



# BODHI TIMES

Benevolent Organisation for Development, Health & Insight  
 Founding Patron: His Holiness XIV Dalai Lama  
 Founded 1989

June, 2011  
 No 40

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 does BODHI do?

We work in low-income settings with local partners on innovative projects that too often fall through the cracks of traditional aid, in the areas of health, education, the environment, micro-credit and human rights

## 33 travel to Kolkata from Mainpuri Training village teachers

Miss Sujata Gautmi, 21, Mr Bais Pati, 45, and 31 other schoolteachers and principals are reaping the benefits of 18 months' research and effort — as are the 3700 students at Youth Buddhist Society (YBS)-associated schools near the city of Mainpuri in Uttar Pradesh, north-central India. In March, in co-operation with YBS founder Mr Suresh Baudha, BODHI sent these staff to Loreto College in Kolkata for 11 days' training.

Sister Cyril of Loreto oversaw the trainees. She writes: 'We have rarely had such a good and cooperative group. Everyone seemed to take to the training like ducks to water. They have had training only up as far as Class I ... If they come back to us we could do Class II, III and IV and then a little later on the senior school level. We would be very happy to have them back as they were so eager to learn and so ready to take in whatever we could give them.'

In 2009 Colin, Mr Susanta Chakma (founder of SNEHA schools in NE India) and Dr Sari Kovats

from the UK visited several of these schools. The boys and girls who attend are mostly the children of poor farmers. The schools are located where state school access is either limited or impossible and are funded by small contributions from parents.

Schools are very simple and sometimes overcrowded. For example, one room may contain two classes, with two teachers in the same room. Many students sit on the floor. The teachers have university degrees but few if any are formally trained as teachers. Their average salary is INR2000 per month; in comparison, state schoolteachers receive INR10,000. There are few reference books.

Sister Cyril and her team conducted the training in Hindi, using classrooms during school sessions as laboratories. Each teacher received a training resource kit. Thanks also to Susanta Chakma, who is generously assisting BODHI throughout the entire organisational process.



Left: teachers in training, Kolkata; below: typical classrooms, Mainpuri



## Health care in Mongolia



Over tea and momos made by Ven Zasep Tulku in January, Colin and Susan agreed that BODHI's USD5000 donation (intended for the cancelled Tashi Lhapug Health Care Clinic in Tibet) be used for the new Manlha Institute, which will include a medical clinic, on the southern edge of Ulan Bator. BODHI will pay for the medical doctor's

People like this grandmother, her daughter and her granddaughter will benefit from the Manlha Institute. The young mother was raped by three drunken men. She came to the next day to find she had lost 3 fingers to frostbite in the -45° weather.

## Some Current Projects



**Health for Under-nourished Tribal Children**  
 Pune, India  
 Medical & nutritional help, education in family planning & child marriages



**Mobile Medical Clinics**  
 CHT, Bangladesh  
 Health care and education for remote indigenous minorities



**Literacy & life skills**  
 Monywe, Burma  
 Educating Burma's poorest children



**SNEHA School**  
 Arunachal Pradesh, India  
 Education & health for refugee and remote children



**Green Tara Trust**  
 Kathmandu Valley, Nepal  
 Health promotion & services for Nepal's most disadvantaged; maternal & child health



**Empowering border girls**  
 Chiang Mai, Thailand  
 Reproductive health and academic education

salary, some medicine and equipment and supplies such as wheelchairs. We will also fund the training of a health-care worker.

Of Mongolia's 2.7 million people, 1.1 live in Ulan Bator, the capital. Manlha will service the urban poor and recent nomadic immigrants from the desert. Primary health care has worsened since Mongolia's democratic revolution in 1990. In the last few years, a series of natural disasters has caused grazing land to freeze and livestock to starve, forcing tens of thousands of nomads from their traditional homes and way of life. Sprawling ghettos

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# Creatures that fly, trot & swim



In recent years there has been a revival of interest in the interconnections between human, animal and ecological health. In February, I attended and gave a keynote talk on environmental drivers of infectious diseases to more than 600 delegates at the first international congress on One Health [http://www.onehealth2011.com/]. The key words for this meeting were 'human health, animal health, the environment and global survival'. This ancient concept was popularised over 100 years ago by Canadian physician Sir William Osler and German genius Rudolph Virchow. Osler was the best-known physician in the English-speaking world in 1900. He was once called the most influential physician in history. Virchow agitated for a reduction in poverty to lower ill health, an approach recently popularised as 'the social determinants of health'. Virchow, a butcher's son, is credited with coining the word 'zoonosis', which is most commonly defined as infectious diseases that originate in non-human animals but can also infect the human animal. Prof Peter Doherty, the first veterinarian to be awarded the Nobel Prize, opened the conference. His talk inspired hope for a broad vision of One Health, but by the close of the conference this seemed too ambitious.

