



**June, 2014
No 46**



Bodhi Times

Benevolent Organisation for Development, Health & Insight

Founding Patron: His Holiness XIV Dalai Lama

Founded 1989 — Celebrating 25 years

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 developing countries with local partners on innovative projects in the areas of health, education, the environment, micro-credit and human rights

We welcome the unusual, the unglamorous, the dispossessed and the disenfranchised.

Connecting with remotest villagers



'The village lacks basic health services and toilet facilities,' says Nalori Dhammei Chakma, who represented BODHI at a mobile medical clinic in Mizoram, NE India, organised by local partner Chakma Mahila Samity (CMS). 'The villagers chew a lot of tobacco. Most middle aged and elderly patients had knee pains and headaches. The children had viral fever and stomach pains.'

On January 19, Medical Officer Dr Loma, Dr Arun and health technician Mrs Dita Chakma saw 147 patients in Jamersury village, Chakma Autonomous District Council (CADC), Mizoram. Local community members and volunteers from Chawngte's Primary Health Centre helped the day run smoothly. Patients were charged INR10-20 (about 20 cents) for a check-up. The clinic's budget was: medicines: INR11846 (\$215), transportation 2500 (\$45) and the banner 500 (\$9).

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Dr Loma with patient, Mizoram, NE India, 2014

BODHI's 25!

WE ARE CELEBRATING OUR 25TH BIRTHDAY THIS YEAR. HOW FAR WE'VE COME, FROM WORKING WITH TIBETAN REFUGEES IN INDIA TO NOMADS IN TIBET TO OUR CURRENT PROJECTS IN SOUTH ASIA AND SOUTHEAST ASIA. SOME OF YOU HAVE BEEN WITH US FROM THE BEGINNING. THANKS TO YOU ALL. WITHOUT YOU THESE CELEBRATIONS WOULD NOT BE POSSIBLE.

Brushes, pens & needles

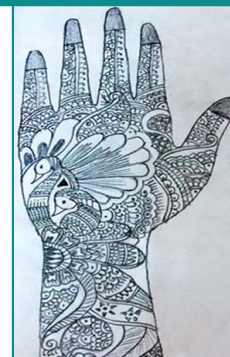
Volunteer Rebecca Rubin speaks from Pune, India.

The goals of an art competition I held were to create a picture for the back of an instruction card and to encourage the children to express their culture through art. I received about 60 entries — many impressive — from the study class children to whom I teach computers and English grammar. With the help of sewing class women and teachers, we are making small bags out of unused sari fabric (some bags have also been bought in Mumbai). We will fill the bags with chai tea blends and attach an instruction card with a quote.

I will be selling these bags, along with jewellery, headbands (also made from unused sari fabric) at my local farmers' market and college when I return to Northern California and sending all the profits back to

BODHI's local partner, JEEVAK. I hope to be able to fund at least one balwadi [kindergarten], both teacher and assistant, with the profits. I bought each of the four winners a new pack of coloured markers and stickers. Each entrant received a pen.

I also bought bags to meet the quantity that I want to bring back. Some of the women and I recently went to Mumbai and I bought some inexpensive bags (I will sell a mixture of some made by the women and some bought). I am encouraging the women to start a small business so that they can raise money for JEEVAK. They bought a lot of sheets, dresses, nightgowns, etc. in Mumbai for lower prices, which they'll sell to the community here. Hopefully this business will keep at least one balwadi going. Thanks very much to BODHI for the support and encouragement!



A winning art competition entry for Rebecca's fundraising efforts to reinstate kindergartens whose funding by other NGOs was canceled. Women in sewing groups BODHI funded are making bags from their offcuts for the fundraising efforts.

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Current Projects



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



Pune, India. Early education
& health, over 40 women's
health, income generation &
after-school classes



**Sex education
Northern Thailand**
For poor and migrant youth
Chiang Mai & Lamphun

www.bodhi.net.au: project details & updates / Follow us on Facebook & Twitter

The Other Rome Consensus

Publicity and acclaim have accompanied the release of the book, *Capital in the Twenty-First Century*, by French economist Thomas Piketty. Irrespective of the fine details of Piketty's argument, there is broad agreement that inequality has risen — at least in the Anglosphere — since the ascendancy of marketism (neoliberalism), under the influence of the economist Milton Friedman, US President Ronald Reagan and others at the end of the 1970s, when norms inhibiting the flaunting of wealth since the Great Depression weakened.

