

"At first," says Izu, "I thought, 'What can I do? I am just a photographer.' But then, with the idea for the hospital, I knew this was something I could contribute. And in ten years, to become the major teaching institution for doctors and nurses in all of Cambodia—that is amazing! Now my life has meaning." Opposite page, a photograph Izu took of his favorite Angkor temple, Ta Prohm, in 1993. He was documenting the ruins when he saw the plight of the country's youth—and came up with the idea for the Angkor Hospital for Children.

# OPENING



# THE WAY

## How do you turn away from a dying child?

In front of me, in a tiny wheelchair, is a two-year-old boy whose bulging eyes are echoed by his distended stomach, which puffs out the fabric of his thin white shirt like a balloon trying to float away. In the space between his stomach and his eyes where there should be a body, there is instead just the sketch of a frame; he's a stick figure come to life, but perhaps not for long. From beneath a blue baseball cap sitting sideways on his head, he stares out at me, unseeing, and although I know I shouldn't, I stare back, taking in his slow breathing, his stillness. "Malnourishment," his mother explains from behind the wheelchair when asked what he suffers from; she is twenty-three but looks thirteen.

It is early on a hot morning, on a day that will crawl into a stifling afternoon, in the town of Siem Reap (population 140,000), in northwestern Cambodia. Already the blades of the five ceiling fans in the small open-air waiting room of the Angkor Hospital for Children (AHC) are no match for the heat, yet no one in the crowd of two hundred or so men and women sitting on the plain wooden benches beneath them seems to notice. They have much more on their minds than the weather: their children—at

Kenro Izu went to Cambodia to photograph its temples. Then he built a new one—dedicated to helping children.

BY JOHN CANTRELL

Photographs by KARL GROBL

their sides, in their laps, tugging at their hands—are sick and need help. To look at the majority of them, you wouldn't know it; illness can be invisible, and poverty, unfortunately, can be picturesque. Dark-haired and dark-eyed, sometimes dressed in fluffy pajamas bright with images of koala bears or cartoon characters, many are absolutely beautiful as they scamper across the tiled floor or doze in the crook of a father's skinny arm. But here and there are children in obvious trouble: an eight-year-old boy who, already mute, is now losing his eyesight and keeps falling down; and nearby, the little boy in the wheelchair, who will perhaps never get up again—his mother, who brought him from a village five hours away, may not have gotten him here in time.

Fifteen years ago there was another dying child, and another witness. But that observer, unlike this one, didn't take notes—he took action. In 1995, driven by his memory of a little girl in Siem Reap who perished for lack of medical treatment, New York-based photographer Kenro Izu founded Friends Without a Border. Four years later, on a two-acre lot in downtown Siem Reap, the group opened AHC, the first pediatric center ever built in that town or, quite possibly, in northern Cambodia. Today, AHC, still tiny at only fifty beds, provides medical care almost entirely free to every child under fifteen who comes to its facility—an average of 350 a day. Almost as impressive, it does so on a relatively small budget, \$2 million a year, derived nearly exclusively from donations. During a visit in February to celebrate AHC's tenth anniversary and to break ground on a new satellite center twenty miles away, the Japanese-born Izu, now sixty but still boyish, is by turns exuberant at, proud of and humbled and shocked by AHC's success. "This is way beyond what I envisioned," he says on the eve of events that will be attended by the Cambodian deputy minister of health, the American ambassador and more than 100 supporters from Japan, Australia, Canada and the U.S., AHC's biggest donors. "I am just amazed."

I am, too, but not only by the hospital. While doing stories for *Town & Country*, I've observed scenes of extreme deprivation in India, Nepal, Egypt and other places, but usually there were indications close by of a significantly higher standard of living. On this, my first trip here, it doesn't take long to register that in Cambodia, where nearly one-third of the population of fifteen million people are trying to survive on less than \$1 a day, there are relatively few such signs; almost everyone, especially in the countryside, appears to be destitute or not far from it. If you want a new perspective on the term *economic crisis*, a visit here will give you one. When we stop by his house, even my private tour guide, twenty-three and very well-educated, with a good command of English and a comparatively high-paying job, turns out to have only two shirts besides the one he is wearing. I have more stuff in my shoulder bag for the day than he has in the small pile of pos-



