

**MINUTES
OF MEETING ON HEALTH AND SOCIAL AFFAIRS
10-06-76**

Participants: Comrade Secretary (សមមិត្តលេខា) – Comrade Deputy Secretary (សមមិត្តអនុលេខា) – Comrade Hem (សមមិត្តហែម) – Comrade Phea (សមមិត្តភា) – Comrade Sou (សមមិត្តស៊ូ) – Comrade Sei (សមមិត្តសី) – and Cadres of Social Affairs and Health [Ministry]

I - REPORT OF THE MINISTRY

Comrade Phea (សមមិត្តភា): [I] wished to report to Angkar as the following:

- The works on political, psychological and assignment sets (ការងារខាង នយោបាយ សតិអារម្មណ៍ និង ចាត់តាំង)
- The works of all sections.

As the following: The Ministry had been sectioned since October 1975:

- Factory for producing medicine and disease protection section
- Medical staff to combat against malaria and research section
- Social Affairs office section: Gathering and distributing medicine and supplies

1- The works on political, consciousness and assignment sets:

- All sectors of the party's line were well understood. Up to date, the ministry had structure like an organization. Reason: The party constantly indoctrinated [people]. The weakness: the party's line had not yet been permeably flowed into their flesh, blood and [as well as] their spirit. The party stance on proletariat was still weak. There was also lack of [work] assignment. [We] did not have final assignment for people to be section committees. They were still temporary because of lacking of cadres. On the other hand, the section and group committees had not yet been able to master themselves, and [they] still relied on their superiors. But, in June, there were much development [if compared to the month] before. It was due to the subordinates. They were well alerted, but they were limited and still had fear for their superior. The superiors still continued to play major role.
- There was also shortage of activity line: All sections fought at the same time. [They] did not know where they had to fight first and where they had to fight later. There was significant shortfall of party members and cadres. Sometimes, the [status of the] party members were lower than the general public. Whereas the work that caused general public to emerge was not yet [operated] in full scale.
- Resolving direction:

- 1- Try hard in alerting the general public. The leading committee [should] work closely with the movement [of the general public].
- 2- Try hard in combating against the internal [mood] of the leading committee [members] for being models both for their work fulfillment and living [condition].
- 3- This could not be achieved unless [they] worked harder with regards to propagandizing the party line.

2- **The work of all sections:**

A. Factory for producing medicine and disease protection sections:

- Currently, [we] had 4 factories. [We] actually focused on Phâ 2 (ឥ២) at Chroy Chângvar (ច្រាបចង្ការ) and Phâ 4 (ឥ៤) [at] former Dumex (អតីតឧបរេច) ។ There was only one Chroy Chângvar in Kampuchea. Phâ 4 (ឥ៤) was a new factory [and it] had not yet operated. We were in the process of putting it up.

- Phâ 1 (ឥ១) Its machine was older [than the others]. It produced [medicine] before [the others] and it was easy to handle. We were able to operate by ourselves both for the handling machines and producing medicine. In May, Phâ 1 was able to produce a number of medicines [up to the level that was pre-] determined direction of the party.

- Phâ 2 (ឥ២) It had been strenghtening and expanding [the production] of human vaccine for cholera and variola. The vaccine for domestic animals was also expanded for preventing plague and other diseases. We also found tetanus [vaccine] for human being.

- Phâ 3 (ឥ៣) All machines were already organized.

- Phâ 4 (ឥ៤) We had fixed [the machines] and they were in the process of running.

- **Weaknesses:**

- Phâ 1 (ឥ១) We had not yet totally mastered ourselves. The machines were also old and our techniques were still low. Some comrades did not like [to stay in the city] and they wanted to go to the country side.

