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THE NUMBER-ONE KILLER of Cambodia's Children

**The various faces of the number-one killer identified by the
Kantha Bopha Children's Hospitals**

**Kantah Bopha's successful fight against the number-one killer
bypasses mainstream world health policy for poor countries
and excludes corruption**

Tuberculosis

Most people believe that tuberculosis is an old people's disease affecting the lungs. The fact that tuberculosis is a killer of children often goes unrecognized.

In Cambodia, tuberculosis is the number-one killer of children, causing endless suffering and death. This killer acts directly as a severe and aggressive disease; indirectly, it weakens the immunity and resistance of children, making them more vulnerable to simple viral diseases, all the tropical diseases (dengue, malaria, etc.), suppurating diseases, and kidney problems (nephrotic syndromes), while making pregnant mothers susceptible to eklampsia, etc.

This magazine shows how tuberculosis is attacking and killing children. We show pictures that everybody can read and understand. That is why we show CT pictures of normal lungs, normal spines, and normal brain on separate pages — so everybody can see the horrible differences between the images of diseased tissue and those of normal tissue. In this way, we want to make everybody aware of the devastating damage caused by TB in children.

In children, 70% of TB cases affect the lungs; 25% affect the lymph nodes; and 5% affect, by way of the blood stream, the bones, joints, nervous system, and other organs

(so-called Miliaris tuberculosis shows in an impressive way this distribution by the blood stream, which causes thousands of small tuberculomas in the lungs, easily visible in the simple X-ray). We concentrate in this magazine on these latter 5% of cases.

We show a few cases of children merely infected by TB, but not sick. In these children, only the “primary complex” is visible, the calcification of a hilar lymph node. This primary complex is often not visible in the X-ray, especially if it is smaller than 3mm. To detect it, you need a CT. These thousands and thousands of children are not really sick, but their immune systems are weakened, since parts of their immune systems potential are used to contain the dormant TB, by other words to neutralize the TB germs being imprisoned in this calcified primary complex.

The various faces of tuberculosis in children

Most TB in children, as mentioned above, affects the lungs (70%). There are thousands and thousands of such cases. But we show only a few cases of different TB pneumonias, aiming to show how TB can damage and destroy the lungs. Although these TB pneumonias are the most frequent forms of TB in children, this form is not mentioned in the WHO protocols for acute respiratory infectious diseases of children among the world's poor. This frequently acute pulmonary TB is a very aggressive and deadly disease; it kills the child if not correctly treated immediately.

We show liver TB, intestinal TB, TB peritonitis, kidney TB, TB osteitis (TB bone infection) and such cases of abdominal TB as abdominal muscles (psoas) abscess.

We show 72 brain tuberculomas we treated between 2000 and 2005 in the Kantha Bopha Hospitals. These brain tuberculomas, the most tragic and severe form of TB in children, are only the tiny peak only of a huge iceberg: If there are 72 brain tuberculomas, there should at the same time, and in the same age group, be 150,000 children affected by TB. There must be 95,000 TB pneumonias during the same period! But we have not discovered all brain tuberculomas among children in Cambodia. So the true figures for children with tuberculosis will be even much higher.

We also show 230 cases found during this period of Pott's disease, or spine destruction by TB.

We show 100 cases of miliaris TB found in this period.

We do not show all the cases of tuberculosis meningitis we found from 2000 to 2006 because there have been hundreds and hundreds of such cases. The sufferings of all these children, who endure horrible aches and pains, are difficult to imagine.

It is also difficult to comprehend the number of cases involved. What figures correspond to reality? That is why we are doing an exposition of all these single severe cases of brain tuberculoma, Pott's disease, and miliaris. Every case represents the life of a child.

Saying there are 230 cases of Pott's diseases (tuberculosis of the spine causing paralysis and death) is quite different from seeing 230 cases of this terrible illness.

Most children we can treat and save, thanks to our facilities, thanks to the equipment, and thanks to the drugs and medicines available in the Kantha Bopha Hospitals — all of it imported from outside. That is why we show in this magazine some cases before and after the treatment to document the impressive success.

Summary

This magazine presents

- evidence of the extent and nature of tuberculosis in children in Cambodia;
- the horrible faces of tuberculosis in children; and
- the chance to save these children, if only the knowledge, equipment, appropriate facilities, and correct drugs are made available in the absence of corruption.

