JOURNAL

2008 PEOPLE TO PEOPLE CITIZEN AMBASSADOR PROGRAM

COUNSELING DELEGATION TO VIETNAM AND CAMBODIA

5 MAY TO 15 MAY 2008
2008 Counseling Delegation
Vietnam and Cambodia

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INTRODUCTION

From May 5 to May 15, 2008, a group of 15 professional counselors representing the American Counseling Association, accompanied by one guest, journeyed to Vietnam and Cambodia under the auspices of the People to People Citizen Ambassador Program. The primary professional mission of the delegation was to seek a better understanding of the current state of mental health and educational services in Vietnam and Cambodia. The delegation sought to learn the extent of educational, career and personal-social counseling and related social services and systems available to children, adolescents and adults in both countries.

The delegation sought to develop professional linkages with Vietnamese and Cambodian specialists in a wide range of fields including counseling, youth work, social work, psychology, education and vocational training. The goal of the delegation was to better understand the mental health and educational needs of the Vietnamese and Cambodian people and the human development services available to them. It was anticipated that such understanding would advance knowledge about the needs of Vietnamese and Cambodian immigrants to North America in order to improve counseling services for them.

The delegation quickly discovered that the profession of counseling, by and large, does not exist in either Vietnam or Cambodia. However, the members of the delegation learned a great deal about how services that would be considered “counseling” in the U.S. are provided in both of these countries. They also made important professional contacts that will enable them to help Vietnamese and Cambodian colleagues develop counseling as a profession in both countries.

In addition to professional meetings, the delegation had the opportunity to explore the cultural life in both countries. The highlights of the cultural program included exploring the colorful markets of Ho Chi Minh City and the Mekong Delta region in Vietnam and the ancient splendor of Angor Wat as well as the disturbing realities of the “killing fields” in Cambodia. Whether in professional meetings or on cultural outings, the delegation found both the Vietnamese and Cambodian people to be warm, friendly, and anxious to share the splendors of their respective countries with the group.

Significantly, for several members of the delegation, this trip was a very powerful experience given the relatively recent history of the U.S. conflict with Vietnam as well as the Khmer Rouge experience in Cambodia. Several members of the delegation had vivid personal memories associated with the challenges of the 1960s and 1970s with respect to the
history of Vietnam and Cambodia. For them, in particular, this was a trip of remembrance and in some instances, closure.

Courtland C. Lee
Delegation Leader
DAY 1: VIETNAM

Today’s date: Thursday 8 May 2008          City: Ho Chi Minh City
Your name: Jeanne Polk             Leader’s last name: Lee

Ho Chi Minh Psycho-Education Association

Association Chairman: Dr. Dinh Phuong Duy
Vice Chairman/Secretary General: Dr. Mai Ngoc Luon
Manager: Dr. Ly Le Hang

Our hosts welcomed us with gracious greetings and a lovely arrangement of food and drink. Dr. Courtland Lee, delegation Leader, thanked the staff for inviting our delegation. He told the Association staff that we were there to learn from them the status of mental health practices in Vietnam, to engage in dialogue with them about these practices and to attempt to answer to any questions that might arise. Dr. Lee asked each member of the delegation to introduce her/himself. We were proud when each of us began our introduction with “sen chou”, my name is…. Sen chou in Vietnamese means “hello”

Dr. Mai Ngoc Luon noted that our group was very diverse with respect to our professional backgrounds and locations in the U.S. The staff wanted to learn from our collective experience and expertise. They wanted us to share information about how to address the delivery of mental health services in Vietnam. Presently, there are very few university-trained counselors in the country. Rather, most helpers are Catholic nuns. These services are well-intended and much appreciated. However, there is a need for educated mental health workers in the country.

The staff wanted information concerning the delivery of services to a family in crisis: e.g., parents having marital problems, son acting out in school and almost failing, and daughter being stopped by police for driving recklessly under the influence of alcohol.
Members of the delegation explained that helping such a family in crisis would require collaboration and coordination of several services. These services might include marriage and family therapists, school counselors, and an in-house mental health facility. It was explained that in the U.S. cooperation, coordination, referral, and linking are very important terms in the delivery of mental health services to a family such as this one.

