

# BODHI TIMES

**Benevolent Organisation for Development, Health & Insight (BODHI)**

**December, 2003**

**No. 25**

*We aim sustainably to improve health, education and the environment in developing countries by providing a hook, not a fish. BODHI was founded in 1989 on the principle of skillful, compassionate action and is neither religious nor political. We have supporters and advisers from many faiths. We encourage your support, ideas and acts of kindness. Realizing the interdependence of all beings is in our enlightened self-interest. If we don't work together to reduce the world's much discussed problems, then who will?*

## Land of the clouds

*Dr. Colin Butler, BODHI's Medical Director, recently finished a fact-finding tour to India, concentrating on the northeast. Here is his report.*

**Monday October 20, 2003.** While staying in Delhi with BODHI adviser Dr. Shanti Raman and her family (see p. 3), I met with Prof. P.K. Ramakrishnan, at Jawaharlal Nehru University. He is an expert not only on traditional ecology and sacred groves but also on the complex social patchwork of northeast India. He lived in the area for a decade and co-ordinates a network of young scientists.

**October 25.** I left the peace of the Institute of Economic Growth, where I spent two days on a visit organized by Profs. Kanchen Chopra and Pushpam Kumar, and flew at dawn on a venerable 737 to Guwahati, Assam. We stopped in Patna, once known as Pataliputra, capital of the Mauryan Empire, now capital of Bihar a state famous for the enlightenment of the Buddha at Bodhi Gaya, corruption, lawlessness and illiterate chief ministers. Bad weather thwarted the next leg to Bagdogra, gateway to Darjeeling

and Sikkim, so instead we flew straight to Assam, descending through clouds to land over tea fields. For the first time since arrival in India, the air looked fresh and inviting.

### Seven sisters

Seven states (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura) comprise NE India (see map, p. 2). India is a varied country and the NE especially so, geographically, linguistically, socially, ethnically and politically. Following partition of the subcontinent to form West and East Pakistan (now Bangladesh) in 1947, the NE has become significantly more isolated and disadvantaged, with a sealed border with Bangladesh that blocks coastal access. Instead, land access is by only a slim corridor between Bangladesh, Bhutan and Nepal. This isolation restricts travel, commerce and the flow of ideas. Arguably, it also contributes to indifference from the central government, even though some states, such as Nagaland, have received substantial assistance on a per-capita basis, perhaps contributing to dependency. Roads

are narrow, slow, dangerous and clogged; phone and internet connections are limited. Air links are also poor

The NE is known as the wettest place on earth, and also for its mountains, tea, the Brahmaputra river, sacred groves and diverse tribal populations. Unfortunately, the area is increasingly known for its problems: some of the highest maternal and infant mortality rates in India, high population growth, corrupt politicians, votebanks, separatist movements, militants, refugees, and allegations of mafia-like protection rackets that demand 23% of salaries. There is also an increasing problem with HIV/AIDS, spread by intravenous drug users, truck drivers, sex workers, denial and poor leadership.

Meghalaya ("land of the clouds") is the most stable state in the NE. BODHI supports two adult education projects here, in the villages of Sohbar and Muypat near Shillong and the Bangladeshi border (see map, p. 2).



**Muypat:** woman in traditional bamboo hat; girl and villagers. **Sohbar:** Banri (standing), Dr. Ghonglah, Colin, Kynsai, headman; Kynsai with students. Photos courtesy Dr. Ghonglah

## < Land of clouds

**October 26.** Shillong. Kept awake by another night of incessant explosions as people celebrate Diwali, the Festival of Lights. Here on the frontier no curfew is observed.

At 5.30, bus and truck horns announce another grey, smoky day. Pollution has robbed much of India of blue skies and the Milky Way.

The NE, as close to Thailand as to Delhi, suffers by the central government's insistence that India, which spans over 25 degrees of longitude, should share one time zone. If Indian time were set on purely geographical grounds, then the northeast would be 1.8 hours ahead of Gujarat. It would be like Sydney and Perth being on the same time, or Los Angeles and Chicago, or London and Istanbul. That the sun in the NE rises and sets far earlier than in western India is likely to have a subtle but negative impact on both economic productivity and social cohesion in the NE. Commercial life starts over an hour later than it should and the darkness falls early, a sort of daylight losing rather than daylight saving policy. Nights are long, electricity is intermittent and alcoholism is common.

### Tribal patchwork

Seventy percent of Meghalayans are Khasi, probably of Khmer origin, and 20% are Gharo, of Tibeto-Burman origin. As well, there is a smattering of other tribal groups from the northeast, with a mix of Hindu traders and Nepali refugees. Many Muslims escaping from the poverty of Bangladesh cross illegally into the NE. Most settle in Assam.

I heard that many of these migrants are given limited rights in exchange for an unwritten contract to support the network of corrupt officials and politicians who provide these rights. This seems plausible. So-called votebanks are notorious in Bihar, where false promises sway the mostly illiterate masses.

### Matrilinearity

The Khasi practice an unusual form of matrilinearity in which property is passed to the youngest daughter. Men are said to be overly protected, stay long at home and grow up comparatively passive and lacking in entrepreneurship. For example, most eggs and fish consumed in Meghalaya are transported by truck from distant Andhra Pradesh, yet it seems the state could be self-sufficient in both products, as water is abundant.

In contrast to men, women are often better educated and more confident. There is a long custom of Khasi women leaving the area through marriage to outsiders. This female empowerment is not all it seems, at least in the villages. Both headmen I met were male, elected only by men. Unlike with Tibetans, there seems no organization of Khasi women. Nor does matrilinearity translate into a low birth rate. Meghalaya has one of the highest fertility rates in India.



It also seems plausible that the custom of passing land ownership to the youngest rather than the eldest daughter leaves her more vulnerable to family pressure, including from powerful uncles. Life expectancy is short and, in many cases, the youngest daughter will still be a child at the time of her mother's death. I speculate too, that this custom may actually encourage additional children. On the positive side, the practice of selective female foeticide, common in most of India, especially in the Punjab, seems unknown.

### Muypat and Sohbar

**October 26, later.** We headed for Muypat, about 3 hours east of Shillong. On the way we passed many deforested areas as well as patches of intact forest. Dr. Ghonglah said land ownership is unequal, and much of the state remains comparatively underdeveloped agriculturally. He didn't think there were any tractors in the entire state. All agricultural labour is performed by hand. There are a few terraces growing paddy (rice) in the flatter parts. The traditional agricultural practice, called *jhum*, is a form of slash, burn, plant and fallow, but the time for the fallow periods has grown progressively shorter.

Eventually, after avoiding dozens of diesel-belching coal trucks en route to the Bangladeshi border, we reached Muypat. I have seen extreme poverty before, but Muypat was as poor and unpromising as anywhere I have been. Children were plentiful (see picture). Most adults were barely five feet (a sign of lifelong poor nutrition), shoes and even thongs were scant (hookworm is common), the soil looked exhausted and the crops weak. There were no signs of sanitation. Though light bulbs worked, the power supply was intermittent. The only signs of prosperity were the three churches, for a population of fewer than 2,000, in various stages of completion.

A survey conducted by the Human Development Foundation, Dr. Ghonglah's NGO, found that only 12% of adults could write their own names. I met the headman, aged 44, with five children, already a grandfather. He seemed somewhat interested in encouraging education. I also met the

teacher we have been supporting. Alas, he did not strike me as very promising, being either very shy, or perhaps just disinterested.

**October 27.** We visited Sohbar, tantalisingly close to the Bangladeshi plain. En route we passed Cherrapunji, with 300 inches of rain per annum, the wettest place on Earth. This is known as the "wet desert." The forest was cleared long ago; very little vegetation seems to survive the heavy rain. Sohbar is far more attractive than Muypat, but still poor and overcrowded. There were even a few birds in the forest remnants (birds are generally scarce in the NE, most having been consumed). I met some adult students and the co-ordinator, a talented and motivated artist called Kynsai.

### Reflections

Accompanying Dr. Ghonglah and myself on these journeys were several well-educated, well-meaning and apparently motivated young Khasi men. Not everyone is caught in the poverty trap. Contributions from these people will be vital if the villages are to improve. But motivation to learn is low. From a very early age children, even though illiterate, contribute economically...for example by weeding, herding or child-minding. Importing a paid Western consultant for a short time would be a waste. Progress seems glacial. An adviser for aquaculture or egg production could be useful, but would first require locals with motivation to run any scheme. Long-term commitment is needed.

Almost every day I was in India, people complained about corrupt politicians. Yet, because of the abundance of extremely cheap labour, the middle classes in India live comparatively well. What motivation do they have for promoting the rural development that is likely to both reduce and empower their cheap workforce? Delhi is growing in size by at least half a million people per annum, India as a whole by 15-20 million. Water tables are falling, especially in the Punjab, India's breadbasket, and crop yields are increasingly static. Many people are optimistic about India. I am not so sure.



## New Community Adviser

*We welcome Dr. Shanti Raman, Community Paediatrician, Sydney, Australia. She writes:*

I spent the first 19 years of my life in India, in fact I began my training in medicine in Bangalore, India. I moved to Brisbane, and continued my basic training in Medicine (MBBS, University of Queensland, Australia). I had my initial training in paediatrics in Sydney, Australia, and did subsequent training in public health and epidemiology (Canberra, Australia). Clinically, I have trained in developmental paediatrics, and currently work in the interface of clinical paediatrics, child public health and health services planning.

I have had a long interest and involvement in international health and development issues. I am particularly interested in inequity at all levels, how it contributes to poor health outcomes globally and in our own backyards. I have also been involved with the peace movement, being a member of Medical Association for the Prevention of War (MAPW), and various other peace and refugee action groups. Recently I have become a member of Indian Doctors for Peace and Development, a dynamic group that is trying to address peace and development issues regionally in South

Asia. I am fortunate to be able to take 7 months off from my job in Sydney, to live and work in India. I am currently working on a large scale maternal and child health project, targeting 100 million mothers and children in the poorest districts in India.



I was attracted by BODHI initially because of its name. Coming from India, I was pleased to see development and health put in the context of "insight." It is clear that improving the health of the most disadvantaged populations begins a long way before health services. It begins with understanding the nature of the problem, the source of inequity, empowerment, women's status in society, the cultural beliefs and spiritual practices that operate to keep that community going, and the global forces that operate to maintain the state of disadvantage.

I look forward to a long and meaningful association with BODHI. As a community adviser, I will strive to bring my experience in public health, development, child health and my cultural understanding of issues that pertain to South Asia to help BODHI's initiatives.

## BODHI grows

We are investigating working in East Timor with the Australian branch of the Grameen Bank and also assisting the work of ophthalmologist Dr. Geoffrey Cohn and his colleagues in Burma and Cambodia.

## Revolving Sheep Bank

Prof. Goldstein writes that the Revolving Sheep Bank has had a "substantial positive impact on the poor households involved. In a rough sense, 40 animals per capita is general considered a satisfactory herd size and the first set of households has reached this." The first families are preparing to repay their loans, half next year and the rest in 2005.

## Potential projects in NE India

- Mass deworming every 6 months, at Sohbar combined with education and evaluation, including questionnaires, haemoglobin measurements and an opportunity for villagers to view the parasites in their stools using a portable microscope
- Micro-credit co-project with Dr. Ghonglah's non-profit organisation: production of fish and eggs, which are imported into the tribal area from Andhra Pradesh
- Medical and other health volunteer workers

## Auction-a-shrink

13 Ugly Docs came through for us again in August with a dance party that raised over US\$2500 and provided many people with a night of fun. Muchas gracias!

The highlight of the evening was the auctioning of Dr. Tony Richardson, who practices in Sydney and San Francisco, for \$240 to Lori, the spouse of Dr. Thuma, who outbid Susan Bravo, Aleta Drummond, Gail Rubin and Linda Dates in a wild and woolly bidding war.

