BODHI TIMES

Benevolent Organisation for Development, Health & Insight

Founding Patron: His Holiness XIV Dalai Lama

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Guiding principle: Skillful, compassionate action
Goal: Improve health, education and the environment in developing countries by providing a hook, not a fish

BODHI provides a framework for altruistic people worldwide who are not comfortable working with traditional religious or secular organisations. We ask only for a kind heart.

What does BODHI do?

We work in low-income settings with local partners at a grassroots level on innovative projects that too often fall through the cracks of traditional aid, in the areas of health, education, the environment, micro-credit and human rights

Extirpating weeds

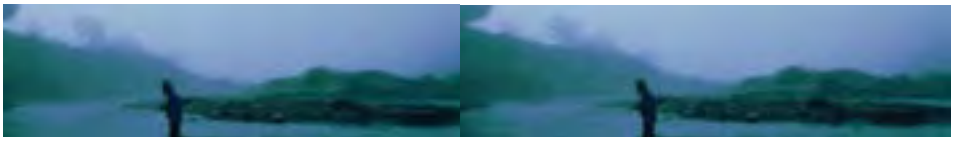
Gardening in the dark

Unwelcome wanderers stride these hills, this now-unquiet mountain paradise. They're taking root in ancestral lands as weeds that strangle life. Their names are human rights atrocities, population transfer and environmental opportunism. Who cares? Is the world listening? Why not?

With your help, BODHI is trying to help the indigenous residents of the Chittagong Hill Tracts (CHT) in Bangladesh with the garden spade and shovel of health and education — ultimately more powerful than the gun. The mobile medical team we fund in inaccessible areas of the CHT have identified that many female community members are uncomfortable discussing medical problems with a male doctor; therefore, we're providing an extra $2600 annually (Australian and U.S. dollars roughly at parity) to Moanoghar's Mobile Medical Clinics for the salary and related costs to employ a full-time nurse/educator. She will also facilitate community mobilisation and participation in public health awareness, including to reduce cigarette smoking.

Local community leaders, elders and women will work closely with our health team to ensure the widest possible dissemination of awareness raising of basic health care and hygiene. At least 10,000 people are expected to benefit. This will be a step toward empowering people to take control of their lives.

Dr Bhagadatta Chakma, a medical doctor from Bangladesh now resident and practising as a GP in Australia, returns annually to the CHT and will evaluate this project, free of cost to BODHI.



Reproductive health & academic education

Training border girls in Thailand

BODHI has begun a 3-year project with Global Health Group International in Chiang Rai, Thailand, to help promising girls complete a secondary education and develop the understanding and skills necessary to make positive life choices, including those involving reproductive health — a critical need in most rural communities of Thailand. Cost: $10,000 p/year.

This project will support community-based student-led, peer-education programs with the goal of empowering girls by encouraging academic achievement and providing reproductive health education.

One objective is to provide training and other services to several hundred girls between the ages of 12-15, that will positively impact a significant number of families in the villages and contribute measurably to community health and well-being.

cont p 3

Some Current Projects

Literacy & life skills
Monywe, **Myanmar/Burma**
Educating Burma's poorest children

Mobile Medical Clinics
CHT, Bangladesh
Health care for remote indigenous minorities

40+ Women's Health
Pune, India
Sex education, drug addiction, HIV/AIDS, cancer diagnosis

Green Tara Trust
Kathmandu Valley, Nepal
Health promotion and services for Nepal's most disadvantaged; maternal & child health

Revolving Sheep Bank
Western Tibet
Interest-free micro-credit to help nomads preserve their traditional way of life

Health for Under-nourished Tribal Children
Pune, India
Medical & nutritional help , awareness of family planning & child marriages

SNEHA School, *Arunachal Pradesh, India. School salaries, supplies, health education, deworming for refugee children*

See www.bodhi.net.au for details & updates / Become a BODHI friend on Facebook

From the Medical Director's Desk

Billions on defence, peanuts on public health

I recently co-reviewed a paper (1) that considered a perennial question: why is insufficient funding is devoted to public health? David Hemenway, author of that essay, gave several reasons explaining why public health is usually the neglected sibling in the medical family (see box).

Hemenway's 4 reasons to neglect public health

* Humans are hardwired to favour short over long-term gains.

* People prefer public funds to support and benefit known individuals versus unknown populations.

* Public health faces vested interest-led opposition to social change.

* There is little recognition of the largely anonymous public health professionals who perform this comparatively low-status work.