- Phâ 2 (ឥ២) It was the same as Phâ 1. Technically, we had not yet fully mastered ourselves. There were many things that had not been achived yet. [We] had shortfall of bottles. We had [been able to] produce medicine in form of liquid, but [we] did not have bottles. Chemical substances were also short. The medicine [that we] produced had low quality because of lack of raw materials. In Phâ 2, we did not know how to use many big machines. For example: cultivating variola on the buffalos (បណ្តុះអុតលើក្របី) posed lots of problems and now we were in the process of cultivating variola in eggs of hen.

- Phâ 3 (ឥ៣) Which was located at Psar Chas (ផ្សារចាស់) had not been governed by the committee yet. Whereas the children fighters that were provided by Angkar were too small [to work] and [among them] there were also some handicapped fighters.

- Phâ 4 (ធីត) We already had committee, but they were only Yuvakak (យុវកក) backbone people (ធនបង្គោល) and the general public. We already had work force.

- Resolving Directions: Political and technical strenghtening in the form of networks. Stenghtening of the general public and the culture. The direction had to include the assignment of a committee for a factoy in order to manage the techniques and share experiences with each other from one factory to another. The working procedures should also be organized in shifted pattern for works and as well as for producign crops so that the factories had chance to support themselves.

B. Medical section to combat malaria and substance research section:

- 1. Malaria section: Did not have the committee yet.
- 2. In-country substance research section: We were in the process of searching [for substance] and found that *Daem Neang Khmao* tree (ដើមនាងខ្មៅ) was useful for curing typhoid fever (គ្រុនសន្ធឹំ)។ [We] transformed the traditional medicine to be more up-to-date. We had already somewhat expanded them.
- 3. Hospitals: [We] had two hospitals: 17-April Hospital and Children Hospital (ពេទ្យ ១៧ មេសា និងពេទ្យកុមារ)។ There were many advantages in the areas of treating diseases, building up work force, political, consciousness and assignment, [improving] techniques and culture. The weakness was about not being able to self-master in the area of techniques.
- Resolving Directions: Political and technical strenghtening and strenghtening of the leading committee.

C. Social Affairs office:

- Advantages: [We] had good cooperation with the [Ministry] of commerce and [we] were able to distribute medicines to bases as set forth in the Party's direction. Up to date, there was no medicine that was decayed or destroyed by fire. The diet ration could be resolved by ourselves and we made clothes for [many] units. In May [1976], we did not go and get fishes from [Ministry of] commerce. [We] were self-supported.
- Weaknesses: The social affairs committee had not yet have real self-mastered stance (ដំបូរម្ចាស់ការមែនទែន)។ The new place was not yet properly organized and we focused only on warehouses for medicines and factories. [We] worried about the flood that it might drown our houses and warehouses, because there was much water in those areas when it rained. The central office had not yet played a role model and [it did not] pay attention to the cooperative stance of the proletarian class (គោលដំបូរ សមូហភាព វណ្ណៈអធន)។

Comrade Thuk (សមមិត្តធុក): [I] wished to report about traditional medicine:

[We] had just collected our formulas from all over the country. [We] had printed books on formulas of our [traditional] medicine [that were gathered] from all over the country. [We] chose to publish joined formulas first and it would be submitted to Angkar for approval, and then the research would be conducted later. [We] had collected many [things] and they were divided into sections, such as leprosy and malaria [sections].

In Kampuchea, each tree had its [specific] function. We tested it to find out which one was most useful for producing medicine. We were also short of work force.

However, at the very beginning, [we] wanted to make them into medicine first and then analyzed each [brand of] medicine. Having [such] lesson learned, [we] would combine it with international experiences. After the research, [we] would compile [the findings] as documents. [We] would gradually improve them and [we] had them scientifically converted.

In our Kampuchea, we had many kinds of trees that could be used as medicine. We had plenty [of them]. Thailand also used many of our formulas to make medicine for sale. Thus, many of our formulas were in Thailand. Chinese formula (ឫមមន្តចិនសៃ) was based on some fruits [that grew] in Kampuchea, which was similar to the formula in our country. [They] took trees from our country to produce medicine.