Thanks to these M.D.s: Marty Rubin, Edmee Danan, Guy Gullion, Serge Abramovich, Patricia Winters, Nathan Thuma, Gary Bravo, David Beck, Mike Miller, Mark Kaspro, Sophie Anesow-McLean, and Ben Chaves. Thanks to Alan Dreifuss, Ph. D and to those we've inadvertently missed.

Entertainment was provided by The Poyntlyss Sisters.

## Thank You

Prof. Chris Barker, NSW, Australia  
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Jenny Glass, NSW, Australia  
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Dr. Gerry & Sally McGushin, Tas, Australia

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## U.S. Community Adviser hard at work

Richard Patterson is busy doing mailings, setting up slide shows and PowerPoint presentations and generally getting our name out there in ways that don't require the big bucks and intrusiveness of mass mailings.

## We need your help

Thanks to your generosity, BODHI has supported many exciting and innovative projects, such as continuing education for remote health workers, literacy (a key to better health) and a micro-credit scheme for Tibetan nomads.

To continue, we need your help. Please send your donation, in U.S. or Australian dollars, to an address below. Contact us for details of direct-debit facilities.

*Donations by U.S. and Australian taxpayers are tax-deductible*

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# Has he gone too far?

Colin reviews Primary Mother Care and Population, the new book by Dr. Maurice King, BODHI's Public Health Adviser.

Dr. Maurice King has always been a pioneer. His first book, *Medical Care in Developing Countries* was regarded as a classic soon after its publication in the mid-1960s. This book, his tenth, began as a companion volume to his *Primary Child Care*. Ninety per cent of it follows that precedent: beautifully illustrated, meticulously detailed knowledge and instructions for the health workers in the developing world. It is the remaining 10%, mostly confined to the final chapter ("The Population Demons") but some flavouring other pages, which makes this book so unusual and controversial.

## View from inside the fortress

This book is primarily intended for midwives, traditional birth assistants and doctors concerned with the health of mothers and mothers to be. It is peppered with figures, aphorisms, charts and humour. I have no doubt, given the depth of detail in randomly perused pages, that this manual will be an invaluable resource for the thousands of isolated, under-recognised and underpaid individuals who perform most of the world's health work in villages and slums. Indeed, if such workers (assuming they are literate) could only have one book on this subject, I would recommend this.

The book has an anti-Western flavour that challenges those with power. King's first book identified global inequality as a root cause of Third World ill health. More recently King has challenged what he perceives as indifference by most governments and academics to overpopulation. He is especially critical of demography, arguing that demographers have been diverted by the success of the Green Revolution, European grain mountains and the pension-endangering perils of future underpopulation in rich countries. Nor has King received much support from the environmental movement or the mainstream Left, each preferring to focus on the poverty and inequality sides of the development coin.

Living, as I do, in a population-controlled fortress, news from outside the ramparts rarely penetrates. In Nigeria alone, 60,000 women die each year due to complications of childbirth. A French military paper has expressed little optimism for a planned intervention in the Congo, where almost 5 million people have been killed in recent years. According to the UN, some 300,000 armed children now serve in Africa, some as young as seven. In Australia's immediate region, the Solomon Islands is an increasingly violent and chaotic failed state [until Australian peacekeepers intervened];

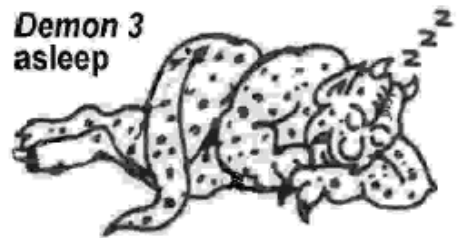
without major policy change and additional funds Papua New Guinea may soon follow. King identifies these phenomena as arising from a fundamental mismatch between population and resources, fuelled by population growth rates that have outrun the capacity of governments to provide infrastructure, and insufficient chances to either export or emigrate, leaving affected nations to run backwards, becoming "entrapped."

## Too far or not far enough?

For most of the last two centuries this thesis was far from radical, though the natural check of high infant mortality and the escape route of emigration prevented most Western cases of "demographic entrapment," with the outstanding exception of Ireland. (King prefers this term as more generic than the Western-orientated "Malthusian entrapment." Malthus had several predecessors including from China and Japan.) This thesis has remained mainstream in China, even in recent decades.

King seems to have now crept too far along the limb of political incorrectness to be widely published. According to Hugh Philpott, even the "politically censored" edition of the book, prepared at the request of the distributing agency, remains a hot document (I have the "definitive" edition before me). King's energy and passion have given birth to an impressive and much-needed book. The final chapter is idiosyncratic, funny and provocative. Please read it if you can, from the website or on paper

Demon 3 asleep



Does King go too far? Some will judge not far enough, though probably not the U.S. State Department, which gets special treatment. Surely, though, that large office will not mind this small pinprick. I hope that Oxford University Press, in its wisdom, will in future enable a far larger future audience to judge for themselves.

Eds: G. Mola, J. Thornton, M. Breen, C. Bullough, J. Guillebaud, F. Addo, Publ. Maurice King, Knowledge Engineer.

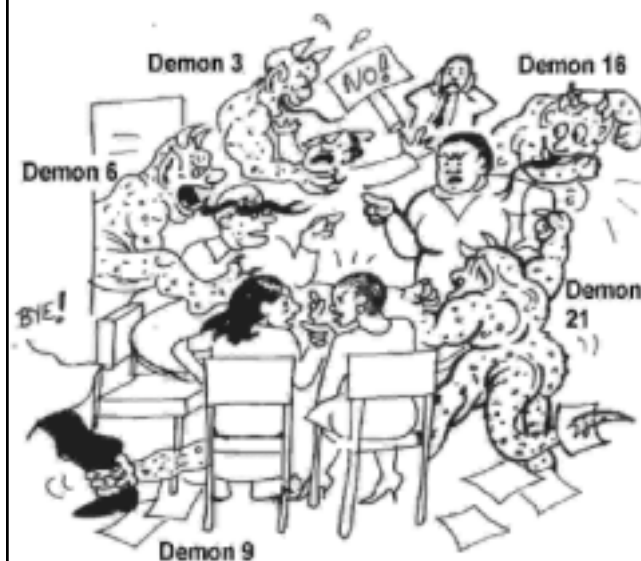
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BODHI Australia has several copies of Dr. King's book available for purchase. Please contact us.

## 'Benign uproar' - arguing with the demons



**King identifies 25 demons that thwart discussion of overpopulation. Meet some of them:**

**Demon 3**  
Radically altering one's lifestyle

**Demon 6**  
The many problems of 1-child families

**Demon 9**  
The Holy See's attitudes to the postcoital family planning method

**Demon 16**  
Political correctness

**Demon 21**  
The corruption of demography as an instrument of U.S. policy

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The challenge of motivating adults to improve their reading and mathematic skills in such impoverished settings as rural northeast India, far from easy access to books and newspapers, is immense.

Having the motivation to study is not enough. One also needs the energy, which is not always available to people suffering from worms, anaemia and iron and micronutrient deficiencies. A de-worming program provides a simple, inexpensive way to help address this problem. The easiest and cheapest project would provide worming tablets for all villagers, to be repeated every six months. Some form of health education is necessary to explain the reasons for and benefits of the treatment, such as more energy and better growth, especially for children, and the reasons for becoming infected, such as poor hygiene, few toilets and bare feet.

A more ambitious project would involve such additional elements as examining a random sample of villagers' stools for parasites and checking the Haemoglobin (Hb) of a random sample of villagers. An even more ambitious element could be added: that of demonstrating the presence of parasites in the stools of infected villagers, made visible through a microscope.

## **Peru to NE India**

A Peruvian project involved this step, led by Brisbane, Australia PhD student Tamsyn Murray. She found that showing villagers their own parasites resulted in far greater behavioural change than simple verbal education. 'I managed to get a microscope from my university in Sydney and hauled it all the way to Peru,' she says. 'We had a Ministry of Health parasitologist on our team who joined us on field trips, taking samples and analyzing them in the villages. We set up outside schools. All the mothers came with their kids and samples and handed them over to us. Before long we had a crowd. Most wanted to look at their own samples or those of their children. The impact was amazing.

## **Worms**



'Seeing their parasites with their own eyes was very motivating. People asked us to explain the different parasites, their life cycles and how they could avoid being infected. We drew big pictures showing transmission routes and life cycles at a village meeting. Afterwards they discussed ways to restrict the movement of animals through the village, issues of water contamination and setting up a group to help the children get shoes.'

## **Two strategies**

BODHI is interested in a project that compares treatment with simple education alone (A) to treatment and more complex education, such as showing villagers their parasites (B). To do this we would need an estimate of Hb before and after treatment (of a random sample), using the assumption that average Hb is a proxy for average parasite infection. Because we are studying the population, we would offer a small payment and/or incentive, to either individual

designed to have a research element (B), Project B is more complex and expensive, but could be more successful both in changing villager's behaviour and in developing greater expertise within the Human Development Foundation, the NGO in Meghalaya that we have helped to support, through Dr. Ghonglah.

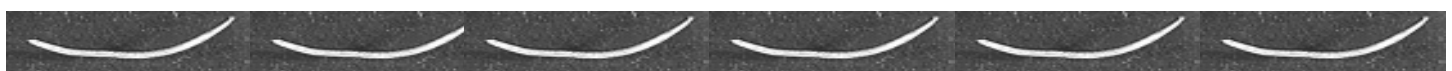
We had hoped that matching funds for project B might be obtained through AusAid (the aid organisation funded by the Australian government) but they have advised they currently do not provide development assistance to India, apparently at the request of the Indian government. They suggested we try the Australian embassy in Delhi. We will investigate this.

If the project is designed to have a research element (B), then it is conceivable we can obtain funds through other funding organisations. This will take time to investigate.

Our preference is to try project B in Sohbar, perhaps comparing it to (A) in another village as a control group. Because the village of Muyput seems more disadvantaged than Sohbar it would not be an ideal control group. Another option is to run project A in Muyput. If a follow-up suggests high rates of infection, then we could try the more ambitious project B there, especially if, by then, we have had an encouraging result from Sohbar. We would alter this if Dr Ghonglah thought differently.

We would like to identify a skilled and motivated microscopist and find the funds to employ such a person on a casual basis. That person should also have the skills to contribute to the health education. We are also looking into the price and shopping costs of robust portable microscopes and simple portable field haemoglobinometers.

We are discussing these projects with Dr. Ghonglah and welcome your input.



Main: Unknown patient expelling roundworms; above: hookworms, as found in NE India. Reprinted fr. *Tropical Medicine and Parasitology*



# Ethical giving: the prince and the statue

**B**elow we reprint a story by Oscar Wilde called 'The Happy Prince' (courtesy of *Bodh Gaya News*, <http://www.bodhgaya.news.net/statue/statue05.htm>), about a compassionate statue and his companion the swallow. They collaborated to reduce the suffering in their town, eventually at the expense of the statue's existence. English meditation teacher, Christopher Titmuss uses the story to explore the merits of building a massive statue of the future Buddha Maitreya in Bodh Gaya India, site of the Buddha's enlightenment over 2,500 years ago. This statue was costed at over US\$150 million. At almost 500 feet (152 metres), it was intended to be almost three times the height of the previously largest Buddhist statue at Bamiyan in Afghanistan, destroyed by the Taliban in 2001. The scale of the statue was criticised for its adverse impact on the local water supply, as a hazard for airplanes and as a heat radiator in an area already very hot.

The fate of this statue is now clouded. Its supporters have recently announced that the site may be changed to Kushinagar in Uttar Pradesh, where the Buddha died.

## Compassion or delusion?

The cost of this project generated many concerns. Most focussed on the lack of support and involvement with the project by the local population and the incongruity of spending such a large sum in one of the world's most impoverished areas. Some critics complained of the opportunity cost of the project: couldn't more of this vast amount be used to help people more directly?

