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Matters of life and death



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editors@himalmag.com

Editor

Kanak Mani Dixit

Associate Editor

Thomas J Mathew

Assistant Editor

Shruti Debi

Contributing Editors

CALCUTTA Rajashri Dasgupta
 COLOMBO Manik de Silva
 DHAKA Afsan Chowdhury
 KARACHI Beena Sarwar
 NEW DELHI Mitu Varma
 N. AMERICA Amitava Kumar

Editorial Assistant

Andrew HM Nash

Design Team

Indra Shrestha
 Kam Singh Praja
 Suresh Neupane
 Bilash Rai (Graphics)
 Bhushan Shilpakar (Website)

Marketing

advertising@himalmedia.com

Subscription/Overseas Sales

Anil Karki
 subscription@himalmedia.com

Nepal/Northeast India Sales

Sudan Bista
 sales@himalmedia.com

Marketing Office, Karachi

Ajmal Kamal
 City Press
 316 Madina City Mall
 Abdullah Haroon Road
 Saddar, Karachi 74400
 Ph. +92-21-5650623/5213916
 email: cp@citypress.cc

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Contributors to this issue

Aasim Sajjad Akhtar, an analyst with the Sustainable Development Policy Institute, Islamabad, is a people's rights activist.

Bijaya Subba, Devendra Adhikari and Teeka Bhattarai are Kathmandu-based researchers.

CK Lal is a Kathmandu engineer and *Nepali Times* columnist.

Jehan Perera, a human rights activist based in Colombo, writes a weekly column in the *Daily Mirror*.

Samir Kumar Sinha researches public health and is based in Patna.

Siriyavan Anand is *Outlook* magazine's Madras correspondent. He is an ambedkarite.

Stephen Bezruchka MD, MPH, has worked in Nepal for 10 years. Most recently, he has been involved in trying to improve surgical services in remote areas.

Sudhanva Deshpande is an actor and director with the theatre group Jana Natya Manch and is editor, LeftWord Books, New Delhi.

Sudhindra Sharma is a Kathmandu sociologist who has written on divinity and the Nepali monarchy.

Syed Ali Mujtaba is broadcast journalist based in Madras.

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Scholar-statesman indeed

AS A friend of Rishikesh Shaha for the last 20 years of his life, I would like to comment on Avishrant's letter (*Himal*, February 2003). Many people would agree that Shaha was wrong not to have stood up from the first against the 1960 royal takeover by Mahendra, and that he made quite a few other political mistakes during his long involvement in Nepali public life. I too think that personal friendship (not, as some have suggested, Machiavellian manipulation) made him take far too indulgent a view of the Maoist ideologue, Baburam Bhattarai, and express too much confidence in King Gyanendra. It is, however, wrong to dismiss Shaha as a tool of the palace or to belittle his achievements as a scholar.

Everyone who spent any length of time with him realised that Shaha could be a victim of his own articulateness (whether in Nepali or English). His conversation was rather like a Himalayan stream dashing from point to point and often overwhelming everything in its path. In a similar way, he seemed to me sometimes to swing between different political positions on impulse, leaving himself open to the charge of inconsistency at best, if not rank opportunism. But it was not mere self-seeking but shifting, genuine enthusiasms which underlay this. What did not change was a commitment to basic humanitarian values, seen, as Deepak Thapa pointed out, in his work with the Human Rights Organisation of Nepal and, as Thapa also pointed out, in his taking up the plight of the jeep driver, Amar Lama, when others were concerned only with the political implications of Madan Bhandari and Jeevraj Ashrit's deaths.

Once he had broken decisively with King Mahendra in the 1960s, Shaha did indeed focus his criticism mainly on the Panchayat system rather than on the Shah kings, but as Mahendra himself was the architect of that system and Birendra for a long time upheld it, his attitude put him in direct conflict with the monarchy. Far from being "let off scot-free", he was imprisoned in 1969-70 and in 1974, and arrested on various later occasions. The first time I visited him after he shifted from his old home near the royal palace to one in Bishalnagar, the government was prosecuting him over his book, *Essays in the Practice of Government in Nepal*. I asked directions to his house from a young man leaning on a parked motorbike, only to realise later that this was the Criminal Investigation Department agent keeping him under surveillance. The change in addresses, incidentally, was because Shaha grew poorer rather than richer as a result of his political activities.

Avishrant is, of course, perfectly entitled to his opinion on Shaha's political role, but I find it very strange that he can condemn him as a scholar while admitting that he has read very little of Shaha. *Heroes and Builders of Nepal* was written as a school text early in Shaha's

career and later, as he devoted more time to historical and political writing, he changed many of the views expressed there. He wrote as fluently as he spoke, though with greater clarity. The best of his extensive academic writing remains extremely valuable and I would ask Avishrant to look at the account of the fall of the Rana regime in the second volume of *Modern Nepal*. Shaha's treatment of the diplomatic manoeuvring in Delhi and London draws on his personal acquaintance with many of those involved and on documents in the United Kingdom's Public Record Office, and provides by far the best account yet produced of that dramatic period. Rishikesh Shaha had his faults, but when one considers his political and academic role and also his work with the United Nations, "scholar-statesman" is a fair summary.

John Whelpton
Hong Kong



Consider ground realities

SAUBHAGYA SHAH has argued, "... there can be no substitute for a reformed and enabling state and its constructive role in society" (*Himal*, November 2002). Many would agree with this statement, at least as a theoretical proposition. But does this argument offer us an insight into the actual operation of the state in Nepal, or the state's operation more generally in South Asia? And, if not, might we expect to see circumstances arise in the near future where this statement might apply? The answer to these questions is no.

Shah considers the failures of Nepal's two decades of NGO-led development and one decade of market-led democracy. While the article correctly identifies the general contours of these failures, the next level of analysis is insufficient. Shah looks to the state to provide solutions for most, if not all, of the problems that plague the Nepali people, yet the article offers little in the way of proposing how this is to be accomplished. There is a notable parallel in this position with that of the Maoists, who too believe in the power of the state to effect mass change in society. Shah would likely counter that his proposed state is a welfare state, not one organised along the Maoists' principles, but he fails to articulate how that welfare state might be organised and in what ways it might positively distinguish itself from either the current system or that advocated by the Maoists.

In its inability or unwillingness to bridge the gap between theory and ground reality, Shah's article offers readers little guidance on how to build the ideal government. NGOs are castigated as imperial tools of Western countries and Shah sees little of merit in the journalists, activists and professionals who comprise Ne-

pali civil society. Nor does he invest much hope in the political parties or the Maoists. To be fair, Shah does acknowledge various community-level initiatives, though he is critical of the allegedly small returns of these efforts in comparison to the large investments made in them. At the national level, much of Shah's ire is reserved for civil society groups, which he believes fail to champion worthwhile causes. But his evaluation of their efforts reflects a selective reading of individual accomplishments and failures. He generalises about their failures and pays scant attention to real-world accomplishments, such as the Kamaiya movement.

The article is also imbued with a curious ambivalence about their work, on the one hand dismissing them as neo-imperialist agents and on the other encouraging them to take an active role in social projects he deems worthwhile, such as the drive against alcohol and tobacco. In this vein, Shah points out that civil society did not lend its backing to the anti-alcohol campaign, but he does not pause to consider why. Such insufficient analysis weakens the impact of his article.

An evaluation of civil society will show it to be undemocratic, non-participatory and non-pluralistic; it is almost entirely composed of urban, upper-caste Hindu men. Our expectations of civil society should thus be lowered, especially with respect to matters in which it has no direct stake. So, in evaluating the failure of the anti-alcoholism drive, it is clear how three major weaknesses of civil society colluded to undermine the cam-

paign's impact. First, the urban-centred, non-pluralistic leaders of civil society did not acknowledge the free alcohol regime as a problem (or, alternatively, they understood it to be a problem but chose not to acknowledge it). Second, while some elements of civil society might have worked energetically on behalf of the campaign, other elements, most importantly the media, collaborated with the liquor industry. Third, people put into the field to lead the campaign were inexperienced and unprepared to fight the combined power of domestic and foreign alcohol interests. A successful drive would require sustained efforts carried out by well-organised, trained and motivated workers.

In my opinion, no government or development agency is likely to reach its desired goals unless it faces a threat to its existence and is regulated by a credible monitoring mechanism. As such, Nepal's immediate future appears bleak, although a combination of an invigorated democratised civil society and political reforms might improve the situation. There is no substitute for dynamic, principled and representative political parties, but civil society could play an active role in encouraging the political transformation to a welfare state and a people-centric philosophy of governance. As a starting point, we should look to transform civil society along lines that we would like to see the country of Nepal transform along later.

*Ramesh Parajuli
Kathmandu*

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SRI LANKA

THANKS TO THE FACILITATORS

WHEN PRESIDENT Chandrika Kumaratunga announced in late 1998 that the Norwegian government would be acting in a third party capacity to help resolve Sri Lanka's ethnic conflict, a crucial building block in the search for permanent peace fell into place. Given the level of mistrust that existed between the government and the Liberation Tigers of Tamil Eelam (LTTE), especially after the abortive attempts at peace of 1990-91 and 1994-95, there was an indisputable need for a third party that could be trusted and would be capable of communicating effectively with both sides.

In the following years, the role of the Norwegian facilitators in Sri Lanka's peace process has steadily increased. In mid-March, at the latest round of peace talks, held in Japan, the government and the LTTE agreed to strengthen the mandate of the Norwegian-led Sri Lanka Monitoring Mission (SLMM). This was to safeguard the ceasefire agreement on the ground from clashes between the two forces, which have often proved fatal. The SLMM's presence has helped to defuse tensions that might otherwise build up. By risking the lives of its members, and by making impartial rulings, the SLMM has won the respect of the two parties.

But, fortunately or unfortunately, the Norwegian-led international monitors have not been more active in identifying those responsible for violations and penalising them. On the one hand, there is a desire that guilty parties be apprehended and punished. On the other hand, the peace process needs to move forward. The mandate of the monitors has so far been a limited one. It does not entitle the SLMM to act as a court of law, making judgments and handing down punishments. This is because the ceasefire signed by the government and the LTTE is a voluntary agreement. There is no external authority that can enforce it.

Despite this notable weakness, the ceasefire has held for over a year and yielded positive benefits to the island's people. This is why the vast majority of Sri Lankans strongly support it, as indicated

by numerous public opinion polls. At the latest round of talks, the LTTE's expressed willingness to have all-party local government elections in the north and east indicated a forward movement in the democratisation process. The overall success of the ceasefire agreement is evidence that the Norwegians have played an invaluable role.

Motives

In a recent address to the Presidential Task Force on Ethnic Affairs and National Integration that she appointed in 2000, President Kumaratunga said that Norway had been selected because it was a small country and could not unilaterally impose its will on Sri Lanka. The memory of Indian third party intervention in the 1980s and its consequences may have influenced this line of thinking. But there are likely two other reasons why Norway was selected: its motivation, and its capacity to give constructive assistance.

When considering Norway's peace-making efforts in different parts of the world, it is difficult to identify a powerful political or economic rationale for the country's exertions. Guatemala in Central America, Israel and the Palestinians in West Asia, Haiti in the Caribbean, and Sudan in Africa – or Sri Lanka, for that matter – are all located in regions within the domain of other, much bigger powers. Norway cannot hope to compete with such powers for either political power or economic gain. Many of the countries Norway assists are among the most impoverished in the world. These countries will require years, if not decades, to get on their feet again, even if they do resolve their conflicts.

Sometimes people empathise with the suffering of others if they have suffered similarly themselves. It was only in 1905 that Norway achieved its independence. The Norwegian experience of being under colonial domination for five centuries, and the exploitation and impoverishment suffered at the hands of imperial Denmark and Sweden, have instilled in Norwegians a historical memory. Accompanying this memory is a desire to help others achieve prosperity and liberation in their own lives.

There is also a certain temperance and sobriety in their culture that leads Nor-

The Norwegians remember the exploitation suffered at the hands of imperial Denmark and Sweden

wegians away from ostentatious displays of wealth or good fortune. For a Sri Lankan, it is interesting to note that Norwegian government ministers are not allowed to make personal use of official vehicles. The office of Vidar Helgessen, the deputy foreign minister who spends much of his time on the Sri Lankan peace process, is sparsely furnished and similar to those of his juniors. There is a notable absence of the arrogance of power that Sri Lankans and people of many other societies display. Instead, Norwegian officials display a temperament suitable for facilitation.

It is also interesting that even when Norwegian society was fairly impoverished by European standards, communities

collected funds to send missionaries abroad to teach what to Christians was the "good news". Unlike the missionaries of many other countries who accompanied conquering soldiers, Norwegian missionaries travelled without governmental or military backing. The outgoing Norwegian ambassador, Jon Westborg, grew up in Assam amongst Bodo tribes as the son of missionary parents.