## By land and by air

For me, the most fascinating aspect of the conference was tension over the scope of One Health. Is it narrow or broad? A narrow understanding focuses on zoonoses, especially those that may threaten predominantly affluent populations, such as SARS and avian influenza. A broader interpretation of One Health considers the economic and ecological milieu that influence general health as well as zoonoses. For example, the clearing of forests reduces habitat for bats, stressing them and forcing them into closer contact with humans. Both factors appear to contribute to the increased number of viral diseases transmitted from bats to humans, especially indirectly via species such as pigs and horses.

A related tension concerns global health security. Does 'global' mean health security for the world's population? Or does it mean health security for the affluent, sought by global surveillance of exotic diseases, resulting in an implicit triage strategy in which infections considered a threat to the affluent are prioritised while those judged as merely likely to contribute to the burden of neglected diseases are largely ignored? My keynote speech focused on such environmental drivers as population, poverty, inequality, climate change and energy (rising oil prices, for instance, drive up food prices).

The burden of disease of emerging infectious diseases (excluding re-emerging infectious diseases such as tuberculosis and dengue fever) is probably outnumbered by that of neglected diseases (eg hookworm) by at least four orders of magnitude, with one exception: HIV. Even with close attention, an uninformed observer at this meeting would probably not have deduced this.

## And by sea

In May I spoke on health in the oceans at the UN Day of Vesak meeting in Bangkok. It is impossible for us to imagine the scale and nature of the ecological riches that have vanished from the ocean and coast. Christopher Columbus in 1493 described the Caribbean, already populated by humans for millennia, as a paradise still rich in natural resources. Our marine riches are rapidly disappearing, even though a few remote coral reefs still possess great colour and diverse life-forms. Yet, the most recent report of the Food and Agricultural Organisation of the United Nations found that 85% of wild fish-stocks were either fully or over-exploited. Twelve per cent were 'moderately' exploited, leaving only 3% as under-exploited. On the bright side, aquaculture (farmed fish) now supplies almost two-thirds as much fish as caught in the wild.

A root cause of the human assault on the ocean is the growth in human population size, now almost

7 billion and still expanding by 70-80 million annually. This growth in human numbers has been facilitated by both technological innovation and the exploitation of vast supplies of energy removed from Earth's crust — principally oil, gas, coal and uranium. In turn, innovation and cheap energy are used to detect, catch, freeze and transport food from oceans worldwide, mostly to feed the most affluent quarter of the world's population.

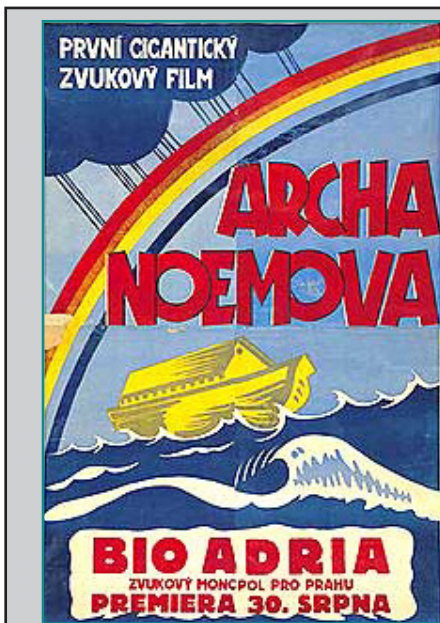
## Cause, economy & the Commons

The oceans are part of an Earth system which is besieged by a mentality, technology and human population with the means to undermine numerous life support systems. A tiny but powerful fraction of the world's population acts vigorously to obstruct efforts to slow climate change and other aspects of Earth system failure. Meanwhile, corporations such as BP, largely responsible for the 2010 oilspill in the Gulf of Mexico, are assisted by an acquiescent public. Too few people understand the connectivity of the global system. Thus, when a forest, coral reef or charismatic species is lost, few pay attention — until something we value is lost, right on our own doorstep. It is clearly in our long-term self-interest to develop awareness and to campaign to protect global public goods, such as the climate, energy stocks and fisheries.

