BODHITIMES FOUNDING PATRON: HIS HOLINESS XIV DALAI LAMA

Public Health Adviser: Dr. Maurice King

JUNE, 1994 NO. 6

Environmental Adviser: Dr. Bob Brown

THE HIGHWAYMAN COMES RIDING, RIDING, RIDING...

BODHI volunteer Kim Birley submitted the following report:

"At last we arrived and were met with a jeep by Dawa Dhondup, the founder of Tibetan Educational and Children's Home (T.E.A.C.H.), and Cheung, the settlement secretary, with the traditional Tibetan giving of white silk scarves. As the jeep hurtled toward the settlement center, the road passed through fields of ripening maize, with neat Tibetan villages set in blocks of eucalyptus trees and fluttering with faded prayer flags. I wondered just what lay ahead, and how well I was going to live up to expectations.

"After a few days I began to help in the construction of the new dormitory, which I was to do until the December exams were over, when I would start teaching. BODHI's donation enabled Dawa to hire five or six coolies (they really do call them that!) and a mason, and work began. My role was that of mortar man. I simply had to clear a small area of land, dig a bloody great 'ole and mix with water the resulting earth to a nice consistency of mud, which was then taken away by another lad in a thing shaped like an outsized hubcap.

"One benefit of wallowing in mud in this fashion was that it turned out to be a great way to meet the children. Dawa warned me that it would probably take weeks for them to get used to me. Walking around the villages it was common to see a row of little golden faces peering from over a wall with a mixture of awe, fascination and horror. As soon as I smiled or waved, they would vanish and one would hear the sound of little feet pelting in the opposite direction!

SINGING IN THE MUD

"One Sunday shortly after starting work, about nine or ten of the children gathered at the edge of the mud pit and discussed my every move as if I were from Mars. Feeling rather self-conscious, I continued working. I can't have looked too scary in T-shirt and muddy shorts with my spindly, lily-white legs covered in mud, because after an agitated conference one little girl (Tenzin Khando, I now know) shouted 'Pliz sing a song!' and then leapt for cover behind two of her friends, who promptly collapsed in giggles.

"Thinking this a good opportunity to make

friends, I stood upright and, brandishing a mumpti (a digging implement) in one hand, gave them 'Jamaica Farewell' in my best West Indian accent, and was greeted by rapturous applause! Then I sang 'Where Have All the Flowers Gone?' which made a great impression. I had to sing it again after lunch! From that time on I always had a number of interested spectators around my pit.

"The coolies were obviously religious, or thought I was. In the course of digging I would often turn up grubs and other creepy-crawlies; when this happened there would be a chorus of 'Sir!' 'Sir!' and anxiously pointing fingers, until I had removed the creature to safety.

"We finished the walls, and at the time of writing are waiting for a carpenter so we can do the roof.

BUMPING INTO GIGGLES

"The dreadful moment came when it was time for me to start teaching. I would read stories to the juniors from 9-10am, teach students in Year IX from 10am-12 noon and those in Year 10s from 2-4pm. Tremblingly I went into the T.E.A.C.H. classroom and began a very simple poem by Rabindranath Tagore. I then bumped into a big problem which has only started to be solved recently. The children had always been taught by the 'chalk and talk' method, with questions actively discouraged. This meant that, for a long time, I felt as if I were teaching a brick wall: complete silence and respectful attention, but absolutely no reaction at all. I stressed again and again that, if I spoke too fast or used

unfamiliar words, they were to tell me but, of course, no takers. If I asked a general question then received no reply, I knew they knew the answer; if I asked someone specifically, he would put his head on his desk and cover it with his hands! If I persisted, the student would go giggly and quite hopeless.

"Not to be deterred, I got them into circles of chairs for group discussions, so that they would be less intimidated, but no use!

I did all the discussing! On the third lesson, I said that they should stop sitting there like a lot of guavas, and ask questions. They liked that. I found that telling jokes, even very simple ones, made them open out a bit. The situtation has improved greatly over the last week or two, although I still am not sure just how much they are learning.

"My teaching style has turned out to be rather physical. Lessons are enlivened by me bouncing around the room to demonstrate the meaning of the words 'leap' and 'stalk', and by getting them to beat time on their desks while I recite 'The Highwayman' (one of the set texts) in order to help them understand the concept of rhythm in poetry and how it can emphasize a poem's meaning.