Today, however, religion is not a primary motivating factor in Norwegian assistance abroad. Like most of West-

ern Europe, Christianity has become secularised in Norway. But its most important teaching, of universalism, remains. On the streets of Oslo today, young schoolchildren can be seen canvassing the general public for assistance to various charitable causes. Norwegian society tends to look at human welfare from a universal perspective, not a nation-centric one. In relation to its national income, Norway's developmental assistance to poor countries is one of the highest in the world.

Westborg's contribution

The connection between Norway's lengthy history of developmental assistance to Sri Lanka and its present contribution to the peace process is epitomised in the outgoing

ambassador, Jon Westborg. Prior to becoming the Norwegian envoy, he served as the Norwegian Save the Children Fund's representative in Sri Lanka for many years, including several based in the impoverished southern area of Hambantota. Undoubtedly, Westborg's experiences in promoting development at the grassroots levels helped him to develop a nuanced understanding of Sri Lankan society.

A notable strength of Westborg's service was his acute awareness of the sensitivities of Sri Lanka's ethnic communities. This was coupled with his political insight into the need for people's participation in the peace process. He solicited suggestions from civic organisations, and urged them to point out the shortcomings of the peace process. He encouraged civil society to make itself heard by the government and the LTTE, which allowed the facilitators to encourage the two parties to respond to concerns.

At a farewell dinner for Westborg, organised on behalf of the Peace Support Group, Dr Paikiasothy Saravanamuttu, Executive Director of the Centre for Policy Alternatives in Colombo, identified the full extent of the ambassador's contribution to the development of good governance in Sri Lanka. He referred to Norwegian support for election monitoring by citizens groups. He also mentioned the disagreements that some civil society organisations had with some of the Norwegian strategies and policies. But the important point is that cooperation and mutual understanding continued despite occasional difficulties.

It is to the great credit of the Norwegian facilitators that they have been more open to and nurturing of civil society groups than either the government or the LTTE. As the link person in Colombo, Westborg demonstrated that Norway's facilitation was primarily motivated by a desire for lasting peace in Sri Lanka. When he leaves Sri Lanka he will have the satisfaction of going at a time when lasting peace, which seemed unattainable barely a year and a half ago, is well within reach, and most people are already enjoying its fruits. ▽

—Jehan Perera



Jon Westborg

INDIA

BETWEEN DELHI AND MADRAS

A COMPREHENSIVE evaluation of India-Sri Lanka relations, particularly in the context of the ongoing peace talks between Colombo and the Liberation Tigers of Tamil Eelam (LTTE), would not be complete without taking into account the plight of Sri Lankan Tamil refugees residing in the southern Indian state of Tamil Nadu. New Delhi's maladroitness handling of Sri Lankan issues is mirrored in its approach to the displaced Tamils. Lacking a definite policy, South Block has deferred responsibility for the problem to the state government of Tamil Nadu.

For its part, Tamil Nadu's government is pinning its hopes on the ongoing peace talks between the Sri Lankan government and the LTTE. There were some discussions about the rehabilitation of displaced persons during the first two rounds in September and November 2002, but nothing definite was said about refugees living in India. Tamil Nadu expects that the concerned parties will arrive at an agreement soon, following which the refugees will be repatriated into north and east Sri Lanka. Clearly, it is not taking its cue from New Delhi's wishes.

While the governments flounder, the refugee problem looms large in Tamil Nadu. According to official figures released five years ago, there are three types of refugees living in the state: those lacking any resources, numbering about 67,485 and housed in 133 'ordinary' camps across the state; those living outside the camps, estimated at 25,000, many of whom are reasonably well off, stay with relatives or friends and are required to register their movements with police stations; and the 2000-odd militants detained in 'special' camps set up in 1990. Most refugees in the third category face prosecution under the Indian Foreigners Act, the Passport Act or various anti-terrorism laws.

But these official estimates, which place the refugee population at less than 100,000, may well be off the mark. Unofficial estimates of Sri Lankan refugees in Tamil Nadu

put the number at 250,000. In addition to people displaced by ethnic strife, natural disasters and economic hardship, there are labourers, petty shopkeepers and countless others who have fled the southern island for better opportunities in India. Sri Lankan Tamil refugees are predominantly Hindus of the Dravidian linguistic group and are socially and culturally akin to the people living in the state.

Due to specificities of India-Sri Lanka relations, the refugees at one time enjoyed privileged status. They participated in local politics, built powerful lobbies and made use of temporary sanctuary to promote the cause of Eelam. However, after the assassination of Rajiv Gandhi, killed in 1991 by an LTTE suicide bomber, the refugees lost the support of the central and state governments. Today, the union government is indifferent to them while the Tamil Nadu government guards the camps with extreme suspicion.

A dolorous picture

There are claims and counter-claims about the condition of the refugees; a United Nations report says they are treated well, while an NGO working with them offers a distressing picture. According to the UN report, most refugees in the camps enjoy greater protection of human rights than the average poor Indian. Most refugees outside the camps are said to have been accommodated in the expanding economy, and others have migrated overseas for even greater opportunity. First-category camp children are allowed to attend colleges in the state. The UN report quotes an NGO called the Organisation for Eelam Refugee Rehabilitation, which has launched several schemes for improving living conditions of Sri Lankan refugees.

However, other organisations such as Partners in Action for Refugees (PAR/NAC) are not as sanguine of the living conditions. PAR/NAC says that people detained in solitary confinement in the special camps are condemned to a dehumanising existence. Medical assistance is virtually nonexistent and food is nearly deleterious.



Refugees head out.

Until the Rajiv Gandhi assassination the refugees enjoyed a privileged status

Many continue to languish in these camps even after being exonerated by the courts. Children in the special camps are denied access to even basic education. Among the special camp detainees there is even the absurd presence of handicapped and disabled persons.

Ordinary camp children at least enjoy the privilege of attending school, although they are looked upon with suspicion by classmates. Many second category refugees fare poorly, in particular those living in the state's Ooty and Kodaikanal coffee plantation areas. These workers frequently suffer

The internal hierarchy in camps deprives those at the bottom of their fair share of benefits

the brunt of maltreatment from police and plantation owners, and are deprived of access to legal redress. PAR/NAC says that refugees living in both the ordinary and special camps exist within an internal hierarchy that deprives those at the bottom of

their fair share of benefits. Because PAR/NAC is forbidden from working in the camps, it says the most it can do often is to inform the press about abuses.

Even while the Sri Lankan government's talks with the Tigers continue, there is need for short- and long-term approaches to solve the problems of the Tamil refugees in Tamil Nadu. One initial step would be a fresh headcount in the camps. There is also a need for maintaining transparency in detentions and the trials of refugees. Health care and education need immediate attention and NGOs should be allowed greater access to the refugees. Special attention should be paid to the women, children and youth, who must be provided vocational training and technical skills. ▽

—Syed Ali Mujtaba

PAKISTAN

REACTING TO WAR

AFTER MUCH posturing and threat issuing, the most popularly opposed war in human history is now underway. To the chagrin of its American and British propagators, it appears that the takeover of Iraq will not be as straightforward as initially advertised. Moreover, with each new casu-

alty, the American and British leaders leave themselves more vulnerable to public outrage.

Many say that the invading powers should have been better aware from the outset of the potential resistance they would face in Iraq. And, among those who say that this war will be the beginning of the end for American imperial ambitions is the multitude of radical Islamist groups operating with a multitude of stated objectives. The truth is that American and British public relations efforts have been as extensive as the accumulation of military might in the Gulf. The rhetoric of a quick and painless war primarily reflected apprehensions in the American and British public rather than realities on the ground.

Nevertheless, the reaction of radical Islamist groups across the globe has been predictable. References have been made to the now all-too-familiar clash of civilisations, the inevitable downfall of the satanic US empire, and warnings have been issued to Muslim states still allying themselves with Washington that there will be hell to pay if they do not reverse the policy.

MMA benefit

In Pakistan too, this has been the response of the main alliance of religious parties, the Muttahida Majlis-e-Amal (MMA). The MMA has newfound legitimacy since its unprecedented showing in the October 2002 general election, in which it garnered almost 20 percent of the vote. Given that religious parties in Pakistan had never taken more than five percent of the popular vote prior to the 2002 election, the MMA's strong showing allows it to present itself as a new force in Pakistani politics.

In the response to the war on Iraq, the MMA is unfortunately the only political force that has articulated outspoken and consistent opposition. It has organised a series of large marches, including one in Lahore on Pakistan Day, 23 March. These marches have had the expected effect of influencing the government to water down its support of US ambition. One should remember that the religious lobby has been nurtured by the Pakistani state for the last two decades, and ultimately neither is likely to upset that relationship.

It is not surprising that the religious parties have mobilised large numbers of people against the war. Neither is it alarming; many of the hundreds of thou-

sands who have taken part in these massive protests have done so not because of any particular fondness for reactionary sentiments but because of the absence of alternative political platforms from where to engage with the war on Iraq.

Just as the state has supported the religious right over the years, so has it systematically dismantled many mainstream secular parties, including the two largest, the Pakistan Muslim League (PML) and the Pakistan People's Party (PPP). After years of interference in their affairs, the establishment has co-opted them, and the PML (neither the Nawaz nor the Quaid) and the PPP can now hardly be said to represent the needs and concerns of common people. The PPP has publicly refused to participate in any rallies against US foreign policy, an indication of whom it hopes to score brownie points with in its attempts to reclaim state power. The PML and other parties have participated in, rather than led, the marches, demonstrating the right's greater ability to mobilise the public.

People politics

Notwithstanding this sad state of affairs on the political front, popular opposition to the war is widespread in Pakistan. As in most parts of the world, there is unanimity across a cross-section of society that the war on Iraq is unjust and based on the narrow self-interests of the US. Resentment about the role of the Pakistani state in the US-led farcical "war on terror" in Afghanistan continues to simmer.

However, common people in Pakistan have no real political voice. Political and apolitical organisations have made attempts to mobilise the public against the war, but the response has been lukewarm. This is largely because most groups tend not to speak to the everyday needs of common people, and therefore have not established the trust that is required for mass mobilisations.

Further, serious political discourse has failed to relate the war to the economic agenda of Northern corporate interests and international financial institutions, or to the complexity and history of the Pakistani military's willingness to play handmaid to the US. The religious parties which know how to milk public anger by engaging in sloganeering, need do no more, nor be more responsible, in the absence of serious political competition.

The political vacuum in Pakistan is exposed dramatically by international crises such as, currently, the war on Iraq. A somewhat similar state of affairs prevailed when the US started its bombing of Afghanistan. It is worth noting that the war in Afghanistan rages on today even if no one is noticing, and chances are that US plans to occupy Iraq will also entail a long and drawn out conflict there.

So, as US militarism gains momentum, it can be expected that polarisation along religious lines will continue in Pakistan and across the world. The completely understandable resentment of ordinary people in Muslim countries such as Pakistan will intensify. And if it is the religious parties that continue to be the only viable option for those wishing to ally themselves against US claims to global hegemony, the consequences for state and society will be dismal.

It is therefore essential for progressive forces in Pakistan to take a page from the book of the resurgent global anti-capitalist movement, and start to provide Pakistanis with alternatives to the religious right. The massive mobilisations by progressive forces across the world have given the right (religious or otherwise) something new to think about. As soon as 'serious' politics is initiated in Pakistan, with the everyday struggles of people at its core, the reactionary nature of religious politics will be exposed.

Perhaps the US military's advance will not stop at Iraq, and neither will the advance of global capital through the international financial architecture. More than ever then, politics in Pakistan needs to be rejuvenated and made the vehicle for democratic advancement, as it should have been since the end of the colonial era.

-Aasim Sajjad Akhtar



Jamaat-i-Islami leader Qazi Hussain Ahmed, member of the MMA alliance.

As US militarism advances, it can be expected that polarisation along religious lines will continue across the world

Matters of life and death

In 1987, with the launching of the Safe Motherhood Initiative, international development agencies adopted a bold new paradigm, of assuming responsibility for the health and well-being of the world's poorest mothers. 16 years later, after a deluge of conferences, pronouncements and programmes that continues up to this day, this paradigm is neither bold nor new, but it has yet to come under scrutiny for its success or failure. When a government pledges to improve conditions among the people it 'serves', it can be judged by its ability to obtain results. But the same is not true for multilateral development agencies, which operate outside public consent and which can define problems and priorities according to their institutional compulsions. These agencies operate in ways not dissimilar from the derelict governments of South Asia, but since their legitimacy does not derive from popular mandate, they are immune to the realities that inform the lives of South Asia's poorest.