From our discussions with Association staff, the delegation was able to delineate four basic needs related to the development of a counseling profession in Vietnam: 1) providing counseling services nationwide, particularly in rural areas, 2) coordinating services for youth and families, particularly regarding HIV/AIDS
education, 3) formal training of counselors, and 4) making the term “counseling” (and hence the profession) meaningful to the Vietnamese public at-large.

In round-table fashion, members of the delegation offered suggestions that might be helpful in addressing these needs. One suggestion was to establish a Vietnamese Counseling Association. Dr. Lee explained how the United Nations Educational, Social, and Cultural Organization (UNESCO) might play a role in helping to establish such an association.

Jeanne Polk
This afternoon the delegation met with the faculty and students of the Ho Chi Minh City University of Pedagogy. A forum was held with university administrators, psychology faculty, and undergraduate students in the Special Education program. Several papers were presented to the delegation. The first paper was “Traditional Helping Practices in Vietnam,” presented by Dr. Doan Van Dieu, Associate Professor of Psychology. In his paper Dr. Van Dieu examined the foundations of traditional helping practices in Vietnam which included viewpoints on family and the manner in which members of a community contribute to the education of children. He also discussed traditional helping practices in Vietnam, which again are very family-focused.

Dr. Van Dieu stressed that an improved level of life in Vietnam, Western societal influences, the trend of moving away from traditional family life, higher divorce rates, and increasing problems among young people has prompted a growing and urgent need for counseling services in Vietnam. There are counseling centers in Ho Chi Minh City and Ha Noi, but very few in the countryside. Significantly, practitioners are educators with no standard counseling courses and/or Catholic volunteers with little, if any, training in counseling.

The second paper was presented by Dr. Nguyễn Thị Thanh Binh, Dean, Faculty of Special Education, entitled “Mental Health of Young Students in Vietnam.” In his paper he discussed the fact that there are 83 million people in Vietnam and about 23 million are currently involved in learning activities. He stressed that there 18 million children and adolescents attending school with increasing numbers of them dropping out of school or causing concern to schools and families. Dr. Binh stressed the need for providing care for the younger generation to be emotionally and behaviorally healthy in both the family and community. He stated that research into mental health in Vietnam, and in Ho Chi Minh City in particular, is quite new. However, it is urgently needed to support the development of a healthy Vietnamese society. He also stated that it is necessary to develop a
mental health care network in schools and communities that provides counseling in environments easily accessible to children and their families. Dr. Binh concluded that the challenge for Vietnam was to develop accredited counseling services with recognizable qualifications, training, and supervision. I stated that it will require existing stakeholders, including the government, NGOs, and academic institutions, to work collaboratively to coordinate the development of such services.

The final paper entitled “Current Forms of Vietnamese Students’ Career Education and Orientation,” was presented by Dr. Son Van Huynh of the Faculty of Special Education. He began by explaining that the purpose of career orientation is to establish important bases and to prepare a better future for every student. He stressed that making a wrong choice in career creates instability for students’ life in the future. In recent years this issue has been brought to the attention of Vietnamese education authorities and specialists. The basic framework for career education/orientation is to expose students to workshops, field trips, information from industrial representatives, career festivals, and day-to-day on the job experiences.

However, according to Dr. Huynh, the benefits of such a framework are undervalued. Parents especially need information about the benefits of such experiences. Further, more professional assessment tools are needed so that students’ abilities, interests, weaknesses, goals, etc. can be assessed.

These papers were followed by a question and answer period with the faculty and students. Indeed, the highlight of this meeting was the interaction with the students. The major interaction took place during the coffee break when the students surrounded members of the delegation and quietly and respectfully asked them many questions, ranging from life in the U.S. to delegation members’ perceptions about psychology.

Jeanne Polk
Ho Chi Minh City University of Pedagogy
Thursday 8 May 2008
DAY 8: CAMBODIA

Today’s date: **Monday 12 May 2008**  
City: **Phnom Penh**

Your name: **Esther Gallieshaw**  
Leader’s last name: **Lee**

The Royal University of Phnom Penh (Cambodia) [http://www.rupp.edu.kh/](http://www.rupp.edu.kh/)

Panelists: The Venerable Tim Kimsan, Mr. Ly Vanna, Mrs. Sek Sisokhom, Dr. (Mrs.) Nhong Hema, Father Kevin Conroy, Mrs. Nhong Sopheany, and Dr. Courtland Lee

The delegation was greeted by the University’s psychology students and Dr. Nhong Hema, Professor and Head of the Psychology Department. She thanked us for our visit and set the tone for the remainder of the meeting.

