

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 do we do?

We work in low-income settings with local partners on innovative projects in the areas of health, education, the environment, micro-credit and human rights

Flowers, circles & sari blouses

Last time we told you about planned sewing and henna design classes for nomadic tribal women in Hadapsar, Pune, India. Income generation has been a challenge in these slums, but both courses have now begun.

Fourteen Gosavi women and girls learned 12 patterns each of blouses and necks in the three-month sewing course given recently.

'They all left school in grades 4-7. Now they can earn some income as they have learned to make their own blouses as well as those for their family members and other local women,' says our local partner Karunadeepa Wankhade of JEEVAK. 'Women come in the afternoons and use the two machines that are in the classroom. They have gained confidence and also become good friends.

'We are planning another three-month course for the same girls and women. They have asked us to teach them salwar and kurta (Punjabi dress).'

Thanks, Happy Stitch'n'Bitch Girls in Hobart, Tasmania for your enthusiastic support.

Flowers, circles and leaves

Thirty-four elder sisters, aunts, mothers and neighbours of children in our 2-5-year-old education and nutrition program learned how to make cones from plastic paper and



how to mix and put henna into the cones. Mrs Usha Tavale (who teaches both sewing and henna design classes) taught them to make five designs each for the hands and legs, using henna-design books. Mrs Shobha Nanavare was the supervisor and examiner. Classes were held in the same room used by the young children. Class attendees are teaching what they learned to their families and friends.

One 18-year-old girl, Ashvini Randhiv, took both sewing and henna design.

'I visited the classes and was really amazed to see how well they were doing,' Karunadeepa says. 'The girls and women have developed a lot of confidence and I am sure they will start earning some income as the wedding season has started. I thank BODHI for their love and support.'



Our work with local Pune partner JEEVAK exemplifies building trust and relationships over time, and also that a little can go a long way. We began working years ago with undernourished nomadic tribal children and expanded to feed older siblings and provide health checks and nutrition classes for parents. Now livelihood. Sewing and henna design courses cost about \$200 each. Also, we are funding teachers and assistants at two nursery schools.

What are these men looking at? Go to page 4



3 Current Projects



Mobile medical clinics
 CHT, Bangladesh
 Remote medical & nursing
 care & health education



Traditional healers
 Kathmandu Valley, Nepal
 Training in maternal/child
 care & refresher courses



Sex education
 Northern Thailand
 For underprivileged & migrant
 youth in Chiang Mai & Lamphun

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Rain that kills?



Tasmanian devil affected by facial tumour disease
Courtesy Save the Tasmanian Devil Program

We thought you might enjoy a trip to Tasmania down your medical director's memory lane.

In 1989 I was a junior doctor in a sparsely populated part of northwestern Tasmania, Australia's island state. Tasmania is Australia's poorest state financially and is far from major markets and population centres. The state has the lowest levels of education and the highest rates of chronic disease in Australia, other than among its indigenous people. While the state's isolation, low population density and poverty have preserved unusually rich environmental qualities, it retains a frontier mentality in which the natural environment has been repeatedly assaulted in attempts to wrest a living, whether by logging, hunting, fishing, mining, or farming. Its high rainfall and numerous rivers have also stimulated an intensive hydro-electricity industry, so successful that in most years, the entire state's electricity supply does not rely at all on coal or other forms of Earth poison.

One day in the library at Launceston General Hospital I discovered the journal *Archives of Environmental Health*, with the proceedings of the first meeting of the International Society for Environmental Epidemiology (ISEE). This was tremendously encouraging, for reasons I will explain. Keynote speaker John Goldsmith wrote:

'We, the environmental epidemiologists of the world, are the canaries, capable of giving warning of impending environmental disaster in time for remedial steps to be taken. Fortunately, our fate is not to have to die as the unfortunate canaries of the coal miners did, but to sing, to call out in clear tones the nature and type of impending health danger that threatens.'

