

# BODHI TIMES

**Benevolent Organisation for Development, Health & Insight (BODHI)**

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*We aim sustainably to improve health, education and the environment in developing countries by providing a hook, not a fish. BODHI was founded in 1989 on the principle of skillful, compassionate action and is neither religious nor political. We have supporters and advisers from many faiths. We encourage your support, ideas and acts of kindness. Realizing the interdependence of all beings is in our enlightened self-interest. If we don't work together to reduce the world's much discussed problems, then who will?*

## Land of the clouds

*Dr. Colin Butler, BODHI's Medical Director, recently finished a fact-finding tour to India, concentrating on the northeast. Here is his report.*

**Monday October 20, 2003.** While staying in Delhi with BODHI adviser Dr. Shanti Raman and her family (see p. 3), I met with Prof. P.K. Ramakrishnan, at Jawaharlal Nehru University. He is an expert not only on traditional ecology and sacred groves but also on the complex social patchwork of northeast India. He lived in the area for a decade and co-ordinates a network of young scientists.

**October 25.** I left the peace of the Institute of Economic Growth, where I spent two days on a visit organized by Profs. Kanchen Chopra and Pushpam Kumar, and flew at dawn on a venerable 737 to Guwahati, Assam. We stopped in Patna, once known as Pataliputra, capital of the Mauryan Empire, now capital of Bihar a state famous for the enlightenment of the Buddha at Bodhi Gaya, corruption, lawlessness and illiterate chief ministers. Bad weather thwarted the next leg to Bagdogra, gateway to Darjeeling

and Sikkim, so instead we flew straight to Assam, descending through clouds to land over tea fields. For the first time since arrival in India, the air looked fresh and inviting.

### Seven sisters

Seven states (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura) comprise NE India (see map, p. 2). India is a varied country and the NE especially so, geographically, linguistically, socially, ethnically and politically. Following partition of the subcontinent to form West and East Pakistan (now Bangladesh) in 1947, the NE has become significantly more isolated and disadvantaged, with a sealed border with Bangladesh that blocks coastal access. Instead, land access is by only a slim corridor between Bangladesh, Bhutan and Nepal. This isolation restricts travel, commerce and the flow of ideas. Arguably, it also contributes to indifference from the central government, even though some states, such as Nagaland, have received substantial assistance on a per-capita basis, perhaps contributing to dependency. Roads

are narrow, slow, dangerous and clogged; phone and internet connections are limited. Air links are also poor

The NE is known as the wettest place on earth, and also for its mountains, tea, the Brahmaputra river, sacred groves and diverse tribal populations. Unfortunately, the area is increasingly known for its problems: some of the highest maternal and infant mortality rates in India, high population growth, corrupt politicians, votebanks, separatist movements, militants, refugees, and allegations of mafia-like protection rackets that demand 23% of salaries. There is also an increasing problem with HIV/AIDS, spread by intravenous drug users, truck drivers, sex workers, denial and poor leadership.

Meghalaya ("land of the clouds") is the most stable state in the NE. BODHI supports two adult education projects here, in the villages of Sohbar and Muypat near Shillong and the Bangladeshi border (see map, p. 2).



**Muypat:** woman in traditional bamboo hat; girl and villagers. **Sohbar:** Banri (standing), Dr. Ghonglah, Colin, Kynsai, headman; Kynsai with students. Photos courtesy Dr. Ghonglah

## < Land of clouds

**October 26.** Shillong. Kept awake by another night of incessant explosions as people celebrate Diwali, the Festival of Lights. Here on the frontier no curfew is observed.

At 5.30, bus and truck horns announce another grey, smoky day. Pollution has robbed much of India of blue skies and the Milky Way.

The NE, as close to Thailand as to Delhi, suffers by the central government's insistence that India, which spans over 25 degrees of longitude, should share one time zone. If Indian time were set on purely geographical grounds, then the northeast would be 1.8 hours ahead of Gujarat. It would be like Sydney and Perth being on the same time, or Los Angeles and Chicago, or London and Istanbul. That the sun in the NE rises and sets far earlier than in western India is likely to have a subtle but negative impact on both economic productivity and social cohesion in the NE. Commercial life starts over an hour later than it should and the darkness falls early, a sort of daylight losing rather than daylight saving policy. Nights are long, electricity is intermittent and alcoholism is common.

