



# BODHI TIMES

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

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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 in 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 at a grassroots level on innovative projects that fall through the cracks of traditional aid in the areas of health, education, the environment, micro-credit and human rights

## Fistful of new projects on the Subcontinent

# BODHI in Burma, Bangladesh

Thanks to your generosity, we've begun funding two new projects: **Literacy & Life Skills to Burma's Poorest Children** in Monywe, Myanmar/Burma and the **Medical Camps in Mizoram** of the Chakma Mahila Samity Women's Group in NE India. Additionally, the support of one donor has enabled us to finalise a project in the works for years: **health education and deworming** in Arunachal Pradesh, NE India (see p 4 for details).

We've also expanded two projects in the slums of Pune, India: **health and early education for undernourished tribal children** and **expansion of health services to tribal women over forty** into a nearby village.



Mizoram, NE India

Dr Vanlala with Mav patient. Photo courtesy CMS

**Chittagong Hill Tracts (CHT), Bangladesh**  
 As this goes to press, we've just accepted a proposal for a **health clinic and mobile medical camps**. Also, we're increasing awareness among Western experts of the problem of **drug addiction**, taking initial steps towards addressing this issue.

We are donating funds from the Australian indigenous Bangladeshi community (collectively known as Jummas) to the **Moanoghar School and Orphanage** and to various Jumma projects, including the **Hazachara School**.

**Kathmandu, Nepal.** We've just received a report from Dr Jane Stephens of the Green Tara Trust regarding **skills training for the deaf**, for which we're considering using funds donated in the memory of long-time BODHI friend James Meyers, who died last November.

For updates on all of the above projects, please see the website and the next newsletter.



Myanmar/Burma

Two boys in Myanmar/Burma helped by Dr Ko Tar's education programme. Photo courtesy Dr Ko Tar

## Current Projects

### SNEHA School Arunachal Pradesh, India

Library, teachers' salaries & supplies to a school for indigenous refugee children, also some administrative expenses for head office in Delhi



### Tashi Lhapug Health Care Centre Eastern Tibet

Seed funds for a traditional health clinic in remote Eastern Tibet, for medical care to 8,000 people



### Mitini Nepal English & Computer Skills Training Kathmandu, Nepal

Skills training to enable Nepalese lesbians to live with stability, positivity and self-reliance



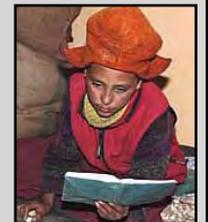
### Udana Special Children's Centre Colombo, Sri Lanka

Support for a school for children with physical and learning disabilities in Sri Lanka's capital



### Medicine to Traditional Health Clinic Zangskar, NW India

Medicines to clinic of Amchi Lonpo Wangchuk in Karsha, which also provides instruction in traditional medicine



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See [www.bodhi.net.au](http://www.bodhi.net.au) for details and photographs of all our projects and activities

# Ban banksters, reach for the sun

'I create trust in you, and then I betray that trust, and get you to give me something of value. And as a result, there's no more effective acid against trust than fraud, especially fraud by top elites, and that's what we have.'

Black on the essence of fraud

## The best way to rob a bank is to own one

On his U.S. television *Journal* last 3rd April, public commentator and journalist Bill Moyers (<http://www.pbs.org/moyers/journal/04032009/transcript1.html>) interviewed William K. Black, former Director of the U.S. Institute for Fraud Prevention, now a professor in law and economics at the University of Missouri, Kansas City. Black, author of the book, *The best way to rob a bank is to own one*, provided a powerful analysis of the extent to which the current economic and financial meltdowns have been driven by fraud.

Black claimed that some bank chief executive officers deliberately made bad loans to boost their own profits, thus effectively becoming 'banksters'. Black argued they took this risk because they comprehended the immense scale of corruption riddling so much of the system, particularly its ineffective mechanisms of checks and balances. Black told Moyers that 'The art form is not only to defeat those internal controls but to ... turn them into your greatest allies. And the bonus programs are exactly how you do that.'

Black also criticised specialty lenders, who did most of their work in the area of sub-prime loans, widely called 'liar's loans' within the industry because so many knew they were frauds. These loans required no verification of income, job or assets. 'And you get a better deal if you inflate your income and your job history and your assets,' Black added.