At the Sot Nikum hospital, where this girl was photographed on a bed in the HIV/AIDS ward, there is little electricity, equipment or treatment available—a dire situation that the pediatric center AHC is constructing there will address. Even though most clients are unfamiliar with doctors and medical care, there's no shortage of smiles on AHC's wards.

sessions that amount to everything he owns. A few hours later, back at AHC and walking past the small operating room where more than 10,000 surgeries have been performed in the past decade, then touring a nearby ward where 80,000 children have received emergency medical treatment, I feel certain that there are saints in Siem Reap. To see the good that so many people are doing in the midst of so much bad is profound.

Most visitors don't, of course, come to Siem Reap to encounter the kind of want that makes philanthropy necessary. Five miles north of the town's honky-tonk center—whose half-paved, half-dust streets are lined with ramshackle restaurants and bars—lies the reason that two million travelers arrive each year: the main entrance to the Angkor Archaeological Park. The biggest destination in the country by far, it draws Buddha-loving backpackers, retired couples with adventurous streaks and tourists of every type in between. Covering 150 square miles, Angkor is the largest



religious archaeological site on earth, with hundreds of monuments and, most notably, about two dozen fortresslike temple compounds where the kings of ancient Khmer (Cambodia) worshipped and ruled from roughly 800 to 1400.

Two hundred miles south, the capital of the current day, Phnom Penh (population one million), is home to two monuments of a different kind, terrible testimony to the country's more recent past. One is Tuol Sleng, the school that served as a prison and torture center in the 1970s, when the fanatical communist leader Pol Pot sought to exterminate the educated and professional classes and transform the nation into an ultra-Maoist agrarian society. The other is Tuol Sleng's gruesome complement, the mass graves at Choeung Ek, just outside the city, where, as at other such places around the country, Pol Pot's Khmer Rouge soldiers finished off their targets. Today these grounds are known worldwide by the name a survivor coined for them, which became the title of the Academy Award-winning movie about the period: *The Killing Fields*.

By contrast, Angkor ("city" in Khmer) represents the heights that Cambodian civilization once reached, not the depths to which it fell. War, weather, vandalism, colonialism, tourism—all have taken their toll, sometimes heavy, on the immense stone edifices, which are in various states of repair or ruin. And yet the temples' walls, lined with legend-bearing reliefs so detailed they're like braille, and their towers, studded with images of gods, demons and animals, signify awesome human accomplishment. Even if it stood on its own, Angkor Wat ("city temple"), the park's largest and most famous structure, would provide a never-ending lesson in the riches of a bygone Khmer culture.

But no matter what Angkor's temples say about Cambodia's past, it is places like AHC, a modern-day temple, that most effectively convey the country's present. By the time Pol Pot was overthrown, in 1979, 1.7 million people—one-fifth of the population but especially the educated class—had been annihilated; legions more had fled. In 1975 there were, for instance, about 800 doctors in Cambodia; by 1979, fewer than fifty. The infrastructure of the country had been effectively dismantled, and those who remained lacked the resources to rebuild it.

The destitution of these survivors, now the parents and grandparents of many of the children who come to AHC, and of their families, is Pol Pot's legacy. Uneducated peasant farmers, they live, as I saw during several long and short trips into the countryside beyond Siem Reap, in crowded bamboo houses on stilts, with no plumbing or electricity and in close proximity to trash, sewage and animals. It is no exaggeration to say that "poor" would be a step up for the majority. Nutritious food, decent hygiene, basic health care, family planning—none of these seem a possibility in the near future. And yet AHC embodies the efforts that hundreds

of charitable, religious and government agencies around the world, not to mention thousands of individuals, are extending today in the hopes of giving Cambodia's children a better life than that of their parents. To even make the attempt here—or in Haiti or Mozambique or Angola or any other apocalyptically poor place—may be one of the great achievements of our civilization.