In brief, we had plenty of formulas and as well as many trees that could be used as medicine. The research and compilation [of the findings] were the only things that were left over. In our country, however, the formulas were not written. Each formula was associated with magic prayers and the groundless wordings were not understandable. Facing us upfront now was that we had to produce [traditional] medicine first and then we were, step by step, conducting the research. Any effective [traditional] medicine would be forwarded to and produced at the factories. And later, we would conduct the research on each category of trees, because now they were spelled out by different names.

Comrade Van (សមមិត្តវ៉ាន): [I] wished to report about Chroy Chângvar (ក្រុងឃ្លាងវារ) section:

- The duty was about the microbes/germs: For human and domestic animal diseases. Resources as microbes/germs that were left over from before were limited. We had tried hard to conduct the research for new microbes/germs. We had some experiences on research for microbes/germs. In one hand, we were able to keep old microbes/germs alive as usual. On the other hand, there were new microbes/germs on people and domestic animals. They were all died. We continued to work hard in the research, particularly to find for cow and buffalo diseases. We took these microbes/germs for cultivation and sought for their preventing means.

- Resolving Issues: The bottles for preserving microbes/germs were limited. Chemical substances were also inadequate.

- Direction: Strengthening the existing old techniques and expanding more new experiences and techniques.

Comrade Kin (សមមិត្តគីន): [I] wished to report about the factory section:

- [We] had produced medicine for malaria and all kinds of medicines and serums. However, [we] had postponed producing a number of medicines due to the shortage of raw materials. The capability of producing [medicines] was in line with what Angkar planned.

- But, there was still problem with technical issue as we were not yet able to master ourselves. There were some troubles while the process was in progress. Comrades were conscious in performing [their duties] and in researching work. During the past one or two months, we had received much progress: more experiences in production and quality controlling sections, and as well as for [those who] operated the machines.

- There was no serious obstacle at the factories. While performing their duties [comrades] gained concrete experiences. For future direction we would try our best to conduct the researches and to follow the plan according to the current situation.

Comrade Sei (សមមិត្តសី): [I] wished to add some opinion about works at Por-17 Office (មន្ទីរ ៧១៧):

1. Political and consciousness works: In May, [comrades] had good stance, and [the works] were improved. The spirit of accountability (ស្មារតីទទួលខុសត្រូវ) was also somehow strengthened.

But, we still had weaknesses: In this month, we still had some [minor] confusion of the medicines, but it did not cause any harm. Before, significant confusion occurred, but [actions] were taken for subsequent corrective measures on technical issues, and most importantly, [work force's] indoctrination.

For the treatment section, [comrades] had made somewhat level of paying more attention [to their works]. But, the weakness was that [the comrades] had not yet used all of their possibility to take care the patients.

2. Crop production work: [We] had done a lot but most of the work forces were young children aged from 12 or 13 years old. The hospital front yard was not good. It was flooded during rainy season and too much dried during dry season. [We] could partially support ourselves. But [we] faced the shortfall of strategic vegetables, such as papaya, because they were all drown by flood. But from now on, we no longer needed vegetable support from the ministry. The hospital could be self-mastered (មន្ទីរពេទ្យ ម្ចាស់ការបាន)។

- Weaknesses: [We] had not yet planted enough [vegetables]. The future direction was to increase planting vegetables, such as banana.

3. Technical works:

- Construction and water/electricity: In the past there was much difficulty particularly in the area of hygiene: floor cleaning and cloth washing. The toilets were most difficult [places for hygienic tasks]. [We] would keep on pushing this work forwards.

