



# 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 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 at a grassroots level 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

### New local partner

## Hill tribes in Thailand

In the last newsletter we mentioned an evolving educational project in northern Thailand, with a health component. It is developing into scholarships for destitute children, especially from hill tribes. Currently, Prof Bruce Wilcox (well known to Colin) is establishing a small foundation in Thailand to improve health and development in the northern Thai border areas. BODHI hopes to “piggy-back” on administrative expenses so that most or all of our donation goes to the children. This will require a 4-year commitment of about \$10,000 per year.

### Benevolent family intervention

Our funds will also cover what Prof Wilcox calls “benevolent family intervention.” He says, “What I’ve seen that prevents a family from sending a promising child to school is not simply the lack of fees, books and uniforms ... if you simply give money for “school” there’s a good chance it will be diverted to other purposes, and you won’t even know this because people are often so desperate.

So, finding and enabling promising children to go to school will often require much more than providing the money for school. It could include benevolent family interventions to deal with any number of things.

“I recall in one case we considered paying to install a locking door on the family’s shack to prevent the father from beating the mother and grandma when he came home drunk at night. (He’d have to sleep it off outside.) Simply paying for school wasn’t going to solve this child’s inability to advance educationally!

“In another case, some families couldn’t afford to buy rice a couple of years ago when the price rose abruptly. We bought and delivered a 50-kilogram bag to the mother of one boy we were helping with school fees so she wouldn’t spend all her time insuring her family had enough food each day. Basic needs higher on Maslow’s hierarchy trump education.

“There are seven broad groups of hill tribes in Thailand: Karen, Lahu, Hmong, Paduang, Lisu, Akha and Mien.”

## Tibet ... As we go to press ... Tibet

Some of you may be wondering if the recent Tibetan earthquakes have affected the health clinics we support. Conrad Richter of Gaden Relief Projects, BODHI’s partner organisation, writes from Canada:

“We are discussing moving the Jamseng Health Clinic to Zadoh City, to where Yushu refugees are migrating. Because of the near total destruction of Yushu City, many people

have moved in with family in nearby areas including Zadoh. The population of Zadoh City is growing fast and the services there are inadequate. Now, in the aftermath of the quakes I think we are more likely to make this move. Already we have requested information on the costs of moving and renting a facility in the city.”

We are waiting to hear about the Tashi Lhapug Health Care Centre.



Children in the Indian city of Pune (see p. 3). Courtesy JEEVAK

## Some Current Projects

**Literacy & life skills**  
**Monywe, Myanmar/Burma**  
 Educating Burma’s poorest children



**Mobile Medical Clinics**  
**Bangladesh**  
 Health care for oppressed remote indigenous minorities



**Over 40 Women’s Health**  
**Pune, India**  
 Sex education, drug addiction, HIV/AIDS, cancer diagnosis; general health awareness



**SNEHA School**  
**Arunachal Pradesh, India**  
 School salaries, supplies, health education & deworming for indigenous refugee children



**Revolving Sheep Bank**  
**Western Tibet**  
 Interest-free micro-credit to help nomads preserve their traditional way of life



**Mitini Nepal English & Computer Skills Training**  
**Kathmandu, Nepal**  
 Skills training for Nepalese lesbians



**Health for Under-nourished Tribal Children**  
**Pune, India**  
 Medical & nutritional help to slum children, awareness of family planning & child marriages



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



**Tashi Lhapug Health Care Centre**  
**Eastern Tibet**  
 Seed funds for traditional health clinic for 8,000 people



**Inside** P2 Medical Director’s Desk

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See [www.bodhi.net.au](http://www.bodhi.net.au) for details & updates / Become a BODHI friend on Facebook

# Lessons from the Black Death

When I wrote the last essay for this page, the approaching Copenhagen climate change mega-conference (December, 2009) was daily news. Now it is almost forgotten.

