff comes from the government, but additional funds come from NGOs and foreign countries, primarily France. The university seeks more collaboration with foreigners to train specialists. There is also a big need for equipment, even used equipment, along with training in how to use it.

Prof. Ka, in addition to his position at the medical school, is Cambodia's minister of mental health. He trained at Harvard and served on the faculty of the University of Washington in Seattle. He spent quite a bit of time telling us about the psychological needs of Cambodians. There is a high incidence of mental illness and psychological disorders as a result trauma suffered from genocide, civil war, land mines, HIV/AIDS, substance abuse, sex slavery and corruption. And yet there are currently only 20 psychiatrists in Cambodia most of them working in Phnom Penh. Much of the mental illness is in the Western Provinces where warfare, land mines, and sex slavery have been concentrated.

Insufficient resources and a shortage of physicians make it especially challenging to care for those who are physically and/or mentally ill in Cambodia.

**The Sihanouk Hospital** - Prof. Ka suggested we tour the country's largest hospital, The Sihanouk Hospital, and he made arrangements for us to meet Dr. Y. Tuon Seang, one of the hospital's administrators.

The Sihanouk hospital is also known informally as the "Russian Hospital," because it was built by the Russians. The facility contains several large buildings on a large plot of land and has 500 beds. By American standards the hospital looked like an abandoned ruins of buildings occupied by squatters. The grounds are overgrown and

strewn with trash, fallen limbs and stumps. The buildings are simple concrete structures with outside stairwells leading up to the second and third floors. The only elevator in the complex hasn't worked for years. The rooms have bare concrete block walls, one exposed bulb for light, no running water or plumbing. The only furniture is a wooden bed, which patients sometimes find so uncomfortable that they sleep on the bare concrete floor. There are no air conditioners or screens, and many rooms have no doors. Families stay with the patients and cook meals on the back porch, which is attached to each room.

Of the 500 rooms, 120 house patients with HIV/AIDS (and the tuberculosis that frequently results from it), making it the largest single malady being treated in the hospital. There are 530 people on the staff including 135 doctors. The government funds staff salaries but does not pay for facilities, equipment or supplies. There is some aid from Doctors Without Borders and an NGO from Norway. Most equipment is old and has been imported from Russia.

The administrator we talked to wished for more equipment, especially x-ray machines and training. He also asked for ambulances, as this hospital has none.

**HIV** - At lunch one day we talked with Tha about his family and learned that his 23-year-old sister had recently died of AIDS. She had contracted it from her husband who was unaware that he had it and both of them were ignorant of the nature and cause of the disease. Hearing how invisible, fast growing and pervasive the HIV epidemic is in Cambodia convinced us that this is a much more intractable and harmful threat than all of the land mines and mayhem.

### **The Rule of Law**

The idea that rule of law is the foundation for both democracy and civil society is one that I feel strongly about and promote in the United States by my support of certain policy research institutions. Cambodia, on the other hand, has not known rule of law for more than a generation. We heard from one source that because reading was punishable by death during the Khmer Rouge era, many judges and lawyers are illiterate. In addition a judge is paid only \$ 20 a month and is expected to support himself with the bribes he receives from executing his duties. Justice and rule of law have been absent for so long that I wondered whether any laws existed and whether there were sufficient qualified lawyers and judges to administer them.

**The College of Law and Economics** - There are seven government universities in Cambodia, one of which is the College of Law and Economics. We visited this college and met with the dean, Mr. Yuok Ngoy.

The school has approximately 4000 students, a third of which study law, and the remaining study economics, business and management. Knowing how essential rule of law is to a civil society, we limited our questions to the law school. While the school was founded in 1948 as the first institution of higher education in Cambodia it was closed during what Mr. Ngoy referred to as the Pol Pot era. Of more than 1000 scholars who studied and taught at the school, only six survived that era. The school was reestablished in 1986 as a two-year program for those with a secondary education. Now the program for the education of a lawyer or judge is four years, following a secondary education with all but a hundred or so of the students learning

Khmer law in Khmer language. There are 120 students who study law in French and 10 who study in English.