Three crucial events-1

Wesley Vale pulp mill

Three events were crucial to my evolving understanding of environmental epidemiology and environmental health. First was my involvement with the campaign to stop the expansion of the Wesley Vale pulp mill on Tasmania's northwest coast. A tactic was to raise community concern about the possible adverse health effects of persistent chemicals called organochlorines (OCLs), which the mill was to discharge into Bass Strait. I was more concerned with the mill's proposed massive expansion, which would lead to a huge increase in log truck traffic and harm to biodiversity and what is now conceptualised as *ecological integrity*. This term — allied to land sickness, ecosystem health, ecosystem services and, more recently, ecohealth — links human well-being and health to ecological conditions.

Humans have operated as patch disturbers for millennia, since well before the development of agriculture, altering

both landscapes and biodiversity on continental scales. However our collective capacity to change nature has expanded enormously to include the intrusion of synthetic chemicals. But much damage to ecological integrity is old-fashioned: physical means aided by technology and a bonanza of cheap fossil fuels.

In Tasmania, numerous attacks on ecological integrity include harm to water quality, not only from the clearing of forests (e.g. increasing water run-off, cloudier water and the drying up of creeks in dry periods) but also from the use of chemical involved in forest 'regeneration'. These include the herbicide atrazine and the poison 1080 (sodium fluoroacetate), widely used to kill fauna (especially wallabies) which might otherwise feast on young tree seedlings planted to replace old-growth forests. Bio-accumulation of poisons, with consequent immunosuppression, has been speculated as linked to the transmissible facial tumour disease of the Tasmanian devil, the state's top non-human predator. This disease emerged about the time of large-scale forestry and its extensive use of poisons.

I was intrigued by the concept of bio-accumulation, and increasingly motivated by my daily contact with patients in general practice. Some developed cancer or other severe illnesses at young ages; others were octogenarians. A common question for an ill young person was *why?* Apart from smoking there were few clues. High exposures or unusual sensitivity to pesticides and other POPs seemed a worthwhile hypothesis to explore.

2. Non-cooperation

Industry & science

The second event showed me how industry obstructed the search for truth. I developed the ambition to conduct a study of the long-term health of the pulp mill workers, and in 1989 visited the University of Sydney's School of Public Health to explore this idea as a research thesis. I was mildly encouraged, but it was clear that I would need the co-operation of the mill management. Sometime later that year I approached a senior manager at the mill. I envisioned a careful scientific study, seeking to explore whether the mill workers, presumably exposed to higher OCL levels than the community, might have unusual illness patterns. It was obvious that my own career depended crucially on a fair interpretation of the evidence. But his answer was violent: 'anyone but f***ing you, Butler'. I was well known for my Green sympathies.) He clearly assumed I would be biased, yet I knew that no-one without a strong pre-existing interest would possibly

have the motivation to conduct such a study. His opposition made it impossible.

3. Herbicides

Crop-dusting deaths Government cover-up?

The last key event was a whitewash by the government that probably didn't want to open the way for litigation and compensation. One day a patient told me an odd story of a healthy young woman riding a horse in a nearby village, in the centre of a rich farming area. A crop-dusting plane flew overhead, discharging herbicides, while the woman and horse were crossing a bridge. Within a year both were dead.

I retrieved a short report about this event, prepared by the Tasmanian Health Department. No author was listed. It was clearly hopelessly inadequate from a scientific perspective (I don't think the fate of the horse was mentioned). Its conclusion that the two events (the spray and the death) were unrelated was completely unconvincing. Pesticide overspraying still occurs.

At that time, health interest in climate change was just starting. The Brundtland Report, *Our Common Future*, had recently popularised the term *sustainable development* and the Montreal Protocol was fresh. The Green movement was taking root, in Europe as well as in Tasmania.

Could environmental epidemiologists sound an effective warning? While human numbers and average life expectancy still rise, numerous danger signs are evident, from declining bee populations (whose health is linked to chemicals) to an almost inevitable rise in global temperature of four degrees, with consequent profound, adverse health effects. Limits to growth, including of human size and health, are on the horizon, perhaps just over the next hill.

We have to wean ourselves from Earth poisons. We also have to slow population growth by spreading female education and human rights. Not enough people are paying attention to us canaries. The noosphere — planetary consciousness — is evolving, but those who sound warnings need to tweet much louder.