Hemenway mentions a recent example of the relative anonymity of those who strive to advance public health: the greatly under-recognised work of Maurice Hilleman (1919-2005), whose ingenuity and insight contributed to the development of more than 30 vaccines, including against Japanese encephalitis. But sometimes history is surprising. Some pioneers of public health, including Louis Pasteur, Ignaz Semmelweis and Joseph Lister are remembered far longer than their contemporaries (perhaps more illustrious at the time) who engaged in purely clinical or surgical activities.

Hemenway's paper was published in the *New England Journal of Medicine (NEJM)*, the most prestigious medical journal in the most powerful, unequal nation on earth. He may have self-censored in order to have this short essay accepted. While it is plausible that primitive hardwiring enables short-term gains frequently to trump long-term benefits, is not the purpose of government to raise and spend public funds in ways which benefit the public good? Admittedly, this is generally not the case, whether in the US or globally. Yet to suggest the fundamental reason lies in our hardwiring is too defeatist. Hemenway mentions opposition to the "great sanitary awakening" of the nineteenth century. This is correct, but such opposition was overcome in some countries, starting with Britain. Individuals may be hard-wired, but the wiring of populations is not fixed. If it were you would be going home to your cave this evening!

Furthermore, the need to spend public funds on defence involves neural trade-offs in individuals and groups which are similar to those involved in public health calculations. In the case of funding military ventures and preparations, individuals, tax-payers and governments use current resources to prepare for hypothetical future threats to unknown peoples, especially in high-income countries. Globally, military spending outranks that on public health by at least an order of magnitude (tenfold).

Hemenway points out that politicians frequently favour private over public health, for example subsidising a high-cost cardiovascular drug over constructing a safe bike lanes which might ultimately lead to a greater improvement in cardiac health. Is this due to primitive hardwiring, or does it show a pragmatic recognition of the electorate's mind? If the latter, might that perception more accurately reflect the co-ordinated and well-funded lobbying of groups who profit from funding private and military goods?

We may criticise Hemenway's paper but we applaud him for airing these issues in the *NEJM*. Those fighting to improve global health are participating in a centuries-long struggle whose outcome is not yet known. Looking back, we might recognise handwashing, the abolition of slavery in some countries and the eradication of smallpox as great milestones. Looking ahead, the challenges of climate change, the rising price of energy and the resultant potential for food scarcity and conflict over diminishing resources exemplify how far we have to go (2).

Rudolph Virchow is remembered for saying that public health, politics and social change are inseparable. However, Semmelweis, apparently psychotic, perhaps from syphilis (a common occupational hazard of the time), did not help his case (reducing puerperal fever by hand disinfection) by criticising that great scientist, along with many others. Virchow is still known as a pre-eminent figure in several fields of medicine, including public health and "One Health", which recognises the links between human, animal and environmental health. Semmelweis, perhaps the most famous obstetrician of all time, died in obscurity, not least because he had alienated most of his potential allies, including Virchow. We would do well to remember that civility and chance also influence funding decisions, be they for public health or anything else.

Slum Dog Millionaire & *The White Tiger*

Probably many of you have seen or heard of the Academy Award-winning *Slum Dog Millionaire*, which has been likened to the work of the nineteenth-century English reformer Charles Dickens (1812-1870). Based on a novel by former Indian diplomat Vikas Swarup, this film tells the unlikely tale of a boy from the Mumbai slum who wins a quiz show. But the movie's real purpose is to show the depravity and unfairness of modern India.

A few months ago I read *The White Tiger*, for which author Aravind Adiga was awarded the 2008 Man Booker Prize. Dickensian threads run through this highly entertaining and funny story, and reveal much that is rotten about modern India, from the vote rigging that passes for democracy to the way that the narrator's high-caste employers expect their low-caste driver to confess falsely to the culpable driving that killed a pedestrian. Adiga was raised in India but has spent many years in Western countries. The most disturbing element in this book is its premonition that the Indian Naxalite (Maoist) movement, still largely confined to rural India, will inevitably infiltrate its cities.

Such diffusion seems only a matter of time, unless the grossly unjust social features of India can be improved, which include environmental degradation. These unjust social factors are especially marked in rural areas. Many Indians who have lived overseas such as Adiga and Swarup seem keen to reform their motherland. Time is against them, not least because the forecast consequences of climate change in India are so dire. Aquifers are also seriously depleted in much of the highly fertile irrigated grain belt of parts of northwest India. Yields are at risk even without climate change. Relatively high population growth persists in northern India, especially among the poor. This impedes economic development and adds to the absolute number of undernourished children. Concerns about the relationship between conflict, governance, poor nutrition and food insecurity are consistent with those long held by food and development workers, such as Sir John Orr, the first director of the Food and Agricultural Organisation (2).