Supporters of the Maitreya statue say that the motivation for its construction is entirely altruistic. They believe that all—Buddhists and non-Buddhists alike—who see and participate in its construction will benefit

spiritually. They also claim it will attract extra tourists, generating jobs and other spin-offs. As well, the project was designed to incorporate several humanitarian elements, including a hospital, school and clinic.

There is no doubt that religious objects and art can be healing and inspiring, both for the creator and the faithful. It is understandable that many attribute happiness to the sight of such objects. But how many of the people able to make a sizeable donation to this extraordinarily expensive project would rely on faith alone to treat their father's pneumonia, or think that prayer is enough to protect their daughter, bitten by a mad dog, against rabies? How many of the people who seriously believe they can raise US\$150 million would share these beliefs?

## Disneyland or salvation?

The answer, almost certainly, is none of them. For people whose basic needs are met, it might seem acceptable—even noble and generous—to raise or donate funds for a statue they believe will give spiritual benefit. But why don't these people think it could be more beneficial to use most of these funds to provide basic health care and education?

A thousand years ago, when few low-cost ways to improve people's lives were known, megaprojects designed to uplift people might have been more justifiable, in both Asia (like the Bamiyan Buddhas) and Europe (such as cathedrals); but today such priorities seem at best misguided and at worst obscene.

While some Buddhist scholars have criticised the Maitreya statue as promoting a kind of Buddhist Disneyland, there been almost no open criticism of this project from senior members within the Buddhist community. It is not as if projects costing US\$150 million are commonplace. Is this silence because they support the priority of

the fundraisers, or do they fear upsetting generous and powerful benefactors? Neither explanation is comforting. The establishment of western Buddhism will not be helped by silence on this issue. Those with the good fortune to live in modest comfort in the West or in Taiwan need to investigate before they endorse such a grandiose scheme. By all means, let's have statues. We might do this for our own pleasure. But if we support the building of a statue for the benefit of someone we don't know, then why don't we give more weight to means such as better health care and education?

**Denis contributes the following ...** The creation of images for the purpose of enhancing worship is a two-edged sword. In some religions such as Hinduism, religious icons abound, not simply to act as a bridge between devotees and their deity, but as aids to the achievement of yogic states. Judaism has taken an aniconic stance in response to fears of recidivism amongst its early followers, although the Judaic tradition is rich in imagery. Christianity has its statuary as well, though not all Christian sects approve of it. The Buddha recognised that in the Hindu environment from which Buddhism came, to create an image of a religious leader was likely to lead to his eventual elevation to divine or semi-divine status; something he rejected as bound to lead people astray spiritually. Yet in spite of his misgivings, the beautiful Buddhist iconography all over the world attests to the power of images to give meaning to worship for some devotees. Muhammad for his part was insistent that the creation of images was incompatible with direct experience of God, and largely preserved Islam's iconoclastic spirit.

Symbols are part of all religious experience and exercise power over the minds of people. All religions have them even if they are not expressed in artistic or concrete form.

## The unhappy prince

by Christopher Titmuss

Oscar Wilde, the beloved 19th century Irish novelist, wrote a touching story called *The Happy Prince* about a tall statue gilded with leaves of fine gold, two bright sapphires for the eyes and a large red ruby on his waist.

One night, a swallow making the long journey down to Egypt, took rest at the foot of statue on a cloudless night. Suddenly and unexpectedly, a drop of water fell on the bird, then another drop, yet there were no clouds in the sky. The swallow looked up and saw the eyes of the Happy Prince were filled with tears. 'Why are you crying', asked the swallow.

The Prince replied that when alive, he lived in the Palace of Sans Souci, where there was no sorrow. 'Now I am a tall statue and I can see all the misery in the city. In a room, I can see a poor woman with her little boy lying very ill with a high fever. But my feet are fastened to this pedestal and I cannot move.

'Please stay tonight and take this ruby fixed to me to the sad mother and her thirsty boy.' The swallow agreed. Taking the ruby, he left it on the table of the poor woman and then, with loving kindness, the swallow flapped his wings above to boy to cool him down.

At the Prince's request, the swallow stayed more days taking the two 1000-year-old India sapphires from the eyes of the Happy Prince to the needy, despite the Prince losing his eyesight. 'There is no mystery so great as misery,' said the Happy Prince. 'Fly over the city and tell me what you see.' The swallow also saw suffering all over the city, so he gave up making the journey to Egypt.

At the request of the Happy Prince, every night the swallow stripped the statue of all of its gold leaf to give to the poor. Tired, weak and cold from the winter, the swallow made one last effort to thank the Prince for his loving kindness flying up high to kiss the lips of the Happy Prince and then immediately afterwards dropped dead from exhaustion.

Seeing that the statue now looked like a beggar, the city councillors melted down the Happy Prince in a furnace in order to build another statue. For a long time, the councillors argued over which one of them the next statue should be named after.

*For the full text of the article, please go to: [www.bodhgayanews.net/statue/statue05.htm](http://www.bodhgayanews.net/statue/statue05.htm).*

# BODHI & Grameen



BODHI and the Grameen Foundation Australia (GFA) have taken the first step in working together by signing a memorandum of understanding. Senior Technical Adviser Mr. Shan Ali (above, with Colin and Susan in Sydney, December, 2003) of the GFA says that over the years he has identified a need for smaller projects than those funded by AusAID (Australian government aid agency) for which BODHI would fill the niche.

Shan says, 'Grameen Foundation has quite a specific area of expertise, namely "microcredit." A typical project involves helping to establish a (micro) financial institution, which, in fact, in many ways is no different from any other financial institution—with an appropriate branch infrastructure and financial control/reporting systems. Typically, these institutions provide credit for self-employment but do not intervene or interfere or "assist" in borrowers livelihood activities. The challenge is to run a minimalist operation at the minimum possible cost so that the institution can sustain itself without having to charge excessive interest.'

GFA has worked in Nepal, East Timor, Vietnam, Bangladesh and the Philippines. In all the above cases these were AusAID-funded projects. High set-up costs preclude small-size projects. Shan continues, 'This inability to respond to the needs of smaller communities, which often consist of much poorer and more vulnerable people, has made me search for other ways to fund projects than our current reliance on AusAID. This search is particularly motivated by the experience that the poorer the borrowers, the more responsible they seem to be with borrowed capital. It feels terribly hypocritical and so much against our stated aim to "serve the poorest" to pass over the smaller, poorer communities because they cannot "absorb" 5 or 6 million dollars over a short period of time.'

We'd also like to support the work of Dr. Dan Murphy in East Timor. Dr. Murphy is building an infrastructure of local staff with appropriate skills, for which GFA is gathering a consortium of donors to raise US\$3,000 per month collectively.

We're excited about working with GFA. It will enable us to increase our profile and grow in a way congruent with our founding philosophy.



Guanyin, Chinese goddess of compassion

## Other news

### Population policy & well-being

Colin helped draft the population policy for Doctors for the Environment, Australia ([www.dea.org](http://www.dea.org)) and co-authored the chapter on Human Well-being in the Millennium Ecosystem Assessment's Conceptual Framework book ([www.millenniumassessment.org](http://www.millenniumassessment.org)).

### Revolving Sheep Bank

No word yet on Year 5 of the Revolving Sheep Bank project in Tibet. We're waiting to hear from Professor Goldstein. As soon as we know, you'll know.

### Adult literacy, Muyput and Sohbar

We are currently evaluating the efficacy and sustainability of these two projects (see cover story).

### Tragedy of the Commons?

Colin co-authored a paper in a special issue of the journal *Science* dedicated to sustainability (Dec. 12, 2003).

## Good news

... The journal *Science* reports that freer information flow in Uganda has reduced HIV prevalence as successfully as a vaccine with 80% efficacy ... The 2004 Australian aid budget increased about 10% in real terms to .26%. It's still down from eight years ago and is one-third of what the UN recommends.

## Thank You

J S Bell, Tasmania, Australia  
Mrs Sumithra Bhat, Bangalore, India  
Dr. Alison Bleaney, Tasmania, Australia  
Dr. Bill & Wendy Castleden, WA, Australia  
Drs. Ron & Rennie D'Souza, ACT, Australia  
Mary Wurth, Ohio, USA  
Dr. John Wettenhall, Tasmania, Australia  
Jeffrey Whitman, California, USA

Special thanks to Dr Elise Perry, of Victoria, Australia, who has donated a substantial amount in honour of her late grandfather.

## We need your help

Thanks to your generosity, BODHI has supported many exciting and innovative projects, such as continuing education for remote health workers, literacy (a key to better health) and a micro-credit scheme for Tibetan nomads.

To continue, we need your help. Please send your donation, in U.S. or Australian dollars, to an address below. Contact us for details of direct-debit facilities.

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# 'The Stork is the Bird of War': Reflections on the Rwandan genocide

*John Guillebaud, the world's first professor of family planning, reminisces on the tenth anniversary of the Rwandan genocide.*

My friend Husi was killed just 10 years ago on 7th April 1994, on the first day of the world's fastest genocide. About 800,000 men, women and children died, just through being classified in a particular racial group.

I myself was born in what was then called Ruanda-Urundi, and spent my childhood in Rwanda - initially speaking Kinyarwanda in preference to English. Our family has 4 generations of association with the region, starting with my grandfather who translated the Bible in 1925. My parents worked as schoolteachers and in writing and translation work, from 1939 until their retirement in 1986. In 1995 they returned to Rwanda to assist in reconciliation work. Then after my father's death my mother joined my sister Meg in Byumba near Kigali, until she also died at the age of 86, helping to the last the widows and orphans of the area by teaching them a range of income-generating crafts.

When my father and Husi Kajuga's father together opened Shyogwe secondary school in the northern country, Husi and his brother Wilberforce were playmates of sister Meg and myself. Husi later married a Belgian, Annie, by whom he had 3 children and when I visited him in the 1980s the brothers were running a successful import company in Kigali. But there was a deep rift in their family: the youngest brother Robert Kajuga came under sinister influences and eventually became the general of the infamous *interahamwe*, the roving Hutu killers of 1994. Sadly, but perhaps fittingly, he also died that year, from wounds received at a later stage of the dreadful conflict.

## Population pressures

Why did it all happen? No single explanation can suffice. What is clear is that when Husi, Meg and I roamed the hills and valleys of Rwanda in the 1940s there were only 2 million Rwandans. By April 1994 when he and 60+ members out of 90 in his extended family were slaughtered, there were over 7.3 million. These population statistics have far more relevance than most commentators on the genocide have implied. The total wealth of this beautiful mountainous but tiny, resource-poor and landlocked country had increased somewhat in the intervening years. But the *per person* wealth (whether measured in francs or hectares or numbers of cows) had fallen ... primarily because there were now *so many more persons*. Given hereditary enmity, worsened by colonial influences, between the two main tribal groupings, the Tutsi (15%) and the Hutu (85%), population growth hugely increased the likelihood of violence, by leading to intense competition for diminishing resources, especially land.

A catastrophe was predictable, indeed predicted, by a few. In the 1960s when there were 3 million Rwandans but with very high

fertility rates, an expert group became concerned about how its people were to be fed. Later, in 1975, modelling exercises 1975 suggested '...complete collapse in the population of this area during the 1990s' [1].

More recent and even stronger evidence comes from a study reported by Andre and Platteau [2]. Their title says it all 'Land relations under unbearable stress: Rwanda caught in the Malthusian trap'. Theirs was an in-depth case study of a highly densely populated area in northwest Rwanda during the immediate pre-genocide period 1988-1993. 'Acute competition for land in a context characterized by too slow expansion of non-agricultural income opportunities has resulted in increasingly unequal land distribution and rapid processes of land dispossession .... pervasive incidence of land disputes and the threat of landlessness have led to rising tensions in social relations and even within the core of family life, thus paving the way for ever more overt expressions of disharmony and violence. A connection between these ominous conditions and the civil war that broke out in 1994 is established'.