### Tribal patchwork

Seventy percent of Meghalayans are Khasi, probably of Khmer origin, and 20% are Gharo, of Tibeto-Burman origin. As well, there is a smattering of other tribal groups from the northeast, with a mix of Hindu traders and Nepali refugees. Many Muslims escaping from the poverty of Bangladesh cross illegally into the NE. Most settle in Assam.

I heard that many of these migrants are given limited rights in exchange for an unwritten contract to support the network of corrupt officials and politicians who provide these rights. This seems plausible. So-called votebanks are notorious in Bihar, where false promises sway the mostly illiterate masses.

### Matrilinearity

The Khasi practice an unusual form of matrilinearity in which property is passed to the youngest daughter. Men are said to be overly protected, stay long at home and grow up comparatively passive and lacking in entrepreneurship. For example, most eggs and fish consumed in Meghalaya are transported by truck from distant Andhra Pradesh, yet it seems the state could be self-sufficient in both products, as water is abundant.

In contrast to men, women are often better educated and more confident. There is a long custom of Khasi women leaving the area through marriage to outsiders. This female empowerment is not all it seems, at least in the villages. Both headmen I met were male, elected only by men. Unlike with Tibetans, there seems no organization of Khasi women. Nor does matrilinearity translate into a low birth rate. Meghalaya has one of the highest fertility rates in India.



It also seems plausible that the custom of passing land ownership to the youngest rather than the eldest daughter leaves her more vulnerable to family pressure, including from powerful uncles. Life expectancy is short and, in many cases, the youngest daughter will still be a child at the time of her mother's death. I speculate too, that this custom may actually encourage additional children. On the positive side, the practice of selective female foeticide, common in most of India, especially in the Punjab, seems unknown.

### Muyput and Sohbar

**October 26, later.** We headed for Muyput, about 3 hours east of Shillong. On the way we passed many deforested areas as well as patches of intact forest. Dr. Ghonglah said land ownership is unequal, and much of the state remains comparatively underdeveloped agriculturally. He didn't think there were any tractors in the entire state. All agricultural labour is performed by hand. There are a few terraces growing paddy (rice) in the flatter parts. The traditional agricultural practice, called *jhum*, is a form of slash, burn, plant and fallow, but the time for the fallow periods has grown progressively shorter.

Eventually, after avoiding dozens of diesel-belching coal trucks en route to the Bangladeshi border, we reached Muyput. I have seen extreme poverty before, but Muyput was as poor and unpromising as anywhere I have been. Children were plentiful (see picture). Most adults were barely five feet (a sign of lifelong poor nutrition), shoes and even thongs were scant (hookworm is common), the soil looked exhausted and the crops weak. There were no signs of sanitation. Though light bulbs worked, the power supply was intermittent. The only signs of prosperity were the three churches, for a population of fewer than 2,000, in various stages of completion.

A survey conducted by the Human Development Foundation, Dr. Ghonglah's NGO, found that only 12% of adults could write their own names. I met the headman, aged 44, with five children, already a grandfather. He seemed somewhat interested in encouraging education. I also met the

teacher we have been supporting. Alas, he did not strike me as very promising, being either very shy, or perhaps just disinterested.

**October 27.** We visited Sohbar, tantalizingly close to the Bangladeshi plain. En route we passed Cherrapunji, with 300 inches of rain per annum, the wettest place on Earth. This is known as the "wet desert." The forest was cleared long ago; very little vegetation seems to survive the heavy rain. Sohbar is far more attractive than Muyput, but still poor and overcrowded. There were even a few birds in the forest remnants (birds are generally scarce in the NE, most having been consumed). I met some adult students and the co-ordinator, a talented and motivated artist called Kynsai.

