From the Medical Director's Desk

The silent tsunami

Just after the last issue of *BODHI Times* was distributed, the Asian tsunami killed more than 270,000 people and injured hundreds of thousands more. It also devastated many towns, villages and other forms of coastal infrastructure. Children were unusually vulnerable. From the Indonesian province of Aceh, on the northern tip of Sumatra, Dr. Stuart Collins wrote:

> 'The tent reminds me of a refugee camp I visited yesterday. Of 1077 total population, only 26 were aged under five. You would expect 150 kids in a population that size. Of those 26, almost all were under 2, perhaps safe in their mother's arms while their older siblings were swept away. There was only one three-year-old and no four-year-olds in the entire camp.'

This natural catastrophe has increased attention on the poverty and vulnerability of many people in poor countries, strengthening the recent shift towards a higher profile for foreign aid, evident for example in the Commission for Africa, chaired by United Kingdom Prime Minister, Tony Blair. Consistent with this higher profile and evident since the Jubilee movement (for debt relief) in the late 1990s has been the fanfare over the Millennium Development Goals. To strengthen the evidence of progress (or otherwise) towards these goals, a team commissioned by the World Health Organisation has just reported its findings into the cause of death in children under the age of five. This figure approaches 11 million children per annum, almost all of whom are in developing countries. Only four infectious diseases—pneumonia, diarrhea, malaria and neonatal pneumonia or sepsis—account for more than half (54%) of these deaths. Undernutrition was found to be a similarly important factor, especially contributing to the infectious diseases. An additional 20% of these deaths were attributed to premature delivery and asphyxia at birth, causes which could be prevented by access to reasonable health care.

While not all of these deaths could be avoided, even if there were excellent medical care, we can assume—very conservatively—that 75% would still occur. This therefore equates to the deaths of more than 300,000 poor children every fortnight. This death toll represents a silent tsunami whose constant repetition—together with the diffuse and anonymous nature of the victims—defies broader interest and publicity.

Bare statistics do not reveal the human suffering implied by these premature deaths. This suffering is experienced not only by sick children but also by many of their families. Almost 4 million of these deaths occur to neonates (babies younger than 28 days). It is sometimes argued that

> It is undeniable that the suffering of the tsunami warranted and stimulated a massive and urgent response, In contrast, the everyday suffering of the poor goes unnoticed. Perhaps this response is understandable, given that we remain essentially tribal beings. People living in villages in Burundi, Bihar, or Belize are a long way from the experience (even virtual, such as on television or the Internet) of most people who will read this, and the fate of our children is hardly of concern to most villagers.

the practice, common in many developing countries, of delayed naming of children signifies parental indifference. If anything, this practice suggests the reverse. If parents really were indifferent to the fate of their children (a biologically implausible argument), then what would it cost to lose a named child? Instead, delayed naming is more likely to represent a socially sanctioned way to try to disengage from and lessen the grief parents feel upon the death of a child[1]. As a medical student I was briefly in Nigeria, where to be childless was a great stigma. WTBP (Wants To Be Pregnant) was a catch-all diagnosis for any childless woman with a vague complaint. It therefore follows that children are likely to be valued.

It is far more likely that it is *we* who are indifferent to the deaths of children in developing countries. Not only are the children young and not only do they perish from illness: in the slums (favelas) of Rio de Janeiro, an estimated 4,000 teenagers died last year from gunshot wounds, ten times the number of children who died in the much better published Israeli-Palestine conflict.

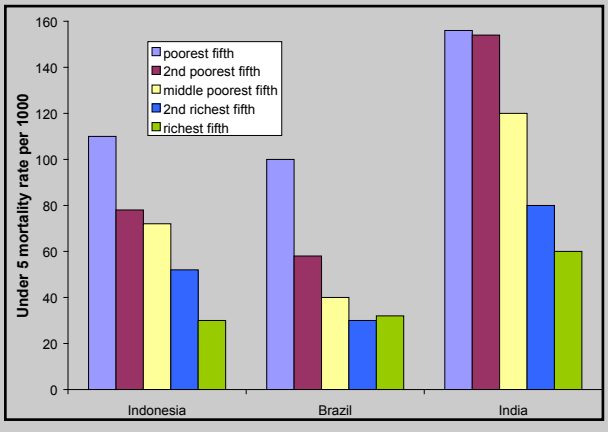
Who is indifferent?

I mentioned a radio interview with the economist Jeffrey Sachs (see *BODHI Times 27*) to a medical colleague, who not only expressed indifference about the death of children in Africa but also volunteered that such deaths were desirable 'to keep the numbers down.' This belief, surely more common than is voiced, is misinformed. For a start, while premature deaths undoubtedly slow population growth, the total population in many parts of the developing world continues to increase. More fundamentally, what good comes from these deaths? Would it not be better to avoid them by better health care, voluntary child spacing, and more economic opportunities? As well, increased child survival is very valuable in societies where social security is best provided by healthy adult children.

Indian pride

Two countries affected by the tsunami declined all foreign assistance: India and Burma. India is rapidly becoming a major economic and military power. But it remains a country of high inequality, with an apparently extraordinary cultural capacity to tolerate the deaths of poor children. The figure below, adapted from an article in *The Lancet*[2] shows the under 5 mortality rate by quintile (fifths) for three populous developing countries. The rates in Indonesia—which accepted billions of dollars in tsunami aid—are much lower than in India. The death rate in India for children under 5 in the poorest fifth was about 150 per 1000. Even more astonishingly, the death rate for the *second* poorest fifth is almost as high. Above, I argued that it is unlikely that individual parents are indifferent to these deaths. But it seems plausible that wider Indian society and culture in fact *is* largely indifferent.

The cover story about the Chakmas in Arunachal Pradesh highlights one small example of official Indian indifference and discrimination. The 'new-Buddhist' followers of Dr. B.R. Ambedkar (see opposite) are another comparatively poor Indian community whose very existence is a response to cultural discrimination. The graph suggests that other forms of discrimination continue to flourish in India, including, but not limited to scores of millions of lower-caste Hindus.



References (full references at www. bodhi.net.au)

1. Einarsdóttir J., *Tired of weeping: mother love, child death, and poverty in Guinea-Bissau, 2nd ed*, Madison: University of Wisconsin Press, 2004.
2. Victora C.G., *et al*, 2003 'Applying an equity lens to child health and mortality: more of the same is not enough,' *The Lancet* **362:** 233-241.