

## **Fourty years ago, the Khmer Rouge took power**

a sustainable circumstance that explains the disastrous health condition of Cambodian children. Without or with purpose, this is underestimated or misinterpreted by the government and the International Community.

On April 17, 1975 the Khmer Rouge invaded Phnom Penh. Lon Nol's troupes had been supported by the U.S.A. until the fall of Da Nang (Vietnam). But then, they disappeared and peacefully resigned prior to the fall. Thousands of them were executed.

During their cruel reign of terror, the Khmer Rouge assassinated over one million people and let hundreds of thousands perish from hunger and disease. It is being called genocide. **Three hundred concentration camps, labor camps and prisons have been installed throughout the country. These became breeding places of tuberculosis.** Already in 1974/75, as I was working as a doctor with Red Cross at Kantha Bopha of Phnom Penh, numerous children suffered from obvious tuberculosis: white pus ("caseum") did leak through thoracic fistulae. Kantha Bopha then had only 80 beds. **Tuberculosis would expand like bushfire in those imposed horrible installations.**

Actually, an average of 60 deliveries occur every day in our maternity at Siem Reap Angkor. This last week, there was an average of 68 deliveries. Therefore we are in the process of expanding with 8 additional delivery rooms, 80 beds and intensive care.

T-cells specific of tuberculosis are demonstrated in 34 percent of child bearing mothers. And pulmonary calcifications ("primary complex") caused by tuberculosis are shown by CT in 60 percent of these mothers. They are infected by tuberculosis, yet (still) not affected by active disease. At term the pregnant woman undergoes a natural immune suppression in order to prevent rejection and loss of the fetus. This process of immune suppression is induced artificially in recipients of a heart transplant or kidney transplant, so that the foreign organ may not be rejected.

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Through the mechanism of natural immune suppression in the pregnant woman, her “primary complex” may get destabilized toward the end of pregnancy: the tuberculous germ enters the blood stream and may invade the fetus as well. **Tuberculosis, sustainable heritage of the Khmer Rouge’s terror reign, is moving from mother to child. BCG vaccination against tuberculosis, still propagated in poor countries by WHO, is useless** (as known in the U.S.A. since 1944!). In contrary: we could show that newborns vaccinated by BCG do undergo a more severe affection by tuberculosis than non-vaccinated children. BCG vaccination is like fuel into fire.

In 2014 we treated 21’000 cases of obvious tuberculosis. Even in children who are infected by tuberculosis yet prior to the outbreak of active disease, the resistance is reduced because their immune potential is weakened by their primary infection under the stressed defense against the disease. **Therefore, newborns and children in Cambodia are more likely to get sick with other diseases than children of the neighboring countries Vietnam, Laos or Thailand.**

**We are able to treat them sustainably. We never observed reinfection in a child who had tuberculosis and had been treated correctly. The mortality rate in our hospitals is only 0.3 percent, and we treat 85-92 percent of Cambodia’s severely diseased children.**

This can only be done thanks to your help; 82.5 percent of our financial burden is carried by private sponsors, a majority from Switzerland.

**Each CHF or USD is supporting cure, rescue, and prevention. We thank you from our heart.**

Dr. Beat Richner, Founder and Head of Kantha Bopha since 1992