The anti-climate change lobby is rubbing its hands with glee — temporarily. They see the Copenhagen meeting as a deserved failure. Two events have been used to try to discredit climate science. “Climategate” refers to the theft of private emails between climate scientists from Britain’s University of East Anglia. None of these emails casts serious doubt on the basic science of climate change, which involves thousands of separate pieces of evidence, but they do reveal this group of scientists to be fallible human beings. The second event used to discredit climate science is the discovery of minor errors in the 2007 Intergovernmental Panel on Climate Change report. One mistake concerned the speed of melting of the Himalayan glaciers. Although wrongly predicted to occur by 2035, this appeared only in the fine print. However, these events have greatly harmed the cause for climate change action in Australia, the US, Canada and India. There are increasing and disturbing reports of vilification of climate scientists. Some receive anonymous hate mail. Examples abound of malicious language associated with frank anti-science in the blogosphere.

Though some who attended the Copenhagen meeting claim it had several positive outcomes, I think it will be forgotten much more quickly than the 1992 conference in Rio de Janeiro, which successfully placed sustainable development on the global agenda — even though it failed to substantially alter the course of our collective human environmental onslaught.

A recent *Nature* paper describes the Copenhagen Accord pledges as paltry. Its authors warn that current national greenhouse gas emission targets might lock the world into exceeding 3 °C warming. This would initiate feedbacks that trigger accelerated warming due to the release of additional greenhouse gases from stores such as the Arctic tundra and the Amazon rainforest. In turn, this positive

feedback will cause further warming that generates additional gas release, ice melt and so on.

## The Black Death & climate deniers

Meanwhile, anti-climate activists are celebrating in a way reminiscent of people who may have welcomed infected, plague-bearing rats into Europe at the start of what is known as the Black Death. This plague killed 30% to 60% of Europe’s inhabitants, reducing the world’s population from an estimated 450 million to between 350 and 375 million in 1400. This was an utter catastrophe for the generation that endured it. As far as I know, there were no such rat-welcomers, but one can easily imagine sceptics of the time devising a media scare campaign targeted at those who feared and opposed the rats. They could say truthfully, “Europe has never had a plague epidemic”, “Our population is at a record high” and “How can an invisible organism harm us? Rats and their fleas have been in Europe for centuries.”

We now know this organism as *Yersinia pestis*, transmitted by fleas but not discovered until 1894 by Alexandre Yersin. Imagine scientists of the day saying, “In Mongolia, the local people have taboos that reduce close contact with the local rodent, a potentially flea-bearing, plague-transmitting animal called a marmot. These same nomadic people have a custom which makes them break camp whenever nearby marmots become ill” (William McNeill, 1976, *Plagues and Peoples*, p. 167). And imagine the sceptics discounting this knowledge as stemming from “primitive” people a long way away. Why divert scarce public funds to anti-rat campaigns? You have nothing to fear!

Today, the anti-climate science lobby similarly ridicules both scientific and indigenous knowledge. A website called *Energy, Carbon Dioxide and Earth's Future* argues that even a trebling of the minuscule quantity of the main greenhouse gas (carbon dioxide, CO<sub>2</sub>) from 280 parts per million to 840 parts per million would be trivial. (It is now about 390 parts per million.) It provides no scientific reference for this statement and simply appeals to common sense. But the Romans understood that the dose

makes the poison. It does not take much carbon monoxide in a closed space to induce drowsiness; trebling that dose will kill you quickly.

No one is arguing that climate change will end life on Earth, but instead that runaway climate change imperils civilisation (see Butler and Harley, “Primary, secondary and tertiary effects of eco-climatic change: the medical response”, *Postgraduate Medical Journal*, 2010, available free on line at <http://pmj.bmj.com/content/86/1014/230.full.pdf>). This is plausible by pathways that include sea-level rise, impaired crop yields, large-scale population dislocation and conflict.