Dr. Courtland Lee, delegation leader, expressed appreciation on behalf of People to People Ambassador Programs. Introductions from panelists and delegation members followed, through the aid of an interpreter, a student at the University. The professional exchange proved to be an education for even the delegation’s most decorated members.

The Venerable Tim Kimsan, a Buddhist Monk wearing a beautiful bright orange cloth, presented “The Buddhist Way and View of Mental Health.”

**Key Points:**

- Physical illness (i.e. “broken leg or tuberculosis”) is caused by material viruses and can be healed or treated with modern medicine.
- Mental illness is created by feelings (i.e. “worry”). Mental illness may be attributed to environmental factors or societal violence. “During the period of genocide, when no human rights existed in the 70ies, many people lost family members. There was a high rate of mental illness during that time.” After the war, almost everyone had some level of mental illness associated with post traumatic stress disorder and grief.
Regarding grief, those who do not cry do not love. If love is expressed at appropriate levels, mental illness becomes less of a problem.

“Problems that are unsolvable also cause mental illness.”

The more we think about the mental illness itself, the more it becomes problematic.

Often, mental illness presents itself in terms of a somatoform disorder. We are in pain and no one can determine the cause. Buddhists believe the physical and the mental are intertwined and cannot be separated.

Many types of mental illness exist; however, the mind is invisible, though we can think.

**Two Types of Intervention**

- Serious problems require a trained professional—medical or mental health.
- Less serious problems are discussed with religious leaders, friends, and social groups.
  - One must first believe that Buddha can heal the problem, in order for healing to occur.
  - The Buddha will not reveal one’s infirmities.
  - Buddha does not solve the problem but empowers believers, increasing their strength toward self sufficiency to solve their problems unassisted.

Psycho-therapy is considered as one method for addressing mental illness. Nevertheless, **true mental illness is caused by karma from previous lives.**

Crying about the problem is unnecessary and wasteful, because the dead cannot hear you.

- “It is unavoidable, but once you understand what the problem is, one is aware and is better able to solve it.”
- “If it is something that you can solve, do it. If you cannot, forget it.”

**Father Kevin Conroy, D.D.** (MaryKnoll project with HIV/AIDS children, started 1997)
Father Kevin is a U.S. educated American and “the only ACA member living in Phnom Penh.” He is fluent in Khmer. His dissertation research focused on resiliency in the Cambodian community. The Father now works with teachers who educate others regarding issues of mental health and HIV and AIDS. MaryKnoll is a Catholic mission society of America. Nine-hundred four people were educated this month. The goal is to decrease the rate of transmission.

Key Points

- Phnom Penh has a great need for education and hospice services for persons infected with and affected by HIV and AIDS. Ignorance and discrimination abounds and persists.
- Thee basic needs:
  - anti-retroviral therapy
    - Needs changed and developed over the years.
  - food and shelter
    - Affected and infected persons are ostracized by family and community, making low-cost housing a priority—in the range of approximately $28 per month. Finding housing at this cost, even in Phnom Penh, is challenging.
  - psycho-social support
    - Affected children, not necessarily infected, lose parents at alarming rates and capturing memories for them is important.
    - “We are trying to develop support groups for teenagers,” given that behavioral problems often escalate once they are separated from community.
    - “We are also beginning to develop proposals aimed at researching the effect of HIV on the brain. Mental health professionals are showing interest.”
- This is not cross cultural, but different culture. The need for reforms exist in all areas.

Mrs. Sek Sisokhom
Mrs. Sisokhom is a hospice worker whose services are centered on orphan children and people living with AIDS.