4. Issue of diseases: [We] could not treat a number of diseases, such as keeping the patients with ball sticking [in the body] in the hospital. Some other diseases like cancer, [we] could not treat also. The mental disease (ជំងឺផ្លូវចិត្ត) also posed problems. In the past there were some patients who committed suicide by jumping down [from the hospital] and by hanging. The patients with mental health problems ran out from the hospital at nights. The most difficult disease [to treat] was mental disease (ជំងឺផ្លូវចិត្ត). They were subsequently referred from bases. Now, the hospital stopped admitting [the mental health patients], which was leading to having complaints from bases. The patients from cooperatives caused no difficulty. But military patients caused much trouble as they were [doing anything] on their free-will (ដោយបងប្អូនច្រើនសេរី). And the treatment were provided [to them] by female nurses. However, the medical staff had weaknesses also.

5. Hospital construction work: Comrade Phea (សមមិត្តភា) had already reported to Angkar. The issue [I] wanted to add [to Comrade Phea's report] was about our comrades who attended training with our Chinese friends. Some of our brothers were still slow [in learning] due to the low level of education. Some had to learn more.

The out-patient treatment was also moderately organized, but there was some shortfall of medical treatment that should had been appropriated to the diseases.

II- GUIDERLINES OF ANGKAR

Comrade Secretary--Wished to say [illegible]

1. The Ministry's Works: Since the assignment and particularly in recent period, the ministries' work was fulfilled as networks, within the unit, having plan, having activities and having short term and long term directions. Thus, the ministries grasped hold of the duties of the party and tried hard to overcome all obstacles in order to fulfill these duties.

This was a great advantage because the ministries were recently [established] and cadres, military men and women were in their shortfalls. [The fact that] we were able to achieve this process was because of [we] had strike-assaulted stance (គោលជំហរវាយសំរុក) in fulfilling duties and with the spirit of accountability (ស្មារតីទទួលខុសត្រូវ)។ In spite that we had not yet fully self-mastered technically, we had an important stance. Such as for medical section, our military men and women can help [improve] the medical technicalities to some level.

As to other factories, we could operate some of them to produce medicine for people and as well as for domestic animals. This was an important resources. In the future, we would count on this resources to expand all sort of techniques. The remaining basic factors that would enable us to move forwards were political and conscious factors. These political and conscious factors had to be done in all sectors, particularly in the general public sector. Even in the crop production sector, if the political and conscious [factors] were good then [we were able to] extremely involve the general public movement and [they] would be able to fully support themselves. Then there should be no obstacles. We should be able to afford for more [illegible] like in Takhmao (យើងអាចរកបានថែមទៀត ដូចនៅខាងតាខ្មៅ)។

So, it was left for us only the strenghtening and the expansion of the policies to have [them] manage in all sectors. Only if we made them involve as such that should we be able to build many of our cadres in a way that was appropriate to the party's line.

2. The Situation of our Revolution Movement and the Ministry's Duty:

A. Our direction was to get 3 tons [of crops] per hectare for this year: Only if we could get 3 tons [of crops] per hectare, then should we able to have enough food for the general public. The sale to outsiders could also be made in order to protect and construct the country. At present, our cooperatives worked very hard in all places at bases.

In brief, the health issue was too much alleviated if compared to last year. But still there was significant shortfall of medicine both for people and domestic animals' diseases. After war, many poisonous substances made life of people and domestic animals dangerous.

So, the ministry of health and social affairs had important duties to cope with the people's living standard and as well as to solve the domestic animals' diseases. For example, the people carried with them the cholera when they moved from Phnom Penh to rural areas, making lives of our people dangerous. If we had medicine then we could resolve [this issue]. Another example: domestic animal's disease. If we had medicine then we could cope with [that issue] on time. If we had many medicines then we could send [them] to bases as reserves [for emergency cases]. Only if we could do as such then were we able to protect our work force with maximum extent.

B. What works did we currently focus on? In brief, we should work hard in all four types of works because these works were interconnected. When they were actively [carried out] they were depending on each other. However, [I] suggested [you] to focus on a number of basic works as the following:

First: Focusing on producing medicine for people: We had factories that were already under operation. We had comrades, military men and women, and a number of technicians. We [should keep on] expanding more. But, the barriers were about raw materials. How should we cope with that? Suggested to use two ways of resolutions [for this issue] as the following:

One way was to buy raw materials from abroad for factories' yearly uses because we did not have much fund. This was not the strategic direction. It was a short-term direction that we would reduce it step by step.