"They are lovely children, with none of the cynicism of Western children. 'The Highwayman' reduced them almost to tears, as did a story about a boy whose brother had been killed in a car crash.

"Dhonden Ling is surrounded by neat rows of lantana bushes with showers of tropically-colored butterflies and the great jungle-covered hills nearby. These hills are full of leeches, leopards, bear, snakes, marauding wild elephants, and the depleted remains of a band of elephant poachers, sandalwood smugglers and the Indian Army who were chasing them—all a bit like the Wild West. □



Some of T.E.A.C.H.'s children.

From The Medical Director's Desk: CHILD SPONSORSHIP

"By the time this ad is over, fifty-five children will have died." Much of the advertising in Western countries (the "North," the "First World") to raise support for the Third World (the "South") aims to do so by individual sponsorship. Ads claim that, by establishing a link with one person, Northern donors can overcome the powerlessness they frequently feel when the rich think of the global poor.

Global births exceed total deaths by more than 90,000,000 per annum. Most of the global births—probably more than 100,000,000—are to the poor. To care for these extra children by sponsorship alone would require some 200 offers per minute, every minute. This is ludicrous, yet the sponsorship approach suggests that all would be well if only everyone in the North could sponsor several "Third Worlders." Unfortunately, only a tiny minority are likely to be "rescued" by this approach.

Countries with extremes of rich and poor are characterized by the visibility of begging. Both Los Angeles and New Delhi are cities with enormous riches and all-toovisible poverty. While a political attitude that condones such disparity prevails in these cities, begging may be accepted as a necessary evil.

According to the "Resource Demand Index," the average U.S. citizen consumes sixty-seven times the resources of the average Indonesian. Wealthy Americans (or Australians or Swiss) probably consume more than 100 times the resources of the average citizen in the South. In a world of such contrasts, global begging seems inevitable. Perhaps this global culture endorses child sponsorship as a token "solution" to global inequity.

SELF EMPOWERMENT, NOT BEGGARY

During the civil rights movement in the U.S. and the anti-apartheid movement in South Africa, activists did not plead for sponsorship or increased welfare as a means for salvation. To have done so would have been degrading, legitimizing the injustice and inequity which people daily risked their lives to challenge. Instead, these leaders demanded equal political and legal rights. So, too, leaders of the poor in the South demand what Australians call a fair go, both from their own corrupt governments and an unfair global economic system which favors the North. But their message is rarely heard.

There is no evidence that unqualified handouts are of much benefit; indeed, evidence from welfare states in the North suggests handouts might reduce self reliance. Our own experience in the South supports this.

Assessed by indicators such as infant mortality rates and literacy—improvements which the sponsorship ads claim to foster—both Sri Lanka and the South Indian state of Kerala are doing well, despite very poor percapita incomes. It is no coincidence that both places have relatively evenly distributed economic resources and cultural traditions of self reliance.

Countries such as Zaire and Haiti, on the other hand, have appalling health statistics, widespread poverty and tiny minorities who are incredibly wealthy. In some Third World countries, corruption has been so spectacular that the personal wealth of their dictators allegedly exceeds the national debt of the countries they govern!

Sponsorship by the global community as a means to solve problems in the South is only a bandaid. Not only are there insufficient people in the North to do this, but also no evidence exists to prove that doing so is helpful. Neither individual sponsorship nor direct aid will lead to a sustainable global future.

ALTERNATIVES TO SPONSORSHIP

This is not to say that sending money to individuals with whom we already have a relationship is bad or should be stopped. Welfare has a place. If the world is to avoid mass starvation, large scale food aid from rich to poor will be required well into the next century. Earthquake and other natural disaster relief may always be necessary.



This little Tibetan girl has tuberculosis. Will she be better helped by sponsorship or a TB treatment and education program for her entire village?

In Catholic countries in the North, including Ireland and Italy, population growth is almost static. In contrast, Catholic countries in the South still experience high rates of population growth. Almost certainly, these countries have a high but unmet demand for family planning. Transfer of contraceptive knowledge and technology from North to South would be a far more effective form of aid than mass sponsorship. By paying fairer commodity prices and transfer of environmentally sustainable technologies, the North can also effectively help the South. Loans need to be properly used; too many of them have been squandered.