Indeed, results are not the standard by which public health is measured in South Asia today. Even the very indices that might indicate success or failure are so hopelessly tailored to demonstrate the supposed efficacy of particular initiatives and campaigns as to render a holistic evaluation of maternal health throughout South Asia impossible. An estimate of how many billions of dollars have been spent to no good end, much less how many women's deaths have been prevented, cannot be arrived at. Such a situation, in which overwhelmingly poor women continue to die in or around childbirth, is unacceptable by any measure. It signals a negligence of duty on the part of the very agencies that claim to be rectifying the state-administered failures in public health.



by T Mathew



The neat statistical exercises of agencies such as the World Health Organisation (WHO) and the World Bank are clearly inadequate to capture the predicaments of Shyam Bahadur Tamang, of Rayale VDC (Village Development Committee), Kavre district, Nepal. A mechanic by trade, 48 years of age, he earns NPR 14,000 per month from his Kathmandu workshop. According to the World Bank, a person who earns one US dollar a day is above the poverty line. And according to the WHO, the average household size in rural Nepal is 5.57. Given that he spends six days of the week in Kathmandu and one day in Rayale, it is not really apparent whether Shyam Bahadur is rural or urban. Presuming him to be the former (since his family is in the village), the per capita daily income of his household should work out to USD 1.06 dollars, which, by World Bank standards, should deliver his family above the poverty line.

The only problem is that contrary to the WHO's estimate of the average family size, Shyam Bahadur's household actually numbers 20 and its total monthly cash income is NPR 17,000, which works out to a per capita daily earning of USD 0.36, leaving it well short of the World Bank's poverty line. The WHO's 'completed' rural nuclear family simply does not exist in the case of this single household, which consists of two adjacent houses in which four generations live. At 48, Shyam Bahadur has a family of two parents and a paternal aunt in their mid-60s, a wife, four sons, two of whom, between them, have six children, and three other granddaughters, whose mother is the only missing member of the family.

Four months ago, and 16 years after the global Safe Motherhood Initiative commenced, Shyam Bahadur's daughter, Sheela, gave birth to a fourth daughter at her parents' house. What happened thereafter is not very certain since there are no hospital records to corroborate the household's account. According to the family, she began bleeding profusely after delivery and in due course both mother and infant passed away, within hours of each other. Since there is neither doctor nor hospital in the immediate vicinity, and since in any case the family did not have much money to spare, a 'quack', a customary low-cost community solution of long standing, was called in. He administered some medicines for a nominal fee. She died a little over 24 hours after delivery. The daughter followed a few hours later. Sheela's husband left for India soon after and has since not been heard of.

In Nepal, the maternal mortality rate is one of the highest in the world, and no single anecdote will be adequate to explain the extent of the continuing tragedy, which encapsulates not only the obvious inadequacies of government but also the failure of development agencies and financial institutions which continue to talk about the problem without bearing any of the burden.

The preventable death of a dispensable village wom-

an in a country with 'too many people' and an average fertility rate of 4.6 does not provoke existential angst on a world scale. However, since the International Safe Motherhood Initiative was launched in 1987, after a conference in Nairobi convened by several multilateral institutions, the aggregation of all such deaths into a sterile statistic has inspired the ceaseless chatter of money-lending dignitaries and their well-heeled factotums in the development enterprise. But it is more than just the slender thread of recurrent bureaucratic platitudes about safe motherhood that connects the humdrum life of Rayale with the glitzy institutions of humanitarian assistance. After all, Rayale is only 23 kilometres from Kathmandu, where the foot soldiers of alpha male development go about on four wheels, tending to their personal comforts and their professional ambitions, implementing, on the side, sustainable projects, only a minute fraction of which has any demonstrable merit.

One such project had an immediate bearing on Sheela's demise in Rayale. A few years ago, a toilet project was initiated in some adjoining villages in the neighbouring district, no doubt after a needs-based assessment was carried out in conformity with donor guidelines. The net result was that, whether or not the felt need for a toilet could be reconciled with financial capacity, without compromising other necessary expenditures and liquidity for emergencies, toilets were constructed for those who could prove the ability to repay a soft loan advanced by the project authorities. Soon toilets began to acquire a certain appeal as a status symbol in surrounding villages, where the majority of the households are hard put to consume two meals of disputable nutritional quality per diem. To compound matters, the architects of the toilet project omitted to supply running water so that household water requirements increased dramatically, necessitating an increase in the number of trips and people required to fetch water from the source.

This ill-conceived scheme became a model for private emulation and many in Rayale succumbed to the pressures of sanitary consumerism, as relieving oneself in the open became a sign of social inferiority. Eight months ago, Shyam Bahadur built two toilets for his household through a private contractor at a cost of NPR 30,000. The repayment and servicing of the debt placed an inordinate strain on the household budget and reduced the intake of food. Sheela, arriving at her parents' home after the toilets were built, began fetching water for the household, making several trips a day to the water source, half a kilometre from the house. The return journey involved two steep uphill climbs. This carried on until very late into her pregnancy. Poor nutrition and the constant ferrying of water took its toll. The toilet evidently contributed to her undoing, but the sanitation project will not figure in the WHO's catalogue of indirect causes of obstetric complications.

Sheela is fictitious but represents the reality of tens

of thousands of women who will die or have died this year in Nepal due to pregnancy-related complications. Sheela's story is a composite, placed in a real village in a real district of Nepal. In her non-existence, she represents the many women who have already died in the first quarter of 2003 and will die in the three quarters remaining.

Building toilets need not necessarily cause maternal deaths. There are many thousand women with and without toilets who die of obstetric complications. The point is that ill-formulated vertical delivery schemes, which address only a partial component of the total survival needs of poor families and not the general environment, can lead to cross-project anomalies, accentuating existing complications. The current consensus on development, despite all the talk of 'integrated' models, favours such fragmented, often reciprocally incompatible, vertical delivery mechanisms in scattered locations.

Motherhood in distress

In the age of global solutions to every conceivable issue, proliferating projects and their layers of contracted intermediaries constitute the permanent chain of command between the rural problem and the cosmopolitan answers. There are a great many shortsighted suppositions, agendas, institutions, commission agents, contractors, consultants and vested interests standing between the expecting mother and safe motherhood. Given the conceptual distance between the problem and its train of trouble-shooters, there will be no change at least in the South Asian incidence of mothers dying in and around childbirth so long as the current project-based regime of safe motherhood and reproductive health initiatives remains in force.

The history of this and related initiatives is instructive. The last decade and a half has witnessed an irruption of global summits to end this or that poverty-related malady by some specified year. The global initiative on safe motherhood, with the objective of halving maternal mortality by the year 2000, is now 16 years old. Not only has the objective not been met; worse still, there is no evidence of any progress, particularly in South Asia, a region which has attracted a great many funded projects and expert groups.

In recognition of this comprehensive failure, yet another summit, the Millennium Summit of September 2000, was convened. The target was revised and a new timeframe set. With mechanical resolve the summit pledged to repeat the mistakes of the past. For some unexplained reason, the luminaries who decide the fate of many million women resolved, in the year 2000, to reduce maternal mortality by 75 percent between 1990 and 2015. In 15 years they were going to do almost 50 percent more than what could not be done in 13 years.

And this is to be accomplished by persisting with the same slipshod methods responsible for that spectacular failure. No wonder then that the figures show little sign of improvement since the commitment was renewed three years ago.

Dereliction on a world scale

This premeditated choice of seemingly self-defeating techniques is not necessarily as curious as it might appear to those who are not acquainted with the *mala fides* of what passes for the philosophy of development. The ideology and the institutions that legitimate and perpetuate these techniques have become autonomous and obdurate facts of the development matrix. That itself is a sufficient incentive for such choices. But in this instance, there is more to it than just a market-friendly international bureaucracy's overriding interest in maintaining itself on other people's debts. There are other sectarian agendas too, masquerading as altruism and gender sensitivity, which intersect in fundamental ways to produce a self-serving narrative of the problem and its solution.

To begin with, issue-based summits cannot produce a realistic assessment of the problems they pretend to

address. The consensus that emerges from each summit represents a compromise that sidesteps some of the circumstances precipitating the problem in the first instance. The World Bank, which has presided over some of the most ferocious public policy atrocities in the developing world, is a prominent party to

A safe motherhood in which safety is achieved only at the expense of motherhood

such resolutions and is scarcely likely to concur with any analysis that exposes its culpability. The political economy of health and health care, the most crucial determinant of health profiles in the underdeveloped world, is therefore politely omitted from discussion as a matter of propriety and protocol. Such decisive acts of omission are not the only factors that militate against any concrete outcome.

Accompanying these are the many other interest-driven acts of commission that result in bland summit resolutions. The Safe Motherhood Initiative included among its sponsors more than one organisation with dubious agendas and extramural interests. Among the enthusiastic signatories to the initiative were the Population Council (New York), the United Nations Population Fund (UNFPA) and the International Planned Parenthood Association. Safe motherhood was obviously in very interested hands.

These organisations seemed to be less anxious about promoting safe motherhood and more concerned with finding new avenues for advancing pet theorems about the ostensible link between high population growth and underdevelopment. As a result, population control objectives gradually inserted themselves into the safe motherhood agenda. Many maternal health projects



directly funded by these agencies were more specifically directed towards family planning advocacy and contraceptive awareness activities than in saving women at risk from pregnancy-related death. This descent into fertility management, to the detriment of maternity risk reduction, was not surprising. The disaggregated regime of vertically delivered health service, promoted by the World Bank and other lending and aid agencies, effectively precludes comprehensive health care, but that does not prevent it from adopting "holistic" and "integrated" methods, baptised in unnamed "synergies" of various kinds.

These synergies were found in "inter-sectoral participation", involving supposedly 'proximate' agencies like UNFPA, whose "core competence" is not the safety of pregnant women but the promotion of birth control programmes. Recourse to the eccentric theory of avoided pregnancy as a technique of making motherhood safe is conspicuous in the project literature on maternal mortality. The logical absurdity of a safe motherhood in which safety is achieved only at the expense of motherhood seems to have escaped the project-managers. Fertility regulation has thus come to acquire a prominent place in safe motherhood through the efforts of partner agencies preoccupied with the potential implications of relative demographics on the balance of power between various categories of people.

Unite and rule

This family planning tendency inside the motherhood initiative assumed a much more insidious institutional form with the convening of the 1994 United Nations International Conference on Population and Development in Cairo. This conference officially reaffirmed the importance of population policy and politics for multilateral institutions. The controversial Programme of Action (POA) emerging from this summit laid out the guidelines for population and development programmes over the next 20 years.

The 16-chapter document that came out of the Cairo summit spelt out in detail its analysis of population and development and its recommendations for critical interventions in the areas of girls' education, maternal and child health, economic development and poverty alleviation. This, on the face of it, is what should be expected from a population conference, and indeed there seem to be remarkable similarities in the broad objectives between the agendas of safe motherhood and population and development. To all outward appearances, there are only a few modulated differences of emphasis on some of the aspects common to both goals. For the rest, all the references to women's empowerment seem to be no more than the routine gender-sensitive curlicues that decorate late capitalist development literature.

These appearances, however, are deceptive. The POA, which the institutions of contraception now call the Cairo Consensus, lays out the fundamentals of a

"sound" population policy, and stresses the importance of the "right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children, and to have the information and means to do so". It also argues that good schooling and health care provide girls and young women with the knowledge and the means to delay pregnancy and time their childbearing as they wish. It dwells on the theme of women's "empowerment" through expanded access to primary and reproductive health care and its positive impact on the family. And then it declares that provision of reproductive health services should be the focus of population initiatives. A chapter in the POA devoted to reproductive health, defines it as including prenatal care, delivery services, family planning and treatment of reproductive tract infections and sexually transmitted diseases.

The transition is so surreptitious as to go practically unnoticed. Until Cairo, family planning, dressed up as avoided, delayed and spaced pregnancy, was conceptually just one component of safe motherhood. By the time the Cairo Consensus was forged, safe motherhood became a mere subset of population initiatives, whose focus by definition is reproductive health which "includes prenatal care and delivery services". Given the eager pursuit of avoided pregnancy, it is not entirely far-fetched to assume that prenatal care and delivery services could be namesakes for contraceptive propagation and abortion facilities respectively.

The old bogey of population control has evidently reinvented itself in a compassionate guise and now there are two parallel international initiatives to "empower" women to deal with "childbirth": in addition to the Safe Motherhood Initiative, there was a surge in reproductive health initiatives. Since each is a component of the other and a common set of institutions is active in both, the distinction between the two has become increasingly blurred. Further, there is not much evidence that the numerous projects coming out of each of these two initiatives are working in any coordinated fashion. Consequently, the impression that there are a great many programmes working specifically to reduce maternal deaths may actually be misleading.

It is not surprising that while nobody is able to indicate the level of progress in reducing maternal mortality, the Population Council could in 1991 report that an estimated 412 million births had been averted in the developing world through organised family planning programmes. Since, for reasons of propriety and otherwise, the physical verification of an averted birth is impossible, these statistical claims need to be treated with caution and perhaps even scepticism. Nonetheless, it seems that 'reproductive health' interventions are better-organised and more generalised than safe motherhood programmes. It is also useful to remember, in the context of women's empowerment, that the Population Council is the chief patron of Norplant, the contraceptive that frees women from male decision-

making but promptly places them under the control of physicians, for both implant and removal. Norplant is being promoted in several reproductive rights programmes, particularly in Bangladesh, despite the fact that a class action suit had been filed in the US for side effects.

