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**“Medicine in Cambodia during the Pol Pot Regime (1975-1979):  
Foreign and Cambodian Influences”  
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Over the course of their history, Cambodian physicians have experienced several major crises that have greatly complicated the establishment of a stable social position and a clear definition of the medical profession in Cambodia until recent years<sup>1</sup>. The most profound crisis was that of the Khmer Rouge period (1975-1979) which created the most radical break with the preceding health care system. In fact, the health care system was completely transformed during the radical revolution where 1.7 million Cambodians perished – through execution, hunger, and overwork.

The Khmer Rouge was the regime that was established in Cambodia after the Vietnam War, following the victory of the Cambodian Communists over the Cambodians supported by the United States; the Khmer Rouge was supported militarily by the Vietnamese who took over Saigon two weeks after the fall of Phnom Penh.

It was Prince Sihanouk who coined the term “Khmer Rouge”; he intended it as a term of derision, to mock the Khmers (Cambodians) who were Communist (Red). But the Khmer Rouge, constantly claimed that they were absolutely independent and self-sufficient. Recent research, however, has shown that the Chinese aid the Khmer Rouge received was greater than previously thought. Actually, the health care system established under the Khmer Rouge reveals a mixture of influences : there are foreign, especially Maoist influences; there are characteristics peculiar to totalitarian regimes in general and others peculiar to the power structure of the Khmer Rouge.

It was often thought that there was no health care system under the Khmer Rouge and no concerted health care policy<sup>2</sup>. Actually, to understand the health policy under the Khmer Rouge and go beyond its apparent incoherence and simplistic character, we need to go back to the

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<sup>1</sup> I am indebted to Prof. Evelyn Ackerman who translated this paper from French into English.

<sup>2</sup> For details, see my PhD thesis, *Les médecins au Cambodge. Entre élite sociale traditionnelle et groupe professionnel moderne sous influence étrangère*, Ecole des Hautes Etudes en Sciences Sociales, Paris, France, Doctorat d'Anthropologie sociale et Ethnologie, 2001, 534 p. and the forthcoming book (Paris, Les Indes Savantes).

conditions under which the regime arose because they shed light both on how the Khmer Rouge ideology was constructed and also on how different tendencies and practices were able to persist until Pol Pot's clique took over the Cambodian Communist movement.

### **The Khmer Rouge Movement: Policy, Army, Ideology**

Pol Pot's group which took power in Cambodia in April 1975 was born of a long effort to bring together and homogenize groups with differing ideological loyalties; this effort started in the 1950s and 1960s and remained incomplete even at the moment of victory in 1975.

The Cambodian Communist Party is descended from the Indochinese Communist Party founded by Ho Chi Minh in 1930. It split off because of tensions (which were widespread at the time) between people advocating nationalistic interests and people adhering to the ideal of internationalism. At the time of the Geneva Accords of 1954 which ended the French War in Indochina, the Cambodian Communists were not supported by their Vietnamese comrades, and tensions arose. Cambodian Communists became wary of foreign influence and of other communist comrades. The Cambodian Communists who were loyal to Hanoi after 1954 would all be purged by Pol Pot and his group when they returned to Cambodia for the armed struggle of the 1970s. During those years, purges were organized systematically and became a method of governing.

Pol Pot's group emerged from a small cluster of students who went to Paris to study between 1945 and 1950; in Paris, they participated in the discussions of the French Communist Party. These students had varied opinions: some were Marxists but others were democrats who preferred a simple parliamentary struggle. When they returned to Cambodia, the people close to Pol Pot (Ieng Sary, Son Sen, Khieu Samphan, and the sisters Khieu Thirith and Khieu Ponnary) started dealing with the Communist movement in which they did not yet have any positions of power. Sihanouk who was in power took a very ambiguous position in relation to them, sometimes he used a repressive policy and at other time he welcomed elements of the democratic left in Parliament. Maoists were among the well-known left wing intellectuals of the time, and they exerted an unquestionable influence on contemporary students.