Editor: Colin has organised a symposium on Limits to Growth and Health, to be held at the 25th ISEE conference in Basle, Switzerland, August, 2013.

Other projects

Smokeless stoves in NE India.

A proposal is progressing for smokeless chulas in 50 villages in Arunachal Pradesh, NE India. We hope to begin this year with Phase I, capacity building.

Moanoghar, Chittagong Hill Tracts, Bangladesh

In addition to mobile medical clinics, we are exploring these income generation projects, of which we will choose one: printing press and publishing venture; tertiary student loans; computer outsourcing centre; and afforestation.

Social media fundraising: motorcycle

BODHI's first social media fundraising campaign generated half a motorcycle for our nurse/educator, so she can travel to remote villages as part of the mobile medical team. It also started a relationship with friends of Moanoghar in the UK, with whom we donated to Moanoghar's weaving and tailoring centres.

Denis Wright Memorial Scholarships, Bangladesh

Winners have been chosen for the scholarships through United Children's Education Programme in Dhaka and Moanoghar in the CHT. We are awaiting details.

2-5-year-old nutrition and education. Karunadeepa reports from Pune, India, 'We teach the children nursery rhymes in English like *Twinkle twinkle little star* and *One two buckle my shoe*. We also teach them nursery rhymes in Marathi, our local language and Hindi, our national language. They learn motor skills, like the use of clay and mud to make different shapes of pots, leaves, ball vegetables and the use of crayons. Some children are excellent at it. They use really very good colours and particularly like to draw sky, water, flowers, balls and balloons. We keep everything in the cupboard and show the parents when they come to take them. Parents are very happy with their children's progress.

Health checks. 'Dr Mrs Sandhya Kamble visits the centre with a health worker the second Saturday of every month. She weighs and checks the children. We provide supplements such as vitamin A and B-complex and calcium, and medicines for de-worming, colds, coughs, fever, skin infections and loose bowel motions. The parents are present to explain the child's problem. Dr Kamble instructs mothers how the medicine is to be taken. We give free calcium and iron tablets to mothers the doctor feels are anaemic, and to other women.

'Only 24 women attended the camp because it was held from 11.30 to 1.30pm. Water comes through the pipelines only a few hours a day, at different times in different areas, so women give priority to washing their clothes, cleaning and storing water. They do not have lots of pots to store water in. Other women were out working, therefore few women turned up. We will hold the camp at a different time in future.'



Aniket (right) and other Gosavi children at play in Pune, India. Some of their older sisters, mothers, aunts and neighbours are participating in our sewing and henna design classes.

Thank you

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Welcome Facebook friends, Tweepers & LinkedIn-ers

We need your help

Your loyal and generous support allows us to continue helping the voiceless, the dispossessed and the forgotten. Thank you.

Australian cheques are tax-deductible if made out to BODHI Australia Overseas Relief Fund. All U.S. checks are tax-deductible.

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

Founding Patron His Holiness XIV Dalai Lama 1989 Nobel Laureate for Peace

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Yoga for BODHI

Canberra teacher Gina Woodhill has been volunteering her time and expertise to run donation only community yoga classes for the Australian National University sports union. All proceeds are split between BODHI and Beyond Blue [Australian mental health charity]. Gina is a Hatha and Baptiste certified yoga teacher who has practiced yoga for over 17 years. She also works with the Africa Yoga Project.

Thanks to Dr Anna Olsen for recommending BODHI as a charity of choice to Gina and for her organisation and support.