The annexation of motherhood issues by the population control establishment has many adverse consequences. This is not just a random instance of distorted priorities. There is a systematic connection between averted birth and averted health care through the concentration of resources on the former at the cost of the latter. The Cairo Consensus, which is engrossed with third world population to the exclusion of development and resource redistribution, will eventually fail, despite the expenditure of several billion dollars that could have been diverted into reducing mortality among pregnant women. In fact, the World Bank never tires of repeating that a low-cost strategy designed to prevent maternal and infant deaths and disability in low-income countries due to complications of pregnancy and childbirth, costs no more than USD 3 a year per capita.

The diversion of resources into extravagant hobbies is consistent with the historical trends in developing countries. The population control ideology, with an arresting history of paranoia about group encirclement and extinction, arising from differential fertility as between the global North and South, has had an array of powerful backers and interesting partners. As a result, it managed to find a market for its doomsday predictions in poor countries across the world, notably India where the Family Planning and Welfare programme developed into the single largest 'health' institution in the country, consuming more than half the plan resources for the health sector. Since birth-related risks in poor countries often arise out of factors that precede pregnancy, continuity in access to and use of general health care facilities has a principal role in averting maternal deaths.

Yet, as experience from across the developing world suggests, to the extent that there were functioning health systems they became disproportionately oriented towards providing family planning services, leaving them inadequately equipped to deal with other problems. In the circumstances, the UNFPA's advice on ensuring safe motherhood does not inspire much confidence. According to the *Report on UNFPA Support for Maternal Mortality Prevention*, "Programmes to reduce maternal morbidity and mortality should include information and reproductive health services, including family-planning services. In order to reduce high-risk pregnancies, maternal health, and safe motherhood programmes should include counselling and family planning information". We are back where we began, from maternal mortality to fertility management.

Data, definition, delivery

The entry of incidental agendas into the effort to save dying mothers is not the sole problem with the global

maternal mortality campaign. The identified solutions to the problem of maternal mortality clearly legitimised and even encouraged such incursions. This is itself symptomatic of larger institutional failures. The World Health Organisation, as the only 'technical' multilateral partner in the collaboration, was clearly not up to the task of restraining the role of special interests by formulating policies that did not easily lend themselves to being hijacked for other ends.

In an age overwhelmingly geared to the welfare of large capital and financial interests, the WHO, increasingly the instrument of the medical industry and various cash-rich development oligarchies, endorsed a plan of action that sidestepped many fundamental issues by reducing the problem to a set of static factors suited for permanent international interventions. In effect, the philosophy of the solution, perhaps for various disagreeable reasons, seemed to be intentionally geared to yield the most marginal improvement in the problem. This suited many intermediaries who stood to gain from such an approach. Unquestionably, the monster bureaucracies of development, proficient in the art of paradox management, had taken over. By the rules of this perpetual-motion machine, to evade redundancy a campaign should not succeed and to avoid closure it must not fail. The outcome is achieved by implementing projects that succeed individually but fail collectively, without making any dent on the problem in the aggregate. Consistent with this approach, the global initiative to reduce maternal mortality includes some features integral to a comprehensive solution which have only a partial impact in selective strategies, as well as elements which are altogether superfluous, simply because the agencies dealing with them cannot, *ab initio*, rectify the situation.

This is evident from three interrelated dimensions of the intervention, involving data, definition and delivery. According to routinely quoted statistics, one woman in the world dies every minute of pregnancy-related complications. This adds up to over half a million deaths annually. Half of these are in South Asia, where, barring Sri Lanka, only 20 percent of the births are attended by qualified personnel and even fewer take place in hospitals. Given the low use of medical institutions, indirect methods are employed to estimate the rate of mortality. This accounts for the huge discrepancy between government figures and the data furnished by international bodies. Even in Sri Lanka, where the use of institutional facilities for child delivery is high, the WHO figure for the ratio of deaths per 100,000 live births is over five times the government's reckoning.

The lack of data obstructs the precise verification of both the total annual mortality figures and the proportion of deaths attributable to different causes. According to some studies, indirect methods of estimation can overstate the problem by as much as 30 percent. At the same time, many quantitative studies have argued that the number of deaths is persistently understated. The



result is that there is no accurate depiction of the problem.

While the absence of precise data does not reduce the urgency of dealing with a problem, it has serious consequences for vertical programmes with specified targets, since the efficacy of intervention is entirely dependent on a reliable representation of the magnitude of the problem and the intra-country variations in incidence. In the absence of such information there can be no scientific basis for arriving at decisions on where to locate

programmes and how to identify the requirements for remedial action. Nor will it be possible to verify the adequacy of the given global definition of the problem of maternal death for local requirements. Finally, and perhaps most conveniently, there is no way of evaluating the success or failure of the intervention.

There was obviously good reason why, after 10 years of 'effort', all that the Safe Motherhood Initiative could say in its report on the Safe Motherhood Technical Consultation (a 1997 meeting in Sri Lanka), was that the programme "has accomplished a great deal in its first decade – though much remains to be done", a sentiment that is so tediously echoed in every report on maternal mortality in the last five years. A report that sets out the priorities for the next 10 years had no figures to give either about the progress that had been made or the data that had been collected by the various projects.

Given this situation, it obviously makes more sense to move away from such intensive campaigns that perforce have to pick their way through the muddle. The large amount of international aid being pumped into project-based solutions could more usefully have been invested in setting up at least a few well-equipped permanent health care centres with trained personnel to provide comprehensive care. This would not only have the advantage of offering care on a continuous basis, but also monitoring epidemiological trends in their respective command areas, thereby routinising primary data collecting. But that would have benefited too many people in an age and a process that believes in profiting as few as possible. Besides, it would have entailed a departure from the entrenched philosophy of identifying solution-oriented problems.

Since the remedy is the same for all maladies, the problem of maternal mortality had to be tailored to suit the solution. Following the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems, completed in the 1990s, a maternal death is defined as "the death of a woman while pregnant or within 42 days of termination of the preg-

Maternal mortality and births attended by trained personnel

Country	Maternal deaths per 100,000 live births WHO/UNICEF estimates	Maternal deaths per 100,000 live births National estimates	Percent of births attended by trained health personnel
Bangladesh	850	449	8
Bhutan	1600	380	15
Burma	580	100 urban/180 rural	56
India	570	408	34
Indonesia	650	390	54
Nepal	1500	539	9
Sri Lanka	140	24	94
Thailand	200	43.9	71

nancy, irrespective of the duration and the site of pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes". While problems have been encountered in the application of this definition, the issue at hand is quite different. In the absence of reliable data, the identification of "causes related to or aggravated by pregnancy and its management" is a serious obstacle. More specifically, calculating the rates of prevalence of these different causes is almost impossible for different local contexts. In this sense, the only criterion that distinguishes a maternal death from any other kind of mortality, especially also reproductive-age mortality, is the fact of pregnancy and not the exact reason for the death.

Despite these constraints, the global Safe Motherhood Initiative, which functions like an emergency campaign, relies on a simplified catalogue of causes. Consequently, by this definition, there are direct and indirect obstetric causes of which the former is responsible for 80 percent of all maternal deaths. Of the direct obstetric causes, haemorrhage accounts for 25 percent of mortality, sepsis 15 percent, unsafe abortion 13 percent, hypertensive disorders of pregnancy and eclampsia 12 percent and obstructed labour 8 percent, while other direct causes such as ectopic pregnancy, embolism, and anaesthetic-complications are responsible for 8 percent of the deaths. Indirect causes arising from aggravation by diseases such as malaria, anaemia, jaundice, tuberculosis or heart problems during the course of a pregnancy or delivery are said to account for 20 percent of the deaths.

These figures are based on disaggregated studies in many parts of the world and tend to vary over time and across documents. It is also argued that these obstetric complications are not predictable or preventable but treatable. Since, the purpose of the argument is to advocate increased availability and use of Emergency Obstetric Services (EmOC), this objective could have been stated plainly – such services are absolutely essential,

Maternal mortality: Causes of death in five country studies (percent)

Cause	Burma¹	India²	Nepal³	Sri Lanka⁴	Thailand⁵
Haemorrhage	14.6	23.7	36.4	20.1	26.2
Sepsis	12.9	10.6	8.4	9.3	1.7
Hypertensive disorders of pregnancy and eclampsia	10.8	13.1	9.8	15.7	8.0
Obstructed labour	—	6.4	11.4	—	37.1
Unsafe abortion	38.3	12.6	3.8	4.5	16.9
Other direct causes	—	—	—	5.0	6.8
All indirect obstetric causes	10.3	—	23.5	45.0	3.4
Anaemia	—	19.3	2.3	—	—
Other indirect causes	—	—	21.2	—	—
Unknown/non-classifiable	13.1	14.2	6.8	—	—

1990S DATA. ¹NATIONAL SURVEY IN RURAL AREAS, ²STUDY OF 18 HOSPITALS, ³COMMUNITY SURVEY, ⁴HEALTH SERVICES DATA, ⁵HEALTH SERVICES DATA

irrespective of the numbers involved or the probability of complication. But doing that would also mean acknowledging that some fundamental preventable factors antecedent to and accompanying pregnancy that conduce such obstetric complications are being ignored completely.

An instance of this is anaemia, which, officially, is responsible only for a portion of the 20 percent of deaths that occur due to indirect causes. Literature on projects delivering nutritional supplements invariably highlight the fact that as much as 80 percent of pregnant women are anaemic, and that this anaemia, far from being episodic, is a life-long condition, and therefore has cumulative effects. But in safe motherhood literature where so much of the enthusiasm is reserved for EmOC, there are only passing references to it, typically tucked away in some obscure corner. So, nutritional anaemia becomes just one of the many factors connected with 20 percent of all maternal deaths arising from obstetric causes. For the rest, it makes an appearance in annexure and footnotes that are reserved for all the 'soft agendas', where there usually are lengthy paragraphs on the need for advocacy and awareness campaigns to end nutritional discrimination and poverty. This advocacy includes lobbying with client governments of the World Bank to ensure that poor people get more food to eat. The lack of awareness is very serious indeed.

Missing

What is excluded from the effective operational scope of the safe motherhood campaign is indicative of the limitations of such interventions. In the case of fly-by-night biomedical projects, there is a long list of critical causes which are unfailingly acknowledged, and then programmatically ignored. These include the lifelong health status of girls and women, ie anaemia, malaria, violence, micronutrient deficiencies, insufficient food, excess work, lack of education, poverty, and, in many

cases, inadequate contraceptive and reproductive choice. Thus, according to one WHO South East Asia Region Health Forum document, authored by an Indian physician, "...of all the variables which influence maternal health, poverty of a nation or a family is the most important and the most difficult to tackle". Having recognised this indisputable fact, he goes on to argue that in India, the "... time has come when every maternal death should be legally investigated like a dowry death and provision should be made for punishing those who either neglect or prevent a pregnant woman from getting adequate and timely medical help". Technocrats, fixated on tidy solutions, are prone to forget the fundamentals.

How can the social bases of maternal mortality be tackled by the kind of approach that has been adopted? According to one estimate, over 15 percent of maternal deaths in some areas are caused by violence, the estimate for Maharashtra (India) being 16 percent. It is not clear how any preventive action, which can only be long-term and state-dependent, against domestic violence can be undertaken by fragmented and circumscribed 'medical' initiatives. And what funder-sponsored action can be taken against organised violence? The death of pregnant women in Afghanistan due to complications caused by wounds from daisy-cutters cannot be pre-empted by allocating a budget for educating the Pentagon in gender-mainstreamed precision bombing. Nor can the allocation of funds for an awareness campaign neutralise systematic family violence against women, inflicted physically, physiologically, educationally and financially. It is clear that in a great many of the safe motherhood programmes designed to show quick, short-term results to donors, allusion to the social and cultural causes of death is not just the poignant poetry of resignation; it is as much an anticipatory confession of inevitable failure.

This inevitability is an outcome of the inherent lim-



itations of the delivery mechanism, based on a global prototype, that is adopted to reach specified targets. As a result of these shortcomings, within programmes to ensure safe motherhood the distribution of prevalent causes is such as makes the problem amenable to a purely medical solution. The infirmity of the vertical delivery programme is that it is forced invariably to adopt a biomedical perspective on health problems that are inextricably connected to the political economy and to the principles on which social life organises itself under conditions of a relentless and unequally distributed scarcity. The description of the general institutional, economic and social environment of maternal mortality and morbidity in South Asia is adequate proof that any attempt to deal with just the medical face of the problem will fail to rectify the condition.