**Key Points**
- Cambodian traditions are as important as modern methods of counseling.
- Seventy to eighty percent of Cambodian people have psychological problems.
- Buddhism plays a very important role in Cambodian society and must be incorporated into counseling its citizens.
- “Almost all Cambodians practice Buddhism.”
- Everything that you do or act comes back to you—karma.
- With Buddha, you can balance the good and bad.
- A good Buddhist lives and analyzes what should be done, before acting—concentration.
- **How does the Buddhist meaning of suffering translate during counseling?** Buddhist and Christian views on suffering differ. The Buddhist does not look for the sense of the suffering, just that it exists and is part of life. “Suffering is related to previous life and not mysterious at all—not part of culture.”

Mrs. Nhong Sopheany

**Topic:** Personal Counseling Philosophy and Experience

**Key Points**
- Counseling is a new concept in Cambodia. Traditional ways of healing have existed for a long time. For example:
  - monk
  - fortune teller
  - spiritual medium
- Counseling is slowly increasing in popularity in Cambodia.
- The department of psychology at the University provides counseling for its students.
- Suicide is a big problem. “When girls lose their virginity, they have a tendency to commit suicide; this is a big problem.”
Nhong Sopheany’s Method of Counseling

❖ B—background, T—thinking, C—changing

❖ The B.T.C. method is an integration of several well-know theoretical approaches.

❖ This method is used to train 4th year University students in trauma management and domestic violence management to other students of different levels.

❖ The speaker believes her method to be most affective when the therapist sits next to the client—in the same row—putting the therapist at greater proximity to touch and show caring to the client. “I don’t need to look at their faces; when they need to they will look at mine.” “The client reveals everything without my asking. They reveal intimate relationships,” in a society where that revelation is shunned.

❖ “Sometimes counseling will last for an hour or it can last all day. Students may not have transportation to return.”

❖ Counseling in Phnom Penh is not distinguished by sessions (i.e. 1st, 2nd, 3rd).

❖ The therapist should self disclose and generalize, to help the client relate and know that he/she is not alone.

❖ “We empower thinking and position, rather than giving advice. When we think together, clients access skills to handle future difficulty.”

❖ For HIV and AIDS infected clients, this method gives them hope to live their lives.

Ms. Chea Samnang (Special Education and Mental Health Nurse)

Topic: Strategies to Help Children with Psychological Issues

❖ Increase behavioral skills.

❖ Build rapport.

❖ Show empathy for thoughts and feelings.
Listen.

Respect children as human beings; they express themselves differently than adults.

**Suggested Interventions for Children**

- **Art therapy:** In art therapy, words are replaced by or supported by another language, namely, the language of the image.
- **Drawing and painting:** Choose colors to draw pictures that represent the child’s life—present and past. The therapist can use this to help the child express traumatic events.
- **Sculpture/Clay**
- **Drama/Puppet Show:** This method is also useful for expressing trauma. The therapist must assure that the environment is safe for the child and therapist and enough time is allotted. Be open to combining different techniques—relaxation, physical exercise, a place to rest if the child feels exhausted, etc.

**Dr. (Mr.) Ly Vanna**

- Royal University hosts more than 500 students, paying and scholarship, and recently started a masters program in clinical and counseling psychology. It is the only one of its kind in the country.
- Currently, students are afforded internships in the community, but the students lack educational materials within the University. Textbooks and other learning materials are needed, as well as financial support and human resources.
- There are 18 psychiatrists in the country of Cambodia and a few psychologists and social workers.
- The Masters in Counseling Psychology focuses on counseling and clinical work, in respect to providing psychological services to persons in Cambodia. Students can also work for the government in areas such as the Ministry of Women’s Affairs or Social Affairs. Some graduates will become teachers.
- There are 18 faculty members providing instruction in the masters program.
- Fifty-four credits are required to graduate, including an approved research paper or masters thesis. The program is designed to be completed in five years.
The Royal University of Phnom Penh
Monday 12 May 2008

Esther Gallieshaw
This morning’s meeting was held at the office of the Cambodian Women’s Crisis Center (CWCC). The Executive Director is Say Vathany, a Cambodian American from Maryland with a background in Anthropology, in her position 4 months. The previous Executive Director, Oung Chanthol was one of three founding directors and still consults with the CWCC. The delegation met here on a Cambodian national holiday (the King’s birthday), so only a few of the Center’s staff attended but even so—they were very hospitable, welcoming our delegation warmly, providing refreshments; and after the meeting they opened their gift shop for us. The gift shop is located next door to the office and enables clients to raise funds for themselves and the Center by selling their handicrafts.