## Peak oil and climate change

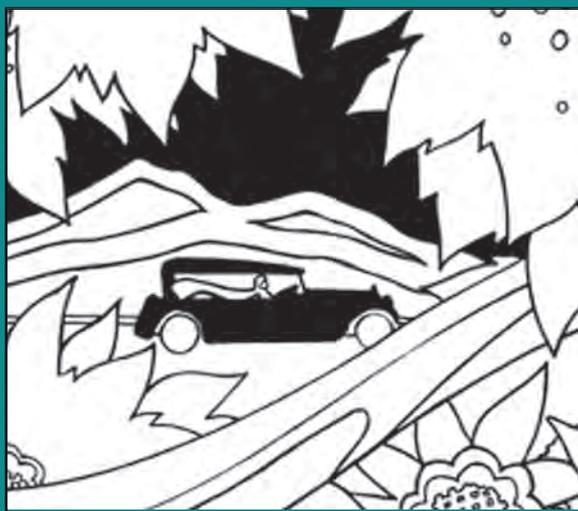
The imminence, reality and danger of peak oil have been boosted by a scientific paper in press in *Energy Policy* co-written by Sir David King, former chief scientist for the UK. In my opinion, the rising cost of energy due to peak oil is an even more important short-term global environmental problem than is climate change. The two issues have an important and worrying interaction. As conventional oil becomes increasingly scarce, energy companies are turning to unconventional energy sources. Fossil fuel-based energy (oil, coal, gas, coal-seam gas) remains far cheaper to develop in energy terms than renewables.

Greenhouse gas emissions (GHG) will rise even higher as the world shifts to coal and tar sands in Canada and Venezuela. Both population increase and elevated GHG emissions per unit of energy produced are eroding improvements in energy efficiency. An illustration of our desperation for continuing cheap energy is the invasion of Iraq, in which the role of oil is now widely acknowledged. In Queensland, Australia, tensions are emerging between coal gas miners and farmers, whose land is being damaged by mine infrastructure. We are also seeing the consequences of a catastrophic offshore oil well accident: the enormous oil slick in the Gulf of Mexico that is devastating marine ecosystems and imperiling human livelihoods.

## Conclusion

Greeks resent the impending decline in living standards as their economy collapses. Clearly, many there and in such other countries as the UK have been living well beyond their means for years. Similarly, the whole global first and second clastes (see *BODHI Times* No. 15) have been living beyond their environmental means for generations. It is delusional to think that humans can convert the natural capital of coal, gas and iron ore into money which then can be turned into forms of wealth to replace that lost natural capital. For example, while oil can be partly substituted by wind turbines, it is a poor replacement. Civilisation still functions, but our situation today is analogous to consumers in Greece three years ago. They thought the good times would continue forever, even though Hubris and its punisher, Nemesis, are central to Greek mythology.

The Plague is now much feared and the lessons taught by the Black Death understood, hundred of years later. But as a civilisation we are very far from absorbing the lessons that peak oil and climate change are about to teach us.



**Driving  
too fast,  
running  
on  
empty**

# What's new

Following are report excerpts and updates on a few BODHI projects.



Sagaing state,  
Myanmar/Burma

## Myanmar/Burma. Educating farm and destitute children

Dr Ko Tar writes, "Our monastic education is going well. This year it caters for about 100. It does not increase in numbers of students; some students left the school as they have to work at home or in the fields. Two teachers are now attending RWCT training at Mandalay. RWCT is Reading and Writing for Critical Thinking. There they will be learning some skills as well: kitchen gardening, composting, brick making, charcoal making and also coaching and awareness.

"We are setting up a centre for promotion of monastic education in Mandalay. Our school is one of ten schools which are selected to get the opportunity for training. I help make the curriculum. Your financial help is great."



Maharashtra  
state, India

## Pune, India. Caring for undernourished nomadic tribal children

**0-5 year olds.** "There is satisfactory growth, weight gain and fewer infectious diseases. Parents are now sending neat and tidy children to school. Some women were counseled about family planning; some have started using contraceptives, including very young mothers."

**New for 2010:** Anaemia testing for 150 women, classes for adults on the importance of nutrition and education and stress on awareness of family planning and early girl child marriages.

## Chittagong Hill Tracts, Bangladesh. Mobile medical clinics

"Moanoghar's mobile medical clinics are underway. About 15-20 patients were given free treatment/drugs during each visit. So far about 2,100 patients have taken treatments for common diseases such as cough and colds, respiratory infections, viral fever/flu and diarrhoea and intestinal ailments.