According to Black, the FBI warned in September, 2004, just as President Bush was facing re-election, that the rising epidemic of mortgage fraud would create a massive debacle. He also claims that current U.S. Secretary of the Treasury Timothy Geithner has been involved in a cover-up, as was Secretary Henry Paulson before him. Geithner was a director of the International Monetary Fund before becoming President of the Federal Reserve Bank of New York in 2003 — a role which Black claims involved an important role in the regulation of other financial institutions. Geithner disputes this.

From this far away it is impossible for me to judge who is correct, but I was struck by one comment posted on Moyers' website by 'Alison'. In essence she asked: 'Why is it that no word has been uttered of accountability for criminal actions?'

Regarding the banking scandals in the U.S. and elsewhere, 'Alison' said: 'Surely there are people who are criminally liable for the collapse of the American and through it the world financial systems.' This has already displaced lives, worsened poverty, led to dangerous discontent and violence, and will cause death.

I would add: why is it that billions and even trillions of dollars (see box) have been allocated to rescue the financial system, yet the world tolerates both an increase in

the number of hungry to almost one billion people and the continued drift toward climate change catastrophe. The answer is that well-fed elites and many in the global middle class feel little if any sense of connection with the poor (see Medical Director's Desk, *BODHI Times* No. 14). One member of the global middle class — or global second class — who does feel this solidarity is Dr Binayak Sen.

## Prison for Indian doctor of very poor

In the Indian state of Chattisgarh southwest of Kolkata Dr Binayak Sen, a graduate of Christian Medical College Vellore is famous for providing health services to the very poor. Sen and his wife Iliina set up a charity called Rupantar and, in 1997, started a weekly clinic in an area plagued by malaria and undernutrition. He trained *adivasi* (indigenous) youths in 20 villages to be community health workers. Dr Sen also sees human rights as integral to health and well being, including those of tribal and other impoverished people. In 2008, this paediatrician and public health worker became the first South Asian to be awarded the Jonathan Mann Award for Global Health and Human Rights.

Million seconds: 11.5 days  
Billion seconds: 32 years  
Trillion seconds: 32,000 years

However, in June, 2007 Dr Sen was detained for allegedly violating the state's Special Public Security Act 2005 and accused of acting as a Naxalite, a Maoist revolutionary, someone trying to overthrow state power.

Numerous organisations and individuals, including 22 Nobel laureates worldwide have appealed for Dr Sen's fair treatment. (A list of famous protesters may be found at <http://www.binayaksen.net>). He appears to be incarcerated solely for peacefully exercising his fundamental human rights, in contravention of the International Covenant on Civil and Political Rights, to which India is a state party.

The renowned Indian author and human rights activist Arundathi Roy is another Sen supporter (<http://www.countercurrents.org/roy080409.htm>). She describes the extent of a vicious civil war in this poor state, where a government-backed militia, the Salwa Judum, have driven many thousands of the country's most impoverished to hide in forests, fearing for their lives. They have no access to food, to markets, to schools or healthcare. Thousands of tribal people are being held in sordid encampments, guarded by armed police. Roy further states that hatred, violence and brutality are being cynically spread, pitting the poor against the poorest. I would add that this situation is reminiscent of numerous other times and places,

linked by a common theme of too many people fighting over scarce resources. [Rwanda, Somalia, the Chittagong Hill Tracts in Bangladesh, and for that matter, the southwest slopes of NSW during the early period of white settlement are just a few examples.] Of course, if people were prepared to live like caged mice, subsisting on a few crumbs per day, then the human population could grow much larger. However, humans desire other resources and freedoms. If, as is likely, India's agricultural economy worsens due to climate change and overpopulation, then situations like Chattisgarh will become increasingly common.

According to many of his supporters, there is little doubt that Dr Sen is in prison because he has spoken out against the state government's policy. He opposed the formation of the Salwa Judum. Roy concludes, 'His incarceration is meant to silence dissent, and criminalise democratic space. It is meant to create a wall of silence around the civil war. It is meant to absorb all our attention so that the stories of the hundreds of other nameless, faceless people — those without lawyers, without the attention of journalists — who are starving and dying in the forests, go unnoticed and unrecorded.'