Lawyers from this school as well as a few other research institutes have been working the past few years to develop Khmer law, borrowing concepts from French civil law, common law, Japanese law and international law from the United Nations. The government supports the college only by paying the salaries of the staff. All other expenses, facilities, and books are paid for by donations or student tuition. There has been little educational exchange with U. S. legal scholars. The University of Michigan has sent a couple of law school professors to Cambodia to teach.

From our conversation I would estimate that Cambodia has approximately 6,000 poorly trained lawyers practicing a crudely developed law in a land filled with coercion and corruption. This compares with the over one million lawyers practicing in the United States. The ratio of population to lawyers is 300 in the U. S. and 2000 in Cambodia.

Mr. Ngoy would welcome funds for expanding the facilities, and for any exchange of professors or books. When we toured the general library for the whole campus the only textbook on economics I found was the same one I used when I took the subject in 1966. The library of this college for both the economics school and the law school was about the size of a small high school library and contained an assortment of old books written in Khmer, French and a few in English. I couldn't find any law books.

**Community Legal Education Center** - The C.L.E.C. is a small NGO that focuses on developing and documenting Cambodian law. The grant manager for this NGO has been the University of San Francisco whose involvement will be ending at the end of January 2003. The Center has developed law in 20 areas of public law from property to labor law to election law.

Funding for the C.L.E.C. has come from USAID for the past 10 years as well as The Asia Foundation and George Soros's Open Society Fund. USAID funding is running out at the end of 2002. The total budget for C.L.E.C. is \$ 170,000.

**The Center for Social Development** - The Center for Social Development was founded and is run by an unusually courageous woman, Ms. Chea Vannath. The Center is a research and advocacy organ seeking to promote political justice, enhance transparency and fight corruption. They pursue these goals by publishing, taking surveys and hosting debates. While these issues are quite controversial, Ms. Chea has been fortunate to avoid punishment or harm from the autocratic Hun Sen government.

Ms. Chea went to the U.S. in 1981 and studied in various places including the University of Oregon. She came back to Cambodia in 1992 in advance of the 1993 elections. Since then she and her associates have written about corruption and problems associated with developing an effective and just political system. In addition the center tries to influence women and young people to develop more social and moral conscience, things that were severely damaged in the Khmer Rouge era.

The Center's budget is about \$ 300,000 but balloons to \$ 600,000 in an election year. While it has received major funding from USAID, that agency has cut back current funding by 60%. Ms. Chea specifically desires \$ 80,000 for the Center's legal unit.

### **General Welfare**

In addition to organizations in the three preceding general areas, we encountered a few organizations that work in various areas to promote a variety of efforts to improve the general welfare of the people and their ability to sustain themselves.

**Catholic Relief Services** - Catholic Relief Services was founded in the 1940 by a group of Catholic bishops to provide relief to those in need around the world supported by the Catholic community, primarily in the United States. CRS now operates in 40 countries worldwide in some of the neediest regions. Relief can be in the form of the most urgent necessities for survival--food, shelter, and refugee protection--or it can be in the form of longer-term projects to enhance the capacity of the indigenous people to build their economy and society.

In Cambodia CRS operates a number of different programs. Out of its main office it coordinates primary health care services in the western provinces, an agriculture training program in southeastern provinces, an HIV/AIDS awareness program country wide, selected potable water projects and a peace and conflict resolution pilot project. Out of a separate office, CRS operates one of Cambodia's largest micro-finance programs.

Our first meeting with CRS was with Michael Spingler, the head of the micro-finance program. In recent years micro-finance, sometimes known as micro lending, has become a popular form of aid and an effective tool for developing both small businesses and economic and educational opportunities for women. Micro-finance has proven to be effective in many areas of the developing world.

Michael is an American from Boston who got an MBA and then decided to join the Peace Corps. After a two-year tour of duty in the Peace Corp he came to Cambodia and has been developing micro-finance for the past seven years.

The micro-finance effort has grown significantly and now serves 24,000 clients with loans outstanding of more than \$1,200,000, which calculates out to an average loan of \$50. These loans are made to small groups of proprietors, generally small vendors or craftsmen and often women. Loans are based upon character and repayment rates are quite high. This program has been very successful, and CRS is seeking to convert this program into a nationally chartered consumer bank and to sell its interest to investors.

