

BODHI TIMES

FOUNDING PATRON: HIS HOLINESS XIV DALAI LAMA

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JUNE, 1993 NO. 4

Environmental Adviser: Dr. Bob Brown

BOWSER JOURNAL

Somewhere over Europe, Christmas Day, 1992. We are not sure what to expect as we fly from London to New Delhi. We are responding to a Tibetan plea to help solve a human health—and an animal welfare—problem presented by too many wild dogs at Tibetan settlements. Thousands of thin, frightened and diseased dogs roam India, sometimes infected with the deadly rabies virus. So . . . BODHI's Wild dog Sterilization and Eradication of Rabies (BOWSER) Program was born.

How can wild dog numbers be stabilized in a manner congruent with Tibetan beliefs, which exclude killing? We turned to contraception as a suitable middle path between castration/hysterectomy and waiting for a female vaccine to be ready. Is the solution Talsur, an immunosterilization vaccine for male dogs? Possibly.

Delhi and Jaipur, early January, 1993.

Meetings with Professor Talwar and Drs. Suri and Chabra at the National Institute of Immunology (NII), inventors and developers of Talsur. They offer to send Dr. Chabra to Dharamsala, Himalayan home of the Tibetan government in exile, to train a Tibetan. In Jaipur, the Pink City, we meet with Christine and Jeremy Townend of Help In Suffering (HIS) to finalize HIS's participation in BOWSER.

On the road to the Himalayas, early January.

Our Muslim taxi driver accepts biscuits from us, something a Hindu would never do, thanks to the caste system. The human panorama changes from young soldiers in drab olive clutching dark rifles to farm boys in bullock carts wielding whips. Little do we know what lies ahead.

Dharamsala, early-mid January.

The hope: interview Tibetans experienced in animal husbandry, who have initiative and record-keeping skills and can traverse North India with BOWSER. Choose the best candidate. The reality: confront a microcosm of the problems facing Tibetans, particularly the lack of human resources exacerbated by continuing brain drain to the West. Of the two candidates presented, we choose Tashi Dorjee, a 27-year-old Ladakhi educated to

Year Eight. His experience with animals is limited to a nomadic childhood. Our two wranglers are tough looking, ex-Army group leaders (elected local officials) who don't bat an eye at the prospect of handling wild dogs, having wrestling yaks to the ground in Tibet.

A kaleidoscope of snow, blackouts and oranges: Tashi learns to give injections to unsuspecting fruit. A field trip to a friend's dog: Tashi hopes it will be docile enough to allow him to find the epididymis (cord at the back of the scrotum) into which Talsur must be injected. The Tibetan Department of Health posts fliers—printed in Hindi, English and Tibetan—to educate the community.

Dr. Chabra arrives dressed for the Arctic, exhausted by an overnight bus journey from

holy Jamuna River. We are please with his progress. He is on his way to HIS in Jaipur for further training. To our dismay, we have learned that Talsur can cause scrotal inflammation. Nursing and follow up are difficult for wild dogs. Ideally Talsur should be given by veterinarians under anaesthetic, but this does not seem sustainable in India.

Mundgod, South India, late January.

Two days of strenuous train travel have deposited us in tropical India, with its swaying coconut palms and spiky sugar cane. In this Tibetan settlement we interview a young Tibetan sweater seller sent by his group leader. The boy seems uncomfortable and a little too well dressed. No one else responded.

Bangalore, South India, early February.

More meetings. The Indians are very generous, continuing a long tradition of compassion for the refugees in their midst. We arrange for further training in animal husbandry for Tashi and a candidate from Kollegal at the University of Agricultural Sciences and the local Society for the Prevention of Cruelty to Animals shelter.

Dhonden Ling near Kollegal, mid February.

We are happy to be back at this remote settlement, where BOWSER was fathered in December, 1990. Approximately four hundred stray dogs roam its twenty-two villages, with thousands more in the surrounding Indian villages and truly wild dogs in the surrounding hills.

Dorjee Anak, the settlement officer, points out half-breeds; with their large heads and striped backs, they resemble the extinct Tasmanian tiger, the *thylacine*.