During the 1960s, Pol Pot began his rise in the Party, joining the Central Committee for the first time in 1960. Then, starting in 1963, several hundred militants went underground; Pol

Pot was one of them. Their headquarters moved from the East, near the border with Vietnam, to the Northeast which was inhabited mainly by ethnic minorities (“hill people”) who welcomed these underground fighters and sometimes joined their ranks. This ten-year period, during which the future leaders of the Khmer Rouge lived in the jungle cut off from the outside world, is important in order to understand the vision of the world and of the ideal society that they developed. In particular, they replaced the old notions that they had inherited from other Communists by a new policy which was unorganized and dictated by the needs of the moment. They began to glorify their miserable situation and to elevate “purity” and absolute loyalty into major virtues in a climate which they deemed to be filled with traitors. Isolated in the mountains, they put a great emphasis on self-sufficiency.

Toward the end of the 1960s, the armed struggle began; it had the support of Sihanouk who, no longer in power, formed a government –in-exile which was opposed to the pro-American government in Phnom Penh.

At the same time, purges eliminated the pro-Vietnamese fighters who had come from Hanoi; the former leaders were replaced by increasingly young, hard-nosed people who had joined the communist movement while they were still young children on the farm. The very difficult armed struggle which took place in the midst of American bombing, entered its final phase in 1973 and ended in April 1975. What resulted from this period was the glorification of a revolutionary war which was seen as more admirable than all previous struggles (the Khmer Rouge conveniently forgot the role of Vietnamese aid). Songs repeatedly recalled the glory of this struggle. Another legacy of this period was the megalomaniacal idea of an agrarian revolution which would be faster and more radical than all others. China remained the implicit model for economic development while the Soviet Union under Stalin was the model for a strong system of control and repression. Khmer Rouge fighters were transformed into heroes and martyrs and all those who did not participate in the revolutionary effort (called the “people of April 17” had to suffer endless, limitless hardship.

During the period immediately after the capture of Phnom Penh by the Khmer Rouge, the military and administrative zones inherited from the period of struggle (when propaganda favored the peasants) remained relatively autonomous. This made possible the implementation of varying sorts of health measures. Moreover, travel was very difficult and production units were not integrated; this also favored diversity.

Let us sum up the political and ideological position of Democratic Kampuchea (the official name of the Khmer Rouge's regime) at the time of its ascension to power. On the ideological level, it favored total independence, and the country became entirely cut off from the outside world, with the exception of Chinese experts. The revolution was supposed to transform Cambodia into a powerful, autonomous country capable of financing its industrialization through its agriculture. Poor peasants were thus to be glorified and the urban exploiters (which included the former physicians) to be treated the worst. As in other totalitarian regimes, power was based on a mass of individuals without social ties, and these social ties were to be attacked (children were to be separated from parents, people were to be constantly relocated, cities were to be evacuated, religion was to be forbidden.)

### **The health system of the Khmer Rouge: the importance of ideological purity**

Like its predecessors, the Khmer Rouge was concerned about the sovereignty of the country (which was very small compared to its neighbors). To favor this, enormous efforts were made to increase rice production through a huge increase in the amount of land devoted to rice production. Later, according to the Maoist principle, the country was supposed to develop its industry drawing on its agricultural wealth. To increase agricultural production, the regime launched massive agricultural labor "offensives" in which the entire population was to participate.

The targets for agricultural production fixed by the Central Committee were very high and were borne most heavily by the very fertile northwest zone of Cambodia. A million city dwellers were transported to this zone. They did an incredible amount of labor by hand, but the results were not impressive. Manual labor with virtually no machinery was simply not sufficient to reach the production goals. The true statistics were hidden by the higher-ups who feared purges. Famines began in 1976-1977; there were many victims. The principle of self-sufficiency was therefore pushed to its limits and the Khmer Rouge slogan that said that "the basic medicine is food" was shown to be cruelly accurate.