The clinics provide free prescriptions, free drugs (when available) and training in the following, in which about 300 people have participated: reproductive health (adolescent girls & women); awareness on basic hygiene & sanitation; malaria prevention; and basic child & maternal health.

## Northeast India. Medical camps in Mizoram.

See p. 4 for the latest on Chakma Mahila Samity (CMS), the Chakma women's group which has conducted two medical camps.

**Teacher's salary in Arunachal Pradesh.** In addition to our expanded support for the SNEHA school in Diyun, we also paid the annual salary of one teacher at the SNEHA school in Bijoypur.



Mizoram, NE India  
& CHT, Bangladesh

# Thank you

Dr Peter Balram, QLD, Australia  
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and  
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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.

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Medical Director A/Prof Colin Butler, BMed., PhD  
Dir. Electronic Communications Denis Wright, PhD  
Community Advisers Shanti Raman, FRACP, MAE  
Kabita Chakma and Kulottam Chakma  
Editor Susan Woldenberg Butler

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Email: csbutler@sctelco.net.au, www.bodhi.net.au

BODHI U.S.  
2743 Portobello Drive  
Torrance, CA 90505-7309 U.S.A.  
Tel: +1 (310) 539-2224  
Directors: Colin Butler, Martin Rubin, M.D., Scott  
Trimingham, Susan Woldenberg Butler

BODHI AUSTRALIA, Inc.  
UG01/86 Northbourne Avenue  
Braddon ACT Australia 2612  
Tel: +61-2-6247-1227  
Directors: Colin Butler, Susan W. Butler, Denis Wright

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## BODHI supporters in environmental health struggles

Two friends of BODHI were recently featured on Australian national television. The long campaign by Dr Alison Bleaney, with colleagues, to highlight abnormal levels of health disorders in people, oysters and the Tasmanian devil were featured on *Australian Story* and linked to a nearby forestry plantation (<http://www.abc.net.au/austory/specials/somethingwater/default.htm>). Soon after, A/Professor Nick Higginbotham was interviewed in an investigation by *Four Corners* into the health effects of open cut coal mining in the Hunter Valley, the hinterland of Newcastle, the world's busiest coal port (<http://www.abc.net.au/4corners/content/2010/s2867659.htm>).

The disquieting theme linking these stories is how state governments (Tasmania and NSW) placed commercial interest (forestry and coal mining) well before public health. In the case of NSW, public funding for studies has long been refused because it is claimed the size of the community at risk (about 40,000 people) is too small to detect any hazard.

This reason is spurious; valid only if the effect is very slight and the investigation very unambitious. In the Tasmanian case, the authorities were left embarrassed when the dedicated self-funded work of Alison and her colleagues found a previously unidentified toxin, originating from the forestry plantation.

Details at [www.bodhi.net.au](http://www.bodhi.net.au) / Be a BODHI friend on Facebook

# Mizoram trip report

In March, 2010, BODHI Community Adviser Mr Kulottam Chakma visited Mizoram, NE India, as BODHI's representative. An edited version of his self-funded trip report follows.

Recently I spent five days in Mizoram, home to 100,000 Chakmas. BODHI has been funding mobile medical clinics in cooperation with the women's group Chakma Mahila Samiti (CMS) for two years. On 26 March I flew from Kolkata to Aizawl by Kingfisher Airlines on a propeller driven aircraft. It took about 1½ hours.

## On roads narrow and deep

Aizawl is perched on the mountains. The roads are narrow and steep. Mizos are highly urbanised. Almost half of the state's 800,000 people live in Aizawl. Almost all the Mizos wear western dress. Mizo women are very enterprising. Most of the grocery and fashion stores are run by Mizo women. There are also many Bengali businesses, mainly transport, construction, steel and furniture business. As the capital of a predominately Christian state, Aizawl has many well-built churches.

Next day at 6 am I started my journey to Chawngte, about 400 kilometres away, in a convoy of two vehicles. The road is winding and narrow, with deep ravines almost all along the road and very few safety barriers. If a vehicle veers off the road and plunges into the ravine, there is no hope of survival.



