

# BODHI TIMES

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

June, 2004

No. 26

*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?*

The challenge of motivating adults to improve their reading and mathematic skills in such impoverished settings as rural northeast India, far from easy access to books and newspapers, is immense.

Having the motivation to study is not enough. One also needs the energy, which is not always available to people suffering from worms, anaemia and iron and micronutrient deficiencies. A de-worming program provides a simple, inexpensive way to help address this problem. The easiest and cheapest project would provide worming tablets for all villagers, to be repeated every six months. Some form of health education is necessary to explain the reasons for and benefits of the treatment, such as more energy and better growth, especially for children, and the reasons for becoming infected, such as poor hygiene, few toilets and bare feet.

A more ambitious project would involve such additional elements as examining a random sample of villagers' stools for parasites and checking the Haemoglobin (Hb) of a random sample of villagers. An even more ambitious element could be added: that of demonstrating the presence of parasites in the stools of infected villagers, made visible through a microscope.

## Peru to NE India

A Peruvian project involved this step, led by Brisbane, Australia PhD student Tamsyn Murray. She found that showing villagers their own parasites resulted in far greater behavioural change than simple verbal education. 'I managed to get a microscope from my university in Sydney and hauled it all the way to Peru,' she says. 'We had a Ministry of Health parasitologist on our team who joined us on field trips, taking samples and analyzing them in the villages. We set up outside schools. All the mothers came with their kids and samples and handed them over to us. Before long we had a crowd. Most wanted to look at their own samples or those of their children. The impact was amazing.

## Worms



'Seeing their parasites with their own eyes was very motivating. People asked us to explain the different parasites, their life cycles and how they could avoid being infected. We drew big pictures showing transmission routes and life cycles at a village meeting. Afterwards they discussed ways to restrict the movement of animals through the village, issues of water contamination and setting up a group to help the children get shoes.'

## Two strategies

BODHI is interested in a project that compares treatment with simple education alone (A) to treatment and more complex education, such as showing villagers their parasites (B). To do this we would need an estimate of Hb before and after treatment (of a random sample), using the assumption that average Hb is a proxy for average parasite infection. Because we are studying the population, we would offer a small payment and/or incentive, to either individual

designed to have a research element (B), Project B is more complex and expensive, but could be more successful both in changing villager's behaviour and in developing greater expertise within the Human Development Foundation, the NGO in Meghalaya that we have helped to support, through Dr. Ghonglah.

We had hoped that matching funds for project B might be obtained through AusAid (the aid organisation funded by the Australian government) but they have advised they currently do not provide development assistance to India, apparently at the request of the Indian government. They suggested we try the Australian embassy in Delhi. We will investigate this.

If the project is designed to have a research element (B), then it is conceivable we can obtain funds through other funding organisations. This will take time to investigate.

Our preference is to try project B in Sohbar, perhaps comparing it to (A) in another village as a control group. Because the village of Muyput seems more disadvantaged than Sohbar it would not be an ideal control group. Another option is to run project A in Muyput. If a follow-up suggests high rates of infection, then we could try the more ambitious project B there, especially if, by then, we have had an encouraging result from Sohbar. We would alter this if Dr Ghonglah thought differently.

We would like to identify a skilled and motivated microscopist and find the funds to employ such a person on a casual basis. That person should also have the skills to contribute to the health education. We are also looking into the price and shopping costs of robust portable microscopes and simple portable field haemoglobinometers.

We are discussing these projects with Dr. Ghonglah and welcome your input.

# Ethical giving: the prince and the statue

**B**elow we reprint a story by Oscar Wilde called 'The Happy Prince' (courtesy of *Bodh Gaya News*, <http://www.bodhgaya-news.net/statue/statue05.htm>), about a compassionate statue and his companion the swallow. They collaborated to reduce the suffering in their town, eventually at the expense of the statue's existence. English meditation teacher, Christopher Titmuss uses the story to explore the merits of building a massive statue of the future Buddha Maitreya in Bodh Gaya India, site of the Buddha's enlightenment over 2,500 years ago. This statue was costed at over US\$150 million. At almost 500 feet (152 metres), it was intended to be almost three times the height of the previously largest Buddhist statue at Bamiyan in Afghanistan, destroyed by the Taliban in 2001. The scale of the statue was criticised for its adverse impact on the local water supply, as a hazard for airplanes and as a heat radiator in an area already very hot.