Reviewing Piketty's book, Nobel Laureate Paul Krugman ruminated that the US political class may be actively working to restore a hereditary gilded age. Discussion of Piketty's book does not mention global inequality, but while the trend of this is similar to that in Western countries, it is much higher in absolute terms, that is, getting worse.

A manifestation and cause of this global inequality is extreme deprivation, including of access to food and adequate nutrition, which are essential for brain development, health and the capacity to work. These attributes are needed not only to escape poverty through labour and education but also to agitate and organize for political reform. However, just as most dominant economists ignore or even celebrate inequality, so too do most agricultural economists support what I am calling 'the other Rome Consensus'. Other versions of the Rome Consensus have nothing to do with food security.

The influence of market forces on academic careers and related publication bias is very strong; thus group-think also extends to downplaying the risk from climate change and, more broadly, civilization's collapse. I suggest it infects a good fraction of academics, including the Rome Consensus. Paul Ehrlich argues similarly (<http://mahb.stanford.edu/blog/do-they-get-it/>).

Central to the Rome Consensus is the Food and Agricultural Organization of the United Nations, (FAO), headquartered in Rome. From its inception, the FAO has opposed policies that prioritise the redistribution of either food or the economic and political power identified by Amartya Sen and others as ultimately determining hunger. Indeed, nascent neoliberalism ensured that the FAO's first director general, Dr Boyd Orr, was appointed for only two years. Orr was regarded by the US government and its supporters as an excessively strong advocate for the poor.

The FAO often lament that at least 800 million of the global population (over 7.2 billion in 2014) are macronutrient deficient, that is, short of energy (calories) and/or protein (essential

amino acids). In this, the FAO has numerous supporters, both in agri-business and among academics, including most agricultural economists.

But how sincere are the claims made by this other Rome Consensus? I suggest it has become accustomed to the idea that the current number of hungry people in the world (however defined) is not that bad, and that the policies it supports (including substantial use of fossil fuels) are the best way to gradually reduce hunger and poverty.

8 worrying FAO-supported policies & practices

1. Its persistent focus on food production to solve hunger rather than genuine support

growth, including ignorance or dismissal of the economic harm of rapid population growth in low-income settings.

4. Collective dismissal (or at least oversight) of the science behind the World Scientist's Warning to Humanity (WSWH) (1992) which led to its wildly optimistic World Food Summit hunger target set in 1996 at the lavish World Food Summit meeting. Note that Nobel Laureate Norman Borlaug ('father' of the Green Revolution), who favoured family planning, was a signatory of the WSWH.

5. FAO's delay, suggestive of complacency, to consider climate change and food security as important until 2003, when the literature raised this as serious since at least 1994.

6. FAO's attempt, in its premier hunger publication (SOFI 2012), to redefine the MDG target associated with hunger. This reflects poor scholarship and oversight rather than ideology, as the error is extremely embarrassing (or should be!). In SOFI 2013 the correct definition of the hunger target was used, without explanation, acknowledgement or apology.

7. Manipulation of hunger data by the FAO in several ways to make the MDG target look less out of reach. First, it uses a measure of hunger which can be met only if inadequate calories for a sedentary lifestyle are ingested over a 12-month period. Most poor require a higher caloric intake than this for three reasons. They disproportionately (i) work manually (and even if not formally employed often require more calories for routine tasks such as fetching water or through living in hilly areas with little mechanisation); (ii) have ill health such as fevers which increase caloric demand, and (iii) harbour parasites which reduce the absorption of nutrients and calories, even if they are ingested. The FAO also increased the estimate of hunger in 1990 — this makes the target significantly easier (Butler, in press).

8. Support for agricultural intensification as a partial solution, with insufficient recognition of its numerous hazards (not to mention the cruelty of Concentrated Animal Feeding Operations (CAFOs).

If a theatre is on fire the observer has a duty to raise the alarm. The world today already has 700-900 million people undernourished in macronutrient terms, with the well-being of billions more at threat. Agreeing with the Rome Consensus will not help those macronutrient-deficient; loud opposition may yet do some good.

[1] Essentially, that growth should always be preferred to redistribution, aiming to grow a bigger pie, so that the poor may be assisted without reducing the wealth of the better off.

Climate Change and Global Health

Edited by Colin D. Butler



Colin's edited book (56 authors) is to be released in late 2014, by the British publisher CABI.

for the redistribution of the determinants of food entitlement. Its tacit support for the 'Pareto Principle', [1] developed by Mussolini's favourite economist.