Yet, 'the fact that so few people understood that the path followed by Rwanda was a blind alley still remains something of a mystery' [2]. This general myopia was shared by officials, churches, NGOs and foreign donors, who persisted, as they still do elsewhere in Africa, in a 'measure and hope to provide' framework. Runaway population increase is seen as a 'given', something to be measured, with no suggestion of it being *reducible*: rather like someone who is about to be pushed out of an aeroplane calling out for an altimeter rather than a parachute! When I was last in Kigali in 2001 visiting my mother and sister, the



Husi aged 3 with John's sister Meg in Shyogwe, Rwanda

Courtesy of Rev MJ Guillebaud

population had returned to the pre-genocide total through natural increase plus immigration and I was told by officials that they expected a doubling to 15 million by the mid 2020s. Can this really happen? In 1998, Andre and Platteau stated, 'It is not rare, even today, to hear Rwandans argue that a war is necessary to wipe out an excess of population and to bring numbers into line with the available land resources' [2, p40: footnote 41].

There is, surely, a better way, by preventing excess numbers in the first place, which must not and need not involve coercion. During my visits to Rwanda I meet many women (though fewer men) clamouring to learn about fertility control. Provision of education (especially for women) and holistic reproductive healthcare including available, affordable choices in voluntary contraception are measures that work [1,3]: the aim being that no Rwandan woman who wishes to use a contraceptive (tonight) lacks the means to do so.

Ironically, in 1991 ONAPO, Office National de la Population, had calculated that for each Rwandan franc invested in their family planning programme Rwanda would save about 16 francs by 2016 [3]. Subsequent events suggest that such investments are also truly life-saving.

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# BODHI TIMES

Benevolent Organisation for Development, Health & Insight (BODHI)

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*We aim sustainably to improve health, education and the environment in developing countries by providing a hook, not a fish. BODHI was founded in 1989 on the principle of skillful, compassionate action and is neither religious nor political. We have supporters and advisers from many faiths. We encourage your ideas and acts of kindness. Realising the interdependence of all beings is in our enlightened self-interest. Now more than ever, if we don't work together to reduce the world's much-discussed problems, then who will?*

## Projects new . . . and old

*BODHI has long hoped to reach out into other areas of the world. While it's easy to throw money at popular causes, we've tried to honour a different mandate, choosing knottier, less glamorous and riskier projects and people to support. At the same time, we feel our responsibilities to our loyal supporters very keenly, so we're very cautious in our decisions. Currently, while projects are developing on the Indian subcontinent, we've decided to support an educational project in the Philippines.*

### Northeast India

Projects proceed slowly in areas so remote and difficult to access. We'll have more to report at a future date. Meanwhile, we're exploring funding with the Tata Foundation to conduct a proper trial of the parasite control program described in the last issue of BODHI Times, perhaps with support from North Eastern Hill University based in Shillong, Meghalaya. We're also investigating supporting NEIDAC (North East India Drug and AIDS Care) ([www.neidac.org](http://www.neidac.org)). The Northeast has one of the highest incidence and prevalence of HIV/AIDS in India.

### Kenya

Through a contact with Professor Willis Oluoch-Kosura, at the University of Nairobi, there may also be a chance trialling the parasite treatment program described in the last newsletter.

### The Philippines

BODHI is working with the Grameen Foundation Australia to provide educational loans to destitute students at the University of Eastern Philippines (UEP) in Northern Samar that may prevent them from dropping out. Apparently most of the 7,000 students at the campus are fairly poor. Among them are a couple of hundred students whose families the university classifies as 'destitute.'

'I went into the homes of a few of them,' reports a Grameen Foundation supporter. 'The sight of crushing poverty, dispossession, and even nakedness made it

hard to imagine how these families managed to put a child through the school system and now through the university.' Sometimes these families produced one child who 'shone like a star,' whose talent could not be killed, even by hunger and malnutrition. 'Parents and extended family pitched in to put the wretched child through the school system, and now through the University.'

Every year about 100 such students kids defy odds and enter the UEP. Half of them eventually succumb to crushing financial pressure and drop out before completing their studies. Those who make it break the poverty cycle for their family and extended families. The University charges only 50 pesos per unit per semester; students must maintain at least 18 units for a full-time load. That is about 1000 pesos (A\$25) per semester. Another 1000 pesos provides books and other costs. A\$50 per semester will make a large contribution towards student's total costs.

The Grameen Foundation has agreed to provide A\$10,000 per year for four years to get this scheme going with 100 destitute students.

The UEP cooperative wants the money to be given to the students as a loan rather than as a scholarship. They suggest that to ensure repayment the loan agreement should be with the family and co-signed by the neighbours. The UEP cooperative is determined to ensure the eventual sustainability and self-funding of the scheme.

The Dean pointed out that such students will pass the \$100 (4000 pesos) given to him to their families, whose needs are great. The only way to ensure that this money is utilised by the individual student is to pay the university fee directly and disburse the remaining amount in 400 pesos (A\$10) monthly instalments.

The university is willing to administer this scheme at its own cost and has agreed to form a panel of academics to act as an independent selection committee.

### East Timor

We are still investigating potential projects in this newly independent country.

### Tibet

For news on the Revolving Sheep Bank, please see page 3.

Nomads in Tibet, among those who received sheep and goats last year.

Please see story on page 3.

Photo courtesy Prof. Goldstein and Dr. Beall



# The real costs of climate change

After a hiatus, concerns about global warming returned in the late 1980s, and have been a theme in this column since 1991. In the same year William Nordhaus, a leading US economist, published an influential analysis on the cost effectiveness of abating climate change. Nordhaus estimated that a doubling of CO<sub>2</sub> to 560 parts per million (ppm) would reduce US gross national product by a trifling 0.25% and that at the most, World National Product (WNP) would be reduced by 2%, with most of this cost borne by poor countries. (Two percent of the current WNP of US\$40 trillion is about US\$800 billion). Though Nordhaus cautioned that his findings should not be used as an argument for a *laissez faire* approach to the greenhouse effect, a generation of conservative economists and policy makers have in fact used his conclusions to justify inaction and complacency.

Optimism and naïveté also were evident at the 2004 Copenhagen Consensus in which eight prominent economists were asked to prioritize how US\$50 billion, spent over five years, could best be used to address a prearranged list of challenges, including HIV/AIDS, under-nutrition, poor health services and climate change. As economist Jeffrey Sachs, a critic of this conference has pointed out, US\$10 billion per annum is a minuscule amount compared to the scale of these challenges. For example, the US military spends almost US\$450 billion per annum, while the total amount globally spent on aid is about US\$70 billion. If rich countries increased their aid spending to 0.7% of their GNP (as many have claimed to aspire to), this would increase by US\$140 billion.

## Complacency

Of the challenges listed, dealing with climate change was ranked lowest by the Copenhagen meeting. This conclusion was widely publicized. This complacency about climate change is based on three key, uncertain assumptions:

The first is that when Nordhaus published his study there was consensus that a doubling of CO<sub>2</sub> would cause a warming of between 1 and 3°C. Now, the most probable range has risen to 1.5-4.5°C, and the upper boundary looks likely to increase further. Climate change has far more effects than temperature increase. There is also debate about the frequency and severity of extreme weather events, the speed and degree of sea level rise and the impact of climate change

upon the world agricultural system. It is not hard to imagine sequences of climatic effects that trigger adverse economic and social consequences of sufficient power to undermine, or even reverse development, leading to falls in the WNP much greater than 2%.

## Up in smoke

Some of these concerns are listed in 'Up in Smoke,' a recent document sponsored by a group of eighteen development NGOs (<http://www.ewg.org/reports/upinsmoke/pr.html/>) (see also forthcoming *Lancet* commentary by McMichael and Butler).

A second assumption implicit in the mainstream economic literature is also dubious. Nordhaus's original cost-benefit calculations assumed a concentration of CO<sub>2</sub> at double its pre-industrial level. In March 2004 CO<sub>2</sub> was recorded at 379 ppm, 34% above the background level. Of concern, the increase over the previous year was a record, at almost 3 ppm, just beating the previous record set in 1998. But that earlier record had been attributed to the strong El Niño event of that year. The more recent increase, in the absence of an El Niño, raised eyebrows because it hinted that an ecological feedback between climate change and atmospheric CO<sub>2</sub> levels may be developing. (A feedback is a consequence of an event that in turn changes the cause – in this example, for the worse). Dr. Peter Cox, at the Hadley Centre in the UK speculated that the record increase in atmospheric CO<sub>2</sub> might be related to the 2003 European heat wave. This is thought to have contributed to the death of an abnormally large amount of vegetation, caused additional forest fires, and most invidiously, reduced soil storage of CO<sub>2</sub>.

Speculation of ecological feedbacks worsening climate change is not new. In 2000 a team led by Cox suggested that CO<sub>2</sub> levels could rise as high as 980 ppm by the year 2100, because of feedbacks from climate change damaging the terrestrial 'carbon sink' especially the tropical forests, including the Amazon.

So, at the worst case, in the year 2104 the world could have a CO<sub>2</sub> concentration of more than 600 ppm, an average temperature at least 4°C higher than in 1960 and be awash with more floods, droughts, crop failures, hunger and violent conflict. In such a world the WNP would be reduced by far more than 2%; indeed civilisation as we know it would be threatened.

This leads to the third key assumption in the complacent approach to climate change: that a solution can be found just as the problem becomes catastrophic. A medical analogy is that the best way to treat a long predicted viral epidemic would be to build hospitals and to search for a cure when the disease strikes, rather than to invest in developing a vaccine.

In short, climate change remains an important issue, including for development. In the last few months both Japan and the US state of Florida have been struck by repeated storms, and there has also been severe flooding in Bangladesh and Northeast India. Haiti, a country with only 2% forest cover, was particularly vulnerable to and affected by the recent series of Caribbean hurricanes. No one can yet say that these storms are definitely related to climate change, but there is increasing scientific consensus, and – outside the US and Australia – growing political consensus that climate change could become an overwhelming problem for the next generation.

## Reducing military spending

This does not mean that issues like the strengthening of health and education systems in developing countries, tackling HIV/AIDS, TB, malaria, maternal mortality, meeting the Millennium Development Goals and so on should be sacrificed in order to tackle climate change. Instead, it would be far better to divert military spending (not only by the US but also by developing countries such as India) towards health and development. This challenge was completely ignored by the Copenhagen Consensus: it was not on their menu.

While technological breakthroughs continue, the capacity of the world to tolerate its human burden has been repeatedly underestimated. Some politicians, corporations and consumers are starting to realize the fundamental dependence of civilisation upon the Earth's human and environmental resources – and that these resources are linked. The scientific literature is bursting with articles about the ways, means and urgency to achieve the sustainability transition. The present could be worse than it is; let us work for a future that is better than it could be.

*See website for longer article and references.*

## Revolving Sheep Bank

# It worked!

Early reports from the Phala area of western Tibet confirm the success of the Revolving Sheep Bank. (See photo p. 1.)

The first repayment of fifty female sheep was made last fall, 2003, in Year 4 of the project. They were then loaned to another poor family. The second area in which the Revolving Sheep Bank operates plans to collect the first 50 female sheep this (northern) fall and redistribute them.

Yonden, our employee 'on the ground,' told Prof. Goldstein that a number of nomads told him that this is having more of a positive effect than the government's official poverty alleviation scheme in these areas. We won't have definite data until Prof. Goldstein visits the sites next year. In the meantime, he's submitted a report we've posted on our website ([www.bodhi.net.au](http://www.bodhi.net.au)).

## Other news

Colin has four articles in-press. One, in *Public Library of Science Medicine*, a new open-access journal (<http://medicine.plosjournals.org>) discusses population pressure as an underlying factor for genocide and the catastrophic scale of HIV/AIDS in sub-Saharan Africa; a second is a commentary in *the Lancet* about development, climate change and the Millennium Development Goals (first author Prof. Tony McMichael). Another commentary, about scenario theory, will appear in *EcoHealth*. The fourth article (co-authored with Carlos Corvalan and Prof. Hillel Koren) discusses health and scenarios, to be published in *Ecosystems* early in 2005. Colin also has five book chapters (three with co-authors) slowly nearing publication. See website for details.