The fate of this statue is now clouded. Its supporters have recently announced that the site may be changed to Kushinagar in Uttar Pradesh, where the Buddha died.

## Compassion or delusion?

The cost of this project generated many concerns. Most focussed on the lack of support and involvement with the project by the local population and the incongruity of spending such a large sum in one of the world's most impoverished areas. Some critics complained of the opportunity cost of the project: couldn't more of this vast amount be used to help people more directly?

Supporters of the Maitreya statue say that the motivation for its construction is entirely altruistic. They believe that all—Buddhists and non-Buddhists alike—who see and participate in its construction will benefit

spiritually. They also claim it will attract extra tourists, generating jobs and other spin-offs. As well, the project was designed to incorporate several humanitarian elements, including a hospital, school and clinic.

There is no doubt that religious objects and art can be healing and inspiring, both for the creator and the faithful. It is understandable that many attribute happiness to the sight of such objects. But how many of the people able to make a sizeable donation to this extraordinarily expensive project would rely on faith alone to treat their father's pneumonia, or think that prayer is enough to protect their daughter, bitten by a mad dog, against rabies? How many of the people who seriously believe they can raise US\$150 million would share these beliefs?

## Disneyland or salvation?

The answer, almost certainly, is none of them. For people whose basic needs are met, it might seem acceptable—even noble and generous—to raise or donate funds for a statue they believe will give spiritual benefit. But why don't these people think it could be more beneficial to use most of these funds to provide basic health care and education?

A thousand years ago, when few low-cost ways to improve people's lives were known, megaprojects designed to uplift people might have been more justifiable, in both Asia (like the Bamiyan Buddhas) and Europe (such as cathedrals); but today such priorities seem at best misguided and at worst obscene.

While some Buddhist scholars have criticised the Maitreya statue as promoting a kind of Buddhist Disneyland, there been almost no open criticism of this project from senior members within the Buddhist community. It is not as if projects costing US\$150 million are commonplace. Is this silence because they support the priority of

the fundraisers, or do they fear upsetting generous and powerful benefactors? Neither explanation is comforting. The establishment of western Buddhism will not be helped by silence on this issue. Those with the good fortune to live in modest comfort in the West or in Taiwan need to investigate before they endorse such a grandiose scheme. By all means, let's have statues. We might do this for our own pleasure. But if we support the building of a statue for the benefit of someone we don't know, then why don't we give more weight to means such as better health care and education?

**Denis contributes the following ...** The creation of images for the purpose of enhancing worship is a two-edged sword. In some religions such as Hinduism, religious icons abound, not simply to act as a bridge between devotees and their deity, but as aids to the achievement of yogic states. Judaism has taken an aniconic stance in response to fears of recidivism amongst its early followers, although the Judaic tradition is rich in imagery. Christianity has its statuary as well, though not all Christian sects approve of it. The Buddha recognised that in the Hindu environment from which Buddhism came, to create an image of a religious leader was likely to lead to his eventual elevation to divine or semi-divine status; something he rejected as bound to lead people astray spiritually. Yet in spite of his misgivings, the beautiful Buddhist iconography all over the world attests to the power of images to give meaning to worship for some devotees. Muhammad for his part was insistent that the creation of images was incompatible with direct experience of God, and largely preserved Islam's iconoclastic spirit.

Symbols are part of all religious experience and exercise power over the minds of people. All religions have them even if they are not expressed in artistic or concrete form.

## The unhappy prince

by Christopher Titmuss

Oscar Wilde, the beloved 19th century Irish novelist, wrote a touching story called *The Happy Prince* about a tall statue gilded with leaves of fine gold, two bright sapphires for the eyes and a large red ruby on his waist.

One night, a swallow making the long journey down to Egypt, took rest at the foot of statue on a cloudless night. Suddenly and unexpectedly, a drop of water fell on the bird, then another drop, yet there were no clouds in the sky. The swallow looked up and saw the eyes of the Happy Prince were filled with tears. 'Why are you crying', asked the swallow.

The Prince replied that when alive, he lived in the Palace of Sans Souci, where there was no sorrow. 'Now I am a tall statue and I can see all the misery in the city. In a room, I can see a poor woman with her little boy lying very ill with a high fever. But my feet are fastened to this pedestal and I cannot move.