BODHI believes in a development strategy along the lines proposed by the Dag Hammarskjold Foundation in 1975. This emphasizes endogenous, needs-oriented, ecologically-sound projects that aim to encourage self reliance and structural transformation. BODHI's Wild Dog Sterilisation and Eradication of Rabies (BOWSER) project meets many of the criteria endorsed by Hammarskjold; we have learned that, even so, there is a large gap between theory and practice.

Finding and supporting genuine self-help movements, like Dawa Dhondup's T.E.A.C.H. projects, described in BODHI Times No. 5, is BODHI's alternative to the paths of sponsorship and misplaced development.

These efforts in and by the South will not be enough. The North needs to develop confidence that releasing the strings that currently hinder global development will not lead to its own poverty, any more than the provision of domestic opportunities to the poor (as distinct from welfare) does. We in the North have to convince our own political and economic leaders of this. Ordinary people were instrumental in reducing nuclear tensions. Ordinary people can insure that those in the South receive a fair go.

FROM T.E.A.C.H.

Dawa Dhondup writes: "Mrs. Wendy and Kim arrived at the right time. The new Indian hospital doctor had absconded and I was about to start construction of the new dormitory. Soon after their arrival, I began construction. At first I thought that Kim would be another Western student who would not or rather could not attend to physical work. But he is different. He really helped us with mud work. Sometimes I felt uncomfortable seeing him work so hard. More than this, my children have learned the dignity of work, seeing someone who has come all the way from Australia to work. He is now teaching English to our Class IX and X students. All the students enjoy his

"I am glad to inform you that both of them are extremely good and helpful. Thank you very much for introducing them to our settlement."

BODHI VOLUNTEERS TO INDIA

BODHI sent nurse Wendy Birley and her son, Kim, to Dhonden Ling, the remote Tibetan settlement near Kollegal, South India in November, 1993. Wendy went for three months as a health worker with no set agenda, only to help in whatever ways requested-a difficult assignment in a settlement more than usually unaccustomed to Western ways. Kim went for up to one year to help Dawa Dhondup construct a new dormitory that would enable T.E.A.C.H. to expand by fifty percent, and to teach English. Wendy writes that she is working 9 a.m.-12m. at the hospital and spending the rest of the day at T.E.A.C.H., "establishing a kitchen garden and reading and talking to the younger children in the hope of improving their English. Children are talking to me more and more and demand stories which always

"We can hear the elephants. There are fortytwo of them and they have two young, one only three weeks old. Just wish they would keep out of the maize. Butterflies come out with the sunshine: twenty centimeters (eight inches) big, colored vivid yellow, yellow/rust and electric turquoise; huge swallowtails that are black/red, black/black with white stripes, black/green and black/blue; and lots of speckled brown/golds and good old cabbage

have to begin, 'Once upon a time.'

"The two health workers are very good and I think their standards are high. But they have nothing to do. They just sit around all day, whereas I feel they should be out in the villages urging people not to spit, etc. All the hospital staff with the exception of the health workers spit.

"Hope to travel to the villages, do some educating and see people who never make it to the hospital because either they're too busy harvesting in the fields or it is too far to walk.

FRUSTRATIONS AND TRIUMPHS

"One nurse was using terrible barbed needles until I threw them out. I feel very frustrated as even though I can point out things whilst I'm here, things will not change once I'm gone. I feel that the presence of a strong doctor would go far to alleviate the health problems here.

"I have won over a sweeper who now proudly sweeps and mops under the cupboards and does the dressing room Mondays, Wednesdays and Fridays instead of once a week!

"Nothing is sterile. One nurse puts things in completely enclosed containers, places them in the autoclave, gets it up to pressure then switches it off! Have luckily found an instruction book which says to cook things 2025 minutes. Haven't won completely on the enclosed containers, though. How does the steam get in to sterilize? Everyone is dosed up to the eyeballs with penicillin, which is how they get by.

"Have arranged to get a microscope fixed, and am taking the auroscope to be mended, which will make the next live cockroach I have to remove from an ear at one o'clock in the morning a lot easier.

"I suggested they put the vaccines in a plastic bag first, before putting them in with the ice. They were all arriving with the labels completely off, so when one nurse and I did vaccinations recently we didn't have a clue what was what. Luckily the hospital administrator knows the bottles, I hope.