Moreover, this failure will incur very high costs in terms of wasted direct expenditure because even the medicalised solution that is being implemented is too narrow in its scope to take into account a range of other equally medical variables. Thus, while a global pattern of prevalence of causes has been widely circulated, by the WHO's own admission there could in "some aspects" be significant deviations from the statistical template. Citing studies from Nepal and India, it concedes that given the high levels of prevalence of communicable diseases such as malaria in South Asia, and the greater susceptibility of pregnant women to infections, infectious and parasitic diseases may contribute more to maternal mortality in the region than is the case globally.

WHO estimates also suggest that infectious and parasitic diseases as well as chronic or degenerative conditions feature as prominently in the region's morbidity patterns as they do in the distributed mortality figures. In countries such as India, disease control programmes, such as the anti-malaria programme, which too operated on the vertical delivery principle, have been in limbo since the early 1990s, following cutbacks in public expenditure enforced under the regime of structural adjustment and fiscal prudence on the orders of the World Bank. In such circumstances, given the likelihood of some of these diseases continuing into pregnancy, genuine safe motherhood programmes require to have at least a therapeutic component for women in the reproductive age category, rather than deal with just EmOC cases of obstetric emergencies due to malarial and other aggravations in the advanced stage of pregnancy. And to compound matters, the pattern of morbidity in urban areas of South Asia differs from the pattern in rural areas.

Even from a strictly medical point of view, a single-issue safe motherhood campaign cannot undertake to provide the comprehensive facilities that are required by the commitment to maternal care. If it did, it would have to reinvent itself as both a primary health centre and a multi-speciality hospital. Hence, it has to ensure that its intervention in maternal care stops at the prevention of mortality and steers clear of maternal morbidity.

The lopsided concentration on immediate causes to the exclusion of their primary and underlying determinants is just one of the many problems with such theme-specific programmes. The long history of such interventions in India has attracted strong censure, primarily because of their tendency to slice up the epidemiological environment into proprietary turfs. In addition, they are susceptible to greater control by their financiers, which accounts for the ease with which they can be shut down at short notice if the situation demands it. But most of all they have a tendency to colonise existing facilities, infrastructure and personnel for their own ends, instead of expanding physical capacity at the project level. In the case, of internationally inspired projects, implementation can take various forms, though there is a tendency towards operational integration with existing single-issue institutions run either by multilateral institutions or by international NGOs.

To cite one example, there are reports from across the developing world that point to the fate that befell primary health centres, because they were overloaded with family planning commitments. Besides diverting the energies of nurses and other personnel into a non-medical 'facility', they have been used for implementing forced sterilisation policies (famously in India's state emergency of 1975-77), which undermined popular faith in public health facilities. This misuse of general health facilities for directly or indirectly repressive activities has had long-term consequences. Reportedly, in India, certain groups of people thus victimised 25 years ago have been reluctant to permit personnel of the polio immunisation campaign, which is yet another issue- and target-specific mechanism, access to their children.

'Powerpoint'

The dominant impression of a series of institutions working at cross-purposes, hindering each other even as they fail to achieve their own targets while maintaining a pretence of action, is confirmed by a 1998 "effectiveness evaluation report" of UNFPA-supported projects to reduce maternal mortality, which were all presumably part of its reproductive health initiative. The main points of the report bear out all the conceptual problems with the data, definition and delivery aspects of the maternal safety campaign that have been consistently raised by critics. Its hesitant and equivocal tone might lead sceptics to the interpretation that none of the projects achieved anything of note, like identifying a more accurate figure of mortality ratios in the areas of their operation, the local causes of mortality, the reasons for non-treatment, and how much of a difference each of these projects made to the safety of pregnant women.

According to the report, "The evaluation found that all projects reviewed responded to national concerns about high levels of maternal mortality". Considering

that "national concerns" dealt fleetingly with maternal deaths, if at all, until international funds entered the picture, project enthusiasm cannot have been very high. The report confirmed the critical importance of project-based collection of data to identify the extent of deviation from rough national figures and the need to modify remedies and targets in line with the revised figures. Accordingly, it said, "Even though all projects responded to a national priority and were relevant in a broad context, they were based on national-level data rather than on assessments of needs at the local level". In other words, the projects were mechanically implemented and the implementing agency did not have a clue about the areas in which the projects were located and, for all practical purposes, made little difference to the people they were trying to rescue from the clutches of mortality.

The UNFPA evaluation is candid, in a subtle sort of way, about the definitional problem, and the need to extricate the real locally prevalent causes of maternal death from the general and convenient 'powerpoint' format into which the global causes have been arranged to make it consistent with the multilaterally (or is it unilaterally?) identified solution. The projects failed to make this departure, which the report records in a mildly reproving tone. Thus, "...the projects did not address clearly defined local problems. It points out that even though most of the projects focused on specific regions or districts, the strategies did not address the particular causes of maternal deaths in those selected areas". And lest the projects still did not get the point, it offered them some useful advice, even if it was somewhat late in the day. It recommended that "formal needs assessments, based on the causes of maternal deaths at the local level be an integral component of the project formulation". It is not certain whether the report was referring to the ongoing projects or future projects. Either way, it was rather phlegmatic about the wastage incurred so far.

The next part of the report seems to drop a subdued hint about grave consequences if the projects persisted in violating donor conditionalities and preferences. They had made the cardinal mistake of deviating from the consensus, by choosing not only to give antenatal care but also put their faith in traditional birth attendants (TBA). With quiet firmness it quells the upstarts in the ranks and warns, "The strategies chosen to reduce maternal mortality, the evaluation found, were not necessarily the most effective ones. For example, all of the projects promoted antenatal care as part of their safe motherhood strategies, even though evidence shows that antenatal care to detect pregnancy-related complications, in and of itself, cannot bring about significant reductions in maternal mortality, since every pregnancy involves risk. Also, four of the seven projects had training programmes for traditional birth attendants. It is now recognised that TBAs alone cannot substantially reduce maternal mortality". Since nothing by

itself can solve any problem other than immediate causes, it remains a mystery what projects can do other than prevent pregnancies and provide EmOC services.

The report goes on to say, "Monitoring at the central level occurred regularly for almost all the projects reviewed. Monitoring at lower levels, however, was often neglected. This hampered the ability of the project management team to conduct in-depth technical analyses". In other words, there was no way of confirming beyond all reasonable doubt whether the project was any good or not. It added, "Overall, the evaluation found that project personnel focused most of their time and effort on ensuring that the activities were carried out rather than on assessing whether the activities implemented were actually improving maternal health care". Presumably, this means that though the projects were doing things all wrong, they were at least doing something.

The report comes back to make the crucial and clinching point which ensures, as it must, that all is well for the projects precisely because of their own failures, but also gives them a bit of advice for the future.

Since most projects did not identify indicators to determine the effectiveness of the selected strategy, there was *insufficient information to show whether activities had achieved the intended results* [emphasis added]. The evaluation did show that in most cases there had been an increase in the provision of different maternal health services. However, it was not possible, with the exception of the Bangladesh project, to determine whether the increase was a result of the UNFPA-supported activities. The evaluation recommended that project managers identify indicators that can provide information on the progress made in implementing the selected strategy and regularly collect data at the levels where activities are conducted. Such information should be used at local and central levels to resolve problems, assess progress in preventing maternal deaths and determine policies related to maternity care. In addition, the evaluation underscored the importance of process indicators.

Since the reference to process indicators is not very explicit, one can only presume that it refers to the UN Process Indicators commissioned by UNICEF and issued jointly by the WHO, UNICEF and UNFPA in 1997. These process indicators are based exclusively on the availability, distribution, accessibility, adequacy, efficient provision and rational use of EmOC services. Maternal health seems invariably to be about just EmOC.

The report ends with usual caveat that anticipates eventual macro-level failure because of the magnitude of the problem and the lack of coordination among all the numerous agencies replicating or thwarting each other's work in different locations. "The evaluation found that although the Safe Motherhood Initiative is



Country health indices

	B'desh	Bhutan	India	Nepal	SLanka
Crude birth rate (per 1000 pop)	24.9	39.9	28.3	36.9	18.6
Crude death rate (per 1000 pop)	7.9	9	9	11.6	6.5
Fertility rate	3.2	5.6	3.5	4.6	2.3
Newborns weighing 2500 gm (%)	50	84	69	76.8	82.4
Population per hospital bed	3307	556	1480	5249	353
Population per physician	4096	5825	2148	23,038	3579
Pregnant women treated by trained health personnel (%)	39.4	51.4	85.8	23.6	98
Deliveries attended by trained health personnel (%)	14	15.1	87.1/43.5 ¹	9	95
Maternal mortality per 1000 births	3.8	3.8	4.2	5.39	0.24

¹ URBAN/RURAL

BANGLADESH, COUNTRY REPORT ON THE THIRD EVALUATION OF THE IMPLEMENTATION OF HFA STRATEGY, 1997; BHUTAN, ANNUAL HEALTH BULLETIN 1997; BHUTAN, COUNTRY REPORT ON THE THIRD EVALUATION OF THE IMPLEMENTATION OF HFA STRATEGY, 1997; BHUTAN, ANNUAL HEALTH BULLETIN 1996; INDIA, CENTRAL BUREAU OF HEALTH INTELLIGENCE, HEALTH INFORMATION OF INDIA, 1994; INDIA, COUNTRY REPORT ON THE THIRD EVALUATION OF THE IMPLEMENTATION OF HFA STRATEGY, 1997; NEPAL, MINISTRY OF HEALTH, HEALTH INFORMATION BULLETIN, VOLUME 10, 1997, KATHMANDU; NEPAL, MINISTRY OF HEALTH, NEPAL FAMILY HEALTH SURVEY 1996, KATHMANDU, MARCH 1997; NEPAL, COUNTRY REPORT ON THE THIRD EVALUATION OF THE IMPLEMENTATION OF HFA STRATEGY, 1997; SRI LANKA, MINISTRY OF HEALTH, ANNUAL HEALTH BULLETIN 1996; SRI LANKA, COUNTRY REPORT ON THE THIRD EVALUATION OF THE IMPLEMENTATION OF HFA STRATEGY, 1997.

conceptually a concerted effort involving a variety of agencies, the projects studied were either conducted in isolation or were not coordinated with other projects. Moreover, none of the projects provided for a review of the status of maternal mortality in partnership with other agencies. The evaluation underscored the crucial importance of partnerships among agencies, donors and national governments to the success of safe motherhood programmes, since no one organisation can by itself bring about a decrease in maternal mortality". If antenatal care, or training TBAs, cannot by itself reduce maternal risk, the implications of the argument that "no one organisation by itself" can reduce mortality should be obvious.

There is a final flourish about how maternal mortality had been successfully domesticated within the confines of population control. It concluded on a triumphant note, deciding that, "...advisory notes on how to integrate safe motherhood interventions into reproductive health programmes would be prepared on the basis of the lessons learned from the evaluation".

Macroeconomics and health

There cannot be more conclusive evidence of the irrationalities of the global prototype that has been adopted to save pregnant women's lives. Yet, barring some occasional admission of problems at the project level, total programme inadequacies are ignored and at the macro-level there is no sign that any change will be introduced. In fact, if WHO activities are anything to go by, it appears that this approach, despite all the evidence of its limitations, is going to be a permanent part of life in the third world. In 1978, at Alma Ata, the WHO had endorsed the idea of universal health through a horizontal network of primary health centres backed by a secondary tier of referral hospitals. By the 1990s,

the WHO had moved far from this sensibility and seemed to be taking its orders from other institutions. By 2000, it had begun officially endorsing measures that have shown themselves to have failed consistently over many decades, merely because it suited the development oligarchy.

This was the year, 2000, that it constituted the Commission on Macroeconomics and Health, which reaffirmed the value of the vertical or categorical approach to health.

The reasons that the agency advanced in support of this view of why failed mechanisms should linger on in the world of development policy are revealing. Essentially, the commission believed that the vertical delivery mechanism simply had to be retained because donors liked it. And the reason why donors liked it was because it could be subjected to centralised technical and financial control and because of its "tendency to be more easily assessed". Primary health care does not possess such attractive attributes because, where it is allowed to function properly, it must respond more to the needs of the user than the sentiments of the financier. Vertical programmes, however, can devise their own understanding of problems and their own explanations of failure.

Thus, a 2002 report on the Gates Foundation-funded Averting Maternal Death and Disability Program of the Columbia University's Joseph L Mailman School of Public Health, describing its third year of activities, could count among its main achievements only the expansion of its partnerships, the discovery that EmOC facilities had improved in Bhutan, and a couple of anecdotes about caesarean-section deliveries in Ethiopia and Nepal. Apart from that, it could only say that the maternal mortality ratio, which is the basis on which the problem is identified, cannot be the criterion for measuring progress. Intriguingly, and perhaps much to the delight of many, the report went on to add, "Another problem with measures of maternal mortality ('impact' indicators) is that they do not show what is working well in programs and where additional efforts are required".