### Reflections

Accompanying Dr. Ghonglah and myself on these journeys were several well-educated, well-meaning and apparently motivated young Khasi men. Not everyone is caught in the poverty trap. Contributions from these people will be vital if the villages are to improve. But motivation to learn is low. From a very early age children, even though illiterate, contribute economically, for example by weeding, herding or child-minding. Importing a paid Western consultant for a short time would be a waste. Progress seems glacial. An adviser for aquaculture or egg production could be useful, but would first require locals with motivation to run any scheme. Long-term commitment is needed.

Almost every day I was in India, people complained about corrupt politicians. Yet, because of the abundance of extremely cheap labour, the middle classes in India live comparatively well. What motivation do they have for promoting the rural development that is likely to both reduce and empower their cheap workforce? Delhi is growing in size by at least half a million people per annum, India as a whole by 15-20 million. Water tables are falling, especially in the Punjab, India's breadbasket, and crop yields are increasingly static. Many people are optimistic about India. I am not so sure.

## New Community Adviser

We welcome Dr. Shanti Raman, Community Paediatrician, Sydney, Australia. She writes:

I spent the first 19 years of my life in India, in fact I began my training in medicine in Bangalore, India. I moved to Brisbane, and continued my basic training in Medicine (MBBS, University of Queensland, Australia). I had my initial training in paediatrics in Sydney, Australia, and did subsequent training in public health and epidemiology (Canberra, Australia). Clinically, I have trained in developmental paediatrics, and currently work in the interface of clinical paediatrics, child public health and health services planning.

I have had a long interest and involvement in international health and development issues. I am particularly interested in inequity at all levels, how it contributes to poor health outcomes globally and in our own backyards. I have also been involved with the peace movement, being a member of Medical Association for the Prevention of War (MAPW), and various other peace and refugee action groups. Recently I have become a member of Indian Doctors for Peace and Development, a dynamic group that is trying to address peace and development issues regionally in South

Asia. I am fortunate to be able to take 7 months off from my job in Sydney, to live and work in India. I am currently working on a large scale maternal and child health project, targeting 100 million mothers and children in the poorest districts in India.



I was attracted by BODHI initially because of its name. Coming from India, I was pleased to see development and health put in the context of "insight." It is clear that improving the health of the most disadvantaged populations begins a long way before health services. It begins with understanding the nature of the problem, the source of inequity, empowerment, women's status in society, the cultural beliefs and spiritual practices that operate to keep that community going, and the global forces that operate to maintain the state of disadvantage.

I look forward to a long and meaningful association with BODHI. As a community adviser, I will strive to bring my experience in public health, development, child health and my cultural understanding of issues that pertain to South Asia to help BODHI's initiatives.

## Thank You

Prof. Chris Barker, NSW, Australia  
Dr. Anthony Edwards, NSW, Australia  
Jenny Glass, NSW, Australia  
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Dr. Barry Samuel, California USA  
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Dr. Gerry & Sally McGushin, Tas, Australia

... and to loyal direct-debit donors Jane Hudspeth, Tasmania, Australia and Luiz Ribeiro, ACT, Australia.

## U.S. Community Adviser hard at work

Richard Patterson is busy doing mailings, setting up slide shows and PowerPoint presentations and generally getting our name out there in ways that don't require the big bucks and intrusiveness of mass mailings.

## We need your help

Thanks to your generosity, BODHI has supported many exciting and innovative projects, such as continuing education for remote health workers, literacy (a key to better health) and a micro-credit scheme for Tibetan nomads.

To continue, we need your help. Please send your donation, in U.S. or Australian dollars, to an address below. Contact us for details of **direct-debit facilities**.

*Donations by U.S. and Australian taxpayers are tax-deductible*

## BODHI grows

We are investigating working in East Timor with the Australian branch of the Grameen Bank and also assisting the work of ophthalmologist Dr. Geoffrey Cohn and his colleagues in Burma and Cambodia.

## Revolving Sheep Bank

Prof. Goldstein writes that the Revolving Sheep Bank has had a "substantial positive impact on the poor households involved. In a rough sense, 40 animals per capita is general considered a satisfactory herd size and the first set of households has reached this." The first families are preparing to repay their loans, half next year and the rest in 2005.