## Health & human rights in Tibet

*Excerpted from Sonal Singh, Lancet 2004; 364: 1009 Department of Medicine, Unity Health System, Rochester, NY, 14626 USA (S Singh MD), [ssingh@unityhealth.org](mailto:ssingh@unityhealth.org). Awaiting reprint permission from the Lancet.*

Behind the facade of modernisation since the 1951 invasion by China, 'Tibetans face grim health and human rights realities. Numbers of health workers in the TAR Tibet Autonomous Region) might seem impressive—almost 11,000 health workers and more than 3,000 barefoot doctors (people with 3-6 months' basic health training)—but hospitals lack infrastructure and equipment. One in five city hospitals has no facilities for even simple surgery and there is only one CT scanner in all Tibet. For the 80% of Tibetans who live in the rural hinterlands, medical facilities are scarce, and health workers here rarely have full medical training. Difficulties in transporting patients across long distances and rough terrain mean that many illnesses are left untreated. Where facilities do exist, hospitals may charge anywhere from 1000 Yuan (US\$120) in rural areas to 3000 Yuan (\$360) at urban hospitals as a security deposit—many months' salary for Tibetans.

...  
Certainly poverty, and isolation, and altitude in many parts of Tibet – and other rural regions in China – create challenges for the delivery of health care. In addition to these difficulties, However, language barriers, persecution, and torture contribute to the poor health of Tibetans. Around one in five Tibetan refugees in Dharamsala, India, met criteria for post-traumatic stress disorder. Methods of torture reported included electric shocks and suspension in painful positions, beating with iron bars, and setting dogs onto prisoners. China may have invested in the modernisation of Tibet, but affordable and adequate health care is still not available. Beijing's economic policy for the western region of China has focused on large-scale infrastructure projects such as roads, railways, dams, and power stations, whereas health and education have been left wanting. Although there are signs that Beijing is acknowledging the crisis, adequate health care for the Tibetan people will require a change in priorities as well as greater international participation.

*References and full text on website.*

## Thank you

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Dr. Annie Whybourne, NT, Australia  
Annie Willock & Bart Wisse, Tasmania, Australia

## BODHI and Grameen

The BODHI/Grameen partnership begun last year is working well so far. BODHI Australia accepts donations for the Grameen Foundation Australia, which are tax-deductible. The projects for which the funds are intended must meet BODHI's selection criteria. To date, A\$5000 of such funds have been used for the educational project in the Philippines discussed on p. 1.

## We need your help

Thanks to your generosity, BODHI has supported many exciting and innovative projects, such as continuing education for remote health workers, literacy (a key to better health) and a micro-credit scheme for Tibetan nomads.

To continue, we need your help. Please send your donation, in U.S. or Australian dollars, to an address below. Contact us for details of direct-debit facilities.

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Dr Denis Wright on

## Women and Trafficking

The image you see is not a real one; simply one photograph representing two superimposed extremes: a traditional Indian villager finding herself on the streets of modern Riyadh, Saudi Arabia, with no knowledge of exactly where she is in relation to her homeland, no ability to speak the local language, and neither the money nor the passport to get herself home.

A young woman from a village in Bangladesh may be ensnared in the web of trafficking because of the promise of legitimate work – as a domestic employee, for example – in a large city such as Dhaka, or even in a transnational operation that takes her to India or further abroad. She may willingly agree to the deal in the belief that she and her family will benefit financially from it, but once out of her home village, she may find that she is placed in work that is rightly termed slavery, without the means of escaping from it. Indeed, she may find she has no choice for survival other than to go along with whatever she is ordered to do by her employer, because she has no way of knowing how to get back to her original home. Even if she did, she may be shunned and persecuted by her family on return because of her experience, especially if she has contracted a disease such as AIDS, acquired in performing the real services for which she was trafficked.

The reasons why women cannot seek legitimate work in the way men can are related to the values and norms of the society in which they live. In many traditional societies, women cannot migrate in search of work without being accompanied by men, for the family's honour is at stake. Men may travel comparatively freely across their homeland, and cross international boundaries unchallenged, but women may not. Their only recourse then is to use illegal or pseudo-legal means of travel from one place to another. Therefore, what is called 'trafficking' is more properly to be understood in the context of woman's migration in search of work, and the irony is that the methods imposed by governments to stamp out trafficking often make it harder rather than easier for women to accomplish this. When legitimate travel for unaccompanied women is banned, they have to seek out and use illegal migration routes, and this places them at the mercy of the very people such legislation is designed to attack.

The international dimension to this is one strewn with perils for women. If we take a hypothetical case (but one based on documented fact), a young woman from a Bangladeshi village may go to Dhaka and work legitimately for some time in a garment factory – hard, exacting and demanding work that yields a small but welcome income for her and her family. She learns through sheer necessity about survival in a new city and begins to make a life for herself. Then, through the effects of globalisation of labour which enabled her to acquire this job in the first place, the global market suddenly dries up, and she is out of work.

She will be reluctant to return home, as she will already be under some suspicion in her village because she has been living for months or years in new surroundings unsupervised by her family. Desperate for work, she may be offered employment as a domestic servant in Calcutta – but she is denied legitimate travel opportunities to take it up, and thus needs the cooperation of a trafficking syndicate. Suddenly, she is at the mercy of a system that will end in a brothel in Bombay or with unremitting labour sixteen or more hours a day, seven days a week, at a large house in the new city. Refusing to do such work, she is now an illegal and penniless immigrant in a foreign country, with no-one to help her, facing the full force of the laws she has broken by being trafficked.

She may thus have no choice but to accept whatever work is offered to her, and will enter circumstances that usually to tragedy.

She may, if she is attractive and clever enough, find herself targeted by international traffickers who are aware that she will do anything to escape the morass of the sex industry in India or unrelenting manual or domestic labour. She may



then be recruited by international traffickers as a domestic worker in the Middle East or Hong Kong, given false identity papers and trafficked to one of these destinations. She may be accompanied by men supervising the travel arrangements of other women, Indian and Nepali, who have legitimate passports and who believe that they are going to a country where their wages and conditions will be bearable, and from where they can send money back home.

Some such women do indeed find they have been recruited for legitimate and financially rewarding jobs in places like Saudi Arabia, but all too often they quickly come to learn that their position is at least as bad as that they may have escaped back on the Indian subcontinent, but by which they are imprisoned more than ever. Their employer will have taken their passport for safe keeping, and may well make demands on them for services they cannot refuse, for they are now in a foreign country and with no means of escape. This may also be the fate of women who went willingly on legitimate passports to their new employer. Powerless and cowed, they endure in miserable circumstances where physical and psychological pressures on them are intense.

The point is that the image of the trafficked woman is not really the stereotypical one of the Nepali bride hoodwinked into a sham marriage and then taken off to a brothel in Bombay. This does happen, sadly, and with horrific results, but the reality is that the trafficked woman is more likely to have been forced by circumstances into becoming part of the trafficking network, where, because of the ill-considered laws regarding trafficking, the victim becomes the criminal and the traffickers get off scot-free.

This form of trafficking will continue as long as women are given little or no opportunity to travel freely in search of paid work, regardless of the nature of that work. This is a matter demanding global solutions, for its international dimension ensures that no solution is possible without a global approach to it. Advocacy groups can achieve something by understanding the fundamental nature of the problem and lobbying for effective solutions. They can also provide facilities and money for assistance in rehabilitating the millions of women who have suffered the terrible consequences of trafficking and have been extracted from their plight. But escape means nothing without somewhere to go. International organisations can do a great deal in this regard for the unfortunate victims of human trafficking.

[Note: The definition of a child varies according to circumstances. If a girl is married at 14, is she a child? She certainly acquires on marriage all the responsibilities of a woman. International definitions concerning trafficking make the age of majority 18, yet many of the women trafficked are under that age. In many cases, it is appropriate to treat cases of trafficking of women and children similarly, because the problems they encounter in respect of employment are often identical.]

*Dr Denis Wright is taking study leave next year to continue his work in and complete his book on child labour and trafficking in Asia. He has acted as an advisor to the Australian government on child labour in Asia and related issues such as trafficking. He is investigating potential projects for BODHI on the subcontinent.*

# BODHI TIMES

Benevolent Organisation for Development, Health & Insight (BODHI)

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*We aim sustainably to improve health, education and the environment in developing countries by providing a hook, not a fish. BODHI was founded in 1989 on the principle of skillful, compassionate action and is neither religious nor political. We have supporters and advisers from many faiths. We encourage your ideas and acts of kindness. Realising the interdependence of all beings is in our enlightened self-interest. Now more than ever, if we don't work together to reduce the world's much-discussed problems, then who will?*

## Chakmas

**T**houghts of the Partition of India in 1947 usually bring to mind the Hindu/Muslim and India/Pakistan rifts, but spare a thought for those who have become refugees in their own land. The Chakmas are classified as a tribal people. They regard themselves as Buddhist and for this reason faced discrimination in both predominantly Muslim Bangladesh. Now in normally tolerant India, they still face discrimination. On April 2, 2005 in Delhi, Colin met with Mr. Susanta Chakma, a law graduate from Delhi University, originally from the North East Indian state of Arunachal Pradesh (AP). Susanta founded SNEHA, a word that, like 'BODHI' can be translated as 'compassion.' We hope SNEHA will be the local partner for a new BODHI project in NE India.

In the 1960s, Chakmas now in AP lived in a river valley in the Chittagong Hill Tracts of East Pakistan (now Bangladesh). They'd been there for millennia, though some Chakmas believe they once lived around Lumbini, where the Buddha was born more than 2500 years ago. At Partition some campaigned, unsuccessfully, to join India.

### India's generosity

In 1964, 30,000 Chakmas were resettled in AP, a remote and sparsely settled state close to a sensitive border with Chinese-occupied Tibet. The Chakmas had been displaced by the Kaptai Hydro-Electric Project, which submerged their arable land. President Nehru offered them resettlement, as he also did around the same time to Tibetans fleeing Chinese persecution. Chakmas were offered about 5 forested acres per family, close to one of the many strongly flowing rivers of this region. Since 1964 the Chakma population in AP has doubled, the forests have been cleared and their land remains fixed in size. Flooding is an increasing problem. Birth rates are high and poverty is increasing. Health care, roads, schools and other infrastructure are rare.

Life in India was more promising at first, but since the 1980s Chakmas in AP have faced increasing hostility. This spilled over from neighbouring Assam, where discord had been triggered in part by the migration of other Bangladeshis. Tensions climaxed in a 'Quit AP' movement in the early 1990s, marked by violence, intimidation and house burnings, directed not only at the Chakmas but also at Tibetans and Hajongs, another minority group.

One discrimination practised by AP state government officials was the consistent failure to forward Chakmas' legitimate applications for Indian citizenship. In 1996 the Indian Supreme Court ruled that this practice was illegal, affirming the right of Chakmas to be full Indian citizens. However, little has changed on the ground, except that overt violence has diminished. Clearly the Chakmas cannot rely on the Indian authorities to escape their poverty



Students at the Chakma school in Arunachal Pradesh Photo: SNEHA

(see p. 2); they must improve their own human resources. Education is vital for this.

### Education

Chakma children in AP have very limited access to state-provided education. State-provided teacher ratios are as low as 1:300. There is little cultural appreciation of the value of literacy in this predominately farming people, who rely mainly on paddy and a few cash crops for a subsistence living. The school dropout rate is as high as 95%. Many Chakmas grow up expecting to be harassed, assaulted and despised. They have been routinely prevented from participating in literary activities, games and sports.

Now, a few educated and dedicated Chakmas (with some prominent supporters, some of whom are Hindu) want to change this position. A grant from the National Foundation for India allowed SNEHA to start a Chakma primary school in 2003. The school hopes to upgrade every year to achieve the Secondary Senior level. Recently, 148 children attended. Students are taught in three languages: their mother tongue, Hindi and English. From Grade III onwards, they are taught only in Hindi and English. The attendance rate in the area served by this school (see photo) is now 98%.