In Robert Thom's *The Little Animals,* 17th century Dutch scientist Antonie von Leeuwenhoek explores the microscopic world through handmade lenses; he was the first to report what we now know as protozoa and bacteria (which he called "animacules").

References

1. Lloyd S, Butler CD. "Why we don't spend enough on public health." *NEJM*. 2010;362:1657-8. *Faculty 1000 Medicine (Global Health) 2010*, http://f1000.com/3315957#evaluations

2. Butler CD. "Climate change, crop yields, and the future." *SCN News 2010*; 38:18-25, http://www.unscn.org/en/publications/scn_news/

What's new

Remote and hyperurban

Scholarships for girls in Bangladesh

BODHI is instituting two annual scholarships in the name of Dr Denis Wright, our treasured director who is gravely ill. He requested that Dr Tahsinah Ahmed help to choose potential recipients in Bangladesh. She suggested — independently of BODHI — Moanoghar Mountain Home (http://www.moanoghar.org) in the Chittagong Hill Tracts and the Underprivileged Children's Educational Programs (UCEP) (http://www.ucepbd.org), which runs technical schools in various parts of the country.

One scholarship will go to the girl who excels academically in Grade V at Moanoghar (http://www.moanoghar.org). The second, to be called 'The Denis Wright Scholarship for Underprivileged Female Working Children in Bangladesh', will be awarded to an urban girl to learn a trade through UCEP. UCEP works with the country's most marginalised children: street children, those from minority groups, children with disabilities and those who forced to leave formal education to work in hazardous conditions. Watch our website for developments.

SNEHA students eating lunch and studying in Arunachal Pradesh (AP), India. *Photos courtesy SNEHA*

Some Projects at a glance

SNEHA, India. BODHI is increasing support of SNEHA by providing more funds for teachers' salaries and Delhi office expenses. We will continue to provide funds for health education and are exploring carpentry classes at Diyun, Arunachal Pradesh, and using volunteer teachers from the community (such as retired and elderly, and university students on vacation).

Moanoghar, Bangladesh. BODHI is also increasing funding for Moanoghar Mountain Home in the Chittagong Hill Tracts of Bangladesh. In addition to the new nurse/educator mentioned on p 1, we are funding more costs in Year 2 of the Mobile Medical Clinics.

Two months ago, BODHI planned to transfer the $5000 donated to Gaden Relief Projects (GRP) for establishing the **Tashi Lhapug Health Care Centre** to the **Jamseng Health Care Centre.** Both are in Eastern Tibet. Then, in late October 2010, GRP's board decided to either halt or postpone its projects in the area because of continuing denial of visas to Ven. Zasep Tulku, who was born in the area, lives in Canada and oversees GRP's projects there. BODHI has not yet decided how to proceed. On one hand, we want to have a medical or educational presence in Tibet; on the other, we made the donation to GRP and trust them to use it in a beneficial way. One possibility is that the funds be used for health education Ulan Bator, Mongolia, which is easier to access. See our website or http://www.gadenrelief.org for details as they unfold.

Thai border girls, fr p 1

Project administrative and management staff are natives of the rural Chiang Rai villages that will be the beneficiaries of the project.

Other objectives are to establish student-led peer-education programs in three villages, to serve as a model and catalyst for programs in other communities and to develop the programs using a community-based participatory approach which employs and enhances the community's own social capital, thereby insuring the program's sustainability.

See our website for further information.

Thank you

Within days of the last *BODHI Times'* release, two donors generously offered to fund Years 1 & 2 of the Thai border girls project. Thank you so much, Bryan West and Chris Gribble. We also thank

Sen Bob Brown, Tasmania, Australia
Dr William Castleden, WA, Australia
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Michelle Engelsmann, UK
Fred Groenier, Tasmania, Australia
A/Prof Pierre Horwitz, WA, Australia
Simon Lloyd, Spain
Charlotte Meyers, California, US
Graham Ranft, ACT, Australia
Biddy Searl & Dept Community Social Services, Tasmania, Australia
Prof David Shearman, SA, Australia
Prof Colin Soskolne, Alberta, Canada
Dr Ashwin Swaminathan, ACT, Australia
Dr Yoland Wadsworth, Victoria, Australia
and
* Luiz Ribeiro & Jeanne Chapman, ACT, Australia, for remembering us in their wills.
* Ric and Jo Easton of Bio-Distributors, Sheffield, Tasmania, Australia for continuing support.