On April 26 2008, the *Hindu* newspaper reported an unexpected benefit. Doctors across India started holding free clinics for the poor in tribute to the example of Dr. Sen, and to peacefully campaign for his release. Dr Sen's trial has now commenced. His health is deteriorating and he is being denied medical treatment at a hospital of his choice.

## Reaching for the green sun

One thing that has recently encouraged me is the promise of large-scale solar energy, especially solar thermal in its various forms.

Dr Gerhard Knies, a Desertec (<http://www.desertec.org/>) promoter, points out that within six hours deserts receive more energy from the sun than humankind consumes in a year. In partnership with the European Union, Desertec seeks to establish linked power station across the North African deserts, to provide clean power to Europe and North Africa. Some of this power can then be used to desalinate Mediterranean water. Similar schemes could (and should) emerge in Australia, the U.S., China and India.

This optimistic note was also mentioned at the Copenhagen climate conference (<http://www.erantis.com/events/denmark/copenhagen/climate-congress/index.htm>) in March 2009, which I also attended.

For decades, optimists have claimed that high technology will rescue humanity from its predicament. On its own, technology will not only be inadequate but also could cause additional problems. However, social reorganisation, family planning and 'green' economics are not enough. Technology is vital. Apparently the main problem with the bowl-shaped mirrors used in the reflective dishes that generate solar thermal energy are that they get dusty and dirty. Let's hope some genius can solve that.

Thanks to Colin Soskolne for telling me about the Moyers-Black transcript and Giovanni Leonardi for telling me more about the work of Desertec.

## Just released on bail



Dr Binayak Sen on his way to court in a police van in Raipur, India, 2008  
Photo courtesy Racism and National Consciousness

See [www.bodhi.net.au](http://www.bodhi.net.au) for details and photographs of all our projects and activities

## Current Project

### Over-Forty Women's Health Pune, India

- \* Regular health checks for slum and village women
- \* AIDS awareness, sex education and drug addiction treatment



## Other news

**Volunteer** Michelle Engelsman has been generating publicity for the Mitini Nepal project in Kathmandu through articles in Australian and British magazines (<http://www.me.net.au/AgainstTheTide.JPG> and <http://www.me.net.au/LOTL.JPG>) and also on her own website ([www.me.net.au](http://www.me.net.au)).

Michelle is also, on her own initiative, writing end-of-financial-year letters to prospective donors.

### BODHI Human Rights Committee

Last year, BODHI's Human Rights Committee created a Position Paper on human rights abuse in the Chittagong Hill Tracts (CHT) of Bangladesh and presented it to the International Commission of Jurists (ICJ). Kabita Chakma, BODHI Community Adviser and member of BODHI's Human Rights Committee, gives this update about her meeting with Justice Dowd and David Bitel in October.

'Justice Dowd tabled the CHT Position Paper at the October ICJ meeting in Geneva. It was placed on the priority list and is now with the ICJ Bangkok section, the regional office which observes the CHT situation.

'Justice Dowd raised concerns about the CHT's place on the priority list, as Bangladesh now has a democratically elected government. I pointed out that although a democratically elected government is in place in Dhaka, the CHT is still under military occupation. Specifically, the military runs and influences any form of administration there. I also referred to the CHT Commission's recent press release emphasising the demilitarisation of the CHT for peace and stability in the region.'

### Current Projects

cont fr p1

#### Health for Under-nourished Tribal Children Pune, India

- \* Medical & nutritional help to slum children aged 0-5 years
- \* Awareness about family planning & early girl child marriages



#### Train the Trainer Kathmandu, Nepal

Pilot to increase literacy & health awareness among hearing impaired children



#### Revolving Sheep Bank Western Tibet

Micro-credit to nomads to help preserve traditional way of life



#### Green Tara Trust Kathmandu, Nepal

Administrative support to health services for Nepal's most disadvantaged



#### Bodhicariya Education Project Kolkata, India

Education of neglected children from tribal families



Please see website for captions

## Thank you to the following donors

Dr. Anna Brooks, Tasmania, Australia  
Prof. Bob Douglas, AO, ACT, Australia  
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Dr. David King, Queensland, Australia  
Dr. Giovanni Leonardi, Reading, UK  
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and

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- \* Tenpa TK in South India for many things
- \* Ric and Jo Easton of **Bio-Distributors**, Sheffield, Tasmania, Australia for continuing support

## We need your help

Thanks to your generosity, BODHI has supported many exciting and innovative projects. To continue, we need your help.