In accordance with this policy, programs for health and education were deferred until the time when agricultural production would be sufficient. The principle of self-determination thus

had one immediate consequence for the health care system: improvements to it were totally subordinated to the politics of rice. A second consequence was that Democratic Kampuchea had to count on its own resources for the production of medicines.

### **A revolutionary Khmer medicine**

Contrary to what is often said, Khmer medicine did not aim for the total and unconditional elimination of western medicine. On the contrary, it tried to appropriate it for itself. The special characteristics of Khmer Rouge medicine result from several ideological positions of the Khmer Rouge that I have mentioned: distrust of the outside world and the almost complete isolation from the world that the regime tried to create for itself, the idea of self-sufficiency, and the banishment of medical specialists from earlier regimes who were thought to be politically suspect. As a result, Khmer Rouge medicine was a heterogeneous and inefficacious mixture drawn from the traditional pharmacopea, from biomedical protocols, and from a belief in the intrinsic ability of revolutionary consciousness to prevent of disease.

### **Medicines**

Chemical medicines were subject to the restrictions laid down by the regime, but Communist China sent medicines and various materiel in exchange for fish and rubber at least once (toward the end of 1975) and probably other times as well. Another source of chemical medicines were the stocks left in the hospitals and pharmacies which were abandoned after the deportation of the urban population.

Because of their rarity, these chemical medicines were distributed according to the place people occupied in society: high officials and their subordinates were the best served as were the soldiers. The so-called “old people” (peasants under communist control before 1975 but far from the structures of power), wereclassified in relation to their peasant origins and their revolutionary history. They did not get special access to medicines but were still served before the privileged classes of earlier regimes, known as the “new people” or the “April 17 people” who were served last, in rural infirmaries.

The inevitable shortages of chemical medicines were to be made up by local production; official directives started that each cooperative was to produce its own medicines. These

directives (from the Party's Four Year Plan of 1977-1980) distinguished between "factories using popular methods" and "modern pharmaceutical factories" The modern pharmaceutical factories existed only at the central level in Phnom Penh. The "factories using popular methods" were to involve people as well as traditional Khmer healers in the production process while perfecting their manufacturing methods to create an industrial-style method of production. And in fact, there was a small production of serums, vaccines, and penicillin.

At the beginning of the regime, the Northern zone, directed by a former lycée professor had a tolerant attitude toward old regime intellectuals and solicited their collaboration. But this production directed by qualified personnel (whether doctors, pharmacists, or even traditional doctors) did not last. The directors of the most tolerant zones (in the North and the Northwest) who did not belong to the Pol Pot group were purged, and the production of medicines took place under the direction of unqualified personnel, chosen to satisfy ideological criteria.

### **Hospitals**

Hospitals were probably very numerous under the Khmer Rouge. In Phnom Penh, several hospitals continued to function after the city had been emptied of its occupants; they included the Calmette Hospital, the Hospital of Khmer-Soviet Friendship, the Preah Ket Mealea Hospital). According to information gathered from informants, these work units were secluded, providing for their own needs with kitchen gardens and very isolated from the city. Their staffs were forbidden to travel. Political and medical responsibilities were strictly separated. According to informants, the Calmette Hospital welcomed Chinese specialists (gynecologists and pediatricians) and received medicines from China; this kept them supplied even at the worst times. The medical team was composed of scientific physicians (Chinese doctors and a Cambodian woman doctor who had trained in China) who led "revolutionary doctors" educated along the model of the Chinese barefoot doctors.

These Phnom Penh hospitals mainly served high and subaltern officials who worked in the city. And, at the beginning of the regime, certain high officials went to Vietnam or China for treatment. But around 1977, according to one informant, Calmette Hospital welcomed peasants because of the lack of care available in rural areas.