2. Its implicit denial of limits to growth, whether from climate change, rising energy costs, the opportunity costs of biofuels from edible plants, the emerging scarcity of phosphorus or the flattening of crop yield growth.

3. Ignorance and even suppression of discussion of the determinants of population

Project updates

Denis Wright Memorial Scholarships, Bangladesh. Congratulations to this year's recipients of the Denis Wright Memorial Scholarships: in Dhaka, Dulari Akter, whose scholarship will pay for nurse's aide training. In the Chittagong Hill Tracts, Academic Achievement, Academic Improvement and Academic Inspiration awards were won by Eli Chakma, Milipru Marma and Sumi Tanchangya respectively. Well done, all.

Peace-building, NE India. To explore conflict resolution, Nalori Dhammei Chakma visited AP for BODHI last September and last January. We are proceeding slowly. Mr Susanta Chakma and the SNEHA School, Diyun, have embraced these efforts and begun work with us to achieve this goal. More as it develops.

Moanoghar: getting well, digging wells. For the next two years, we have partnered with Moanoghar to provide community health care (through mobile medical clinics), safe drinking water supply (tube wells to three villages), the Denis Wright Memorial Scholarship, support to the weaving centre (through the UK's Silbury Fund) and income generation (through afforestation (bamboo and coconut plantations), which also provides environmental preservation. The total will be about \$16,000 per year.

“

BODHI is providing three new tube wells to the three remote CHT villages in which we work. Patients attending mobile health clinics will be asked to pay a token 5 taka for free prescriptions. This money will be kept in a separate bank account run by the communities and managed under the overall supervision of Moanoghar. Moanoghar has formed Community Mobile Clinic Management Committees in all three villages. The Committee is comprised of 4-5 members and includes the village elders, civil society members and 1-2 women members who are responsible for the community mobilisation and awareness raising. The same committee will be tasked with responsibility for the maintenance of the tube wells.”

Red Kangaroo in India



Sarnath Village Schools has had a makeover, with a new name pending, 'Red Kangaroo in India: learning journey'. The directors, Bhiksunis Tenzin Yeshe and Tenzin Dao, have established an office in Sarnath, northern India, in the heart of the village communities they already serve.

They have appointed a new team, and created a reinvigorated program of activities for the local children who are part of the project. They have employed a social worker, Nalori Dhammei Chakma (introduced by BODHI) to set up activities which will broaden the children's experience and knowledge and further equip them to be participating citizens.

There are 93 girls and 37 boys in classes 4-12. Nine children have just finished Year 12 and are filling in application forms for entrance to Benares Hindu University. Four of them are boys. Additionally, eight girls and three boys are in their second year at university. Five girls have graduated from university this year.

Thank you

Bev Buckland, Tasmania, Australia
Dr Pam Fenerty, Tasmania, Australia
Dr Bryan & Anne Furnass, ACT, Australia
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Graham Ranft & Angeles Douglas, ACT, Australia
Luiz Ribeiro & Jeanne Chapman, ACT, Australia
Prof Colin Soskolne, Alberta, Canada
Dr John Wakeman, NT, Australia
Dr Sue Wareham, ACT, Australia
Gerry & Brian Warren, NSW, Australia
Mr Jeffrey Whitman, California, USA

and

- * Gina Woodhill and her yoga classes for continuing support.
- * Anna Olsen for initiating the above yoga support
- * Ric and Jo Easton of Bio-Distributors, Sheffield, Tasmania, Australia for loyal, much-valued support

**Welcome Facebook friends,
Tweeters & 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
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1989 Nobel Laureate for Peace

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Kabita Chakma and Kulottam Chakma
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BODHI Times 46, June 2014

In memoriam

Dr Denis Wright

Dr. Denis Wright passed away in December after a 4-year battle with his unwelcome stranger, glioblastoma. As our third Australian director, Denis arbitrated heated project discussions and guided us toward workable solutions. He started our website and maintained it for many years, with endless patience. We miss him dearly. To honour Denis we started the Denis Wright Memorial Scholarships, which will continue as long as we do. His old friend Tahsinah Ahmed helped us to choose the Underprivileged Children's Educational Program (UCEP), a Bangladeshi NGO in Dhaka which provides practical educational training. We award USD1000 annually for such training as nurses' aide. As well as for urban girls, we provide three scholarships totalling about USD800 every year to girls at the Moanoghar School in Bangladesh's Chittagong Hill Tracts. See page 3 for this year's recipients.