## Potential projects in NE India

- Mass deworming every 6 months, at Sohbar combined with education and evaluation, including questionnaires, haemoglobin measurements and an opportunity for villagers to view the parasites in their stools using a portable microscope
- Micro-credit co-project with Dr. Ghonglah's non-profit organisation: production of fish and eggs, which are imported into the tribal area from Andhra Pradesh
- Medical and other health volunteer workers

## Auction-a-shrink

13 Ugly Docs came through for us again in August with a dance party that raised over US\$2500 and provided many people with a night of fun. Muchas gracias!

The highlight of the evening was the auctioning of Dr. Tony Richardson, who practices in Sydney and San Francisco, for \$240 to Lori, the spouse of Dr. Thuma, who outbid Susan Bravo, Aleta Drummond, Gail Rubin and Linda Dates in a wild and woolly bidding war.

Thanks to these M.D.s: Marty Rubin, Edmee Danan, Guy Gullion, Serge Abramovich, Patricia Winters, Nathan Thuma, Gary Bravo, David Beck, Mike Miller, Mark Kaspro, Sophie Anesow-McLean, and Ben Chaves. Thanks to Alan Dreifuss, Ph. D and to those we've inadvertently missed.

Entertainment was provided by The Poyntlyss Sisters.

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

Medical Director	Colin Butler, B.Med., Ph.D
Dir. Electronic Communications	Denis Wright, Ph.D
Community Adviser	Shanti Raman, FRACP, MAE
Community Adviser, U.S.	Richard Patterson
Editor	Susan Woldenberg Butler

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email: [csbutler@tassie.net.au](mailto:csbutler@tassie.net.au)  
<http://www.ecotimecapsule.com/bodhi/>

BODHI U.S.  
New address: 2743 Portobello Drive  
Torrance, CA 90505-7309 USA  
Tel: +1-310-378-0260

Directors: Colin Butler, Martin Rubin, M.D.,  
Scott Trimmingham, Susan Woldenberg Butler

BODHI AUSTRALIA INC.  
4 Queen St., Campbell Town,  
Tasmania, Australia 7210  
Tel: +61-3-63-81 1675

Directors: Colin Butler, Susan Woldenberg  
Butler, Denis Wright

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# Has he gone too far?

Colin reviews Primary Mother Care and Population, the new book by Dr. Maurice King, BODHI's Public Health Adviser.

Dr. Maurice King has always been a pioneer. His first book, *Medical Care in Developing Countries* was regarded as a classic soon after its publication in the mid-1960s. This book, his tenth, began as a companion volume to his *Primary Child Care*. Ninety per cent of it follows that precedent: beautifully illustrated, meticulously detailed knowledge and instructions for the health workers in the developing world. It is the remaining 10%, mostly confined to the final chapter ("The Population Demons") but some flavouring other pages, which makes this book so unusual and controversial.

## View from inside the fortress

This book is primarily intended for midwives, traditional birth assistants and doctors concerned with the health of mothers and mothers to be. It is peppered with figures, aphorisms, charts and humour. I have no doubt, given the depth of detail in randomly perused pages, that this manual will be an invaluable resource for the thousands of isolated, under-recognised and underpaid individuals who perform most of the world's health work in villages and slums. Indeed, if such workers (assuming they are literate) could only have one book on this subject, I would recommend this.

The book has an anti-Western flavour that challenges those with power. King's first book identified global inequality as a root cause of Third World ill health. More recently King has challenged what he perceives as indifference by most governments and academics to overpopulation. He is especially critical of demography, arguing that demographers have been diverted by the success of the Green Revolution, European grain mountains and the pension-endangering perils of future underpopulation in rich countries. Nor has King received much support from the environmental movement or the mainstream Left, each preferring to focus on the poverty and inequality sides of the development coin.