Mr. Anak is a rare find, a Tibetan experienced in animal husbandry. He promises to further train Tashi and the other, yet-to-be-determined candidate, including in vasectomies. If no one can be found, then Tashi will have to carry on alone. Hopefully they will then travel to Tibetan settlements in North and South India to vaccinate dogs against rabies and vasectomize male dogs. Effective population control seems unlikely, however, without 100% cover of male dogs and unflagging vigilance for intruders and maturing puppies.

cont. on p.3



At risk from their friends: these children love their dogs, but are at constant risk of being bitten by rabid dogs. Several children died recently from rabies.

Delhi. Later he patiently trains Tashi to administer Talsur under field conditions.

Tashi does well. Catching the dogs is more difficult than our wranglers had thought. Chris Townend oversees animal welfare care. Our team chasing dogs provides great entertainment for the winter crowd, especially when yet another dog escapes our needle. Eventually we catch and immunosterilize fifteen male dogs, ten of them at Upper Tibetan Children's Village, a school whose director requests us to expand BOWSER. Only a few years ago two children died tragically of rabies, despite being rushed immediately to Delhi for treatment.

Delhi, late January.

We met with Tashi by the fetid banks of the

From The Medical Director's Desk: ECONOMICS AND HEALTH

India, 1993. Currently I am in Dharamsala, in the Himalayan foothills, among snowy ridges and soaring vultures. Monks chant in the distance. Only a closer inspection—the smells and sight of excrement on the way to dinner, the occasional beggars in rags and the buses belching black smoke—reminds me I am still in the "South", the Third World. What follows is a discussion of a few of the issues that have concerned me in India.

GREEN IMPERIALISM?

In a leading article in *The Economist's* "The World In 1993," University of California Professor Deepak Lal asserts that international environmental concern is a new form of Third World imperialism. He equates emotional concern for the environment with socialism, both being forms of well-intentioned but harmful folly. For support he refers to the tiny minority of scientists who deny any connection between increased greenhouse gases and global warming, and between CFCs and damage to the ozone layer. He also claims that even if global warming is a reality its main detrimental effect will only be to agriculture. And, he says, as most of the world's population will soon be both urban and industrial, they will be protected from the effects of climatic change.

These claims grossly oversimplify global environmental concerns. Global warming may lead not only to rising sea levels—which would create havoc to coastal cities, particularly in the Third World—but may also increase the frequency of catastrophic storms. The devastating hurricane which affected the southeastern United States in 1992 alone caused damage estimated to be hundreds of millions of dollars.

Greenpeace's Dr. Jeremy Leggett reports that the global insurance industry is frightened by the possibility of global warming. In countries where people are sufficiently wealthy to afford insurance, it is they who will bear much of the cost.

Moreover urban dwellers still must eat, and so depend upon agriculture. It will be cold comfort to the citizens of Calcutta if global warming makes Siberia fertile and the Ganges Plain a desert, thereby increasing the cost of transporting their food. India's population—more than one billion by the year 2000—will be very vulnerable to minor changes in the food supply.

Clive Crook, an *Economist* editor, points to a different reason for endemic Third World poverty. He concludes his article on economic growth with the chilling statement, "the rich countries will also maintain barriers against many exports from the poor, robbing those countries, as

for years past, of their best chance to escape poverty." It is these policies and the nice-sounding rhetoric of free markets that would be better described as modern imperialism.

ECONOMIC CRIMES

While in Delhi we attended a lecture by Cambridge University's Dr. Barry Rider, who discussed economic crimes such as money laundering, insider trading and grand scale corruption. Examples are numerous, from the multibillion pound robbery from pension funds by media magnate Robert Maxwell to the ease of establishing a maze of offshore companies within which to hide money. Many of these companies may be purchased cheaply by telephone order, while registered banks may be bought for as little as US\$10,000.

Current laws are hopelessly inadequate to deal with these problems. Insider trading leads to widespread distrust of the stock market and illicit profits for a few. Unlike many petty crimes, fraud on a grand scale is rarely punished. But someone always pays. What percentage of these ill-gotten gains goes to creating genuine, employment-generating wealth? Too often, it is the poor in both rich and poor countries who suffer again and again.