SNEHA aims to provide value-based education based on five core universal values: truthfulness, righteous conduct, peace, love and non-violence. The school stresses the following areas:

- \* Promoting reading habits in children and their parents.
- \* They want their children to be good human beings first. 'Smart' can come later.
- \* Creating environmental awareness

see p. 3

refugees in their own land



# The silent tsunami

Just after the last issue of *BODHI Times* was distributed, the Asian tsunami killed more than 270,000 people and injured hundreds of thousands more. It also devastated many towns, villages and other forms of coastal infrastructure. Children were unusually vulnerable. From the Indonesian province of Aceh, on the northern tip of Sumatra, Dr. Stuart Collins wrote:

'The tent reminds me of a refugee camp I visited yesterday. Of 1077 total population, only 26 were aged under five. You would expect 150 kids in a population that size. Of those 26, almost all were under 2, perhaps safe in their mother's arms while their older siblings were swept away. There was only one three-year-old and no four-year-olds in the entire camp.'

This natural catastrophe has increased attention on the poverty and vulnerability of many people in poor countries, strengthening the recent shift towards a higher profile for foreign aid, evident for example in the Commission for Africa, chaired by United Kingdom Prime Minister, Tony Blair. Consistent with this higher profile and evident since the Jubilee movement (for debt relief) in the late 1990s has been the fanfare over the Millennium Development Goals. To strengthen the evidence of progress (or otherwise) towards these goals, a team commissioned by the World Health Organisation has just reported its findings into the cause of death in children under the age of five. This figure approaches 11 million children per annum, almost all of whom are in developing countries. Only four infectious diseases—pneumonia, diarrhoea, malaria and neonatal pneumonia or sepsis—account for more than half (54%) of these deaths. Undernutrition was found to be a similarly important factor, especially contributing to the infectious diseases. An additional 20% of these deaths were attributed to premature delivery and asphyxia at birth, causes which could be prevented by access to reasonable health care.

While not all of these deaths could be avoided, even if there were excellent medical care, we can assume—very conservatively—that 75% would be. This therefore equates to the deaths of more than 300,000 poor children every fortnight. This death toll represents a silent tsunami whose constant repetition—together with the diffuse and anonymous nature of the victims—defies broader interest and publicity.

Bare statistics do not reveal the human suffering implied by these premature deaths. This suffering is experienced not only by sick children but also by many of their families. Almost 4 million of these deaths

It is undeniable that the suffering of the tsunami warranted and stimulated a massive and urgent response. In contrast, the everyday suffering of the poor goes unnoticed. Perhaps this response is understandable, given that we remain essentially tribal beings. People living in villages in Burundi, Bihar, or Belize are a long way from the experience (even virtual, such as on television or the Internet) of most people who will read this, and the fate of our children is hardly of concern to most villagers.

occur to neonates (babies younger than 28 days). It is sometimes argued that the practice, common in many developing countries, of delayed naming of children signifies parental indifference. If anything, this practice suggests the reverse. If parents really were indifferent to the fate of their children (a biologically implausible argument), then what would it cost to lose a named child? Instead, delayed naming is more likely to represent a socially sanctioned way to try to disengage from and lessen the grief parents feel upon the death of a child.<sup>1</sup> As a medical student I was briefly in Nigeria, where to be childless was a great stigma. WTBP (Wants To Be Pregnant) was a catch-all diagnosis for any childless woman with a vague complaint. It therefore follows that children are likely to be valued.

It is far more likely that it is we who are indifferent to the deaths of children in developing countries. Not only are the children young and not only do they perish from illness: in the slums (favelas) of Rio de Janeiro, an estimated 4,000 teenagers died last year from gunshot wounds, ten times the number of children who died in the much better published Israeli-Palestine conflict.

## Who is indifferent?

I mentioned a radio interview with the economist Jeffrey Sachs (see *BODHI Times* 27) to a medical colleague, who not only expressed indifference about the death of children in Africa but also volunteered that such deaths were desirable 'to keep the numbers down.' This belief, surely more common than is voiced, is misinformed. For a start,

while premature deaths undoubtedly slow population growth, the total population in many parts of the developing world continues to increase. More fundamentally, what good comes from these deaths? Would it not be better to avoid them by better health care, voluntary child spacing, and more economic opportunities? As well, increased child survival is very valuable in societies where social security is best provided by healthy adult children.

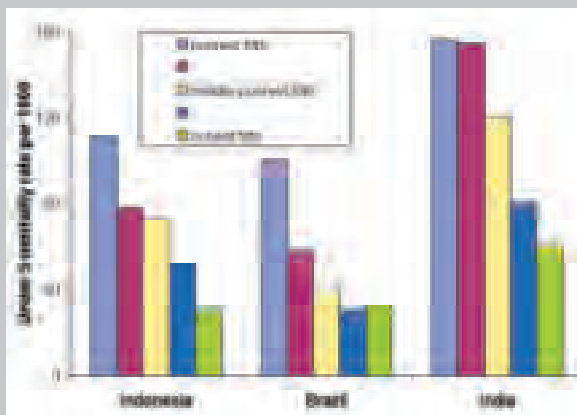
## Indian pride

Two countries affected by the tsunami declined all foreign assistance: India and Burma. India is rapidly becoming a major economic and military power. But it remains a country of high inequality, with an apparently extraordinary cultural capacity to tolerate the deaths of poor children. The figure below, adapted from an article in *The Lancet*<sup>2</sup> shows the under 5 mortality rate by quintile (fifths) for three populous developing countries. The rates in Indonesia—which accepted billions of dollars in tsunami aid—are much lower than in India. The death rate in India for children under 5 in the poorest fifth was about 150 per 1000. Even more astonishingly, the death rate for the second poorest fifth is almost as high. Above, I argued that it is unlikely that individual parents are indifferent to these deaths. But it seems plausible that wider Indian society and culture in fact is largely indifferent.

The cover story about the Chakmas in Arunachal Pradesh highlights one small example of official Indian indifference and discrimination. The 'new-Buddhist' followers of Dr. B.R. Ambedkar (see opposite) are another comparatively poor Indian community whose very existence is a response to cultural discrimination. The graph suggests that other forms of discrimination continue to flourish in India, including, but not limited to scores of millions of lower-caste Hindus.

**References** (full references at [www.bodhi.net.au](http://www.bodhi.net.au))

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## Refugees in their own land, from p.1

by planting trees, gardening, discouraging the use of plastic, and explaining the consequences of deforestation, which is widespread in AP.

\* Instilling awareness of the importance of hygiene, cleanliness, social service and responsibility through cleaning their own campus and the premises of the local Buddhist temple.

\* Providing students with games and sports.

\* Trying to find funds for cultural activities, such as purchase of musical instruments; teaching children to sing patriotic songs.

BODHI is providing an initial grant to be used to enable a pay increase for the dedicated Chakma teachers of IRs/-300 per month.

### Health

Health will improve not only by reduced poverty but also by the greater knowledge and behavioural changes that education (especially literacy) allows. Health facilities to the Chakmas are very limited but may follow if funds allow. Dysentery, diarrhoea, elephantiasis and typhoid are common. 'The nutritional status of the Chakma children is very pitiable. Pregnant and lactating mother do not get sufficient nutrition ... all ... live in an environment characterised by malnutrition, undernourishment, poor shelter, dearth of safe drinking water and sanitation,' Susanta says. See our website for more details.

For further information about SNEHA, please see [www.sneha.org.in](http://www.sneha.org.in).

### Ways for you to participate

1 teacher's salary for 1 yr	IRs/-	36,000
Teachings aid & equipment		20,000
Games and sports		10,000
Cultural activities		10,000
Books and stationery 750 ea x 240 students		180,000
Library books		100,000
Teachers' training		50,000
Medicines, water, electricity		22,000

100 Indian rupees (IRs/-) = A\$2.97 & US\$2.29 on Apr 15, 2005

## Other news ...

Colin has been commissioned by WHO to assist Prof. Tony McMichael to write a key background paper for the Bangkok Declaration, which will replace the 1986 Ottawa Charter (for Health Promotion). This paper covers emerging health problems, the patchy demographic and health transitions and globalisation, among other topics.

The Revolving Sheep Bank has been used as a model by The Bridge Fund ([www.bridgefund.org](http://www.bridgefund.org)) for its yak and livestock programs in Tibet.

Congratulations to BODHI supporters BR Gurjar and his wife, Anita, on BRG's appointment as Assistant Professor (Environmental Engineering) in the Dept. of Civil Engineering at the Indian Institute of Technology (IIT) Roorkee (<http://www.iitr.ac.in/>). The engineering college in this 'city of intellects' was once the first such school in the British Empire.

**New-Buddhists in central India.** Colin has been invited to attend two conferences and a ceremony in October to mark the 49th anniversary of the conversion to Buddhism of Dr. B.R. Ambedkar, India's first attorney-general and principal architect of the Indian constitution. Born an 'untouchable' but educated in India, the U.K. and the U.S., Ambedkar's conversion was prompted by the intractable structural cruelty and rigid discrimination of the Hindu caste system. Well over 20 million Indians have since followed his example and now constitute by far the largest Buddhist community in India today.

### Working with Grameen

**Tsunami Orphans Project, Sri Lanka.** Details are being discussed as this goes to press. We'll let you know more next time.

**Cambodian Orphanage Project.** BODHI has long wanted to work in Cambodia but has been reluctant because of the level of official corruption and lack of a specific connection. However, Grameen Foundation Australia recently assumed management of three orphanages in Siem Reap and we may be able to assist there.

The **Philippines Education Project** (see *BODHI Times* 27) is just getting off the ground and we've sent our initial funds. More as it develops.

## Thank you

Prof. Bob Douglas, ACT, Australia  
Dr. Bryan and Anne Furnass, ACT, Australia  
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Mamie & Merle McGee, California, USA  
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Drs. Ron and Rennie D'Souza, ACT, Australia  
Dr. Roscoe Taylor, Tasmania, Australia

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Cambodian Orphans Project  
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Philippines Education Project  
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Tsunami Orphans Project  
& Audrey Meltzer for Internet research

**Tsunami debate.** BODHI's directors are having an ongoing debate about tsunami relief. Like everyone else, we feel deeply concerned and want to do what we can to help affected peoples. On the other hand, so much cash has been donated that aid agencies are delaying its disbursement. So what do we do? We are accepting donations but will wait until urgent infrastructure needs are met. We hope to become involved in a long-term project, possibly in Sri Lanka.

## We need your help

Thanks to your generosity, BODHI has supported many exciting and innovative projects, such as continuing education for remote health workers, literacy (a key to better health) and micro-credit for Tibetan nomads.

To continue, we need your help. Please send your donation, in U.S. or Australian dollars, to an address below. Contact us for details of direct-debit facilities.

### Donations by U.S. and Australian taxpayers are tax-deductible

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# Revolving Sheep/Goat Bank

*Prof. Melvyn C. Goldstein submitted the following interim report.*

## Overview

As a result of a longitudinal research project led by Professors Melvyn Goldstein and Cynthia Beall in the nomadic pastoral area called Phala (in Namring district west of Xigatse and Lhatse) from 1986-2000, a cost-effective solution to the problem of the long-term poverty of a segment of the Tibetan nomad population emerged—a revolving sheep/goat bank.

Funds were secured from Benevolent Organisation for Development, Health & Insight (BODHI) to create a pilot revolving sheep bank that would lend 50 fertile female sheep to poor families for five years. Recipients kept all the products (offspring, milk, wool, butter and cheese) from these borrowed sheep but were required to repay the same number of fertile female sheep they received in two payments, half (25) after the fourth year, and the remaining half in the fifth year.

The goal of this aid program, therefore, was not only to provide a one-time welfare grant to poor nomad families so that the recipient households can attain economic self-sufficiency, but also to ensure that the local community obtained the capital for a self-perpetuating animal bank that will be able to continue to assist needy families indefinitely in that locality.