That is to say, even as the projects proliferate, pregnant women of the poorer classes need not expect any relief from the global campaign any time soon. ▽

The neglected case of the fallen womb

Hundreds of thousands of women in Nepal live with a prolapsed uterus and nobody cares.

by *Bijaya Subba, Devendra Adhikari and Teeka Bhattarai*

Sometimes I wish it was an infectious disease", says a frustrated public health activist in Nepal, exasperated by the amount of attention, and consequently funds, that is directed at HIV/AIDS, when the problem of the prolapsed uterus continues to be ignored. In Kathmandu, one can still see the evidence of a high-voltage AIDS awareness campaign from last autumn on looming billboards. Not less than NPR 30 million (approximately USD 400,000) was spent during the campaign on bringing the illness into the open. And, while 'Let's-talk-about-AIDS' messages dot the cityscape, utero-vaginal prolapse languishes on the closely typed pages of dusty journals.

Even by conservative estimates, it is thought that hundreds of thousands of women in Nepal suffer from prolapsed uterus, as compared to the 58,000 Nepalis that have tested positive for HIV. But such is the neglect of women with prolapsed uterus that one can only propose general estimates, referring to 'hundreds of thousands' of victims with no pretence of precision, an indicator of the degree of the neglect. On numbers is predicated a response, and without them, the problem remains unquantified and, thereby, untackled. In this dis-

regard for the problem is the story of how Nepal has, along with funds, imported its public health priorities from overseas; in it is an indictment of health policy, NGO behaviour and media.

In the simplest terms, a prolapsed uterus is the condition when the uterus, a curved sack expanding at the top and narrowing towards the bottom, comes out through the vaginal opening. This happens when, due to a multitude of causes, the ligaments from the wall of the stomach cannot support the organ anymore and it falls through, inside out. A textbook case of uterine prolapse is a woman of about 50 years, who has had multiple childbirths, and who usually gives a history of a difficult confinement or of giving birth to large babies. However, in developing countries, it has been found that uterine prolapse affects a much younger population, with girls as young as 15 suffering from it.

There are three degrees of prolapse. In the first, the cervix appears at the vaginal opening only when a woman is bearing down. In prolapse of the second degree, the cervix has descended to the vulva. In third-degree prolapse, the cervix protrudes, and in the most severe cases, the entire uterus may extend beyond the vulva. Tragically, because the problem is generally under-appreciated, and the textbook case is not entirely representative, even doctors often fail to identify the condition in the first two stages.

For women, utero-vaginal prolapse is a matter of utmost discomfort, but social conditioning often deters them from seeking medical assistance even if it is available. Commonly, in the rural communities of Nepal, there is no medical support whatsoever; the health post, if at all accessible, is often manned by male attendants. So, the affected woman will usually push the cervix back with her fingers, and continue to work on the fields, carry water and firewood, cook, clean and care, unwittingly worsening the condition.

By the time of third degree prolapse, when the nature of the condition forces its identification, there is nothing to be done for it but surgical removal - unaffordable treatment for the majority of women in that socio-economic category that is particularly vulnerable to uterine prolapse. Thus, an affected woman will often spend the better part of her adult life in unin-



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giving pain, often bleeding from ulcers, unable on bad days to even walk.

Uterine prolapse may develop for a number of reasons. Apparently any act that stresses the stomach ligaments, especially at times when the female genital and reproductive organs are sensitive – during menstruation and after delivery – may result in the condition. In a predominantly rural society where material resources are scarce, and every unit of labour is precious (the root of the perceived need to have many children), where even the procurement of basics such as water and cooking fuel is the product of hard labour that has traditionally fallen in the domain of women's assignments, the environment is favourable to uterine prolapse.

Additionally, the burdens of patriarchy and feudal relations of production operate on these circumstances to exacerbate the demands on women. Typically, in underdeveloped countries, where most work is done manually, a household cannot spare a woman's labour for any substantial length of time. Thus, women must recover fast from any condition that constrains their output. In rural areas, where the requirements from labour are more physically demanding than in the cities, families cannot afford to let the women 'off-duty' even at the time of childbirth, let alone once every month.

Lifting heavy objects and bearing many children are most frequently attributed as causes of uterine prolapse. But there are others, such as the practice of pressing the woman's stomach to facilitate the expulsion of the placenta after giving birth, and the tying up of the belly to stop it from popping out after delivery, that raise the probability of prolapse. Intercourse before the female genital organs have recovered from delivery (2-3 months) can also cause it. In fact, such is the fragility during that period that even a harsh cough can contribute to the stress.

The poor woman

The powerful HIV/AIDS argument that describes it as an as-yet incurable, potentially fatal, infectious disease, works to the disadvantage of conditions such as uterine prolapse in many ways. So fundamentally flawed are public health strategies in Nepal today that the very characteristics that should work in favour of a campaign to tackle uterine prolapse when afflictions are competing for funds, render it distinctly unattractive.

To begin with, the prolapsed uterus is a 'condition', not an infectious disease that can be tackled with a one-point policy prescription. But, in that there will always be women, and there will always be poor women, and at least for the foreseeable future in Nepal, there will be poor undernourished women engaged in hard labour with scant access to health care, which they cannot at any rate afford in terms of time (travelling, check up, hospital admission) or money (NPR 10,000 for a

hysterectomy), its impact is akin to that of an infectious disease. Since it can be cured, in a manner of speaking – either by hysterectomy or by inserting a rubber or polythene ring pessary – implies that investment in improving health access, subsidising treatment costs, sensitising health workers to deviations from the textbook case, will bring returns.

Women are not known to die of uterine prolapse. Instead, they live with backache, abdominal pain, vaginal discharge, stress incontinence, urinary problems, profuse menstrual bleeding, irregular vaginal bleeding, ulcerous sores, and a deteriorated sex life, which becomes a cause for physical pain and marital tension. The globally favoured profile-raising strategy that the AIDS campaign employs would actually benefit women with prolapsed uterus with immediate effect since the lack of awareness is a major barrier in its treatment.

**Women's activists,
busy with trafficking,
property rights,
abortion rights, have
ignored uterine
prolapse**

Simple illustrated pamphlets and posters would discourage common mistakes such as bearing down for delivery before the dilation of the cervix, applying pressure on the stomach just after delivery, explaining that the first two degrees are indications of illness not abnormality, and informing women about the existence and correct usage of a pessary.

A pessary, which is a device worn in the vagina to keep the uterus in place, can be used to treat the condition in the early stages. Its insertion is a fairly simple procedure that village health workers, and eventually the women themselves, can handle after a brief training. The follow up requires the pessary to be checked, cleaned and reinserted every few months. It has been recommended that the pessary should cost no more than NPR 30. The Kathmandu NGO, Women's Rehabilitation Centre, usually recognised as WOREC, is a particularly strong supporter of the technology and provides training regularly. It has also been found that traditional herbal medicines and muscular exercises are also useful at early stages.

But as things stand, with the illness and the treatment being grossly underexposed, cases such as that of Bhagwati Devi Nepal are bound to be frequent. A feminist activist and a patient of early stage prolapse from Sindhupalchok district just east of the Kathmandu valley, Bhagwati Devi says that many prominent doctors in Kathmandu did not diagnose her symptoms, such as pain in the lower abdomen and lower back, as uterine prolapse.

Meanwhile, because there is neither data, nor surveillance, the prolapsed uterus has become a scourge that is everywhere but nowhere. The enormous physical and psychological burden it represents goes practically unnoticed in what little public health debate there is in the country. Without data and campaigns, and therefore neither recognition nor public pressure, there

are no organisations to provide funds. As a result, even the few NGO groups and activists that showed concern over the condition have almost completely given up the cause. The most potent women's issues in Nepal have been trafficking, property rights and abortion rights; uterine prolapse has been ignored even by professional women's activists.

Notwithstanding such neglect by policy-makers and development agencies alike, thought isolated in their interest, medical practitioners in various parts of Nepal have been documenting the problem. Prof Radha Rana Bhat's study of uterine prolapse cases at a maternity hospital in Kathmandu in 1998-99 showed that over 80 percent of the cases of patients with prolapsed uterus were attributable to heavy work during pregnancy and malnourishment. Women in Nepal's far western hills, one of the country's least developed areas, show a correspondingly high prevalence of uterine prolapse; the prevalence in the tarai plains is as yet unknown. Most data that are available are based on clinic or hospital records, which give no idea of prevalence rates since only a fraction of affected women ever seek treatment.

The prolapsed uterus affects the poorest of poor women in areas where health facilities are scanty, and it is a problem that women do not talk about. Relationships between women and men in many communities are not such that a wife will bring in even the spouse to share the pain of her condition. In this social situation, there are deterrents other than costs of time and money; in the existing health care system, there has been no attempt to identify and create a way around even the predictable obstacles. Thus, in a society where women from the same household hesitate to discuss the problem amongst themselves, a majority of health posts is staffed mostly by men.

Spread the word

As in most parts of South Asia where too the prolapsed uterus is a problem, in Nepal the veil of silence continues to shroud the issue. Not surprisingly, since no one has stepped forward to help the women, myths about the condition abound. In Sindhupalchok as elsewhere, menfolk profess that they believe that a prolapsed uterus is the natural result of "too much sex", which translates into an indication of promiscuity. This then raises suspicion about the wife's fidelity. Little wonder that women are keen to keep the condition secret, but as a result they never learn that the condition is preventable and treatable; they accept that the pain is part of the unfairness of life.

While it is understandable why the woman sufferer would want to keep silent about her personal condition, the denial in society at large is unconscionable. Not only are development agencies and non-governmental groups guilty of gross neglect in this area, other sectors of responsible society are equally culpable for being unwilling to help raise awareness about this condition, which necessarily requires graphic descriptions

about what a prolapsed uterus really is. A photograph showing a fallen womb is absolutely essentially to explain the extent of the tragedy and the challenge of living with the problem, and yet misplaced prudery keeps mainstream publications from carrying such an image. Indeed, nothing but the (what tends to be a shocking) picture of the uterus showing through the vaginal opening can indicate what we are talking about.

It is not for want of trying, but writers of this article have failed to convince the editors of several Kathmandu-based publications to publish a photograph of a prolapsed uterus. The argument that without a picture, people have only a vague idea what the problem is was not persuasive enough. "This would be unacceptable to our readers" was the constant refrain of editors, willing to take refuge behind the public to cover their own lack of sensitivity. "We do not want to look like a medical journal", said one editor, quick to abdicate his responsibilities towards the women of Nepal.

Unfortunately, it is not a case of reluctance of only the press. Numerous donor agencies as well as NGOs working in the field of women's health, and even feminists within such organisations, have refused to support posters carrying pictures of a prolapsed uterus. When you get right down to it, even city-bred liberals are not able to treat an ailment with openness and energy if it concerns genitalia.

From what little work has been done, it has been found that discussing the matter of the prolapsed uterus with couples (the 'couple approach' as it is termed) when talking about the human reproduction system tends to be effective. Those who work in the field insist that the first step must be to prepare an environment where women are able to discuss the problem amongst themselves so that early detection can save the organ itself, and save the woman considerable stress.

A health worker in the Nepal district of Achham, in the deprived western region of Nepal, pointed out a major problem when she said that there was no mention whatsoever of uterine prolapse in the government's women's reproductive health programme. She said, "I am working on this subject purely out of humanitarian impulse. My job does not require me to touch this problem". For public health as well as social institutions to become concerned about this substantial problem, the government must include uterine prolapse treatment in the category of basic services, and provide training to health post workers accordingly.

Finally, the Nepali government has published a handbook on uterine prolapse, with the help of the United Nations Population Fund and the German aid agency GTZ. It is imperative that this manual be made widely and easily available to women's groups as well as community health workers and even human rights activists all over. The fallen womb must be pulled out from under the veil, brought out of the shadows of rural poverty. The silence must be broken. ▽

Baghdad is bombed, 20 March 2003.

Ballad of the soldier's wife

War and the widow

by Amitava Kumar

The news on the television is of the bombing in Baghdad. I came out of the bedroom this morning and saw my wife watching the news with tears in her eyes. My wife is five months pregnant and, in ways that I can only imagine, she is aware of just how much life is precious and also vulnerable. And yet, I know that she and I, sitting in a suburban house in America, are shielded from the real news of the war that is being waged in our name. There was a retired colonel of the US Marine Corps on CNN last night; he smiled, and even chuckled, as he described the bombs falling on Iraq. A brave woman called in – the show was *Larry King Live* – and said that she found the colonel's behaviour obscene. We are watching the bared fangs of the killers. Not one of the reports have described what has happened so far to the innocent men and women and children who deserved neither Saddam Hussein nor George W Bush.

There is much that is hidden from us, and it makes us feel isolated and helpless.

I would like to see the Iraqi women on television. We should know what a pregnant woman in Baghdad was feeling when the bombs were dropping around her. That must have been the thought, I decided for myself, that was making my wife cry. Once I started thinking of that, it occurred to me that I would like to know what the thoughts were of the wives and girlfriends of the American and British soldiers who have died.