'Please stay tonight and take this ruby fixed to me to the sad mother and her thirsty boy.' The swallow agreed. Taking the ruby, he left it on the table of the poor woman and then, with loving kindness, the swallow flapped his wings above to boy to cool him down.

At the Prince's request, the swallow stayed more days taking the two 1000-year-old India sapphires from the eyes of the Happy Prince to the needy, despite the Prince losing his eyesight. 'There is no mystery so great as misery,' said the Happy Prince. 'Fly over the city and tell me what you see.' The swallow also saw suffering all over the city, so he gave up making the journey to Egypt.

At the request of the Happy Prince, every night the swallow stripped the statue of all of its gold leaf to give to the poor. Tired, weak and cold from the winter, the swallow made one last effort to thank the Prince for his loving kindness flying up high to kiss the lips of the Happy Prince and then immediately afterwards dropped dead from exhaustion.

Seeing that the statue now looked like a beggar, the city councillors melted down the Happy Prince in a furnace in order to build another statue. For a long time, the councillors argued over which one of them the next statue should be named after.

*For the full text of the article, please go to: [www.bodhgayanews.net/statue/statue05.htm](http://www.bodhgayanews.net/statue/statue05.htm).*

# BODHI & Grameen



BODHI and the Grameen Foundation Australia (GFA) have taken the first step in working together by signing a memorandum of understanding. Senior Technical Adviser Mr. Shan Ali (above, with Colin and Susan in Sydney, December, 2003) of the GFA says that over the years he has identified a need for smaller projects than those funded by AusAID (Australian government aid agency) for which BODHI would fill the niche.

Shan says, 'Grameen Foundation has quite a specific area of expertise, namely "microcredit." A typical project involves helping to establish a (micro) financial institution, which, in fact, in many ways is no different from any other financial institution—with an appropriate branch infrastructure and financial control/reporting systems. Typically, these institutions provide credit for self-employment but do not intervene or interfere or "assist" in borrowers livelihood activities. The challenge is to run a minimalist operation at the minimum possible cost so that the institution can sustain itself without having to charge excessive interest.'

GFA has worked in Nepal, East Timor, Vietnam, Bangladesh and the Philippines. In all the above cases these were AusAID-funded projects. High set-up costs preclude small-size projects. Shan continues, 'This inability to respond to the needs of smaller communities, which often consist of much poorer and more vulnerable people, has made me search for other ways to fund projects than our current reliance on AusAID. This search is particularly motivated by the experience that the poorer the borrowers, the more responsible they seem to be with borrowed capital. It feels terribly hypocritical and so much against our stated aim to "serve the poorest" to pass over the smaller, poorer communities because they cannot "absorb" 5 or 6 million dollars over a short period of time.'

We'd also like to support the work of Dr. Dan Murphy in East Timor. Dr. Murphy is building an infrastructure of local staff with appropriate skills, for which GFA is gathering a consortium of donors to raise US\$3,000 per month collectively.

We're excited about working with GFA. It will enable us to increase our profile and grow in a way congruent with our founding philosophy.



Guanyin, Chinese goddess of compassion

## Other news

### Population policy & well-being

Colin helped draft the population policy for Doctors for the Environment, Australia ([www.dea.org](http://www.dea.org)) and co-authored the chapter on Human Well-being in the Millennium Ecosystem Assessment's Conceptual Framework book ([www.millenniumassessment.org](http://www.millenniumassessment.org)).

### Revolving Sheep Bank

No word yet on Year 5 of the Revolving Sheep Bank project in Tibet. We're waiting to hear from Professor Goldstein. As soon as we know, you'll know.

### Adult literacy, Muyput and Sohbar

We are currently evaluating the efficacy and sustainability of these two projects (see cover story).

### Tragedy of the Commons?

Colin co-authored a paper in a special issue of the journal *Science* dedicated to sustainability (Dec. 12, 2003).

## Good news

... The journal *Science* reports that freer information flow in Uganda has reduced HIV prevalence as successfully as a vaccine with 80% efficacy ... The 2004 Australian aid budget increased about 10% in real terms to .26%. It's still down from eight years ago and is one-third of what the UN recommends.