## Operationalization: trial program

The pilot project was implemented in adjacent sections of two nomad areas (xiang) for five years. Each year 4 poor nomad households in this area received 50 fertile ewes purchased with project funds at a fair local price from richer nomads with excess animals. Each household in the project signs a formal loan agreement and each is co-signed by a guarantor.

The project was begun in 2000. Since then it has provided funds to enable the local governments (xiang) to purchase 200 ewes in year 01 and in each of the next four years [see our website for table]. Households use the animals for 4 years and then repay ½ of their loan in year 04 (2004) in fertile female sheep (without interest). The remaining half will be paid in year 05 (2005). Thus, in year 04, each of the 4 households who received sheep in year 01 will pay back 25 fertile sheep or a total of 100 sheep to the xiang. The project provides funds for an additional 100-200 sheep, so in year 04, sheep can be once again loaned to new families.

In year 05, each of the households who received a loan of sheep in Year 01, pays back the remaining 25 sheep they owe for a total of 100 sheep to the xiang. At the same time, each of the households who received sheep in year 02, pay back the first half



Nomad in Phala, Tibet

Photo: Yonden

of what they owe, which is 25 sheep per household, for a total of another 100 sheep. Thus, in year 05, the xiang's RSB receives 200 sheep in repayment of its loans and these are given out to 4 new families as new loans. From year 05 on, therefore, the RSB will receive 200 ewes in repayment each year and will be completely self-sufficient. The sheep bank would then continue to lend to needy families. The expectation is that at the end of the loan period, the families who have used the sheep for 5 years will have reached lower middle income subsistence.

This level of payback is possible because sheep reproduce quickly. Newborn sheep/goats get pregnant in their 2nd year and give birth in their 3rd year. Thus, even assuming 10% annual mortality of adult sheep and 30% annual mortality of lambs, at the end of 5 years the revolving bank could be repaid in full and each household would have roughly 100-125 sheep left from the loan (plus having received the income from the wool of their sheep over the 5 year period, as well as the milk and butter). Data from some previous years revealed that mortality of newborns was low and survivorship high.

## Preliminary results reported by nomad xiang

Yonden, our go-between with the nomads, forwarded the following tables that were prepared by the two local governments in the summer 2004 [see website for tables].

## Future work

Dr. Goldstein will try to visit these nomad areas in [northern] summer 2005 and evaluate the impact of the trial program.

---

## What people are saying about the Revolving Sheep Bank

*'We are very happy to learn that the project is very successful. It would be a pity to discontinue the Sheep Bank.'*

*Kasur Tenzin Geyche Tethong, private secretary to His Holiness XIV Dalai Lama*

*I wish all success for this wonderful project in Tibet.*

*Tsegyam, Representative, Office of Tibet, Taiwan*

*This is the type of assistance we would like outside agencies to provide in Tibet ... I hope it will become a model for other areas and the benefit can spread.*

*Tashi Wangdi, Representative, Office of Tibet, New Delhi*

*'I want to emphasize that this Revolving Sheep Bank is something every development program seeks but rarely achieves—namely, a project that one does and then is continued by the local people on a self-sustaining basis. It is easy to give welfare money, or even to loan sheep, but not to get repaid. That is why I thought a great deal about how to make this work, and developed the idea of a 5-year program. The reason for this was that unless the recipients were given enough time to use the loan to build up their own herds, they will not be in a position to repay the loans, so the idea of self-sustainability would be lost and it would be just welfare. .*

*'And this has worked. It took time, but by being patient we have created something that is self-sustaining. We have created a fund for these people that they now have and can maintain on their own in the years ahead and use at they see fit to help poor nomads to change their lives. We have given them a way to help poor people in the years ahead without us. That is something truly wonderful.*

*'Your support for this under very difficult conditions has been fantastic and I want to really thank you and BODHI personally and on behalf of those nomads in Phala.'*

*Professor Melvyn C. Goldstein*

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## Ambedkar: Breaking chains of caste

*Colin reports on his recent trip to India. We welcome the opportunity to work with this community.*

There are more statues in India today of Dr. B.R. Ambedkar, the great Dalit (preferred to the offensive *untouchable*) leader who died in 1956, than of any other person born in the last millennium, including Mahatma Gandhi, who is so much better known in the West. Ambedkar and Gandhi — contemporaries whose careers often overlapped — were both involved in a great struggle. While Gandhi focussed on freeing India from the grip of colonial Britain, Ambedkar worked mainly to free Dalits from the cruelty and oppression of other Indians, who benefited from the institutional racism and discrimination of the caste system, central to orthodox Hinduism (see box).

Using different methods (which rarely if ever involved Dalits in their formulation), Gandhi also tried to improve the conditions for the millions of people at the bottom of the Indian pecking order. For example, Gandhi used the word *harijan* (children of God) to describe Dalits, hoping this would uplift their position. Ambedkar and most other Dalits rejected this term as offensive and patronising. Rather than lobby for full socioeconomic and political equality, Gandhi argued that the traditional Dalit jobs — such as sweeping, labouring, and removing dead animals from villages — should be regarded by caste Hindus as dignified and honourable. This was seen as absurd by Ambedkar, who instead called for equal opportunity for Dalits to be educated,

nourished and to participate in a fully democratic India, thus extinguishing the very concept of untouchability.

There is evidence that Gandhi — born into the third-ranking merchant caste — absorbed and expressed a psychology which placed Dalits in a lowly position, perhaps in conflict with the mahatma's conscious preference. For example, Gandhi asked a Christian missionary to pray for the harijans but not to try to convert them as they did not have 'the mind and intelligence to understand what you talked. Would you preach the Gospel to a cow?' (1) Many other examples attest to the low regard which Gandhi had for the average 'harijan.' (2)

### India's first law minister

Ambedkar matriculated in 1907, an extraordinary achievement for a Dalit. The rarity of this accomplishment does not show any inherent defect in the mental ability of untouchables, but instead reflected their lack of opportunity and educational access. For many, it probably also reflected an environmentally determined loss of cognitive potential, shared by many chronically undernourished people (see page 2).

Ambedkar then earned four post-graduate degrees in the U.S. and UK, including a PhD from Colombia University in New York and a DSc from the London School of Economics. He became the best educated Dalit of his and possibly all time.

From the 1920s until his death Ambedkar personified and led the Dalits in their struggle

for more rights and opportunities. He became integral to the emerging leadership of independent India, not only becoming India's first law minister but also chairing the committee which drafted the Indian constitution.

Ambedkar was far less successful in his attempts to reform Hinduism (as was Gandhi). In 1935 Ambedkar declared that though born a Hindu he would not die a Hindu. Though he considered conversion to Christianity and Sikhism, Ambedkar formally converted to Buddhism in October, 1956. Within months of his untimely death in December of that year, several million Dalits had followed, thus extinguishing — at least in theory — any religious obligation to be subservient to higher caste Indians. Today, Buddhists in India who have followed Ambedkar's example outnumber other kinds of Buddhists in India (such as Tibetans) by tens of millions. Yet, their story is hardly known, even among Buddhists in other countries.

This short piece cannot do justice to the complexity and richness of this movement, whose story and struggle is far from complete. We hope to work with this community for many years, and to gradually learn and reveal more about them.

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### The caste system

All societies are stratified by birth, gender, wealth, ethnicity, religion and occupation. But the scale, rigidity and codification of the separation between groups in India is without peer - harming, for example, far more people than was the case of black and 'coloured' people in apartheid South Africa.

The Hindu caste system underpins the modern Indian economy, despite some weakening in cities and some states. It allocates occupation and social rank from birth to death and generation to generation. While some of its roots in tropical India lie in public health (eg elaborate rules governing physical contact and the sharing of food) modern knowledge and technology (eg food hygiene and sewerage systems) make this rationale totally obsolete.

Caste discrimination persists in India due to ignorance, inertia and exploitation. Hundreds of millions of more economically powerful Indians benefit from the cheap and subservient labour provided by the Sudras (the lowest of the four main castes), the Dalits (within Hinduism, but outside the four main castes) and animists and tribal people, who also share the floor of the Indian social strata.



Painting of Dr. B.R. Ambedkar, photo courtesy David Blundell



# Using the poor as shock absorbers

Worrying evidence has emerged in recent months to indicate that extreme weather events are on the rise. These include increasingly powerful and destructive storms, more intense rainfall events and more severe droughts. These events are consistent with current understanding of climate change. In some cases warmer seas and atmospheres facilitate more energetic hurricanes, cyclones and typhoons. In others, wind shifts and changed ocean currents divert drought-breaking rain. Parts of the Amazon are currently experiencing severe drought, as are many areas in Africa. Malawi, Zimbabwe, Somalia and Niger are all famine-struck.

## Hurricane Katrina: a glimpse of the future?

The current record-breaking hurricane season in the Caribbean and North Atlantic has seen three category 5 (the strongest) hurricanes. Katrina, Rita and Wilma have severely damaged infrastructure, business and morale, including in the U.S. states of Florida, Mississippi and Louisiana. The tourist 'paradise' in Cancun, Mexico is the latest victim. Wilma recorded the lowest atmospheric pressure ever observed. In July, the Indian city of Mumbai was flooded by more than 1000 millimeters of rain, falling within just a few days. This caused the deaths of more than 1000 people as well as immense discomfort, hardship and chaos.

Most famously, the storm surge and rainfall of Hurricane Katrina breached the poorly maintained levee banks of the city of New Orleans, flooding large parts of this historic city, much of which lies below sea level. Infilling of wetlands also contributed to the damage. If intact, these wetlands would have absorbed some of the storm surge. (The low pressure of these storms temporarily elevates local sea level, effectively creating a partial vacuum which sucks water skyward.) Several oil rigs in the Gulf of Mexico were dislodged. Some cost more than U.S.\$1 billion to install. Collectively, the damage from these storms far exceeds that of the world's previous most expensive storm, Hurricane Andrew, in 1992. The global insurance industry, long aware of the risk climate change poses to its financial integrity, must be starting to despair.

Florida has now experienced 7 hurricanes in less than 18 months [as of November, 2005]. Insurance rates are rising sharply, for those able to afford it. However, in New Orleans, the most severely affected people, including the majority of those trapped by floodwaters, were not insured at all. For several days the world watched, amazed and appalled by the inability of the world's richest nation to rescue its own people. But most stranded in New Orleans were black and almost all were poor. Lacking cars, many were unable to escape the storm by driving inland. Public transport in this part of the U.S. is also very patchy. As well, the offer of an Amtrak train to transport refugees was not accepted until it was too late for the train to enter the city.

I hope I am wrong, but I fear that the disproportionate suffering of the poor in New Orleans provides a chilling glimpse of our likely common future: a climate and ecosystem damaged world in which the poor are treated with contempt, becoming the most numerous victims of the growing global environmental crisis. The poor are disproportionately likely to constitute those whose houses and dwellings will be damaged by storms and sea level rise. It is the poor whose health will be most harmed by insufficient food, whether due to drought, flooding, or caprice and mismanagement, as in Zimbabwe. The poor are also most likely to suffer the ill defined 'land sickness' which in some areas (including India) is slowing or even reversing the growth of crop yields. The poor are least likely to be insured and are likely to remain uninsurable. They are also likely to be disproportionately displaced, eventually swelling the numbers of environmental refugees into the tens of millions.

## Loss of environmental freedom and growth of authoritarianism

As global consumption and population rise, personal environmental freedom falls. While ample physical space remains for all of us, its quality is declining steeply. Humans leave a diminishing fraction of this space for other species and future generations.

Like all other animal species, *homo sapiens* are territorial, whether as individuals, families, tribes, castes, clastes (see BODHI Times #15), nations or coalitions. Reduced environmental space (defined not only as productive land but also as resources of fish, fresh water, oil, wilderness and the waste land which provides a useful boundary) provokes a territorial response. Sometimes, this may occur when the reduction is anticipated rather than actual. Human territorial behaviour manifests as anxiety, posturing or overt violence. As our perception of available environmental space shrinks, so too does our sense and experience of environmental freedom.