"I had a baby in with an enormous abscess after being vaccinated, and discovered that needle and syringes for vaccinations are reused. (Apart from the risk of transmission of HIV, Tibetans already have a high rate of Hepatitis B. This technique seems guaranteed to outweigh any benefits from the vaccine. Ed.) "I've become chief suturer and really enjoy it. The most difficult so far was the eyelid of a screaming child, who had one centimeter (.4 inch) of adipose tissue hanging out which I had to reduce first-on my own as

"There are sixty-seven patients with TB at the moment. More will arrive soon when the sweater sellers return."



T.E.A.C.H. SCIENCE LAB **UNDERWAY**

everyone else had gone away.

Thanks to the generosity of BODHI's donors, the Tibetan Educational and Children's Home (T.E.A.C.H.) has purchased two microscopes, one simple and one compound, and twenty-six books for the science laboratory. Thank youkeep it coming!

BODHI GIFT SHOP

HORSE IN THE WIND: Support BODHI's work by purchasing prayer flags featuring a wind horse which, when hung outside, spread good luck and happiness for all sentient beings to the five directions. Tibetans string hundreds of them in rows outside their homes and monasteries, and in the forest. \$10 each or set of 5 for \$45. Specify white, yellow, blue, red or green. TIBETAN CLOUD WINDCHIME: Brocade wind catch, yak bells and cloud hanger. Resonating the song of the Himalayas, made by Tibetan refugees in India. US\$65.

TB WATCH

Despite the fact that US\$480,000 has been spent on TB eradication since 1984, the incidence of TB among Tibetans in India has increased from .96 per cent in 1990 to 1.16 per cent in 1992, according to Health Secretary Mrs. Namgyal Taklha in the November-December, 1993, issue of Tibetan Bulletin.

HERE AND THERE

The Lancet, January 1, 1994: Newly appointed US Surgeon General Jocelyn Elders says, "[Comprehensive health education] should start in kindergarten. It should be taught every day, every year." If this is true in the U.S., then how much more is a similar attitude needed in the developing countries, most of which have hardly any health education?

Tibetan Bulletin, November—December 1993: "His Holiness the Dalai Lama reiterated his call to Tibetans, especially those residing in Dharamsala [site of the exiled Tibetan administration in the Indian Himalaya] to pay more attention to the local environment, by keeping their surroundings clean." The Guardian Weekly, November 21, 1993: "The UN warns that the world refugee crisis is out of control, with at least 43,000,000

Nature, December 16, 1993: As part of its review of Indian science, this journal showcases Indian entrepreneur M.R. Narayanan's Central Electronics Company's Delhi display of solar powered lights (suitable for conducting evening classes), solar powered television and solar radios, aimed at India's 500,000 villages.

TB DRUGS TO TIBETANS

global refugees."

BODHI has donated to the Tibetan Department of Health US\$4500 (Australian \$7000) of rifampicin, an anti-TB drug vital for short-term treatment. We hope this will be used as "first line" treatment, and boost cure rates for Tibetans which are so often compromised by poor compliance.

BODHI TIMES is the biannual newsletter of Benevolent Organisation for Development, Health & Insight (BODHI). Founding Patron: His Holiness XIV Dalai Lama Public Health Adviser: Maurice King, M.D., F.R.C.P., F.F.P.H.M. Environmental Adviser: Bob Brown, M.B.B.S. Medical Director:

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WHAT IS BODHI?

Benevolent Organisation for Development, Health & Insight (BODHI) crystallized in 1989. Bodhi is a Sanskrit word meaning enlightenment, the wish to benefit all. Founded on the 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 to work with us. 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, then who will?

BODHI beneficiaries are not limited by race or religion. BODHI's first projects are with Tibetan refugees in India. We are developing projects with other communities as well.

* * * TASMANIAN RAFFLE

BODHI held a raffle in Tasmania last December. Merchants were so generous that we will be holding either a second raffle or a fundraising dinner in the near future.

LATE BREAKERS

- ▲ Retired Police Commissioner Mr. A.K. Chaudhary from Bihar, India writes of the high prevalence of rheumatic fever leading to rheumatic heart disease among the rural poor of his district. "There are a few official agencies already working on tuberculosis, but rheumatic heart disease among children is, as far as I know, a completely neglected subject," he says.
- ▲ Some of you may have heard of the Gaden Shartse monks, and may know that BODHI has been trying to co-ordinate a health project with Gaden Monastery in South India. We have good news: Venerable Tenzin Wangchuk has accepted the presidency of the Gaden Nyingma Community Health Centre in Mundgod. "The abbot has requested that we try to improve the hygiene at Gaden," he writes. "Can BODHI help in any way?" Ven. Wangchuk is a senior monk who jogs, makes compost and fed us home-grown salad. We are delighted he has accepted this position. We see him as a positive agent for change and hope to support his work.
- ▲ The Lancet, March 5, 1994, published an article by BODHI's Medical Director, Dr. Colin Butler, entitled "Overpopulation, Overconsumption and Economics."