Children in Bajjesora village

Around midday we stopped at a roadside restaurant for lunch. The restaurant was owned and operated by a Mizo lady. During the lunch I had the opportunity to chat with Mr. Kalikumar Tonchongya. According to him, the Chakma Autonomous District Council (CADC) lacks basic facilities like health, education and jobs. By Indian standard even electricity, telephone and water supply are unreliable.

Chawngte is the CADC's capital. The CADC, population around 40,000, covers about 1,500 square kilometers and is shaped like a necktie. North-south it's 100 kilometers, with an east-west average of 15. The government does not recognise the name, given by the Chakmas in respect of Indira Gandhi's mother, Kamala Nehru. Compared to Indian standard, Chawngte is exceptionally clean. Residents regularly burn garbage to keep the city tidy.

Chakmas of Mizoram take tremendous pride in their identity. Chakma women almost always wear traditional *pinon khadi*, which is exceptional since no other tribe in Mizoram wear traditional costume as every day functional dress. They speak the Chakma language with purity, without corrupting with Bengali words. CADC administration has worked very hard to introduce Chakma script to schools and among the general populace. Most of the signs in Chawngte are in Chakma.

## CMS's mobile health camps

Sunday, 28th February. I met Jyotsna Chakma, the president of CMS, who was on a meditation retreat. Most of the shops and offices were closed except some grocery stores. In the afternoon, courtesy of CMS, I went to Udalthana and Bajjesora, the two villages in which CMS conducted mobile health camps. Udalthana is hardly three kilometers from the perimeter of Chawngte, yet looks very impoverished. The further that villages are from Chawngte, the more impoverished they are. Most of the houses have thatched roofs. Bajjesora is better off than Udalthana. Both villages are clean and tidy, like any other Chakma village.

Before sunset, I visited the bazaar. Hawkers were selling vegetables. Some Bengalis were lazing around. Construction works were going on. There were fires on some garbage dumps. That's how the residents of Chawngte control their garbage. I crossed the bridge over the Tuichong River into the Lai Autonomous District Council (LADC). I met two drunken Lai boys who insisted I take their photograph, so I did. They were excited when I showed them their picture on the camcorder screen.

Monday, 1st March. In the morning I went to the bazaar. It was crowded with people. Chakma



Two Lai boys. Photos courtesy Kulottam Chakma

women in traditional dress were selling and buying goods. The bazaar had sections for vegetables, dried fish, meat and clothes.

## Step-motherly mentality

The Chakma community in Mizoram suffers from a multitude of problems. There is no hospital for the CADC's 40,000 people. The closest is at Lunglei, at least five hours' drive from Chawngte. Electricity, water supply and telecommunications are unreliable even by Indian standard. Chakmas in Lunglei and Mamit districts live even in worse condition, with no health care, jobs, education and commerce.

The relationship between the Chakmas & Mizos has never been easy. Historically, there is deep mistrust between the Chakmas and the Mizos — not surprising, given their very different backgrounds. For centuries, Mizos were hunter-gatherers; Chakmas were nomadic farmers.

At 88%, Mizoram has the second highest literacy rate in India after the state of Kerala, with 90%. The Chakma literacy rate in Mizoram is 45%. The government has been unable to create white collar jobs to match the high literacy rate. Consequently, many educated Mizo youths cannot find jobs, and are unwilling to work with their hands.

The combination of mistrust and lack of white-collar jobs has created a step-motherly mentality among the Mizos. For example, Chakmas are 10% of the state's population, yet there are no Chakmas in the Mizoram police, civil service or university. Mizos are unwilling to share with the minorities whatever few jobs the government can create. Needless to say, there are no health care facilities in Chakma-inhabited areas.

The Chakmas in Mizoram are hard-working and proud of their heritage. They live in a difficult environment and face systematic discrimination. Chakma communities, especially those in remote areas, are vulnerable and need help in health care and education. They need investments and loans to create jobs, or else they become prey to hunger, disease, loan sharks and the missionaries.

For full report, please see <http://www.bodhi.net.au/pdfs/tripreportmizoram10.pdf>

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