Tensions must mount as groups jostle to retain or increase their share of environmental space. The rate of growth of human population and consumption has exceeded the limited capacity of technology (eg by extracting fossil fuel from deep underground or doubling crop yields) to expand the sum of per capita environmental space.

More powerful groups prefer violence to a voluntary reduction in their own share of environmental space. The 2003 invasion of Iraq is the most flagrant and costly example, but numerous less visible also occur, such as the land grabbing and violence against tribal and minority populations in Vietnam, Bangladesh and Assam and the displacement of hundreds of thousands of people in the Sudan's Darfur. Separatist movements in the southern Philippines and Thailand have also developed in response to the unwillingness by dominant groups to genuinely share power. More contentiously, Al Qaeda and its

mirror organisations can be considered as self-organising responses to the grotesque blight of global inequality (1).

The decline of environmental freedom has important implications for other forms of liberty. Most of the contraction of each person's use of environmental space will be self-imposed, although at a psychological cost. However, some reductions will be enforced by more powerful groups. This will worsen inequality, resentment, resistance and authoritarianism. In addition to soaring human numbers, other factors contributing to the loss of environmental freedom include accelerating oil depletion, worsening climate change and stubbornly elusive large scale technological fixes.

## Using the poor to absorb the shock

Interlocking, systematic factors operate to maintain the relative position and affluence of privileged groups in almost every society. In the past, the robber baron class monopolised political and military power. In many countries, the democratic franchise is now theoretically universal, but inequalities persist: those who are wealthy monopolise the best jobs, the greatest opportunities and the best education for themselves, their friends and their families.

Powerful, well-fed populations in many developing countries use another strategy to maintain their relative position. The evidence that underconsumption of energy-rich food and essential micronutrients (especially iron, iodine and vitamins) harms brain development, learning capacity and physical stamina is overwhelming. Bangladesh and India are two of the worst-affected countries in this regard. The Food and Agricultural Organisation of the U.N. estimates that the loss of the loss of earning potential due to cognitive underdevelopment and nutritionally related fatigue is 8% and 6% respectively of total gross national product in these countries. What is not said but logically follows is that underfed populations, on the whole, are less assertive, more easily manipulated and less capable of organised resistance. What also follows is that some of these people may also be used just as cold-bloodedly to attack those who are more powerful.

## The good news

Ultimately, using the poor to absorb the growing shock will fail. Either the poor will strike back or environmental space will decline until even the wealthy are squeezed. Both could happen simultaneously, creating a downward spiral. Using the poor as shock absorbers reduces awareness, among the well-off, of our growing predicament. As a strategy, it is as dangerous and immoral; changing it would be very good news indeed.

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# Emerging BODHI health projects

**Dalit Health.** Colin spent 2 weeks in India in October, 2005, mainly with the Dalits and other followers of Dr. Ambedkar (see page 1). He also attended the International Network of Engaged Buddhists (INEB) conference. Most but by no means all of the Dalits who have followed Ambedkar live in the central Indian state of Maharashtra. The dedication and sincerity of the people Colin met and the projects he saw (kindergartens, hostels and training programs) was exceptional. In consequence, BODHI will initially send funds to help to support an existing health clinic that provides services for Dalit slum dwellers in Pune, Maharashtra. The clinic also provides health outreach to nearby Dalit villagers. This work is staffed by a Dalit doctor and several nurses, each of whom could earn far more if they worked in the general community. Major health problems include anaemia, TB and HIV/AIDS.

**Chakma health.** At the INEB conference Colin also met Ven. Sumanalankar Mahathero, whose development, social and peace work in Khagrachari, in the conflict- and strife-ridden Chittagong Hills District of Bangladesh, is well known. BODHI supporter Padma Chakma and his family (from Canberra, Australia) hope to visit Ven. Mahathero in December, 2005. The indigenous Jhumma people including Chakmas in this part of Bangladesh, face daily harassment and violence from Bengalis who are mostly Moslem and themselves displaced from their plains homeland by poverty and population pressure. Depression and anxiety are particularly common among the Chakmas in this area, for whom insecurity is a daily reality. This is made worse by police and military who consistently fail to apply the law to protect them. We also would like to develop health projects with Chakma schoolchildren, both in Arunachal Pradesh (see last newsletter) and in Bangladesh.

## BODHI advisor Shelley Anderson co-nominated for Nobel Peace Prize

The seven women in the International Fellowship of Reconciliation's Women's Peacemaker's Program, which includes BODHI Advisor Shelley Anderson, have been nominated for the 2006 Nobel Peace Prize. Although they didn't win (this time), to have her life's work so recognised is a great honour, and helps us all to keep going. Well done, Shelley!

**Health in Sikkim.** We're still trying to develop a health program at the famous **Rumtek** Monastery, near Gangtok, working to improve the health of monks, including by training some monks in the principles of primary health care. BODHI adviser Dr. Shanti Raman is planning to visit Rumtek Monastery in December. Thanks to Thupten Norbu who, while visiting Gangtok gave a letter to Ven. Dikung Gylsay Rinpoche, a Tibetan lama who has previously expressed support for this project, as has Dr. Kalzang Diki (a doctor of philosophy, not medicine).

**Deaf Nepali schoolchildren.** We are evaluating a proposal from Dr. Sonal Singh, a Nepali physician working in the U.S. He proposes a train-the-trainer program in Nepal. Dr. Singh writes: 'Three per cent of Nepalis suffer from severe hearing impairment. ... probably because of untreated middle ear infections in children [*editor: probably exacerbated by smoky indoor air and poor nutrition*] ... Deafness is the number one disability in Nepal, with 33% of disabled persons being hearing impaired. ... Nepal has thousands of speech and hearing impaired children, but only one school for them, in Kathmandu. Most children from the villages and mountains drop out due to poverty, before finishing elementary education (class 8-10) — the highest level currently possible for hearing impaired children in Nepal, but which would enable community integration. The project would involve ensuring that at least one child from a remote area completes the whole school. Most such children then teach other hearing-impaired children. More and more deaf people are reaching out to other deaf people. Their goal is to establish a sense of community and worth, and a national sign language.'

## Holiday gift idea

Susan has written a cookbook called *Midlands Morsels, Favourite Recipes from the Heart of Tasmania (Mostly)*. Part of the profits (and all profits generated from website sales) will go to BODHI. *Midlands Morsels* contains a page about BODHI and its current and past activities. We hope to reach new audiences and media not otherwise accessible.

Please email to purchase this unique gift (\$15 + postage).

# Thank you

Response to the last newsletter was a record. Thank you to all, especially this time to:

Dr. Scott Bell, Tasmania, Australia  
Dr. Don and Julie Clarke, Tasmania, Australia  
Jenny Goldie, Australian Capital Territory, Australia  
Prof. Pierre Horwitz, Western Australia, Australia  
Dr. Brian Learoyd, New South Wales, Australia  
Jim and Charlotte Meyers, California, U.S.A.  
Dr. Elise Perry, Victoria, Australia  
Dr. Marty and Gail Rubin, California, U.S.A.  
Prof. Colin Soskolne, Alberta, Canada  
Prof. Yoland Wadsworth, Victoria, Australia  
Dr. Sue Wareham, Australian Capital Territory, Australia

**Phil Baker of the Clifford Craig Memorial Trust** for generously and continually making available his vast fount of fundraising knowledge.

To all the people who helped Colin in his recent visit to India, especially **Mangesh and Priyadarshi**.

Thanks to our accountant, **Greg Harper** of Camerons, Launceston, Tasmania, for continuing help in times of need.

## We need your help

Thanks to your generosity, BODHI has supported many exciting and innovative projects. To continue, we need your help. Please send your donation, in U.S. or Australian dollars, to an address below. Contact us for details of direct-debit facilities.

**Donations by U.S. and Australian tax-payers are tax-deductible**

**In Australia, cheques must be made out to BODHI Australia Overseas Relief Fund to be tax-deductible**

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# Advisor update

# Director update

**John Guillebaud** writes from the U.K.:

'I took early retirement from the University College London and the Margaret Pyke Family Planning Centre in 2003, so as to devote more time to what has driven my life for over 40 years: a wake-up call to anyone who will listen:



*'That our finite planet CANNOT succeed in providing a city — though it's actually mostly going to be a slum — every 5 days for a million people. Which is exactly what 78 million extra humans a year means ... How can we hope to relieve poverty with so many new poor on top of those already here? And how can there be sustainability, when you think of the environmental impact (including CO<sub>2</sub> production) by 78 extra cities every year? — above all on the habitats for the other species with whom we share this fantastic green planet?*

*'So that's the CONTENT of my message. I attempt to CONVEY it through my books and articles, through the media, and by frequent lectures anywhere in the world: about birthcontrol methods and services, but crucially also about gender equity and women's choices, rights, opportunities especially for education ... Also through being a regular consultant to WHO and other international bodies on the best use of available contraceptive technology; and by more "political" campaigning via the organisations represented by my own and linked websites, such as:*

*'www.ecocapsule.com, www.populationsandsustainability.org, www.optimumpopulation.org(OPT), www.peopleandplanet.net and of course www.bodhi.net.au.*

*'(which please visit for more on what's been happening, eg a great opportunity taken through OPT on 4th October 2005 to speak on 'Home Planet,' the BBC's environment programme).'*

## Stop press: 1st advisor in India

*We are delighted to welcome Dhammachari Lokamitra, of Pune, India, to our advisory board. Dh Lokamitra has worked tirelessly among the Dalit community since the 1970s. More in next newsletter.*

**Dr. Denis Wright** writes from Australia: 'Over the past few years, my research interests have changed from writing about Bangladeshi internal politics and identity to broader social and humanitarian themes across Asia. I have published a number of articles and book chapters on child labour, women and wage labour, globalisation and women's work, migration and trafficking of women and children across Asia. The focus of these studies has been largely South Asian, and sometimes specifically Bangladeshi, but the issue of people trafficking is one that has global dimensions.

'I am presently on study leave from my university (the University of New England), writing a book on women and child trafficking in Asia, and am preparing a conference paper on this theme for a seminar at the University of New England in 2006. My teaching areas remain in Asian cultural and Islamic history. My private interests are in film making and editing, and the full exploitation of the power of computer technology in communications and research.'

## Revolving Sheep Bank Tibet

**From the U.S.A.:** Prof. Goldstein returned recently from evaluating the first five-year sheep bank trial in Tibet. He writes, 'The sheep bank trial has been a fantastic success. I was really moved as every nomad told me how much they appreciate it and how useful it has been. They get a lot of help from the government but they and their leaders say this hits right at what they really need and has made a real difference. People who got the animals came and said it changed their lives. One person who had the animals taken away as he was trying to sell them, said he is not angry and he made a mistake by doing that. From this year on the one village has animals now coming in permanently. Even those who have not been given any because they are not reliable say if they get a chance in the future they will manage them well.

'So I think we should really try to get more money. The plan I spoke of with the xiang leader was to expand the program to the 5 other village areas under the xiang. I'll send more information soon.'

Many of you love this project and we greatly appreciate your support. However, in order to continue, we need commitments for substantial funds totalling about A\$10,000 per annum. We are exploring ways to raise these funds externally, such as seeking grants from a larger organisation and by finding volunteers who can raise funds dedicated to this project. Thank you John Bell of Devonport, Tasmania for your enthusiastic and generous support.

## Chakma education: NE India

Permission was received by the Indian government for the Chakmas to receive BODHI's donation as this went to press. We've transferred funds and hope to have a progress report soon.

## Some of Colin's publications and presentations since the last newsletter (available on website: Hot Topics)

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- Emerging health threats. 6th Global Health Promotion Conference, Bangkok, Thailand, August, 2005.
- Ecology and vulnerability: using the poor to absorb the shock. INEB meeting, Buddhism and Social Equality, Nagpur, India, October 2005.