One example of this connectivity is piracy in Somalia, a nation whose fisheries collapsed following its government's failure in 1991. The fisheries of that northeast African nation have been raided repeatedly by foreign fishing fleets, including from Europe. Foreign raiders displaced much of the local, less capital-intensive industry, worsening Somali poverty, costing livelihoods and robbing locally available marine protein. This conjunction of events is a highly plausible driver for the great increase in piracy, most of which is perpetrated by Somali fishermen. Piracy, kidnapping and ransoms that target comparatively wealthy boats off the Somali coast have received much more attention than the earlier piracy, whose victims were poor Somalis.

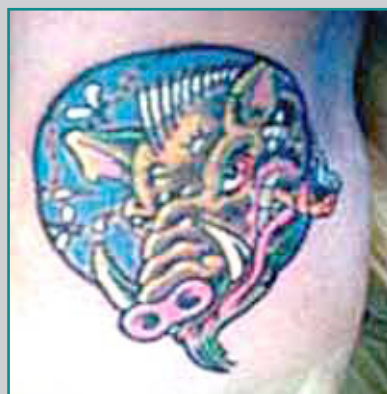
The Tragedy of the Commons was first advanced concerning the oceans. Pessimistic formulations of this theory considered resources to be vulnerable because they could not be fenced. Consequently, it served the self-interest of the most aggressive and earliest to raid marine and other common resources, whether piscine, atmospheric or fossil energy. To hold back was to risk a competitor appropriating an unfair share of the resource. There is much evidence to support this tragedy. However, critics of the Commons pointed out that common resources have been protected by good governance. We are in a race against time, in which institutions (cultures, laws, human practices) to protect such common riches must evolve lest all wealth be lost.

Full articles & references available upon request



Left: 1930 Czech movie poster for the 1928 American film, *Noah's Ark*, in which John Wayne was an uncredited extra and prop man.

Below: Sailors traditionally had pigs and chickens tattooed to their feet for luck against drowning. It was believed that their power as charms resulted from their inability to swim.



At a meeting in Sydney organised by Tzu Chi Australia in April, Colin gave a keynote speech to more than 300 Chinese-Australians about climate change and disaster prevention in East Asia.

# Denis Wright Scholarships

*In the last year we've introduced scholarships for urban and rural schoolgirls in Bangladesh in Denis Wright's name. Mrs Tahsinah Ahmed's recommendations for recipients included both Moanoghar Mountain Home in the Chittagong Hill Tracts (CHT) and Underprivileged Children's Education Program (UCEP) in Dhaka, Bangladesh.*

*BODHI Community Adviser Ms Kabita Chakma presented the inaugural Denis Wright Scholarships for Academic Excellence and Academic Improvement (USD 500 & USD 250 respectively) at Moanoghar on 29 January, 2011. The scholarship for Academic Inspiration (USD 70) was added and awarded later. Thanks also to Brig Gen Aftab Uddin Ahmad at UCEP and Kirti Nishan Chakma & all at Moanoghar.*

**Academic Excellence.** Runi Chakma, Class IX. Her JSC exams results topped the school. She performs well in drama and is a Girls' Guide.

**Academic Improvement.** Riya Chakma, Class VIII. She has overcome personal tragedy to achieve excellent exams results. She sings and dances well and is a Girls' Guide.

**Academic Inspiration.** Circumstances prevented 12-year-old Shovarani Chakma from sitting her last exams, and she was distraught. She wants to become a doctor and is already studying science.

## Underprivileged Female Working Children in Bangladesh

UCEP works with Bangladesh's most marginalised children: street children, those from minority groups or with disabilities and those forced to leave formal education to work in hazardous conditions.

Kohinur Akter received the inaugural scholarship of USD 982 at an award ceremony in December, 2010. She is 16 years old and has been working as a domestic helper. She lives in a rented tin shed in Dhaka with her family. Kohinur began her nurses' aide training in January, 2011 and dreams of becoming a professional nurse one day.

In her acceptance speech Kohinur says, 'I want to assure all of you that I will move ahead, win poverty and contribute to the development of the country with the inspiration, support and cooperation you have provided me through this scholarship. I hope this cooperation will be continued and like before, you will guide me in my way to success. I express my gratitude and thank you all.' Full speech on website.