Other CRS programs we took special interest in include the agricultural education program, which operates in the Svay Rieng province very near Ho Chi Minh City on the Viet Nam border. CRS was generous enough to take us to this area and give us a tour of the program. We spent a day traveling the hundred miles to and from this area and visiting demonstration sites for the educational program. We had a briefing in a modest but well-organized field office and then visited two farms, one of which housed an organic fertilizer demonstration and the other a fishpond aquaculture demonstration.

We were told that these sites serve hundreds of farmers in six districts of this province and are administered by a staff of 12 Cambodians. While we didn't do anything like an audit, we got the feeling that this program is relatively lean and even if a lot of progress hasn't been made at improving productivity, the program is enrolling more and more farmers and conditioning them to learn and improve their practices. This effort resembles what the U.S. Department of Agriculture does through its indispensable Extension Service.

Our contact for learning about the CRS activities was Richard Baldamier, an American who had arrived in August after a five-year stint with CRS in Morocco, Cameroon and Vladivostok. He graciously met with us and talked about CRS activities until 7:30 PM New Year's Eve when we were interrupted by his two young children.

**Returnee Assistance Program** - One of the most unexpected relief efforts we encountered was the Returnee Assistance Program being run by Bill Herod. We were led to this program when we contacted the New York Times correspondent who had written several articles about Cambodia and asked if he would meet with us or direct us to worthwhile projects. His only suggestion was to learn from Bill about his efforts to settle Cambodian citizens who had been raised in the U.S., committed felonies, served their sentences, and then in accordance with U. S. law, deported for life to their native country. Many of these returnees had actually been born in refugee camps during the Khmer Rouge era, had never set foot in Cambodia, and could not speak Khmer. In some cases the returnees were merely guilty of minor offenses like violating protective orders while visiting children of divorce. In other cases the returnees are serious criminals and the problem here is that the U.S. is exporting a social problem to a country that can little afford it. Nevertheless, both the U.S. and Cambodian governments made no provisions for resettlement. Bill, a 30-year veteran of aid work in southeast Asia, has taken upon himself to form a resettlement effort and has worked with some 30 plus returnees so far. The U. S. Immigration and Naturalization Service has another 1400 returnees in U. S. camps awaiting deportation. This is Bill's future work.

As we left the guesthouse that R.A. P. is using, Bill was holding a three-month-old young girl who had been abandoned and left at the house. The infant was HIV positive and both its parents had died of AIDS.

**The Asia Foundation** - The Asia Foundation is a U.S.-based facilitator of aid for all types of clients interested in philanthropy in Asia. Among the services they provide are 501(c) 3 qualification for donations to foreign entities, research and monitoring of donee organizations, and general giving consulting. We met with Dianna James, a Cambodia program officer for Asia Foundation, and learned that we would need to use their services in order to deduct the contributions we might make to many of the above organizations.

## **Journalism**

In our work we were in contact with two print journalists.

**Seth Mydans** - Seth is the New York Times correspondent who has written recently about various issues in Cambodia. He is based in Thailand and we never met him but corresponded by email.

**The Phnom Penh Post** - The Post is one of two English language newspapers published in Cambodia. The owner and publisher, Michael Hayes, was generous of his time, and his comments directed us to many of the appointments described above. When asked what charity he would like to make us aware of or that he has a special interest in, he recommended Conservation International (CI). CI is a worldwide organization whose work in Cambodia involves saving the priceless ancient trees in the forests of western Cambodia.

## **Conclusions**

- Cambodia is making some progress and some of the problems we envisioned as needing aid are well on the way to being addressed.
- Other new problems, like the explosive growth of HIV/AIDS and the illicit sex slavery industry, are growing faster than limited efforts to help.
- In many fundamental areas the human, educational and social capacity of Cambodians to improve their lot is grossly inadequate in the face of increasing problems.
- There is an active international community of aid workers who appear to be working honestly and diligently to help in many crucial areas.
- The donations of individuals to international aid organizations many of which are faith based are finding their way to needed projects. The donation of the average American is having some impact.
- The U. S. Government through the USAID agency has been a leading supporter of many valuable aid efforts, and yet this agency is in the process of a material reduction in ongoing aid.