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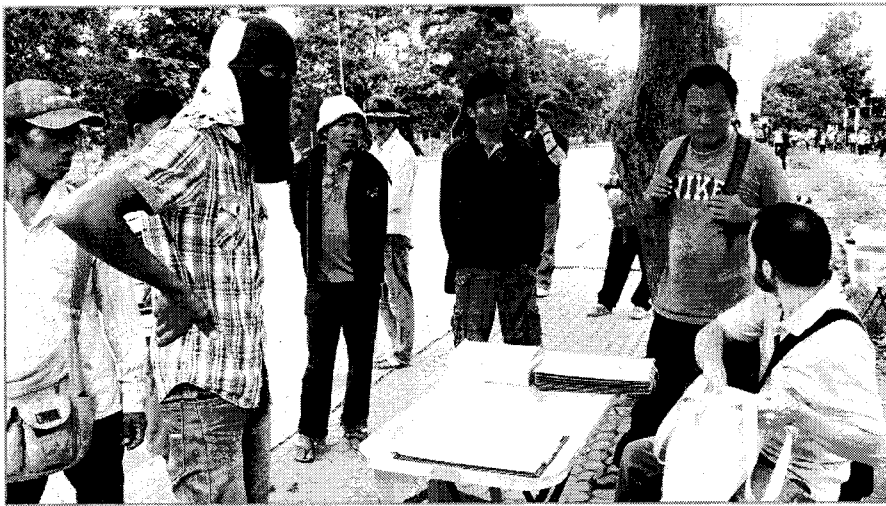
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These Lahu young men in Northern Thailand are looking at Sawang, who introduced the BODHI Project to them.

One wore a mask to protect himself from dust and sunlight, as some labourers do when working.



Young Thai hill-tribe girl (Lisu) joined the health education activity at Wat Srisuphan Non-Formal Education Centre, Chiang Mai

The BODHI Project Youth sexual health in Northern Thailand

BODHI has begun its second year of support for this project. We are providing \$5000; our local partner is finding the extra \$4600 we paid last year for drugs elsewhere. We hope this will provide a model for similar work with adolescent youths for other communities, possibly in the Chittagong Hill Tracts of Bangladesh. BODHI Adviser Kabita Chakma met with Project Director Arunrat Tangmunkongvorakul in Chiang Mai to explore possibilities. Arunrat reports:

Young people aged 15-24 years old have become one of the major risk groups for HIV and other STIs. About 7% of Thai women aged 15-19 years old already have children, and rates of teenage pregnancy and unplanned pregnancy are seriously elevated. Consequently, rates of abortion and serious post-abortion complications have increased; the real magnitude of this problem is underestimated as abortion in Thailand is illegal.

Most of the programs Thai Government's programs to address these problems target in-school adolescents. The BODHI Project targets youth who are out of the reach of the traditional education system that provides these services. Estimates put the number of youths affected at around 1000.

Target groups

The staff gathered primary data and provided sexual and reproductive health education for groups of young people in various venues, such as non-

formal education centres, housing camps and wats. Target groups were:

- * hill tribe people such as Lahu, Akha, Lisu, Karen and Hmong
- * Non-Formal Education (NFE) students
- * migrant labourers (Thai Yai or Shan)
- * slum dwellers in Muang, Chiang Mai
- * those in Lamphun Province

An average of 20 youths a month used the youth clinic in the Chiang Mai hospital. Most (13-15 young people) were pregnant under-20-year-old girls who came for antenatal care. Another five-to-six per month came for general counseling about unwanted pregnancy, birth control and other matters. Not many young people who learned about the centre from our provided activities visited the clinic, but some came for counselling and sexual and reproductive health examination (blood test, pelvic exam).

Unusual birth control request

One girl wanted a birth control implant. She is 15 and already has a son

aged twelve months. She lives with her husband who is also young. She requested contraception since she is not ready to have another child. After delivery, she received injections twice for six months. During this time she had unstable menstruation, so she changed to birth control pills. She often forgot to take the pills and was afraid of getting pregnant. She finally decided to use a birth control implant so that she did not have to worry about forgetting to take the pills anymore. However, the cost was quite high, and she could not afford it. The BODHI project paid for the implant.

Other at-risk groups

Other groups of at-risk young people we would like to approach are:

- * those who work in night entertainment places, such as Karaoke shops, pubs or bars
- * househusbands or housewives, who may be ignorant, poor and uneducated.

For full report and more photographs see: www.bodhi.net.au/html/thaiyouthsexualhealth.html



Left: a lowland Thai student at Wat Srisuphan Non-Formal Education Centre played a game with condoms, to develop familiarity and positive attitudes. Right: Local authorities picked up condoms for themselves that we provided at a labourers' meeting point.

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