This magazine is dedicated to people with common sense and a human heart

This magazine is dedicated to people with common sense and a human heart. So-called experts — medical doctors and opinion leaders in the health sector in Cambodia and in the poor world, both foreigners and locals — too often neglect, ignore, and hide the impact of tuberculosis in children. We hope people with common sense and a human heart will bring pressure to bear on these so-called experts — medical doctors, health officials, and politicians — to act in a correct and effective way.

Today you still find health officials working for the poor world in Western governments who think that treatment of TB among children in poor countries is unnecessary because the danger of contamination to others by the child is less frequent than is the contamination by adults of others. This argument is absurd, and constitutes a severe violation of the children's right to health. In fact, young children cannot produce sputum, so they are less contagious to others. That is also one of the reasons why diagnosis in children is much more difficult than is diagnosis in adults.

The WHO protocols for the poor world still say that TB is only confirmed by sputum containing TB germs. Yet, as mentioned above, young children cannot produce sputum!

Every case is the case of a child, a person with a name and one life only

We put the name of the patient on each picture. Every patient is a unique person, and every person has only one life. We do not say where the individual is a girl or a boy; instead we say Mr or Ms to prevent the international community and their experts and politicians from thinking: “Okay, these are only children, only children in a poor world.” Despite the fact these all are persons of the same value as the Excellencies, VIPs, so-called opinion leaders, experts, and various persons worldwide who are more and more obsessed with selfish fortune and power.

Not following the mainstream of the world health policy

We are able to diagnose and treat these cases of tuberculosis in the four Kantha Bopha Hospitals because we do not follow the mainstream thinking of the world health policy — this wrong and fatal policy, with its two creeds:

- **first**, facilities and treatments have to correspond to the economical reality of the country; and
- **Second**, patients have to pay by themselves in order to be responsible for their health.

First

The technical standard of the facilities in the Kantha Bopha Hospitals does not correspond to the economical reality of Cambodia. The economical reality in Cambodia is almost zero for 95% of the people. Kantha Bopha’s standard of facilities is the same standard as in western countries. Without these high-tech facilities, you miss the diagnosis of Tuberculosis in children.

Thus, if the facilities should correspond to the economical reality of the country, you miss the diagnosis in children. TB in infants and children is quite different from that in adults. You need the same technical standard as used in rich countries. You need the same technical standards in facilities and in drugs and medicines.

Second

The patients are poor. If they had to pay, our hospitals would be empty. If they had to pay under the table, such as is the case in most government hospitals, which have themselves been sickened by corruption, they would have no access.

The Kantha Bopha Hospitals have always been free of charge. And there is no corruption, since all the staff is getting a correct salary.

The world health policy followed by the international community means completely missing TB in children.

Resistance, compliance, and corruption

At times, fortunately, the TB germs show no resistance to treatment with Rifater. But you have to treat TB patients for between 6 and 12 months. Otherwise you risk creating resistance to the drugs. That is why we follow up with the TB patients. They all return after two months to get new drugs and to be examined, and 90% follow the treatment up to the end (a compliance rate of 90%). They are well informed; they get the drugs free of charge; they all get money for travelling costs.

The National TB Center for adults in Phnom Penh sees a compliance rate of only 5 percent. There, they have to pay under the table; there is corruption. Indeed, corruption in Cambodia is the main factor creating resistance to drugs.

No vaccine against tuberculosis

A third world health policy creed: Prevention is the priority. Curative medicine is a luxury.

This is still believed by health workers and experts acting in the poor world. But there is no vaccination against TB. The BCG vaccination against Tuberculosis does not work. And our day-by-day experience indicates that children being vaccinated develop a stronger and more aggressive TB.

To break the endemia of tuberculosis, you have to neutralize all TB foci, both active and the dormant. In other words, you have to treat all infected and all sick people. You have to provide all these people with a correct curative medicine.

And you have to do it free of charge, because poor adults only infected by TB and not actually sick will never pay for treatment during the months they are not really sick.

About the Kantha Bopha Hospitals

* There are four Kantha Bopha children's hospitals.

In Phnom Penh:

Kantha Bopha I 1992
Kantha Bopha II 1996
Kantha Bopha IV 2006

And in Siem Reap Angkor:

Kantha Bopha III (Jayavarman VII, 1999).

* Procedures per year:

800,000 ambulant treatments
75,000 hospitalizations
16,000 surgical operations
400,000 vaccinations.
12, 000 deliveries in the maternity ward, built to break the transmission of HIV from mother to child.