Ms. Say gave the delegation an overview of the background, mission, and services of CWCC and was very open to a lively discussion period of questions and answers and brainstorming on needs and services that the center could hope to develop as well as services the women of Cambodia need that are provided by other agencies.

The CWCC was started by three women as a domestic violence center and shelter, having been inspired by the story of an abused woman who got turned away from a neighbor and was subsequently burned to death with her children by her husband as punishment for trying to get help. The CWCC started as a drop-in center offering legal assistance and shelter and quickly expanded their services to include vocational training, individual and group –short and long-term counseling, daycare services, health care, literacy education and hygiene education. They have also expanded from serving domestic violence victims to victims of all kinds of violence, including rape and trafficking, which includes both sex trade and labor trafficking. There are 3 offices and they serve at least 200 clients on any given day. There are 25-30 beds per shelter, but always make room for emergencies and refer to other NGO’s as well.

A key component of the CWCC’s work is their Re-integration Program, which includes small business training and mainstreaming clients back into their communities, with it being the client’s choice of how much they want to be re-
integrated and how much information gets shared with the community. This re-integration program was discussed in depth, as it generated many questions and many members of the delegation felt we in the U.S. could learn from what the CWCC is doing. They work with many volunteers and Ms. Say described 5 programs the CWCC has started and is further developing related to Re-integration:

1. Advocacy work and scholarship programs, such as the scholarship program they have now with 935 at-risk teenage girls. In just 8 years, Ms. Say says she has seen a big difference in the attitude of hope she has seen in the population of teenagers in the country.

2. A pilot program on Anger Management for men, all voluntary. They advertise on TV and use their community outreach to attract participants and are having some success at breaking through the perception of the cycle of violence being the norm in the country.

3. Youth group –it is co-ed and participants don’t have to be residents

4. The Community Organization program –this generated much interest. It involves work with local police officers, village chiefs and authorities to teach them about the program, community conflict resolution, legal training, and monthly meetings. Still in development is a women’s self-help group. We asked about services for children. That’s an area that is not very developed, but the children in the shelters do have access to counselors.

5. An Art therapy program –not started yet, but the Asia Foundation found them a therapist and it should be starting soon.

Here are some of the questions and comments from members of the delegation during the discussion and the responses:

* What’s the “age of consent” for sexual activity? 18
* What are some of the persuasive techniques used to get men into their anger management program? Using the community organizing and outreach education program
* What about problems with drug and alcohol abuse? Currently they have no substance abuse focused training, although alcohol is a big issue. There was some discussion about “beer girls” who are often victims of trafficking, brought in from the country side to serve beer at beergartens, which serve as a training ground for the sex trade. The advocacy arm of the Center is working with beer promoters to enforce a code of conduct for employees and patrons.
* What happens to perpetrators? They can be prosecuted, and perhaps 30% get convicted. Penalties may be 12-20 years
* Dr Lee asked about the social norms of sexual roles and resistance to empowering women. The history of the culture is matriarchal, but that’s been changing in recent times. Economics is the current driving force. Alimony is a new concept just starting in the country.
* What about Bible study? The director said they are in the very beginning stages of increasing their association with the religious community, especially for men, with both monks and nuns.
* There was a suggestion made to do more parenting training with the women. They do recognize the need and do have some parenting education, but not enough yet to teach about proper discipline techniques in addition to communication with children.

* We asked about advice for counselors in the US, both for developing Re-integration programs and working with immigrants. The response was to start small, recognize that a re-integration worker is more than a case manager or social worker and that it’s possible to be accused of “spoiling” the clients, as the center has been. They do a very “hands-on” approach. Programs in the U.S. are recommended to find one link contact person to the Asian community and to recognize that Cambodians in the U.S. often feel very isolated. They need their community centers to preserve their identity and heritage.