ECONOMIC IMPACT ON HEALTH

Workers in public health have described a direct relationship between poor health and low income since the French Revolution. Nineteenth century pathologist Rudolph Virchow said that politics is but medicine on a grand scale. However, with notable exceptions such as the International Physicians for the Prevention of Nuclear War, too often the medical profession has stood mute in the face of the myriad obstacles to health that humankind inflicts upon itself.

Currently the greatest human health threats that confront us are caused by poverty, overpopulation and war, particularly in the Third World. While military budgets are virtually limitless, funds to confront these threats have to be gleaned.

Ironically, these ignored dangers may eventually lead to security threats beyond the capacity of any military toy to solve.

Similarly, many economists, while believing their policies will better humanity, ignore fundamental principles, such as depreciation of natural capital. They appear to inhabit an eighteenth century world of endless resources. This is changing, belatedly: the United Nations Development Program has calculated the Human Development Index, which combines national incomes (adjusted for purchasing power) with literacy, education and life expectancy, to create an alternative economic indicator for comparing nations.

Public health without intent to improve the political and economic climate in which patients must live is as morally bankrupt as an economic system measuring only monetary flow. □



T.E.A.C.H.

Brain drain, refugee rootlessness, beggar mentality: such thoughts oppressed us until we arrived at Kollegal, where we met a solitary, educated and idealistic iconoclast fighting the odds to help his people—against general apathy and bureaucratic obstruction. Dawa Dhondup's weapon of transformation is Tibetan Educational And Children's Hostel (T.E.A.C.H.), which houses and feeds forty-two of the settlement's poorest, most "difficult," orphaned and handicapped children. They receive intensive tutoring in school subjects and learn good hygiene, sanitation and dietary habits. Dawa's children are the only ones in the settlement who play chess. We taught two computer classes on our laptop.



T.R., a 25-year-old divinity student, was first diagnosed with TB in 1987. He has been on treatment intermittently since then, and is currently on third line treatment. He is not responding.

APPALLING HEALTH PLAGUES TIBETAN MONASTICS

One of the most distressing problems we encountered was the poor health of monks at Gaden Shartse Monastery in Mundgod, South India. Gaden Shartse is familiar to many North American readers because of its 1992-93 fundraising tour. This monastic university sends forth many qualified teachers, such as Venerable Geshe Tsultim Gyeltsen, to the four corners of the world.

Poor diet, hygiene and overcrowding contribute to the poor health of the monks. Surveys have shown high levels of hypertension, peptic ulcer and, worst of all, an increasing incidence of TB. One room in Gaden Shartse housed twenty-five monks in a sunless, underground room—ideal for transmitting TB, since TB germs can live for months away from sunlight.

In this environment, where so many of the problems are beyond Tibetan control (influx of refugees, lack of space) or too expensive (provisions of adequate water), we believe that far more emphasis should be paid to health education.

Unfortunately, members of the monastic hierarchy are often educated only in Buddhist teachings and seem unable or unwilling to promote effective health education. His Holiness the Dalai Lama supports the introduction of health education, including in the monasteries.

SIGNS OF HOPE

▲ Venerable Tenzin Wangchuk, Zong Rinpoche's attendant, served us the only homegrown lettuce we ate in India. He keeps a cow, makes yoghurt, grows fruits and vegetables, makes compost and nurtures a welcoming green lawn embraced by potted plants, shrubs and bougainvillea. The good health of eight-

year-old Zong Rinpoche and other young rinpoches nearby is his motivation. Zong Rinpoche repeatedly stressed the importance of health and health education in the last years of his previous incarnation.

▲ The Voluntary Health Service (VHS) at Gaden Shartse is a spontaneous monastic movement aiming to improve awareness and health within the monastic community. However, they seem to be nearly engulfed in an apathetic ocean.

▲ At Namgyal Monastery, Dharamsala, the Dalai Lama's own monastery, senior monks are enthusiastic about the idea of training monks in health education, potentially to become monastic and community health care workers. We hope that this enthusiasm will trickle down in time. During our recent visit, officials make two training announcements to Namgyal's monks. No one responded.