Another way was to resolve it from within the country. This was the strategic direction. We had to organize it. The worldwide industrialized countries, before they became developed in producing medicine they had to also rely on the raw materials inside their countries. For example, to cope with malaria we could take Kangkina trees (កេងកង គីណា). But, we could also conduct the research for some other trees that could be used as composition to produce this medicine. If we compared China with our [country], we had much more raw materials as trees than those that were in China. [Of course,] these were resources, but they were buried. We had to dig them out, but we could not achieve within this year. While we were making it we were expanding it step by step. Having done that we had to have assignment. We already had direction and we held grasp that direction. And we had to organize. Organizing was in the sense of [moving from having nothing to having something, from less to much, but it was required fast work also. At the beginning, we called them traditional medicine, as Comrade Thuk (សមមិត្តពុក) had [already] expressed. In a little while, they became modern medicine like usual. Producing traditional medicine, based on my opinion, should be done in two ways:

-First way: We were step by step using medicine while we were producing them.

-Another way: After we conducted the research [about producing medicine] we gradually modify them to make them more and more modern and effective. [The traditional medicine was] produced a lot at bases. Some medicines were effective, others were not. But just let them continued producing [medicine] in order to, little by little, gained experiences. We could collect formulas to produce [them by ourselves]. However, producing [medicine] in Phnom Penh did not mean that we were going to serve those medicines [to all people] in the whole country. We produced [them] to gain experiences. We turned those experiences for high effectiveness and we disseminated formulas to bases. Because at bases, they produce [them] based on their understanding. Whenever we had had good experience, we were able to expand [the production] either at factories in Phnom Penh or at bases.

So, the important issue was the research for raw materials in the country, such as trees, horns. So, we should not afraid of using former [traditional medicine] practitioner. And then took the formulas from the general public and then [brought them] for refining. It was our laboratories that played the refining role. There was lots of knowledge with the general public. And some knowledge was effective, such as the knowledge about hemorrhoid, fixing broken hand or foot. This was not the magic issue; it was the issue of medicine.

Therefore, we had to organize and assign researching group to study and implement [what they found out].

[If] we combined our knowledge with concrete movement and worldwide experiences then we would be able to make them worked. Thus, even though [now] we had not yet compiled the existing formulars, we had to do it. We had to produce medicine, not to quatitatively make them for nationwide [needs], but to check their quality. For example, after producing hemorrhoid midicine we had to go to treat the patient directly. When seeing that [the medicien] was effective then we put label [on the formulars] and we industrially disseminated them [to bases]. If we had done that by ourselves then [our medicine] might be more efficatious than those of the original [traditional medicine] practioner because we knew the side effects of the medicine. Our medicine for worms was more efficatious than those of foreigners. Could we make it worked or not? [Of course,] we could do it. It was the same for worldwide experiences.

Second: Focusing on producing medicine for domestic animals: It was meant that his section was the same as medicine for human being. We had already had resources at Chroy Chângvar (ក្រុងយង្គព័ន្ធ). We only had to strenghten and expand [them], a quick strentening and expansion. On one hand, we had to conduct the research by ourselves. But on the other hand, in order to have it done quickly, we also had to combined them with the worldwide experiences. Because we mastered our bases (ក្រុង: យើងធ្វើជាមូលដ្ឋានខ្លួនយើង)។ We produced enough medicines for the nationwide use. We [also] could go to study abroad for about half- or one or two months in order to speedy serve the movement. Some technique required much longer time if we conducted the research by ourselves. The world already had samples. We went to study the practical things for about one or two months. The party would maximize [the effort] in coping with this issue. The ministry had to thoroughly identify [the needs], what they have and what they do not have.