I have no experience of war but I have met many widows. Today, as I watch the strangely disembodied spectacle of war on my screen, smoke rising in surreal shades in a landscape devoid of all human presence, I return to the memories of my meetings.

News

In a village called Kukurwar, about three hours' drive from my hometown Patna, I met Munni Devi, the widow of Sepoy Hardeo Prasad who was killed in Batalik during the Kargil war. Hardeo was a soldier in the 1 Bihar Regiment and his wife showed me his large, framed picture taken when he was a part of the United Nations Peacekeeping Force in Somalia. He was a tall, well-built man with dark skin and a light moustache, and in the

photograph he wore the blue UN cap and a blue turtle-neck under his camouflage jacket. Behind him was the Somalian photo studio's painted backdrop. It showed a garden and a house with a TV aerial and, further in the distance, a row of mountain peaks on which the artist had added a layer of white snow. Next to this picture was another glass frame with a one dollar bill pasted inside it. Hardeo had brought the dollar note back with him from Somalia in 1994.

Munni and I were sitting in the small brick house that was built with the compensation money that the government had given her. The room was not very large, it had just enough space for four chairs. There was a doorway to my right and we could hear Hindi songs being played on a loudspeaker in the distance. Now and then, I could glimpse a hen walking outside with five or six tiny chicks that had been coloured a bright green by the owner.

It was a winter morning and Munni, slight and barefoot, with only a thick shawl wrapped over

her sari, continued to shiver as she spoke to me. When her hand shook, I would look away, concentrating my gaze at the picture of a smiling child in the Magadh Automobile calendar hanging on the wall behind her head.

Munni was 28 years old. She had three children, two daughters and a little son who was six months old when his father died. Her education had stopped at high school. At my request, Munni began to tell me about the different places where her husband had served with the army. First it was northeast India, mostly Assam, and then Somalia, before he was sent to Kashmir from where he had returned with some saffron and dreamed of trading in it. (Hardeo had begun to say to Munni, "Money is the only VIP". Munni looked up at me when she used the English term 'VIP'.) Hardeo left home for Kargil on 21 May 1999 at the conclusion of a two-month leave.

He was dead less than a month later. While he had been home, Munni said, he did not do much. She said, "He would listen to the radio". I suddenly remembered that the 1 Bihar Regiment had been involved in the war from the start: the first army casualty on the Indian side

Women would comment that she had got a house and a television after her husband died



Munni

had been Major Saravanan who had been killed on 29 May at Point 4268 – and his body was among the last to be recovered in the war when his regiment captured the hill, on the night of 6 July, where he had died months earlier. While Munni and I talked, Hardeo's old father came and sat in the room. He did not say anything to me, and several minutes later, when I looked at him, I could not decide if his eyes were old and watery or indeed he was crying.

Munni said that they would listen to the radio all the time to get news of the war going on in Kargil, and it was through the news bulletin that they first heard of Hardeo's death. There was some confusion, however, because the radio had mentioned the wrong village, even though it had got the name and the regiment right. Then, the sub-divisional magistrate came and gave her the news in person. Munni had been sitting outside her hut. The brick house, she reminded me, had not yet been built. The officer said, "Is this Hardeo Prasad's house? He has been martyred".

Munni said, "I had been unhappy for the previous day or two. I had been crying for an hour. I was not surprised when the man came. I did not move from where I had been sitting outside the house".

At night, at two in the morning, soldiers in an army truck brought Hardeo's body wrapped in the national flag. The body, Munni said, had turned completely black, and, as if putting a half-question to me, she said, "The enemy had used some poisonous substance, perhaps". Munni said that the district officials had said to her that they would have to wait till Bihar's chief minister, Rabri Devi, came to the funeral with her husband.

The dignitaries arrived by helicopter and the chief minister offered a few words of support to Munni. She also gave her a cheque. Months later, Munni said, women in the village would comment that she had got a house and a television after her husband died. This hurt her, Munni said. She would rather have her husband back.

I asked Munni if she knew how her husband was killed. He was hiding near a hill with an officer, she said. They were being shot at and he was hurt in the right arm. The officer said to him that they should get medical aid but Hardeo said that he was okay. Munni said, "After two-three hours, he began to suffer a bit".

Four men from his regiment carried Hardeo to the place where medical aid was available. He asked for a drink of water. He told them about his family and then he said that he would not live.

Correspondents

When Munni had finished speaking, I stayed silent. She had kept her head bent and hardly ever looked at me when she spoke. I had noticed that the parting in her hair was bare. As is customary for a widow, there was no *sindoor* in the parting. When I asked her what was it that Hardeo wrote most often to her in his letters, she quietly got up and walked out of the room. When she came back, she had a few letters in her hand.

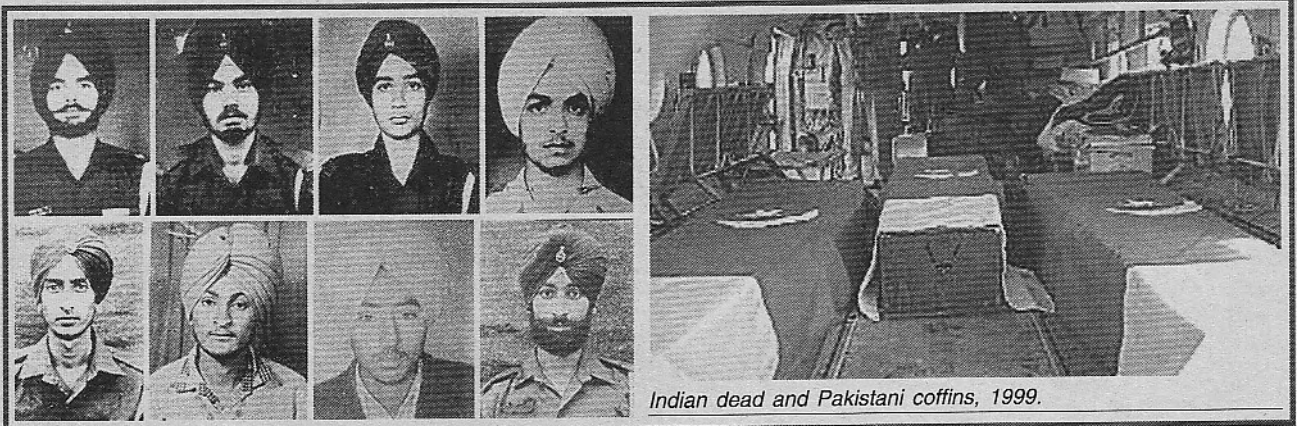
The first letter I read was actually written not by Hardeo but by Munni herself. It was in broken Hindi, and began "My dear husband ...". The other two letters had been written by Hardeo and they were dated about eight-nine months before his death. They inquired about Munni's health and then instructed her to take care of the children. Both were addressed "Dear mother of Manisha ...". Manisha was their elder daughter.

Hardeo signed his name in English with some flourish. That signature and the address were the only words he wrote in English. I reopened Munni's letter. I was embarrassed to read it in front of her, but I went ahead anyway. I thought that her way of addressing Hardeo was much more playful. "*Priya Patiji, Namaste, Namaste*". (Dear Husband, my greetings, my greetings.)

Her letter mentioned that Hardeo had been a more regular correspondent; she had simply not had the time to write to him more frequently. Manisha was staying at her maternal uncle's house; she was attending school in Jehanabad town. Munni wanted Hardeo to come home for the *chatth* festival, and if he got leave, he was to inform her in advance.

Munni had also written, "What else can I write? You know what a family is like. And for a wife it is the husband who gives happiness. The wife's happiness is not there without you. What can I do when this is written in my fate?" Then there was mention of the potatoes that had been harvested, and the rice that had been threshed. There was mention of loneliness here but also a hint about some tension in the wider family. I thought of one of Hardeo's letter, in which he had scribbled in the postscript, "Do not fret too much and whatever people might say or do in the house, you should not utter a word in response. Okay. Ta-ta".

Hardeo's younger brother, Vinod, a pleasant, unemployed man, had come and sat down on the ground near me. He was holding a yellow sheet of paper in his hand. When he gave it to me, I saw that it was a rather



Indian dead and Pakistani coffins, 1999.

bombastically worded tribute to Hardeo on his first death anniversary observed only a few months earlier. The tribute ended with a declaration in Hindi: "By being a soldier and by assuming command, you have taught the young men of your village that it is not only Kargil and Kashmir but also Lahore and Islamabad where the Indian tricolour will fly. For the peace of your soul, the District Development Forum takes this solemn oath".

Tea and sweets had been brought for me on a small stainless steel tray. I said to Munni that I would quickly drink the tea and leave. She brought me an album of photographs. There were only a handful of pictures in the book. A few of them showed Hardeo in Somalia, and in one picture he was standing in front of a temple in Bhutan.

There were photographs from the funeral, including one of Hardeo's body washed and laid out on the ground with a brown cloth wrapped around the torso. The hands of the villagers were propping up the head and shoulders for the photograph.

There was one picture of Hardeo and Munni together. It had been taken during their happier days. It said "Prabhat Studio" in the bottom corner. Munni was difficult to recognise in the photograph: she wore her hair open on the side, and her clothes were new and bright. She appeared amused as she looked at the cam-

era. I asked Munni if I could take a picture of her. She solemnly took down the framed photograph of Hardeo in Somalia, and then posed for me with her eyes fixed on the ground between us.

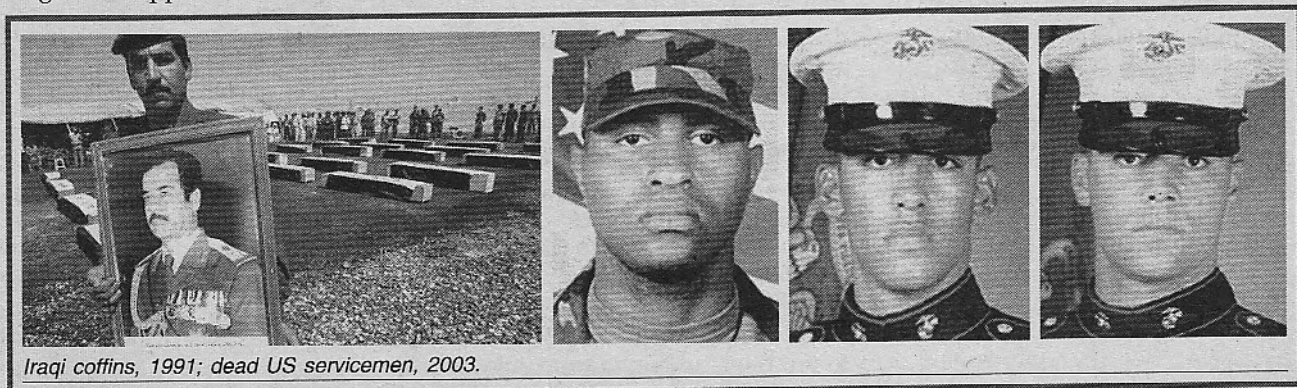
I wanted to ask Munni something before I left. I asked her if she would have anything to say to a woman in Pakistan who was also a war widow like her. Munni said, "Why should I say anything to the one who took away my husband?"

"But the women, the widows, they were not fighting. They did not take away Hardeo", I said. But Munni shook her head. She would not relent. Maybe she was right, maybe she was not.

Maybe the fault lay in my fantasies. I was dreaming of a dialogue between all those who had suffered from war's injustice. I still hold on to that dream. I cannot help feeling that Munni was the war's double victim. She had lost her husband, and she had lost a link to the broader world which shared her suffering.

As I look at the television screen today – from where all signs of life have been banished, as if there were no human beings in Iraq – I wonder whether a woman sitting afraid in Baghdad knows that there is another woman, in a small town in suburban America, shedding tears for her. It is not much, but it would take away, for a moment, the horrible isolation we all feel amidst this violence.

"You have taught young men that it is not only Kargil but also Lahore where the Indian tricolour will fly"



Iraqi coffins, 1991; dead US servicemen, 2003.

Comrades for the market!

THE GUNS have been silent in Nepal since the ceasefire between Maoist and government forces on 29 January 2003. But, after the initial buzz, there has been mostly silence at the talks-table. Business had been so slow, in fact, that the king took off on a trip visiting holy sites in India (for the second time in nine months). Meanwhile, finding themselves with all this free time, the Maoists have busied themselves with an unlikely deity, and to the surprise of all, have become ardent votaries of the free-market.

Krishna Bahadur Mahara, a member of the Maoist negotiating team, has been making the rounds of party offices, civil society groups, the bar association, and on 19 March was at the Federation of Nepalese Chambers of Commerce and Industry, where he was greeted with bouquets by the doyens of Nepali capitalism. Exceeding their wildest expectations

with what he had to say, the designated emissary took the podium sounding virtually like the resident head of the World Bank.