# Thank you

Dr Julie Adamson, NSW, Australia  
 Dr Warren Bell, British Columbia, Canada  
 Dr William Castleden, West Australia, Australia  
 Charles Chadwick, Tasmania, Australia  
 Ken & Karen Cohen, California, USA  
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and

\* Ric and Jo Easton of Bio-Distributors, Sheffield, Tasmania, Australia for loyal, much-valued support

## Welcome Facebook friends and Tweepers

## 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.

# Health promotion & traditional healers

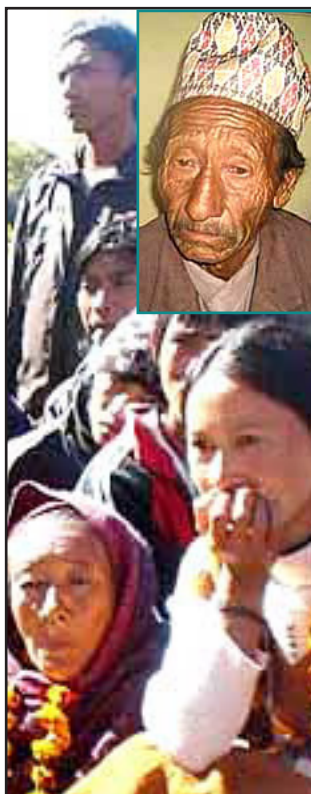
**Drama conveys messages.** On January 5, 2011, BODHI's local partner Green Tara Trust held a mass health promotional event in the remote Tamang community of Bhandarkharkha, Nepal. This was funded in the memory of our friend Jim Meyers by his loved ones. Artists performed a play with messages about the importance of washing hands and using post-natal care for infants. They dramatised a drunken husband quarrelling with and beating his wife, discussed the dangers of smoking during pregnancy and showed how husbands can care for pregnant women.

**Reaching out to traditional healers.** In December 2009, Green Tara Trust held a 4-day refresher/training course for 11 traditional healers (THs) at Manmohan Memorial Community Hospital, Pharping in a remote part of the Kathmandu Valley. They provided certificates and identity cards to the participants, as well as health promotion kits with posters, toothpaste, toothbrushes, soap and nail clippers.

People whom they serve have faith in THs and their ways of treating disease. Most THs don't know about modern health services, as their relationship with modern health workers is still developing, nor do they tend to refer patients.

Other training objectives were to

- enhance THs as health promoters and communicators, &
- promote maternal, neonatal and child health through THs



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

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In the land of pagodas

## Searching for lost clans

In his attempts to preserve Jumma culture, BODHI adviser Kulottam Chakma travelled from Australia to Burma in January seeking inaccessible Chakma communities. Chakmas belong to the broader grouping of Jumma, or indigenous Bangladeshi people in the Chittagong Hill Tracts (CHT). Here is an excerpt from his ground-breaking trip report.

**Mejelegung.** On 26 January 2011, I went back to Nankya with the bike. I arrived there at 10:00 am. I had lunch in the village. The cooking style is very similar to ours. Vegetables are cooked in low heat with sprinkle of dry fish. The meal also included mashed green chilli and dry fish salad. After lunch we set off on boat for villages on the eastern bank. Unlike Kaladan which is saline up to Mrauk U, Lemro is a fresh-water river. The water is moderately clean at Nankya. We headed northward. There are mainly farms on the western bank. The eastern bank is interspersed with Rakhine [formerly Arakanese], Chakma and Rohingya [mostly Muslim] villages. There are also some mixed villages of Rakhines and Chakmas. Most of the fishermen in Lemro tend to be Rohingyas.

Religious conviction forbids Rakhines and Chakmas from fishing or hunting. The Lemro originates in Chin state and its mouth is at the bay east of

Sittwe. After about 45 minutes' boat ride we stopped at a village named Mejelegung. It had more than 100 households. There was another Chakma village east of Mejelegung and on the foothills of Rakhine Yoma. Just like in Nankya, the villagers gathered in the front yard of a house. The villagers are mainly farmers. We had discussion on various issues like where they sell their farm produce and what their total population was in Rakhine state.

