



American Refugee Committee

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NONG SAMET ANNUAL REPORT FOR 1983

During 1983 Nong Samet border camp has been home to from 45,000 to 52,000 Kampuchean refugees. During the months of February to June the effective population swelled to about 70,000 when the people of Nong Chan fled to adjacent Prey Chan. In addition, Nong Samet was home to a population of Vietnamese land refugees that numbered about 1,000 in September when they were all moved to Dong Ruk.

1983 began with the destruction of a nearby camp and it ended with the entire Nong Samet population making an orderly move to a new site. In January, Nong Chan was attacked by Vietnamese forces, culminating in its destruction on January 31. In early February the Nong Chan population fled to Ang Sila and a new site known as "Chanmet". This move and related events placed increased demands on the ARC Nong Samet medical facilities and disrupted existing public health and educational programs. This displaced population of approximately 25,000 was served by MSF who followed them to Prey Chan where they settled in March. Inpatient medical services were provided by ARC at Nong Samet.

March was another unsettled month. On the 6th, during a Thai military exercise a shell landed in the CRS kitchen,

wounding four people. On the 7th, 7,900 Khmer and 300 Vietnamese from Ang Sila moved to Nong Samet. ARC opened a second outpatient clinic (OPD II) to better serve the changing camp. On the 27th a fire began in camp and consumed about 200 homes. UNBRO water trucks aided in the control of the fire. Three people were reported killed and surprisingly, no injuries were seen. On March 31 Chomkakor camp was destroyed at which time "Situation 3" was called in Nong Samet. During the first two weeks of April there was limited access to Nong Samet.

Within Nong Samet there was also unrest. On the night of April 21 the Khmer hospital administrator's wife was murdered. This was followed by a hospital workers' threat to strike due to inadequate security on the hospital platform.

May, June and July were calm months. In August a large part of the Prey Chan population was moved to a new camp at Dong Ruk with the MSF medical team moving along with them. Prey Chan, with its remaining population, was "off limits" to voluntary agencies until September 21 when CAMA resumed medical care for the camp now known as South Samet.

In early September the entire Vietnamese population of about 1000 that had resided on the hospital platform was moved to Dong Ruk. An ARC nurse followed them during a two week transition period, after which ICRC provided OPD staffing. A major nutritional survey done in September revealed that approximately 10% of children less than five years old were under 80% weight-for-height. Also in

September, CONCERN terminated their involvement in the Samet public health program, having done an outstanding job. An ARC/COR team assumed this program with considerable assistance from CONCERN.

September, October and November had "Situation 1" called occasionally due to distant shelling. In November the remainder of the South Samet (Prey Chan) population returned to Nong Chan with YWAM assuming health care responsibilities.

December in Nong Samet was dominated by issues related to the move of the entire population of 50,000 people to a new site about one to two kilometers east of the old site. This removes the population from Thai soil and places them "just over the border" into Kampuchea. No old structures or facilities will be used in the new camp. At year's end the people have all moved, but medical and public health facilities have lagged behind. This has resulted in a marked decrease in use of OPDs, the hospital, MCHs and feeding centers. It is hoped that the new dry season will be a quiet one and will allow the construction of new facilities at the new site early in 1984. The design of the new camp has medical, feeding and public health facilities located on the edge of the camp near Thailand. There are, however, three MCHs located "inside" the camp, but for security reasons during the dry season voluntary agency staff will have limited access to these three MCHs.

MEDICAL PROGRAMS

ARC employs 150 Khmer medical workers and provides medical services for Nong Samet through the following facilities: four inpatient hospital wards, pediatrics, adult medicine, surgery and obstetrics/gynecology; two outpatient clinics; a medical laboratory; a tuberculosis clinic; and a traditional medicine center (TMC).

Noteworthy statistics for 1983:

Average daily hospital census: 73
Average daily hospital admissions: 16
Average daily OPD attendance: 319 (varied from 148 in Dec. to 504 in Aug.)
Average hospital deaths per month: 13
Average births per month: 27 in hospital
170 at home
War wounded patients seen per month: 13 (varied from 3 in Jan. to 27 in June)
Transfers to Khao-I-Dang per month: 126 (varied from 24 in Jan. to 200 in Aug.)
Malaria smears # positive per month: 143
 Vivax 55%
 Falciparum: 37%
 Mixed 8%

Malaria remains the leading health problem in adults and is a major problem in children. The most active season for malaria was January through March with about 250 cases per month with Vivax being identified in 60%. The least active month was September with only 35 cases, 50% Vivax and 50% Falciparum. It has been consistently noted that most of the complicated cases of Falciparum are young men aged 15-40 who often report sleeping outside without mosquito nets. Many of our cases of cerebral malaria were in men of this description from South Samet-Prey Chan.