Denis's younger daughter, Sylvia Wright (pictured left), contacted BODHI about working with us in her father's memory. She has assumed responsibility for supporting one kindergarten in the Pune slums. Sylvia is currently in Nepal, researching for Green Tara Trust at a little school whose principal is installing computers and has asked Sylvia to teach their usage to staff and students. 'He reminds me of my Dad a lot, with his passion for computers, open heart, patience and desire to move forward, his Buddhist anecdotes and balanced way of thinking,' Sylvia writes.



TRIBUTES TRIBUTES TRIBUTES TRIBUTES

Tahsinah Ahmad. Denis has such a special place in Bangladesh! So many of us remember him with so much appreciation and fondness. It is not only the life of that one girl [one of the many recipients of the Denis Wright Memorial Scholarship for Underprivileged Working Girls] but all her future generations that will keep him treasured in their hearts.

Dr Indira Samarawickrema. It will be very difficult to replace a person with such insights, a balanced view and humour (which is much needed when dealing with intense and sensitive subjects as BODHI does). May he RIP.

Susanta Chakma, SNEHA Schools. With his departure the social (non-profit) sector has lost a dedicated social activist, BODHI has lost an able leader and we all have lost a great friend ... One minute's silent prayer was held at both the schools of SNEHA for the peace of the departed soul of Dr Denis Wright. Please accept our deepest and sincere sympathy and on behalf of SNEHA Schools children, teachers and Board of Trustees I extend condolences to his bereaved family and BODHI.

Ashok Kumar Chakma, Moanoghar Children's Home. With kind gratitude, we acknowledge Dr Denis Wright's support, which was very helpful to inspire and encourage our girls to study hard.

These scholarships are an example for promoting girl's education in the CHT region of Bangladesh. Dr. Wright will remain alive in his outstanding works and contribution to society.

Kirti Nishan Chakma, Moanoghar. We deeply mourn Denis Wright's death and would like to acknowledge herewith his support to us. We all pray here for his departed soul.

cont fr p 1 **Mobile medical clinic, Mizoram**

Outcomes, limitations and recommendations

This is a difficult project on many levels, but we persevere so villagers in a troubled area can have health care.

We identified the following limitations:

- * Lack of coordination between the CMS and the doctor caused a delay in fixing the date of the medical clinic.
- * Managing the people for registration was a toilsome process as some of them didn't want to register, only to have a check-up.
- * Most of the villagers didn't know about the clinic, so there was a delay and the team worked late.
- * CMS members are not active as most are married and busy with their household chores. Even those working under the local council did not have time to engage with the patients.

To make the clinics more effective:

- * The active youth associations and societies in the local council itself need to be involved.
- * They can arrange in a systematic way to inform each village of health

clinics and guide them throughout, knowledge which CMS is lacking at the moment.

- * BODHI should involve other local NGOs along with CMS for future health clinics in this region for better results.

Regarding tobacco use:

- * The villagers need to be informed about the hazards of chewing tobacco and smoking. Massive campaigns should be held in the villages on this issue.
- * Providing proper information on health education is a must.
- * A gynaecologist is required for women's reproductive health at the next health clinic.

Mrs Dita Chakma distributed pamphlets on HIV/AIDS which were translated in Chakma. She then discussed basic health education, such as washing their hands properly before eating and boiling water for drinking as the local water can be contaminated with dirt and water-borne diseases.

See website for the rest of Nalori's report and more photos.

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Annual General Meeting

Benevolent Organisation for Development, Health & Insight (BODHI) Australia, Inc

Please join us at the Annual General Meeting, to be held in Canberra, ACT, Australia.

Day/date	Sunday, 22 June 2014
Time	2pm
Location	University of Canberra (contact us for details)
RSVP to Susan	csbutler@sctelco.net.au, 0428 811 675
Location details, Colin	colin.butler@canberra.edu.au, (02) 6247 1227

Agenda

Opening of meeting

Apologies

Confirmation of minutes from last preceding annual general meeting

General business

Presentation and acceptance of the following reports:

President, including Electronic Communications

Treasurer

Medical Director

Election of office bearers:

President

Vice-President

Secretary

Treasurer

Appintment of auditor

Date of next meeting

Close