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# odhi times

Benevolent Organisation for Development, Health & Insight

Founding Patron: His Holiness XIV Dalai Lama

Founded 1989

June, 2014  
No 46

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



Dr Loma with patient, Mizoram, NE India, 2014

'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. They do not do not drink boiled water or cook rice in a pressure cooker, but in pots from which they drain all the water/vitamins. 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 Jammersury 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: INR1184, transportation 2500 and the banner 500.

## Outcomes, limitations and recommendations

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

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# Brushes, pens & needles

Volunteer Rebecca Rubin speaks from Pune, India.

The goals of the art competition 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 Bombay). 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 BODHI's local partner, JEEVAK so 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!

BODHI adds: Thanks to all of you for your loyal support and continuing encouragement.



A winning art competition entry for Rebecca's fundraising efforts to reinstate cancelled kindergartens. 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](http://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.

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 the 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

## Climate Change and Global Health

Edited by Colin D. Butler



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 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 a concern since at least 1994.

6. FAO's attempt in its premier hunger publication (SOFI 2012) to re-define 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 mechanization); (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, 2013 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)). A theatre is in 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 might yet do some good.

[1] Essentially, that redistribution should always be avoided by growth, so that a bigger pie is shared, so that the poor are assisted without reducing the wealth of the rich.

# 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 CHT, Academic Achievement, Academic Improvement and Academic Inspiration awards were won by Eli Chakma, Milipru Marma and Sumi Tanchangya respectively. **Congratulations** to 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, Diyu 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.”



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, to set up activities which will broaden the children's experience and knowledge and further equip them to be participating citizens.

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The Project also seeks to engender awareness in these rural communities of the importance of safe and hygienic living conditions, and to promote improved community surroundings through environmentally sound practices.

## Thank you

Bev Buckland, Tasmania, Australia  
Dr Pam Fenerty, Tasmania, Australia  
Dr Bryan & Anne Furnass, ACT, Australia  
Jane Hudspeth, Tasmania, Australia  
Dr Judith Lipton, California, USA  
Eoin Meades, QLD, Australia  
Graham Ranft & Angeles Douglas, ACT, Australia  
Luiz Ribeiro & Jeanne Chapman, ACT, Australia  
Dr John Wakerman, 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.

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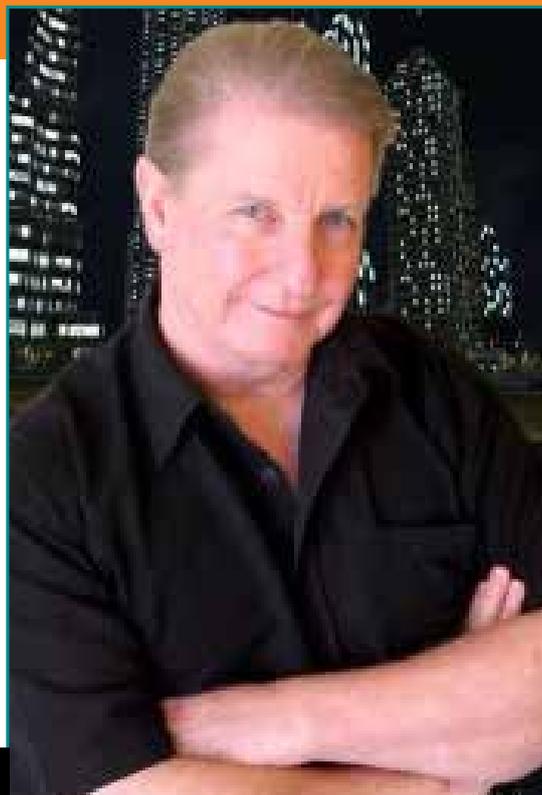
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# Dr Denis Wright

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**

elderly patients had knee pains and headaches. The children had viral fever and stomach pains.

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.

For the rest of Nalori's report and more photos, see the website.