▲ At Dzogchen Monastery near Kollegal, living conditions are much better than at Gaden Shartse. There is less overcrowding, toilets work and monks eat fresh fruit regularly. Dzogchen Rinpoche, the monastery's abbot, encourages a progressive education and is receptive to the idea of later training some of his young monks as health workers.

▲ Gungru Tulku, from Drepung Loseling Monastery, Mundgod, hopes to establish a dharma center for Indians in Bangalore, which will include practical work to relieve some of the city's poverty and suffering.

▲ Let's not forget the nuns! They work just as hard as the monks and have less infrastructure and access to funding. For every project we do with monks, we hope to do one with nuns. □

TB WATCH

▲ MULTIRESISTANT TB INCREASING WORLDWIDE

Reports of patients infected with TB bacilli resistant to all known drugs are becoming increasingly common. U.S. health workers in New York City have died of TB despite treatment. Reports have also come from France. TB in Africa remains an enormous problem, especially for patients infected with HIV. In Kollegal we saw five Tibetans TB patients resistant to at least ten drugs. Even more worrying, some were sputum positive and therefore at high risk of transmitting their virulent TB. Proper treatment of such patients raises profound ethical questions.

▲ INDIA CHANGES TB POLICY

In 1992, the national Indian TB policy was changed to advocate short course TB treatment as first line therapy. This accords with studies which have found such treatment to be cost effective. Increasing resistance to drugs, including rifampicin, threatens to undermine this change. As we go to press, the Tibetan, Department of Health is considering following India's lead.

▲ IMMUNOTHERAPY AS A NEW TREATMENT?

Professor Stanford, of Middlesex Hospital, London, believes that immunotherapy combined with short course chemotherapy may greatly reduce treatment time for TB to several weeks. We hope to conduct a trial comparing this therapy with conventional treatment among Tibetans in India.

D.R.I. DONATES TB DRUGS

BODHI has received a US\$7,000 donation of rifampicin from Direct Relief International (D.R.I.) in Santa Barbara. Thank You.

INFANT REARING SURVEY

We gathered information from Tibetans for Dr. Maxine Manifold's survey of multicultural infant rearing practices.

NEXT BODHI TIMES

The next BODHI Times will feature mental health.

PATHWAYS THROUGH THE MUD

The nuns at Jangchub Choeling are among the poorest of the poor. They walk through mud in the monsoon season to reach the chapel. After research on site, BODHI has arranged for Friends of Tibetan Women's Association (FOTWA) to fund two concrete pathways, one from each dormitory.



BOWSER JOURNAL, cont. from p.1

To achieve this ideal requires considerable organization and ongoing Tibetan initiative. Do Tibetans have the required resources? A BODHI representative in India would help

A laboratory somewhere, sometime in the future.

Female animal immunosterilization vaccines are ready for field trials. The recently established Tibetan Department of Animal Husbandry, in freed Lhasa, offers its expertise to coordinate such a trial, benefiting human and animal. □

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WHAT IS BODHI?

Benevolent Organisation for Development, Health & Insight (BODHI) crystallized in 1989, during teachings given by His Holiness XIV Dalai Lama. Bodhi is a Sanskrit word meaning enlightenment, the wish to benefit all. Founded on the Buddhist principle of compassionate action, BODHI focuses upon sustainable ways of improving conditions of health, education and the environment—particularly in the Third World—which are inextricably linked.

Our founding patron, His Holiness XIV Dalai Lama, is the winner of the 1989 Nobel Prize for Peace. Our public health adviser, Dr. Maurice King, is one of the fathers of Third World primary health care. Our environmental adviser, Dr. Bob Brown, is Australia's leading environmentalist.

We have no evangelical role, nor is any religious affiliation necessary. We ask only for a kind heart. For many of us modern life is demanding, draining and sometimes demoralizing. It takes all we've got just to make it through the day. But it is in our own enlightened, or bodhi, self-interest to realize the interdependence of all beings. We must stand together to extirpate the world's much-discussed problems. If we don't do it, who will?

BODHI beneficiaries are not limited by race or religion. BODHI's first projects are with Tibetan refugees in India because "Tibet" symbolizes what the world is in danger of losing culturally, ecologically and spiritually. We will work with other communities and in other countries in future.