* What about inter-agency collaboration? There is the Cambodian Human Rights Action Committee that includes 28 NGO’s. Dr Lee asked about what types of resources and NGO collaboration they’re looking for. The answer: “research and global issues” For research, there is a great deal of need as the history of data collecting and statistics in Cambodia up till now has been poor. A global goal of Ms Say’s is “to show Cambodia that their problems are not unique to Cambodia.”

Overall, the experience of the delegation in our meeting with the Cambodian Women’s Crisis Center was very positive. The center staff seems very dedicated and hard working. They oversee a full array of services and are continuing to expand while recognizing they can not do everything. I believe we may have learned more from them than they from us, but hope that their inspiration will spur more help that they need.

Laurie Persh

Cambodian Women’s Crisis Center (CWCC)
Tuesday 13 May 2008
DAY 9: CAMBODIA

Today’s date: Tuesday 13 May 2008
City: Phnom Penh

Your name: Patricia A. Young
Leader’s last name: Lee

Phnom Penh Counselling Centre (PPCC)

Jane Lopacka: Founder and CEO

PPCC Staff:

Carrie from Wales has a Ragmuffin Program that was started in 1999. This organization incorporates Arts therapy into its program and works with refugees.

Marcy from the U.S. is an intern counselor with full time language study and a spiritual level of counseling.

Samchet is a Cambodian trainee. She works with HIV patients and provides counseling services.

Richard is a small project manager. His interest is treating trauma patients with a focus on training counselors and social workers within the Cambodian community.

Stella is from India and serves a variety of Cambodian clients. Her counseling is spiritual-based with a focus on families and children.

Background of Agency

PPCC is a dynamic community social service organization. This program offers a multitude of services which include counseling services, critical incidence stress management, conflict management, psychological assessment, life transition counseling, seminars and workshops, and management of psychological trauma. The counselors have backgrounds in social work, counseling, and psychology. PPCC maintains a Christian ethos and counselors work with clients from all backgrounds and belief systems without prejudices. PPCC is a registered business with the Cambodian government.

Program Issues of PPCC

PPCC does not have one specific area of counseling. The counselors will have clients to reflect, listen, and work on self-care. Within this process, they find out which therapy treatment work best for them.
They generally have three day trainings for the center workers. The primary goal of the training is for the counselors to recognize child abuse and how to address it.

Clients that had alcohol and drug addictions were not a problem in the Cambodian community until the borders opened up. They were not knowledgeable of drug use or abuse until then. Alcohol and “ice” are the biggest problems for Cambodian youth.

Counseling in Cambodia is taken out of the traditional counseling context in order for it to be effective. When working with youth, therapists must be open-minded and, often, sessions are not just held for one client, but will include the neighbors and their families.

Distraction is used to help clients engage in therapy such as self-care issues, hygiene, health, and nutrition. One therapeutic technique that counselors find productive is allowing the clients to tell their stories. This provides the clients with freedom of expression and a safe way to communicate their concerns.

Sex addiction is a big issue in the Cambodian culture. Due to the spiritual traditions of their culture, young Cambodians are very private when it comes to discussing sexual related issues such as HIV and STDs. The average age of clients at PPCC is between 20 and 40 years old.

Dr. Lee led a discussion of how the American Counseling Association might collaborate with the PPCC. It was suggested that members of our delegation could provide literature and counseling materials to assist the Center in offering more training exercises for the staff counselors.

Patricia A. Young

Phnom Penh Counselling Centre (PPCC)
Tuesday 13 May 2008
PICTURES FROM CULTURAL PROGRAM

DAY 1: HO CHI MINH CITY
7 May 2008

Reunification Hall

Notre Dame Cathedral
General Post Office

War Remnants Museum
Traditional Vietnamese Musicians

DAY 5: THE MEKONG DELTA
9 May 2008

Traveling the Mekong River
Along a Mekong Tributary

DAY 6: SIEM REAP, CAMBODIA
10 May 2008

A Cambodian Welcome
DAY 7: SIEM REAP, CAMBODIA
11 May 2008

The Delegation at Angkor Wat, the symbol of Cambodia
DAY 10: PHNOM PENH
14 May 2008

The Royal Palace

Tuol Sleng Genocide Museum
(Former Khmer Rouge S-21 Prison)
Killing Fields of Choeung Ek
(Memorial to Victims of Khmer Rouge Genocide)