We need your help

Thanks to your generosity, BODHI has supported many exciting and innovative projects. To continue, we need your help.

To be tax-deductible, Australian cheques must be made out to BODHI Australia Overseas Relief Fund.

Also available: Direct-debit facilities (contact us) and PayPal in both U.S. & Australian dollars.

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Tribal child health

Nagasuri (Dr Carolyn Ralston) writes: On Wednesday 17th March 2010 JEEVAK's Karunadipa and I visited the BODHI-funded nutrition project for 27 tribal children (ages 1½-4½ years) in a slum area of Pune, India. I'd visited this project just over a year ago when it had only been running a few months. The improvement in the children's health, weight and general well-being was marked and a delight to witness. All children were clean, neatly dressed in clean clothes, bright eyed and there was no sign of ill health among them: no snotty noses.

One little girl still looked rather thin and hollow- eyed but Karunadipa told me she had joined the programme more recently and looked very much better than when she first arrived. The room was clean and neat and there was a heap of sandals in good condition at the door. There is running water in the room, electricity and a fan, which is much needed at this time of year. Attendance is marked off in a roll, which I saw. The rates of attendance are very good. The programme runs six days a week, 10am-2pm.

Another outstanding improvement was the cleanliness in the surrounding slum area. On my first visit the filth, refuse and flies in the alleyway leading to the room were nauseating and completely unhygienic. At the time I had wondered how the children could improve in health and well-being in such an environment. I asked Karunadipa if this new state of outside cleanliness was unusual: did they know a visitor was coming? She replied No, the standard is maintained. She has made unannounced visits and never found the surroundings unclean. They have done awareness programmes with the parents of the children about hygiene as well as other topics. Clearly the hygiene programme has been very effective.

The cook and teacher employed for the programme have remained the same, so there is pleasing continuity. The JEEVAK kindergarten supervisor visits them every week and checks their daily activity programme and how they are managing the children. These three women are very impressive. The doctor visits once a month, weighs the children and checks medical records (tonic given, deworming tablets, etc.).

Records are kept of medicines given, all food bought, gas, etc. The kindergarten supervisor checks a daily activities diary and makes suggestions for new activities. There were teaching aids, such as posters on the wall, colouring books and craft materials. The older children were able to say their ABCs in both English and Marathi and did so with enthusiasm. These children should make the transition to school successfully and certainly very much better than if this programme were not available.

Overall the project is working very well. The children's health, weight and well-being are markedly improved and they are engaged, happy participants in all that is offered to them, especially their daily meal.

I feel BODHI's funding is being excellently used.

Top left: girl dressed for festival; Above, from top**:** Note deformed hand of child. *Photos courtesy JEEVAK;* boys and girl at SNEHA school, Diyun, AP India receiving deworming medication. *Photo courtesy SNEHA*

Health education & deworming

Mr Susanta Chakma writes from Delhi about the first year of health education at the SNEHA school in Diyun, Arunachal Pradesh, Northeast India.

With the support of BODHI, we started a health education programme and provided deworming medicines to the students. Health education and sanitation — for instance washing of hands after defecation, causes and prevention of waterborne diseases, malaria and nutrition — is provided to the children regularly during assembly, in classrooms in the moral science period and during school weeks. Students prepare different charts and diagrams on different health issues during the school week.

One teacher attended a malaria eradication programme conducted by the Action North East Trust at Bongaigaon, Assam, on 19-24 May, 2010.

Special classes for health education are part of the curriculum in Environmental Studies at the primary level and Science at the upper primary and secondary levels. Also, students prepare charts and deliver lectures on health issues during Annual School Week. From the year 2010-11, we will organise special classes every Saturday for all children. We have already prepared the syllabus and curriculum. We have also decided to hold health awareness programmes in the villages.

Children are fully aware of hygiene and cleanliness. They wash their hands with Detol soap after defecation, coming in touch with dirt, etc. Students clean accumulated water at home as it causes mosquitoes to breed, and leads to malaria and other waterborne diseases.

After giving deworming tablets to the children at school, people have understood and realised the need and value of periodical deworming medication. This was previously unknown to us.

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