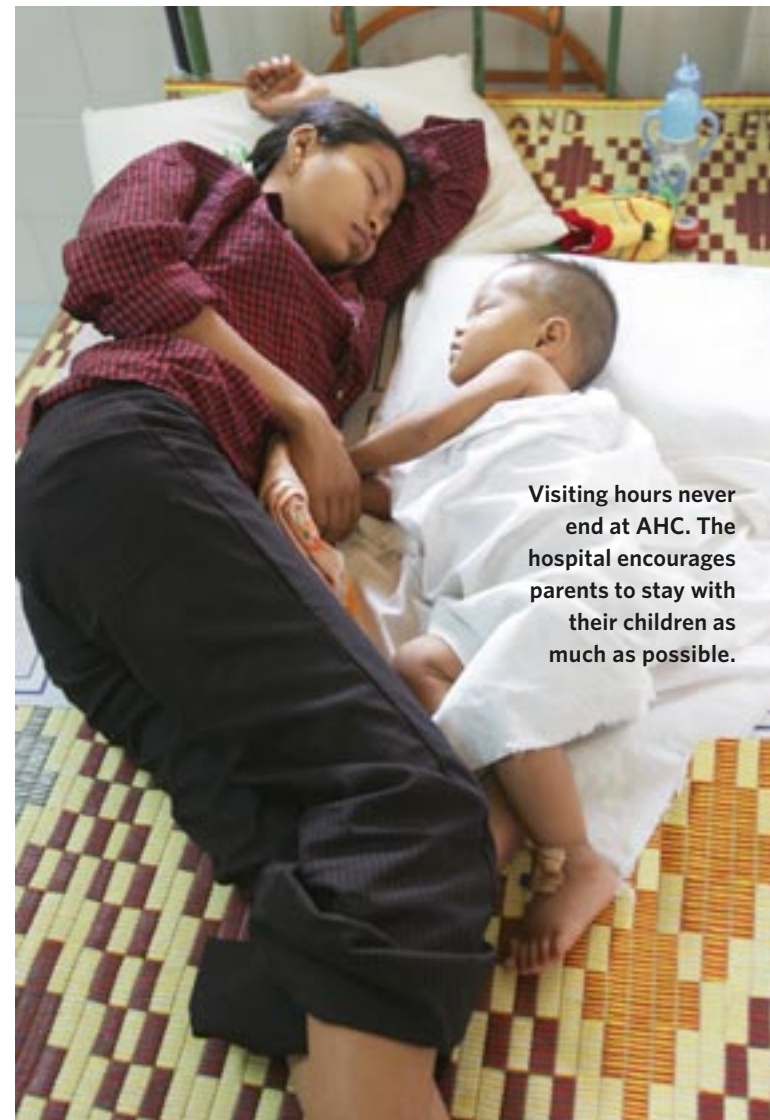
Fittingly, AHC was born of the Angkor temples. In the early 1990s, Izu was in the middle of a decades-long project, traveling the world with a custom-made 200-pound camera and documenting the sacred places of ancient societies: the pyramids, Machu Picchu, Stonehenge and dozens of other monumental man-made structures. As the civil war that followed the Pol Pot regime began to wind down and the government, though still dominated by Khmer Rouge leaders, began to stabilize, he made a series of trips to Siem Reap. During his second visit to take pictures at Angkor, Izu visited a government-run hospital and saw a seven-year-old girl die as he and her father sat at her side. The same age as his own daughter back in the States, she had been in a coma for three days but had received no medical treatment because the place had little to offer; the doctors at government facilities seemed to concentrate on their own, better-paying private practices. And besides, her family couldn't have afforded it anyway.

Though his otherworldly black-and-white images would eventually make him well-known in photography circles, Izu was not a rich man or a famous man or a powerful man. But the instant that the girl died, he became a determined man: he would bring medical treatment to the children of northern Cambodia. He had no knowledge of or experience with or connection to medicine. No ties to any doctors or hospitals. No track record of philanthropy. But he would not turn away from what he had seen. "It's hard to believe now, but back in the early 1990s I was often the only foreigner in the whole temple complex," he recalls. "It was me, my guide and the monkeys. But I kept seeing children in the forest there who were missing arms and legs from the land mines left after the Pol Pot era. Then, when the girl died, I thought, 'I know I am just a photographer, but I have to do something.'"