* All treatment is free of charge.

* The hospitals treat 85% of all Cambodian children. These children arrive from all over the country. The mortality rate among them has been reduced, during the last 14 years, to 1.1 percent.

* Kantha Bopha IV, in Phnom Penh , and Jayavarman VII, in Siem Reap Angkor, are university hospitals where students do their stages and internships. Doctors and nurses are trained for the whole country.

* In 1992, we started with a staff of 16 foreigners and 60 Cambodians. Today, there are only 2 permanent foreigners and 1,650 Cambodians working in the hospitals.

* The annual budget for running costs is US\$18 million, 10% of which is contributed by the Cambodian government, 10% by the Swiss government, and 80% by private donation, mostly from people living in Switzerland.

The Kantha Bopha Hospitals are also contributing, in both direct and indirect ways, to the national economy. Jobs have been created for 1,650 Cambodian staff, while the families of the patients are not ruined by medical costs. In Cambodia, medical costs are the most important factor in destroying subsistence livelihoods. Eighty percent of the people are farmers. They sell their animals and land to raise money to pay the medical costs and, in the end, they get a treatment which kills instead of helps. The medical costs in the very bad private sector are much too high. In the public sector, there is huge corruption and normally no effective help.

Tuberculosis: One of the consequences of war

Tuberculosis is the main killer. This is a consequence of longtime war. It started with the Western intervention by Kissinger/Nixon in 1970 (the so-called secret war — kept secret from the American people — which provoked the civil war).

During 1974-75, until the Khmer Rouges entered Phnom Penh, the author worked as a young pediatrician in Kantha Bopha. There were already many severe TB cases among children arriving from refugee camps. Before 1970, there were no such cases, and there were no refugee camps. These camps were the breeding place for TB. People were living side by side in the poorest conditions. From 1975-1979, during the Pol Pot regime, there was no medical help. So TB spread in a way never before seen in the 20th century. During the Vietnamese occupation (for eight years there were 400,000 Vietnamese troops in Cambodia) the medical situation for the average Cambodian was not much better.

Tuberculosis continues to spread. Corruption, lack of facilities and lack of drugs and medicines of the same standard as used in the “civilized” world are the main reasons for what remains a bad situation. Today, Kantha Bopha is the only place where TB in

children is recognized and treated. Kantha Bopha is showing that the problem of TB *can* be resolved. And if it is possible in Cambodia, it is possible everywhere in the world.

The Angkor Declaration

The Angkor Declaration has been written by the author on November 2002. It has been signed as first by H.M. King Norodom Sihanouk and later by 300,000 Cambodians.

The Angkor Declaration (*Correct Medicine for every Sick Child*)

All honorable persons signing this declaration are calling upon Hospitals, Health Institutions, National and International Health Organizations, governmental and not governmental, and all their medical staff to follow the requests by this declaration, so that all their humanitarian and professional actions are in accordance with the convention on the Rights of the Child.

(Article 24: Systematical Ill-treatment, Mal-treatment and No-treatment)

Every child, poor or rich, has the right to be treated in a correct and efficient way, with open access to such medical treatment at any time.

Therefore the following must be granted:

Access for all children to correct medical care at any time.

*For poor children in poor countries
all treatment must be free of charge.*

This can only be granted if corruption is systematically avoided.

Correct and efficient medical
treatment.

***Only a correct diagnosis guarantees a correct and efficient
treatment. Only correct drugs are efficient.***

Correct diagnostic methods and means must be installed. This includes basic laboratory and imaging techniques and facilities, including resistance testing of antibiotics.

Correct tools for the severely sick must be made available. This includes a blood bank with proper testing and transfusion techniques according to international standards.

Correct drugs, medicines and facilities, must be made available for adequate treatment. This includes proper hygienic conditions according to international standards.

Correct facilities for correct surgical treatment must be made available for indispensable interventions. This includes correct tools and anesthesia, all according to international standards.

Corruption must be rigorously avoided.

*This can only be granted if all hospital staff is on a correct salary,
is working full time at the Hospital and has no need to go after
private business outside.*

Corruption and other criminal behavior can't be tolerated.

Taking or accepting money under the table from anybody, parents or other, as well as stealing drugs or medical items of any kind from the hospital and selling such on the black market, using unofficially hospital facilities and means, hospitalizing children in doctors' private homes withholding them from proper Hospital care, all such cannot be tolerated and should be criminally pursued.

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