Among children, malnutrition and infectious diseases, most notably pneumonia, diarrhea and malaria are the major

causes of serious illness. Many of the most seriously malnourished have been new arrivals to Nong Samet. In nutritional surveys the number of children under five years who were found to be less than 80% weight-for-height varied from 5 to 12%. A marked increase in malnutrition was noted following periods of limited access to the camp. Unfortunately an easily preventable disease, neonatal tetanus, remains all too common.

Our obstetrics ward and midwife training program emphasize Khmer self reliance and consequently many complicated births are performed at Nong Samet. Khao-I-Dang is the back-up center when surgical intervention is necessary.

On our surgical ward closed space infections and traumatic injuries make up a large majority of the cases seen. Again the emphasis is on techniques and therapies that can be performed by our Khmer medics and nurses. The addition of a general surgeon to our staff in October greatly aided our training of medics and expanded the scope of procedures done at Nong Samet. Skin grafts and serious hand infections are now managed regularly in addition to occasional cleft lip and hernia repairs.

In our outpatient clinics pediatric ailments and maternal problems predominate. The most commonly identified problems are gastrointestinal, nutritional, respiratory and dermatologic. ARC operated one OPD until early March when OPD II was opened. On December 12 OPD I was closed as part of the camp move. There was a dramatic decrease in OPD and Hospital use during December, attributable to the move.

The tuberculosis treatment program at Nong Samet employs a six month protocol with daily supervised administration of medications. During 1983 the number of people under therapy varied from 30 to 56. For the two year period ending September 1983 220 people had begun TB treatment; 131 successfully completed therapy, 12 died, 21 failed to complete therapy and 56 were still on therapy. This is a compliance rate of 90%. During the disruption of January, 20% of those on therapy (10 of 55) left the program. No more patients were started on therapy until June. Due to concern that Nong Samet might be disrupted during the 1984 dry season, enrollment in the treatment program was limited to the period from June through August. This was done to avoid having patients early in their treatment program during the dry season. The emergence of resistant strains of TB is a prime concern motivating this policy.

ARC supports a traditional medicine center (TMC) that is administered and operated by a Krou Khmer. ARC's support is in the form of a building and supplies. As often as possible we encourage collaboration between our Western medical programs and those of the Krou. The TMC administers tetanus vaccinations and provides midwifery services in addition to other traditional therapies.

PUBLIC HEALTH

As stated previously the public health programs at Nong Samet were operated by CONCERN up until September, after which a combined ARC/COR team took over responsibilities.

Beginning in 1984 ARC will assume the programs.

The public health program employs 150 Khmer workers. The work is carried out from five mother and child health centers (MCHs). Programs include 1) Under-five clinics for screening and vaccinations, 2) Day care for malnourished children, 3) Advisory feeding rooms for breast feeding problems, 4) Ante-natal clinic, 5) Post-natal follow-up, 6) School health and immunizations and 7) Health worker training.

Noteworthy statistics for 1983:

Average monthly attendance at
under five clinics: 5500

Average monthly vaccinations
(DPT, OPV, BCG): 850

Average daily advisory feeding and
day care attendance: 125

Average monthly attendance at
antenatal clinics: 700

Average monthly tetanus vaccinations
for women: 400

Average monthly postnatal visits: 900

Measles vaccinations July: 987
Nov.: 769

For the third consecutive year Nong Samet experienced a number of unexplained deaths in March-May. During this period 20 children, who were previously well, died of an abrupt illness manifested by central nervous system signs (altered level of consciousness or seizures) and often nausea and vomiting, with or without fever. Investigations by ARC, CONCERN, UNBRO and the CDC have failed to identify an infectious or toxicologic cause. On October 6, 1983

a meeting was held in Bangkok with the Thai Ministry of Public Health, Supreme Command, CDC, UNBRO and ARC representatives to discuss and prepare a plan for 1984's unexplained deaths should they occur again.

EDUCATIONAL PROGRAMS

ARC believes that the most lasting impact it will have on the Nong Samet people will be through its educational programs. A basic ARC philosophy holds that the Khmers should assume responsibility for health care and for health education and training. Pursuant of this our medical, public health and educational programs are based on Khmer providers and teachers trained at Nong Samet.

Following is a summary of classes taught at Samet in 1983:

- 1) Basic nursing - Primary health education with clinical and classroom experience 6 days/week.
- 2) Continuing education for nurses.
- 3) Medical assistant training. On December 4 a group of 12 completed a six month program.
- 4) Medical assistant continuing education.
- 5) Pharmacology - taught to those who have finished basic nursing.
- 6) Medical English Class - for all health workers.
- 7) General health education class.
- 8) Basic laboratory - for laboratory workers.
- 9) Midwifery - for both traditional midwives who practice in camp and those working in our obstetrics ward.

These programs are the heart of ARC's involvement in Nong Samet and hopefully will benefit the Khmer people long after we are gone.

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