THANK YOU

Without our loyal supporters, BODHI's work would not be possible. Many thanks. More names next time. Gary Altobella, USA Kathryn Blue, USA Dr. Magnolia Cardoza, Australia Mr. A. K. Chaudhary, India Dr. Jiraporn Chompikul, Thailand Elisabeth Des Marais, USA Cecily Drucker, USA Pammie Gaulkie, Australia Professor John Hamilton, Australia Drs. Pam & Steve Ireland, Australia Kate Jewell, USA Kathy & Dan Lechowicz, USA Dr. David Legge, Australia H.L. Lewis, USA Dr. Cait Lonie, Australia Eloise McAllister, USA Dr. Gerry & Sally McGushin, Australia Nora McKay, USA Donna Meister, USA Dr. Helena Miksevicius, Australia Richard Page, USA Catherine Pleteshner, Australia Toby Rhodes, USA Dr. Melvin & Sherie Scheer, USA Maggie Scott, Australia Christine Stevens, USA John Stillwell, USA Lynn Susholtz, USA Professor Alice Tay, Australia Gayl Welch, Ph.D., USA

Thanks also to Sir John Crofton, Scotland, for comments on our TB trial and Peter Bushby, of Launceston, Tasmania, for auditing our Australian records.

PROJECTS UPDATE

HEALTH EDUCATION VIDEOS: Tenpa T.K. has requested that BODHI fund the translation of a health education video from Hindi to Tibetan. We are waiting for budget information. Also, we are researching production of a video using Tibetan and Indian personnel.

TB ERADICATION: In January, 1994, the Department of Health of the Tibetan government in exile requested that BODHI not conduct its planned TB trial of immunotheraphy in conjunction with traditional short-course chemotherapy. Both lack of sufficiently-trained research assistants and the difficulty of obtaining the frequent sputum cultures necessary to adequately evaluate the therapy's effectiveness mean a properly conducted trial would be too difficult. Consequently, BODHI is now investigating potential interest from the Indian National Institute of Tuberculosis, the Christian Medical College at Vellore, South India, and also from Lanka Jatika Sarvodaya Shramadana Sangamaya (Inc.) in Sri Lanka.

BOWSER: BODHI continues its efforts with the BODHI Wild Dog Sterilization and Eradication of Rabies (BOWSER) project. BOWSER seeks to give Tibetan refugees the skills to limit their wild dog population

PLEASE— WE NEED YOUR HELP

BODHI has been able to begin some exciting and innovative programs. We need your donations to continue these efforts. We can do so much more if you'll support us. 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 4 Oueen St.

4 Queen St. Campbell Town Tasmania 7210, Australia

U.S. donations are tax-deductible

humanely by sterilizing male dogs and at the same time vaccinating all dogs against rabies, thus reducing the threat to both human and dog populations of this lethal disease. The ball is in the Tibetans' court.

BODHI DIRECTOR TO INDIA

BODHI Australia director Damien Morgan is currently visiting Tibetan settlements at Bylakuppe and Dharamsala, India. He received a research grant from the Australian International Development Assistance Bureau (AIDAB) to enable him to improve understanding of the social issues affecting the health of newly-arrived refugees from Tibet. Damien has begun by seeking to identify those factors in the experience of newly-arrived refugees that impacts upon their physical and mental health, including their life in Tibet, their reasons for becoming refugees, their flight from Tibet and their experiences since arriving in exile.

Additionally, Damien is seeking to pinpoint deficits in the provision of health care for new arrivals and determine the cause of these deficits. This includes a focus upon newcomers' concepts of health and health-seeking behaviors in light of their status as acute-phase refugees.

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 tape recorders to dis- and reassemble and books for a library. The science lab costs US\$2,000 (A\$3250).

DOLMA LING Help to stock the dispensary and pay the salary of a nurse to train selected nuns as health care workers.

GADEN SHARTSE MONASTERY Help to fund health education and sanitation projects for monks.