The situation became worse as one reached the level of the cooperatives in the countryside. There, and where the "new people" (city dwellers) were concerned, the infirmaries

were rudimentary, badly kept up, with a revolutionary medical personnel that knew little about medicine and with only artisanal medications.

Under Democratic Kampuchea, a sanitary policy existed even if the main preoccupations were overwhelmingly agricultural and if the results regarding healthcare were poor because of a lack of realistic planning to cover pharmaceutical needs. Stocks of medicines had gotten mildewed without anyone noticing, and attempts to work with pharmacists and doctors of earlier regimes could not survive purges and power struggles between high officials. As for the so-called “revolutionary treatments” made from medicinal plants, they were a very rudimentary form of the traditional item, because there were no real specialists to concoct them. This reached such a point that people gave the nickname of “rabbit dung” to the homemade pills dispensed by rural infirmaries for every imaginable ailment.

### **The sick**

In this totalitarian system, the sick person, especially if he or she occupied a low position in the revolutionary hierarchy, was not well thought of. First of all, because the uselessness of the individual is a characteristic belief of totalitarian regimes. And also because the supreme ideal, according to revolutionary sloganizing, is to die of exhaustion at one’s workplace.

In addition, Health was identified with the truth of the regime. To be a good revolutionary was to work and obey without letting up. To be unable to work because of a disease or a physical weakness was to be outside history, outside Truth. As a witness said, “If you had a clear conscience, you were not supposed to get sick.”

The same principle of identification between collective health and revolution explained that responsibility for care should be given to a new category of personnel, “revolutionary doctors.”

### **Medical hierarchy: Class loyalty and revolutionary consciousness**

Contrary to what has often been said of Khmer Rouge medicine (and contrary to what the Khmer Rouge said itself of its medicine), it did not rest on a reappropriation of traditional knowledge. Rather, it was entirely ideological in the sense that the principles on which it was based were entirely political and not technical. Thus, revolutionary doctors were the only ones who had the right to treat the sick and the sick needed a special authorization to be absent from



work. People who didn't work got less food, sometimes none at all, because sick people were not productive. Nor was traditional Khmer medicine used under Democratic Kampuchea because the traditional doctors who were not officially part of the system did not have the right to practice any more than scientifically trained doctors. Similarly, people did not have the right to medicate themselves. What counted was not one's training, but one's position in the power structure.

What were the new categories of practitioners under the Khmer Rouge regime? As I have said, the population was divided according to class background, participation in the revolutionary struggle before victory and, to a lesser degree, ethnic purity. For, paradoxically, people of Chinese ancestry were especially discriminated against because they represented the old urban capitalism. The regime developed a racist attitude toward them and toward the Vietnamese; this racism increased as the regime got weaker. When I did my fieldwork on medicine in the 1990s, the discourses of the Khmer Rouge guerillas were devoted overwhelmingly to this theme.

On all levels of the health system, there was a strong division between political and technical jobs. Thus, the Minister of Health Thiounn Thiouen seems to have played only a technical role. He was the son of a prominent bourgeois family where all the sons joined the Communist maquis and held positions under the KR. Thiounn Thiouen was educated during the French protectorate at the Faculty of Medicine at Hanoi in Vietnam and then in Paris before becoming a surgeon in Phnom Penh and Dean of the Faculty of Medicine of PP.

Like Thiounn Thiouen, other physicians joined the Communist resistance during the 1970s, but surely there were not many (One source gives 25 doctors, but this seems excessive to me). Their political opinions and social milieu did not inspire Cambodian medical students during these years to political involvement and revolt.

Similarly, in the different administrative zones, the job of Directors of Health were assumed by former militants who had the ability to influence the organization of health care delivery in their jurisdiction. Health, like all other domains of public action, was conceived as an area where strategy was all-important and where the ability to actually get things done was secondary. This can be seen in revolutionary hospitals where the most important quality sought in the personnel was trustworthiness and political correctness. This aspect of KR ideology, which stresses tactical organization as a precondition for success, was a peculiar characteristic of Pol Pot's group.