To be tax-deductible, Australian cheques must be made out to  
**BODHI Australia Overseas Relief Fund\***

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## Address change

Colin and Susan are working in Canberra for at least the next few years. See below for new address.

BODHI Australia banking details remain the same.

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Kabita Chakma and Kulottam Chakma  
Editor Susan Woldenberg Butler

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# 5,000 people benefiting Health education & deworming in Arunachal Pradesh

Susanta Chakma writes from Delhi

In April, the SNEHA (Chakma word for compassion) School began implementing a health education and deworming programme to help 5,000 people at Diyun, Changlang district, Arunachal Pradesh (AP). BODHI contributed an extra Rs/- 60,000 (approximately A\$2,000/ US\$1600), in addition to its annual donation of A\$5,000. The first deworming medication will be given in June when the school reopens after summer vacation. The health care facilities available in the area are almost zero. The nutritional status of the children, both school-going and otherwise, pregnant and lactating mothers and young and old is very pathetic.

There is a lack of hospitals and dispensaries. The Primary Health Centre at Diyun services the area's 50,000 residents. This is not adequate to meet people's needs. Many die of simple and curable diseases like dysentery, diarrhoea, malaria, viral fever and typhoid. There is a high mortality rate among the Buddhist Chakmas and Hindu Hajongs. Government Health visitors or departmental representatives rarely visit Chakma-inhabited areas. More than 90% of the people drink water from mud wells, streams and rivulets. In fact, all the Chakma and Hajong villages live in an environment characterised by undernutrition, infection, poor shelter and dearth of safe drinking water and sanitation.

In addition, floods occur in the area every year, resulting in the destruction of trees and plantations, degradation of agricultural and dwelling places/lands and pollution of drinking wells and water systems. The after-effects of floods are manifested in high levels of disaster, chronic diseases, hunger, malnutrition and unemployment.

In time of serious diseases and other emergencies, the only means of transport are bicycling and walking to the only Primary Health Centre at Diyun, which is about five to thirty kilometres from the villages. During the rainy season, it is extremely difficult to



Chakma and Hajong children at the SNEHA School, Diyun, Changlang, AP India, waiting for the Honourable Minister, Mr. C.C. Singpho, A.P. with flowers in their hands. Note bare feet, which are likely to enhance hookworm acquisition. *All photos courtesy SNEHA*

come down to the main area due to flooding and threats to life from wild animals. The programme of 'Immunisation or Mother and Child Health Care' has not reached the area.

### Cause of the problem

The AP Government considers the Chakmas and Hajongs to be refugees and so denies them access to social, economic, political and educational rights. Not a single welfare programme has been implemented to help the Chakmas and Hajongs. The State Government banned employment in government service, agricultural field work, contract work and business for the Chakmas and Hajongs in the state. This resulted in the unemployment of a large number of educated youths. The ban on employment continues to today.

Problems to be tackled are lack of basic medication like deworming and immunisation in SNEHA Schools; lack of knowledge about basic health care including pregnant women, pre- and post-delivery and child care; lack of health education especially tobacco, alcohol, smoking; and poor health conditions, especially of women and children. The target

group of our health education and deworming programme is children and women.

The short-term objective is preventative: Health and Awareness Education for SNEHA school children, parents and people at large in SNEHA Schools and in seven surrounding villages. The long-term objectives are improvement in the health status of the children in the SNEHA School and surrounding areas, health awareness among the people and active participation in primary health care and environmental improvement.

### Chakma youths in AP avoid drug addiction

Fortunately Chakma youths have not become addicted to drugs and alcohol so far. Further, we feel proud to say that there are no cases of dangerous diseases like HIV/AIDS because the society remains far from the things which cause these diseases. If children get quality education, meaning that if they acquire adequate knowledge and skills from the SNEHA School, then they can go for private jobs outside Arunachal Pradesh especially in metropolitan areas like Delhi, Mumbai, Kolkata and Bangalore.



SNEHA School students crossing the rivulets after school during winter season



Teachers and parents helping the children cross the flooded rivulets during summer season

See [www.bodhi.net.au](http://www.bodhi.net.au) for details and photographs of all our projects and activities

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