HEALTH EDUCATION VIDEOS

In Delhi we researched health education videos and prepared budgets with the aid of the Voluntary Health Association of India (VHAI). The Tibetan Department of Health is beginning to produce health education videos and has requested our help. We are in the unglamorous, time-consuming preparatory stages.

VEN. GESHE GYELTSEN'S MAILING LIST

BODHI is honored that Venerable Geshe Gyeltsen has given us his mailing list for a one-time-only mailing. Thank you.

POSITIONS VACANT

FIELD REPRESENTATIVE: India. Tibetan or Indian resident of India needed to oversee our programs. Travel required within India for up to several weeks at a time. Part-time to begin. Fluency in written English is imperative. Paid position.

BUSINESS MANAGER: US and Australia. We need you! Volunteer position.

THANK YOU

Without our loyal supporters, BODHI's work would not be possible. Here is a partial list, including some of our earliest donors—more next time.

Dr. An Thanh, USA
Steve & Iku Bacon, USA
Fonzy Broussard, USA
Dr. Tony Edwards, Australia
Dara Eklund, USA
Dr. John Gray & Jean Baxendell, Australia
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Lt. Col. & Mrs. Albert Walden, USA
Rev. Peter & Brenda Williams, Australia
Dr. Matt Winer, USA

HORSE IN THE WIND

Dzogchen Rinpoche has given us an ink block for making prayer flags to raise money to help Tibetans. We are pleased to offer you the opportunity to support BODHI's work by purchasing these prayer flags featuring a wind horse which, when hung outside, spreads good luck and happiness for all sentient beings to the five directions. Tibetans string hundreds of them in rows outside their homes or monasteries or in the forest. \$10 each or a set of 5 for \$45. Specify white, yellow, blue red or green.

BODHI PROJECTS

Here's what your donations do:

HEALTH EDUCATION VIDEOS Help to fund a series of health education videotapes on subjects such as TB.

TB ERADICATION Enable us to conduct a trial using an innovative immunotherapy technique.

BOWSER Help to prevent rabies, relieve the suffering of wild dogs and create a Tibetan animal husbandry infrastructure.

T.E.A.C.H. Provide computers, a science lab including a microscope, tape recorders to dis- and reassemble and books for a library. The science lab costs US\$2,000 (A\$3250).

VOLUNTARY HEALTH SERVICE Latrines and wells are its most urgent priority.

Printed by It Figures. Thanks for doing such a wonderful job!

PLEASE—

WE NEED YOUR HELP

BODHI has been able to begin some exciting and innovative programs to benefit Tibetan refugees in India. We need your donations to continue these efforts. We can do so much more if you'll support us with a contribution.

Please send us your check, payable in U.S. dollars to:

BODHI
Box 7000-GRD
Redondo Beach, CA 90277 USA

or in Australian dollars to:

BODHI
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INTRODUCING DAMIEN MORGAN

BODHI is pleased to welcome Damien Morgan to its Australian board of directors. In late 1992, Damien visited India to investigate health education at the Dharamsala reception center for new arrivals from Tibet. He is currently working on a masters degree in education, particularly Third World health education.

INSIDE THE ONION

Each time we visit Mother India, she shows us something different. Here are some images that our camera didn't capture.

CLICK A mother in a hospital slumps back in a hard chair, melancholy late afternoon sun behind her, rocking and wailing for her lost child, who dies as we pass. Nearby the dead toddler's father begins to weep, holding the inert bundle. Curly hair and a tiny hand with dimpled, soft knuckles protrude from a gray blanket, now a shroud. Wailing follows us down, down, down hospital ramps as the grieving family winds its way home.

CLICK Little Kelsang and the look of magic on his sweet face as he punches, then taps his name on the keyboard of our laptop computer and watches his name appear on the screen during T.E.A.C.H.'s first computer class.

CLICK Delhi: A dead rat lying stiff in a dusty street in the Tibetan ghetto... a wall of grim-faced militia enforcing a curfew, khaki uniforms and brown guns abutting the Red Fort at the teeming bazaar...

CLICK A full Himalayan moon shimmering on blue mountain snow.

CLICK Two days spent prostrate, overloaded, in our favorite hotel, sleeping, ordering room service and watching television.