## Thank You

J S Bell, Tasmania, Australia  
Mrs Sumithra Bhat, Bangalore, India  
Dr. Alison Bleaney, Tasmania, Australia  
Dr. Bill & Wendy Castleden, WA, Australia  
Drs. Ron & Rennie D'Souza, ACT, Australia  
Mary Wurth, Ohio, USA  
Dr. John Wettenhall, Tasmania, Australia  
Jeffrey Whitman, California, USA

Special thanks to Dr Elise Perry, of Victoria, Australia, who has donated a substantial amount in honour of her late grandfather.

## 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*

**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  
Editor Susan Woldenberg Butler

### Advisory Board

Roshi Robert Aitken Hawaii, U.S.  
Shelley Anderson The Netherlands  
Sen. Bob Brown Australia  
Sr. Mila de Gimeno The Philippines  
Prof. John Guillebaud Oxford, U.K.  
Dr. Maurice King Leeds, U.K.  
Prof. Christopher Queen Boston, U.S.  
Prof. David Rapport Canada  
Sulak Sivaraksa Thailand

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

BODHI U.S.  
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: +61-3-63-811675

Directors: Colin Butler, Susan Woldenberg  
Butler, Denis Wright

**We greatly value your support and keep  
our mailing list confidential**

*Printed on recycled paper*

# 'The Stork is the Bird of War': Reflections on the Rwandan genocide

John Guillebaud, the world's first professor of family planning, reminisces on the tenth anniversary of the Rwandan genocide.

My friend Husi was killed just 10 years ago on 7th April 1994, on the first day of the world's fastest genocide. About 800,000 men, women and children died, just through being classified in a particular racial group.

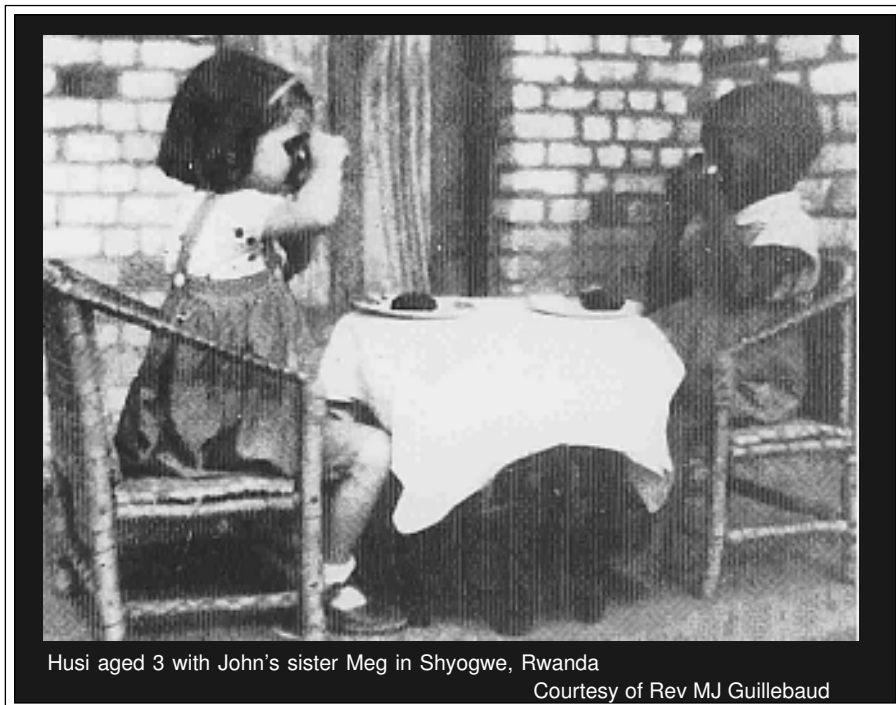
I myself was born in what was then called Ruanda-Urundi, and spent my childhood in Rwanda - initially speaking Kinyarwanda in preference to English. Our family has 4 generations of association with the region, starting with my grandfather who translated the Bible in 1925. My parents worked as schoolteachers and in writing and translation work, from 1939 until their retirement in 1986. In 1995 they returned to Rwanda to assist in reconciliation work. Then after my father's death my mother joined my sister Meg in Byumba near Kigali, until she also died at the age of 86, helping to the last the widows and orphans of the area by teaching them a range of income-generating crafts.