Third: Malaria Combating Section: It had to be a quick striking assault. While we were doing we learned experiences. We had to organize our activity line clearly. And we had to try our best to perform [activities] during 3 years. Even in China, they had tried [their best] for 22 years and they basically finished [combating against malaria], except in Hainam island (កោះហៃណាំ) and some other places.

Suggestions: Taking strong striking assault on this issue. In our homeland, the statistics showed that the [malaria] fever diminished 80 per cent of our [work] force. If we could cope with this fever [malaria] then we should have been able to resolve 80 per cent of our work force. This disease was not like the tuberculosis or any other diseases, but it would affect all people, young and old. This issue was also a strategic one. If we were able to resolve these two issues, medicine and the fever [malaria], then the medical and health issues were also alleviated. The party would concentrate on resolving this issue to their best as they possibly could. In parallel with the issues of [producing] medicine and combating against malaria we also had to cope with many other issues, particularly [issues of] food supply and clothing. That was why we had to try to get 3 tons [of crops per hectare].

C. Concrete Issues of Some Ministries:

First: Issue of blood donation: We could expand [it]. We collected the general public force to get more blood to save [the lives of] our fighters at borders. If [the issue] could not be solved at bases, it should be solved at Phnom Penh. We collected forces from offices, military, industries, and so on.... There were more than 100,000 people living in Phnom Penh. We were able to collect [blood from] 5,000 people monthly. In the long run, we could collect even more blood because we would have enough food supply. The procedures were to select our men and women fighters in offices and military [units] (ពីសហគ្រាស និងយុទ្ធនាវិយោធន៍នៅក្នុងមន្ទីរ និងយោធា). This was not posing any problem [to us]. It was not a significant sacrifice.

Second: Issue of blocking waste product at Por-17 (ព្រំ-១៧) : If the old pits could not be used we destroyed them and made new ones. Resolving [this issue] by [using] old [drainage system] was not possible. We had to make new pipes or drainage [system in a way that] the expulsion [of waste] should be from [the hospital's] sides. If not resolving like this, they were still blocked. If such a way was done it would take us only for at most one month.

Third: Issue of [work] force: Now, they were still young children. But, in a little while they would become adults. For the whole nation we faced shortfall of [work] force. Industry [sector] was also short of [work] force. The work had been carried out for one and a-half shift only. The suggestion was 3-shift work. How came? It was because of all [work] forces were gathered at cooperatives to cope with the issue of food supply first. If the request was for young children it would be easier. But now, they did not want to provide us with [even] young children, because young children could make striking assault without having repellent [mood] in making fertilizer [compost]. Besides, the military [units] and other offices would need [work] force as well. Thus, we shared [work forces] and step by step coped with the issues.

Fourth: Mental health hospital (ពេទ្យចិត្ត): We had to have direction. In all over the country, we had more experiences than [those had them] at bases. Before war there were insane people also. During war there were also insane people because of ammunitions (មកពីគ្រាប់ពិន្រ្ទ)។ We should have a separate hospital and also [we should] learn from international experiences. We were able to cope with this issue.

Comrade Deputy-Secretary--Medicine for animals:

- We should also expand the traditional medicine [for animals], because at country sides some experiences [showed] that the traditional medicine was also effective.

- Based on experiences, the cows and buffalos that were sick just because of lack of hygiene and lack of taking care that made them sleepless. [Also] unclean place and inadequate food made them died easily just for minor sickness. It was likewise for poultries.

Comrade Secretary--Made some additional comments:

1- Electrical wire at Por-17 (ព-១៧): We could connected them from outside [source]. As to the [electrical] wire, [I] suggested to prepare a list and submitted to the office.

2- Crematorium: We could look for places that could use the electricity, either at Unalom or Langka pagodas (វត្តឧណ្ណាលោម ឬ វត្តលង្កា).