Living, as I do, in a population-controlled fortress, news from outside the ramparts rarely penetrates. In Nigeria alone, 60,000 women die each year due to complications of childbirth. A French military paper has expressed little optimism for a planned intervention in the Congo, where almost 5 million people have been killed in recent years. According to the UN, some 300,000 armed children now serve in Africa, some as young as seven. In Australia's immediate region, the Solomon Islands is an increasingly violent and chaotic failed state [until Australian peacekeepers intervened];

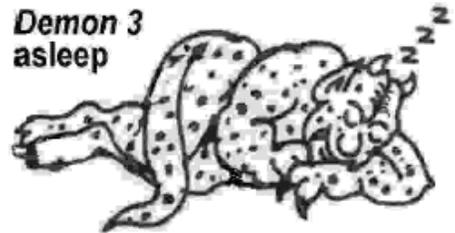
without major policy change and additional funds Papua New Guinea may soon follow. King identifies these phenomena as arising from a fundamental mismatch between population and resources, fuelled by population growth rates that have outrun the capacity of governments to provide infrastructure, and insufficient chances to either export or emigrate, leaving affected nations to run backwards, becoming "entrapped."

## Too far or not far enough?

For most of the last two centuries this thesis was far from radical, though the natural check of high infant mortality and the escape route of emigration prevented most Western cases of "demographic entrapment," with the outstanding exception of Ireland. (King prefers this term as more generic than the Western-orientated "Malthusian entrapment." Malthus had several predecessors including from China and Japan.) This thesis has remained mainstream in China, even in recent decades.

King seems to have now crept too far along the limb of political incorrectness to be widely published. According to Hugh Philpott, even the "politically censored" edition of the book, prepared at the request of the distributing agency, remains a hot document (I have the "definitive" edition before me). King's energy and passion have given birth to an impressive and much-needed book. The final chapter is idiosyncratic, funny and provocative. Please read it if you can, from the website or on paper

Demon 3 asleep



Does King go too far? Some will judge not far enough, though probably not the U.S. State Department, which gets special treatment. Surely, though, that large office will not mind this small pinprick. I hope that Oxford University Press, in its wisdom, will in future enable a far larger future audience to judge for themselves.

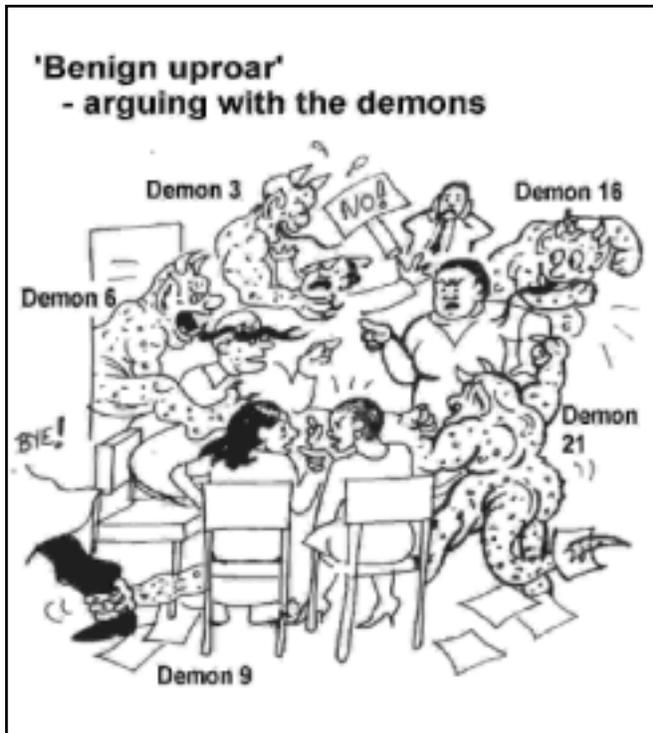
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BODHI Australia has several copies of Dr. King's book available for purchase. Please contact us.



**King identifies 25 demons that thwart discussion of overpopulation. Meet some of them:**

**Demon 3**  
Radically altering one's lifestyle

**Demon 6**  
The many problems of 1-child families

**Demon 9**  
The Holy See's attitudes to the postcoital family planning method

**Demon 16**  
Political correctness

**Demon 21**  
The corruption of demography as an instrument of U.S. policy