

# Thoughts...

"I want to thank the Sonja Kill Foundation for their vision for this hospital. I am looking forward to this partnership with HOPE worldwide and I am very grateful to be part of this dream."

DR. Cornelia

It is with great joy that I write the director's note for the first Sonja Kill Memorial Hospital newsletter. A hospital that was the dream and vision of Dr. Kill and his family has finally opened its doors in April 2012. I remember the day in September 2009, when I saw the hospital, the harmony of the hospital complex embedded in one of the most beautiful landscapes in Cambodia, but an empty shell. We started to dream that one day, this hospital would be filled with life and fulfill its purpose of treating patients, especially the poor, independent from their ability to pay and would provide high-quality medical care for the whole family, with a focus on mother and child health.

On April 1, we opened the outpatient department and started to train young enthusiastic medical professionals. The training focuses on taking care of the needs of each patient in a respectful, compassionate and comprehensive manner, where doctors and nurses learn to listen to patients and ask questions to understand the real needs of their patients instead of just ordering a lot of tests and prescribing multiple medications. Already after three months, the outpatient department is crowded and many new patients from the different Southern provinces line up to be seen. It moves my heart every day when I see how desperate they are for high quality health care and how joyful they leave after they have met our dedicated staff and received care.



**SKMH Director  
Dr. Cornelia Haener**

Director

Doctor

Drummer

Durian Fan



បន្ទីរពេទ្យអនុស្សាវរីយ៍  
ស៊ុនយ៉ាឃេរូល  
*Sonja Kill*  
MEMORIAL HOSPITAL



Issue  
One

## What's Happening at the Sonja Kill Memorial Hospital- July 2012

# on location

### current news >>>

## Sonja Kill Memorial Hospital Grand Opening!!!

*On April 28<sup>th</sup>, 2012 the SKMH celebrated their Grand Opening presided over by His Excellency Soar Kheng and attended by His Excellency Secretary of State from the Ministry of Health, Eng Hout.*

The ceremony marks the official start for Dr. Winfried and Mrs. Rosmary Kill's dream to honor the memory of their daughter Sonja and to help the Cambodian people receive quality health care.

Also in attendance were members of the Sonja Kill Foundation, Kinder Mission and the managing partner HOPE worldwide.

## Charity Starts at Home

### Making a good first impression

April 1<sup>st</sup> 2012 The Sonja Kill Memorial Hospital opened its doors for the first time. Our family of employees who had helped make the hospital a reality were invited with their family to attend a health screening and children's fun fair.

Brightly colored balloons welcome the children as they filtered through the front gate of the Sonja Kill Memorial Hospital. Smiles painted on their faces, the children raced inside to see what other surprises await them. What they find is a mixture of health education, fitness screenings, and fun time activities that are meant to both excite and to help.

For these children, this is the first time to see the hospital that their parents have been working at for more than two years. For the parents, this is a dream become reality. "I have been waiting for this day for so long. Now, I know that my family can get the [health] care they need." One employee told me.

The hospital, once envisioned as a children's hospital, will serve as a health care center for the whole family. "If we

only treat the children and not the parents as well, what happens when a Parent becomes disabled or dies? The child's

future is in jeopardy," Executive Director Cornelia Haener tells us.

The hospital is now focused on providing health care for the entire family. But, with a strong emphasis on women and children who are often marginalized in receiving care.

The SKMH will open in several phases. In Phase I the SKMH has opened the Outpatient Adult and Pediatric Centers. There are seven examination rooms staffed with three senior doctors, five junior doctors and six nurses. Phase II will include in-patient wards and an Emergency Department. Phase III will open a surgical ward, operating rooms, and an intensive care unit.

"I have been waiting for this day for so long. Now, I know that my family can get the [health] care they need."  
-A SKMH Employee-



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# Life Saving Services



So Ny with his wife, 4 children, and grandson.

So Ny is a 55 year-old Cambodian man living near the SKMH. He had initially come to our clinic exhibiting some mild shortness of breath and right-sided chest pain. Nothing seemed to make sense. His lungs were clear, heart sounded normal, chest X-ray and EKG unremarkable. We initially thought pulmonary hypertension or even pulmonary embolism (blood clots in the lungs), but without a firm diagnosis, we were reluctant to start therapy. We decided to send him 2 hours north to Phnom Penh for a heart ultrasound while administering aspirin. Two weeks passed and we had not heard from Mr. So Ny. I quickly located his phone number and reached his daughter who said they had no money for travel to Phnom Penh and hadn't gone. Her father was on oxygen at the local government hospital and wasn't expected to live through the night. I told her to get him ready for travel to the cardiac hospital in Phnom Penh. The SKMH ambulance would transport him with donor support (free of cost). We arrived at the local government hospital

and no doctors were on duty. So Ny's oxygen had run out hours before and he could barely breathe. The family helped him into the ambulance and we started oxygen. Upon arrival at the cardiac hospital in Phnom Penh, the staff rushed him to the ICU. The on call doctor decided pulmonary embolism was possible. So Ny's pulse oximeter (oxygen saturation in the blood) was just 88% and respiratory rate rapid. I felt he would not make it through the night. The next morning, the cardiac ultrasound and CT scans confirmed massive pulmonary embolisms. I had never seen such severe blood clotting on anyone in America that

survived, yet Mr. So Ny seemed to be breathing with more ease! The physicians had started thinning his blood with heparin the prior evening. His body was beginning to break down the blood clots with it's own enzymes. Mr. So Ny continued to improve over several days. He was started on an oral blood thinner and was released from the hospital. He now walks on his own without shortness of breath and is very thankful for all our help. We continue to monitor his blood coagulability level to make sure the blood clots do not recur