Izu turned to his then wife, his assistant, his agent and other associates, and together they formed Friends Without a Border and spent the next years planning and raising money for what would become AHC. Departing from his usual soft, measured speech, he laughs as he recalls those pre-Web, pre-e-mail days, when he carried a slide projector on trips to Japan and the United States so that he could show potential donors thirty-five images he'd taken of Angkor's children. Eventually, in 1996, he published *Light Over Ancient Angkor*—a book of his temple photographs that put Angkor, largely unseen since the 1960s, back in the public eye—and donated the proceeds to Friends. He did the same with the money he received for selling a master set of the book's sixty-

five fourteen-by-twenty-inch platinum prints to a museum in Japan. Izu has never confirmed the amount of money these gifts represented, and considering his modesty it's unlikely he ever will, but in sum the value of the works he's contributed to Friends is probably more than \$1 million. And he continues to sell individual prints of all his Angkor photos for the below-market price of \$1,550 each, with the full amount going directly to the group.

Today the hospital inspired by one child's death has provided care to children on more than 770,000 occasions. At its complex of small buildings, whose number has expanded to six, a staff of 230 including twenty-five doctors and ninety-five nurses—devotes itself to its young charges. Many need only simple treatments. Because they lack good hygiene, AHC's clients are susceptible to the most common of diseases and ailments: colds that quickly turn into pneumonia, diarrhea that leaves them dehydrated. A dose of antibiotics or a few rehydrating IV treatments, and they're soon able to return home. But the hospital is also equipped for more-dire situations, with an intensive-care



Visiting hours never end at AHC. The hospital encourages parents to stay with their children as much as possible.



Top left, young people, such as this girl waiting for a doctor, make up the majority of Cambodia's population, more than half of which is under age twenty. Bottom, Izu with staff members in the ER.

unit in addition to its operating and emergency rooms and significant training in administering HIV/AIDS drugs. Cambodia has the second-highest incidence of HIV in Southeast Asia (after Thailand), and the virus's transmissibility to children is another cruel fact of life.

Among other facilities, there is a dental clinic, which treats about forty children a day; an eye clinic; a cooking pavilion, where parents make meals for their children; and a small garden, where parents are given advice on growing foods with high nutritional value.

Treatment doesn't end at the hospital, either. Once a child is a patient, a remarkable home-care program allows nurses to follow up in the field in some cases, without the family's having to return to the hospital. Tagging along with Phao Sovanna, a young nurse, on one such trip an hour into the countryside, I watch as the "rubber road" beneath our SUV turns into dirt, and then the dirt into...ruts? Just finding the house, set in the shade of a bamboo tree on the edge of an as-far-as-you-can-see sweep of rice paddies, is an accomplishment.

Then Sovanna gives a malnourished one-year-old girl a thorough checkup and her grandmother two bags of food, along with instructions on how to prepare a porridge that can better sustain the baby. From the meltingly hot landscape around us, almost twenty adults and children materialize to watch and perhaps learn a health-care lesson or two for themselves.

Listening later to my description of the scene, Izu nods and smiles. He fends off all accolades that come to him, but he loves hearing praise about the staff, especially now that 98 percent of its members are Cambodians, native workers having made such strides through years of tutelage under foreign professionals as well as through their own commitment to the field. An all-Cambodian staff is Izu's goal, along with an ever-growing community of health-care workers. "We are now the major pediatric teaching hospital in the whole of Cambodia, training about 1,000 doctors and nurses a year," he says. "They come for a few months, then go back to the countryside, to their small clinics or government hospitals, and they are already better doctors and nurses." Instead of expanding the current hospital, he'd rather see its practices and philosophy spread throughout the country. "Even if we had 100 beds, or 1,000, we would never have enough. The children will always outnumber us. Besides, for a charity hospital, more beds, more patients—it means more expenditures and fundraising. What's important is the people working here, not the fancy equipment—the skills, the level of care. If we give Cambodians knowledge, that is what lasts and what can really help."

Like its namesake temples, Angkor Hospital for Children is built to endure for its children. And to keep its promise to one in particular. ❖