When my father and Husi Kajuga's father together opened Shyogwe secondary school in the northern country, Husi and his brother Wilberforce were playmates of sister Meg and myself. Husi later married a Belgian, Annie, by whom he had 3 children and when I visited him in the 1980s the brothers were running a successful import company in Kigali. But there was a deep rift in their family: the youngest brother Robert Kajuga came under sinister influences and eventually became the general of the infamous *interahamwe*, the roving Hutu killers of 1994. Sadly, but perhaps fittingly, he also died that year, from wounds received at a later stage of the dreadful conflict.

## Population pressures

Why did it all happen? No single explanation can suffice. What is clear is that when Husi, Meg and I roamed the hills and valleys of Rwanda in the 1940s there were only 2 million Rwandans. By April 1994 when he and 60+ members out of 90 in his extended family were slaughtered, there were over 7.3 million. These population statistics have far more relevance than most commentators on the genocide have implied. The total wealth of this beautiful mountainous but tiny, resource-poor and landlocked country had increased somewhat in the intervening years. But the *per person* wealth (whether measured in francs or hectares or numbers of cows) had fallen ... primarily because there were now *so many more persons*. Given hereditary enmity, worsened by colonial influences, between the two main tribal groupings, the Tutsi (15%) and the Hutu (85%), population growth hugely increased the likelihood of violence, by leading to intense competition for diminishing resources, especially land.

A catastrophe was predictable, indeed predicted, by a few. In the 1960s when there were 3 million Rwandans but with very high



Husi aged 3 with John's sister Meg in Shyogwe, Rwanda

Courtesy of Rev MJ Guillebaud

fertility rates, an expert group became concerned about how its people were to be fed. Later, in 1975, modelling exercises 1975 suggested '...complete collapse in the population of this area during the 1990s' [1].

More recent and even stronger evidence comes from a study reported by Andre and Platteau [2]. Their title says it all 'Land relations under unbearable stress: Rwanda caught in the Malthusian trap'. Theirs was an in-depth case study of a highly densely populated area in northwest Rwanda during the immediate pre-genocide period 1988-1993. 'Acute competition for land in a context characterized by too slow expansion of non-agricultural income opportunities has resulted in increasingly unequal land distribution and rapid processes of land dispossession .... pervasive incidence of land disputes and the threat of landlessness have led to rising tensions in social relations and even within the core of family life, thus paving the way for ever more overt expressions of disharmony and violence. A connection between these ominous conditions and the civil war that broke out in 1994 is established'.

Yet, 'the fact that so few people understood that the path followed by Rwanda was a blind alley still remains something of a mystery' [2]. This general myopia was shared by officials, churches, NGOs and foreign donors, who persisted, as they still do elsewhere in Africa, in a 'measure and hope to provide' framework. Runaway population increase is seen as a 'given', something to be measured, with no suggestion of it being *reducible*: rather like someone who is about to be pushed out of an aeroplane calling out for an altimeter rather than a parachute! When I was last in Kigali in 2001 visiting my mother and sister, the

population had returned to the pre-genocide total through natural increase plus immigration and I was told by officials that they expected a doubling to 15 million by the mid 2020s. Can this really happen? In 1998, Andre and Platteau stated, 'It is not rare, even today, to hear Rwandans argue that a war is necessary to wipe out an excess of population and to bring numbers into line with the available land resources' [2, p40: footnote 41].

There is, surely, a better way, by preventing excess numbers in the first place, which must not and need not involve coercion. During my visits to Rwanda I meet many women (though fewer men) clamouring to learn about fertility control. Provision of education (especially for women) and holistic reproductive healthcare including available, affordable choices in voluntary contraception are measures that work [1,3]: the aim being that no Rwandan woman who wishes to use a contraceptive (tonight) lacks the means to do so.

Ironically, in 1991 ONAPO, Office National de la Population, had calculated that for each Rwandan franc invested in their family planning programme Rwanda would save about 16 francs by 2016 [3]. Subsequent events suggest that such investments are also truly life-saving.

## References

1. Guillebaud, J. After Cairo, *British Journal of Obstetrics and Gynaecology*, 1995; **102**: 436-8.
2. André C, Platteau JP. Land relations under unbearable stress: Rwanda caught in the Malthusian trap. *Journal of Economic Behaviour and Organization*, 1998; **34**(1): 1-47.
3. Bonnici J, Kelly J, Guillebaud J. After Cairo (correspondence). *British Journal of Obstetrics and Gynaecology*, 1996; **103**: 91-3.