The Minister of Health, Thiounn Thiouen himself, provided instruction to the revolutionary doctors on the model of Communist China's barefoot doctors (a practical initiation over several months to the main diseases and the main treatments). He had already begun in the maquis, before the victory of the KR. The young people selected for hospital service were often the children of officials or poor peasants, those who benefited from the best positions in the new social hierarchy, because medicine remained a respected occupation. Periodically, this medical personnel went to PP for week-long training seminars in groups of one hundred. Other institutions, such as the Calmette Hospital, provided on-the-job training; there, teams of Chinese doctors taught about twenty revolutionary physicians.

And up until 1977 when Pol Pot's group took definitive control and positions hardened, old regime doctors were also asked to provide instruction for new medical personnel. But in their case, their positions were very lowly, and they returned to the rice paddies as soon as their educational duties were completed.

Medical personnel were not sheltered from purges and personal elimination. The nursing personnel tied to purged medical cadres were also sent away if not killed and replaced by younger and younger recruits, purer recruits, to use Pol Pot's words. And more poorly trained recruits. After 1977, it was not unusual to see 10- or 12-year-old children with dirty syringes, imitating nurses and injecting dubious substances into terrified patients. There are even reports of horrible experiments performed on the sick, who were viewed as useless bodies as are all individuals in a totalitarian state. For the young revolutionary doctors had a total power over the sick who belonged to the New People (the city bourgeois who had not rallied to the KR struggle.) Everybody preferred to avoid these hospitals but all sick people who were not able to work were required to go there.

What happened to physicians with scientific training under the KR regime? Let's start with the several dozen physicians who were outside Cambodia at the time of the April 1975 victory. The KR regime launched a patriotic appeal for all to return to help in the construction of a socialist society. Several of these physicians responded to the call. One of them, whom I interviewed, remembered the oppressive silence of PP after a night's stopover in Beijing. His group was taken to the reeducation center where the most well-known political figures had been eliminated. This doctor then spent time in the rice paddies. It was only toward the end of the regime, after the fighting with the Vietnamese had begun that he was finally assigned to an

infirmary in PP where he was to take care of the staff of a ministry. At that time, the regime was already in trouble and was looking for more support from the people it had “re-educated.”

The physicians who did not rally to the regime before its victory were deported and were put at the bottom of the social ladder as they had many flaws: they were city dwellers and functionaries of earlier regimes, they were well-off entrepreneurs, often of Chinese background, they were part of the possessing classes which had exploited the poor. But contrary to what is sometimes believed, they were not systematically eliminated. Rather they were subject to the harsh living conditions reserved for the “New People”: deportation from the cities to the countryside, forced labor, insufficient food rations, punishments from petty leaders that could lead to death. In fact, Pol Pot’s ideology about the status of bourgeois people in the new revolutionary society is not clear (as is the case with his philosophy on many other subjects): according to some texts, the bourgeois constitute a grave permanent danger which cannot disappear through reeducation. But according to other texts, they can contribute to the construction of the Party.

Rejected by a health system that they could certainly have helped improve, these physicians resisted passively, refusing to provide care for fear of being denounced. Traditional doctors were in the same situation but more tolerance was shown to them since they belonged to the peasantry, a more favored social class.

When Vietnamese troops invaded Cambodia at the end of 1978, they found a catastrophic situation: innumerable cadavers and a starving, exhausted population. The KR troops fled toward the North, sweeping the civil populations before them to the Thai border. The health care system was entirely destroyed, and it took years to rebuild it because only about ten physicians survived from the 500 who practiced before Pol Pot, and many later left Cambodia to seek refuge abroad.

Following a Maoist ideological base, the KR regime transformed itself into a totalitarian regime in which the revolution itself is a public health enterprise which, according to its peculiar logic, was able to do without rational and concrete public health actions.