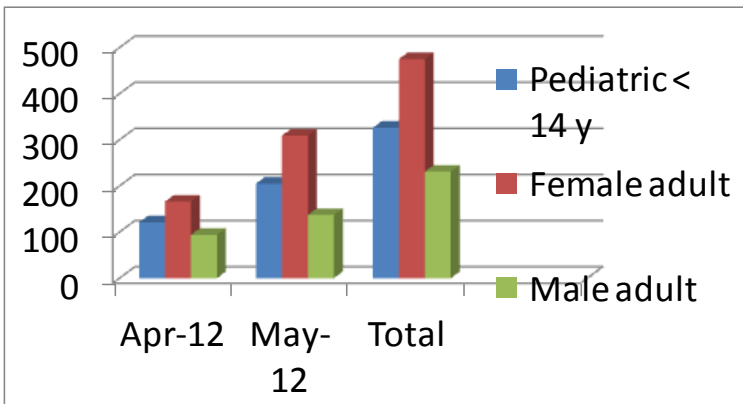
**16,000**  
The number of children under the age of 5 that died in 2010.  
Respiratory Infections are one of the major causes.



*The True Cost of Unaffordable Health Care*

*Many families in the south coastal region are farmers living on land barely able to support them. Health care is a dream for them....*

## Our stats >>>

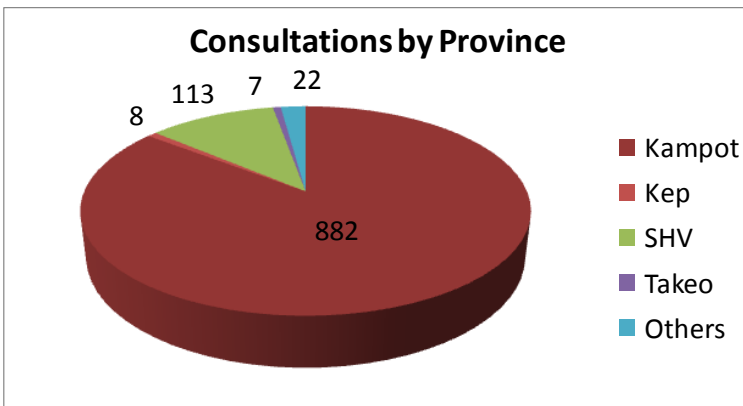


*We make a living by what we get, but we make a life by what we give.*

-Winston Churchill-

*No one has ever become poor by giving.*

-Anne Frank-



*Please Give to help our work for the disadvantaged in Cambodia.*

**Sonja Kill Memorial Hospital**  
<http://www.skmh.org>



SKMH Pediatrician  
Dr. Vuthy  
with Srey Mol

Srey Mol's parents are immigrant workers, whom moved from their home village to find work. They have become tenant farmers for a landowner in their adopted village. Considered outsiders, they lack the support system that family normally provides.

For three days Srey Mol has been coughing and has not been able to breathe properly. Our Pediatrician is quick to see that Srey Mol is very sick. In addition to the cough and shortness of breath, she is lethargic, her lungs are full of fluid and her heart rate is elevated. After examination, he discovers that she is also malnourished which means her body's ability to fight infection is impaired.

Four year old Srey Mol is urgently admitted to our ED, where we start treating her by giving IV fluids to hydrate her, oxygen to ease her breathing and an IV antibiotic. Our nurses begin to closely monitor Srey Mol's condition.

The nurses watch Srey Mol's condition improve as her body responds to the medication and rehydration. However, they also know it is necessary that she come back over the next few days to receive antibiotic injections to help fight off what doctors now know is a severe case of pneumonia.

Srey Mol's mother looks nervous as she is told, worrying about time away from the field that means she won't be earning money her family desperately needs for support. But, with no choice, she calls the landowner who gives her the time off.

Over the next few days Srey Mol and her mother return and Mol's condition improves each day. By day two, her heart rate is normal and her appetite has returned. On day three, Mol is smiling and playing with her sister when they arrive. Doctors decide she is well enough to switch to an oral antibiotic and only need return if her condition worsens. She does not return.

Without the Sonja Kill Memorial Hospital, Srey Mol's condition would have gotten worse until her parents would have been forced traveled the ninety kilometers to Phnom Penh to receive treatment. The cost of travel, medication, doctor's fees, and the loss of wages from lack of work would have been more than the family could bear. Without the SKMH this family would have been faced with the decision of losing their daughter or spending themselves into a hole they would never recover from.



Two years ago Sok developed a scalp infection that became Meningitis. He was subject to high fever and, seizures that impaired brain function.

Today, Sok is unable to walk, talk or play. He spends every day unable to interact with even members of his own family.

Had his scalp infection been treated Sok would never have developed Meningitis. But, Sok's parents are subsistence rice farmers and have no money, so they didn't take him to a doctor.