**They have only one university graduate in the whole village and he is unemployed.** On population they told me, a retired Chakma officer of the Burmese Army conducted an internal census in 1996 and the number returned 60,000. That number is now likely to be at least 80,000. I saw many children in every Chakma village I visited. [Editor's comment: the high birth rate reflects poverty, which it also helps to strengthen.] Chakmas of Rakhine state have high birth rate. They asked me if I could bring *alaam* or formula for making Chakma costume pinon/kadi in future visit. I found that all Chakma women wear sarong-like Burmese dress. Thami and men wear



lungi, unlike in Tripura, Mizoram, Arunachal and Chadigang in the CHT. It's very difficult to distinguish the Chakmas from the Rakhines.

**Lappangung.** Lappangung is on the bank of the Lemro and halfway between Mejelegung and Nankya. The village had 60 households. The villagers are mainly farmers. We had similar conversation like at Mejelegung. I was very amazed by the fact that we could still speak in the same language after many centuries of separation. However there are also some differences between their and our vocabularies. I was careful not to use Bengali words while speaking with them. They still use original Chakma words in numbering system. For example the number 21 is *kuri ek* not *ekush*, 96 is *nobboi chhoi* not *chhia nobboi*. Education is *agar* not *lega-para*. Village is *ruwa* not *adaam*.

Please see <http://www.bodhi.net.au/pdfs/chakmasofburma2011.pdf> for the entire report.

### MonGolia<sub>fr</sub> p1

with no sewage, water or electricity and fractured social networks with domestic abuse and thousands of homeless orphans have severely strained the limited infrastructure of Mongolia's capital.

Family practitioners in Mongolia face the problem of low status. Both private practitioners and nurses lack access to continuing education, which may result in lower quality service and staff demoralisation. Additionally, although the government provides free health care and welfare for citizens



Yes, we support Gobi bear tracking, too

deemed vulnerable (those under 16, all single parents and elderly), rural-to-urban migrants may require more than three years to complete registration requirements to receive health-care benefits.

At the Manha Institute, a traditional doctor will work at a fully stocked daily clinic. This will also be equipped for doctors trained in the allopathic tradition, including Mongolian doctors, who will run weekly clinics. Foreign doctors will run such specialised clinics as cataract surgeries.

## Local partner: Karunadeepa's story

March 2011. Karunadeepa accepted an award on behalf of the JEEVAK Trust on International Women's Day from the Maharashtra Government for the best work done by an NGO in the Pune, India region. JEEVAK received 25,000/- rupees, a certificate and a trophy.

My Name is Karunadeepa. I was born in Pune, India on December 30, 1962. I grew up in a joint family of 34 people: my grandparents, 6 uncles, 6 aunts, father, mother, 5 real brothers, my father's 1 sister, 4 cousin brothers, 12 cousin sisters and my father's 1 cousin sister. My father was station superintendent at Pune railway station before he died 15 years ago.

All of us stayed under one roof in one house, which had 6 rooms, 1 hall kitchen, and a big garden at the back where we had lots of fruit trees and my grandmother grew a lot of vegetables. We as children had to water all the plants by turn.

All of us worked together as there was a lot of cooking to be done, so we had to clean rice, wheat, go with small bags to grind the wheat into wheat flour in the grinding machine, which was about 15 minutes' walk from our house. We had to fill drinking water in the morning before going to school and in the evening after coming back as

we did not have water for 24 hours, so we had to store water.

My Family were from Mahar community, but my grandfather converted to Buddhism in the mass conversion on 14th October 1956, so that is how



Karunadeepa Wankhade oversees the tribal child health project that BODHI has supported for 3 years

we all became Buddhist. When we children were born, my father registered our names as Buddhist on our birth certificates. Some thought our ancestors were from untouchable community. The reason my grandparents, parents, uncles etc converted to Buddhism is because of the harassment that they had to face, the humiliation.

My family is very happy with the work I do. All my aunts uncles, cousins, brothers and sisters-in-law appreciate my work and are also very proud that I am the only person in our family who has been to the UK 3 times, and to Holland, Germany and the US. So though I don't say anything, when I go to a family wedding everyone's eyes are focused on me and they want to know more about me and my work and about the culture, food, climate etc of the places I have visited. The best part is that, when I let my brothers' or sisters' young children know that they must study hard and not trouble their parents, they are so receptive that parents send their children to me for a couple of days because they say that when they go back to their houses they get recharged and do lot of studies. So I feel very happy.

I feel it is very necessary for the younger generation to study and get good jobs, and also appreciate Dr Ambedkar's work and dedication for the upliftment of the society, and to help each other and carry out Dr Ambedkar's vision and mission.

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