With the zeal of the newly converted, Mr Mahara said in Nepali, "Let no one doubt that we are seeking an open economy. We have in

mind an economic system where there is healthy competition in industry, run with private investment". Adding that the *Maobaadi's* economic policy and programmes were different from those of the Soviet Union and China, he said, "We are not copying models from other



Maoist politburo member Krishna Bahadur Mahara (top left) greeted by Nepal's business community; Maoist ideologue Baburam Bhattarai (inset left) and military commander Ram Bahadur Thapa come above ground after seven years.

Virtual sovereignty

AMIDST NEWS of renewed fighting among real-life combatants, the struggle for Afghanistan's virtual sovereignty has been quietly concluded. In late February, in a government office building in Kabul, the first post-Taliban email with a .af suffix leapt from the keyboard of a UNDP technician to the computer screen of the country's minister of communications, Muhammad Masoom Stanakzai. The transmission marked the end of a struggle launched in 2001 after the Taliban departed Kabul to put the .af back in Afghanistan, where it rightfully belongs.

While the Taliban administration was not generally known for technophilia, in 1997, Abdul Razeq of Kabul registered .af with the Internet Assigned Numbers Authority (IANA). But after three years of

protecting Afghanistan's virtual territory, Razeq dropped out of contact with the IANA, and disappeared leaving little more than a forwarding email address supported by a server in Peshawar, Pakistan. When the UN set out to reclaim Afghanistan's Internet terrain, Razeq's disappearance caused delays until the IANA could be persuaded to award .af to Hamid Karzai's young government on the grounds that Razeq had defaulted on his duty to protect and serve the national suffix. The last hurdle to Afghanistan becoming virtually self-sufficient is the transfer of .af hardware to Kabul from its present residence at UN headquarters in New York, now scheduled for 2004.

Bhutan, owner of the .bt suffix, joined the nation-state Internet club in 1999. After years of dragging its feet, Thimpu accepted a UNDP offer to put the Druk kingdom online for

the 25th anniversary of King Jigme Singye Wangchuck's coronation. Rather than an Internet absconder, Thimpu first had to face off with a major multinational - British Telecommunications PLC - for control of .bt, a brief confrontation that reportedly ended with minimal trouble.

The approach of Nepal to its online sovereignty is unique in that a private company administers the .np territory. In 1994, just as regional techie behemoth India was coming online, Mercantile Communications in Kathmandu registered the .np suffix through an Australian-based server. To facilitate Internet growth and prevent cyber-squatting, Mercantile allowed any .np domain name to be registered on the condition that the site name would correspond to the service provided. Thus, for example, www.golf.com.np would only be awarded to someone

countries, but instead developing an economic strategy that is based on Nepal's ground realities, economic possibilities, the agricultural sector, potential for industrial growth and the labour market".

This public relations exercise of the Maoist leadership seems to be in considerable dissonance with earlier declarations and documents, which expectedly demanded a rejection of market forces and state control of all means of production. The real need to build a constituency in Kathmandu has obviously imposed its logic. Having come over-ground into the blinding light of media scrutiny, the Maoist leaders find that they are required to play a game that they have not touched in seven years.

With time, perhaps they will learn above-ground rhetoric, and even become proficient at obfuscation. As the leadership tries to be everything to everyone, some of the rank and file may be forgiven if they are wondering just what on earth is going on. ▽

A toxic legacy

ON 18 March 2003, in a courtroom in New York City, the latest chapter in a humanitarian and legal odyssey spanning two decades and the two hemispheres came to a close when a US district judge dismissed a lawsuit filed by Bhopal residents seeking damages from the Union Carbide Corporation (UCC), now owned by Dow Chemical. The dismissal of the lawsuit, which holds UCC responsible for health complications stemming from criminal neglect in properly cleaning up after a 1984 chemical leak, lent weight to fears that an equitable settlement for victims of the world's worst industrial disaster, and criminal prosecution of those responsible for it, would never be seen. Nonetheless, victims and activists are continuing efforts related to the US lawsuit, including pursuing claims in Indian courts, lobbying officials and mobilising public opinion.



Bhopal victim.

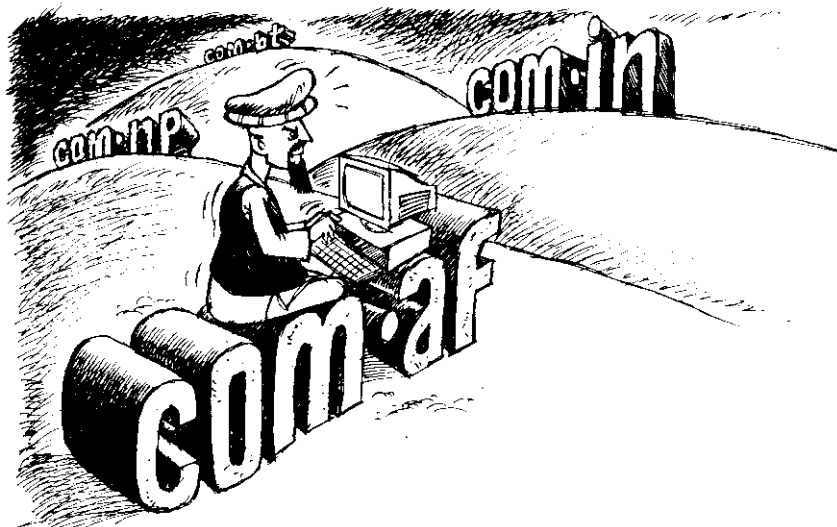
On the night of 2-3 December 1984, a gas leak at the Union Carbide plant in Bhopal, Madhya Pradesh, killed an estimated 2000 people within hours. Victims groups say that the death toll is now as high as 15,000 (the official death toll is around 5000), and that the number of injured or sick, either by immediate exposure or by residual contamination, runs into the hundreds of thousands. The company insists that a still-unnamed disgruntled employee caused the accident. Critics, however, point to internal documents demonstrating that the company, known in India as Union Carbide India Limited, knew before the incident that

the safety measures were inadequate. Held culpable is the then-UCC chief, Warren Anderson, for his failure to address these problems.

Victims initially took their claims to the US, where Union Carbide was based, and within months of the disaster 200,000 Indian plaintiffs were involved in 145 separate lawsuits against the company. In 1986, a US court ordered the suits consolidated and moved to India, and in 1989 the Supreme Court of India imposed a USD 470 million penalty on UCC. After two years of appeals, the company agreed to pay the award, although compensation to survivors averaged between only USD 370 and USD 533, according to Greenpeace.

The lawsuit in New York City, filed in 1999, was only one of several efforts to hold UCC and its former corporate officers responsible. In 1991, Indian courts revoked the immunity from criminal prosecution offered to UCC executives two years earlier, and in 1992, after ignoring four summonses, Anderson was declared a fugitive under Indian law. On 28 August 2002, more than a decade later, the chief magistrate in Bhopal reaffirmed the charge of culpable homicide against Anderson and demanded his extradition

SUBHAS RAI



providing information on Nepal's handful of golf links (Himalayan golfers be advised, the site is under construction), and www.mcdonalds.com.np will only be awarded if the country suffers the misfortune of colonisation by the golden arch-

es. According to Mercantile, the Nepali government is fine with a private company regulating the nation's cyberspace and has no interest in taking over control. And why should it? It is making use of www.nepalhmg.gov.np for free. ▽

to India to face trial. In December, the Central Bureau of Investigation formally requested the Ministry of External Affairs (MEA) to apply for Anderson's extradition from the United States, though the MEA has reportedly not done this yet.

Efforts to hold UCC and Dow responsible for further cleanup and compensatory damages have led to considerable agitation but few results. After closing down the factory, UCC sold its remaining assets in India to finance the construction of a hospital in Bhopal. Victims groups and activists say that the hospital is insufficient payment for the human and environmental damage caused by the company, although Judge John F Kennan, who adjudicated the recently concluded New York City trial, saw it differently. "Proving the adage that no good deed goes unpunished, plaintiffs are not satisfied by the hospital's existence", Judge Kennan wrote in his decision. "This contribution goes far to satisfying any further obligation defendants have to citizens of Bhopal".

Dow Chemical, which acquired UCC in 2001, claims that Union Carbide fulfilled its commitments to the Bhopal victims and that it is not liable for damages. Victims groups, however, point out that Dow settled a claim in another case against UCC with US-based litigants in January 2002. Consequently, in October 2002, the state of Madhya Pradesh announced that it would petition the Indian government to hold Dow Chemical responsible for further cleanup. Dow, for its part, has not proved passive. After protestors assembled outside its Bombay office in December on the 18th anniversary of the incident, Dow filed a lawsuit seeking INR 500,000 from them, citing loss of work. Protesters have consistently targeted Dow offices around the world, most recently Dow headquarters in Houston, USA, on 11 March, resulting in 12 activist arrests. The Bhopal gas leak, irrespective of judicial rulings or the passage of time, will not be laid to rest for some time yet. ▽

Cricket nationalism

THOSE DOUBTING the power of cricket nationalism should consider a front-page headline from the 2 March edition of *The Hindu*: "India overwhelms Pakistan". As close-readers of the sports page know, not unlike others, cricket teams too are customarily referred to in the plural, not in the singular. In these charged times though, the victory was won by the (singular) nation of India.

In India, where the national team is always projected as a leading contender for the crown, a 15 February league match drubbing by Australia provoked national

mourning and revulsion. Laments were offered in parliament, and the corporate sponsor, Sahara, issued "an emotional appeal" to drum up support even as one player's house was attacked by an incensed crowd, and effigies and posters were burning in the streets. One might have suspected that a war had been lost rather than 10 wickets.

For the Subcon, the biggest day came on 1 March when the Indian and Pakistani squad squared off in Centurion, the site of the Indian humiliation two weeks earlier. The result led to long faces in Pakistan, while in India the finance minister, Jaswant Singh, declared the prize money earned by the players as ex-

Woman, train, aging

SMALL BOGEYS with narrow doors. Little square windows and cramped bathrooms. Everything is scaled down on the hill train at Pathankot. Then there are the rucksack, water bottle, book and myself. Some, struggling to fit on the slim luggage rack above, the rest trying to not totally occupy the slender slatted seats. The assorted possessions of a woman travelling single on an Indian train.

Ever so slowly, the train starts rolling out over Himachal Pradesh's stunning Kangra valley. My heartbeat slows to the rhythm of the old steam engine. I have no desire for conversation, preferring instead to devour nature's bounty with my eyes. Even so, my body is under strict self-control. Just a quiet glance here, a controlled look there, but not because the gorges and rivers beneath the snow-capped Dhauladhar mountains are not stunning. Rather, because I follow the code of the female Indian solo travel-

ler, keeping to myself.

The code involves little devices to avoid conversations and to appear occupied. In this instance, my



empt from tax. All for the sake of the nation, of course.

And so thought many Indians with no constructive pursuits on



Wasim (top) offered Ashish some tips.

eyes remain fixed on the printed words that lie on my lap. Dick Francis rules the Kangra Valley Railway. The book is not terribly engaging, just the yarn of a steeple-chasing ex-jockey trying to solve some murders on the marquee. But it could be any book, just something to rest in my lap and keep me eyes on, even a Mills & Boon – minus the romantic cover, of course.

On this rail trip, I am a woman travelling on her own. Not just that, an Indian woman travelling on her own (co-passengers have yet to discover that I am a *married* Indian woman travelling alone). Not necessarily the subject of unwanted attention or objectionable interest, but certainly the object of unending curiosity.

Where could she be from? Why is she alone? Yes, she does seem to be alone. Oh, is that a map she just opened? Wonder what she is reading. Hey, she is eating *chana* and smacking the *masala* off her fingers. Was that really Hindi she spoke? Such unspoken questions abound. Some only a product of my imagination, I am sure. Many more I catch in the inquiring eyes I am trying not to lock gaze with.

The landscape through which the train passes still engages me, offering another reason for avoiding human contact on the train. I turn inwards, lips purse and shoulders

Sunday. The day after the match, an estimated 5000 Indians assembled near the Hussainiwala border post in Indian Punjab to taunt their

tighten, hands minimising their movements. By lowering my own physical consciousness, I hope to diminish curiosity. And my eyes? They are back with Mr Francis' ex-jockey. My book is my *pardah*, my *ghunghat*, my *burqa*.

In my mind's eye, I go back 15 years and see my younger self travelling alone in Kerala, the Andamans, Madhya Pradesh, Punjab, learning the little tricks of the single woman traveller: feasting on an entire pastoral scene in a glance, muffling delight and masking elation under what I imagine is an impassive expression.

I realise that I am just waiting for some more time to pass, more grey hair, more wrinkles on my skin. Only then will I have full space, a licence for full exploration awarded by the transformation of my body. As an Indian woman ages, curiously, she is allowed greater space in the world, freed from stares and questions. For now, I am like the devotee waiting for menopause to be allowed to pay obeisance at the Ayyappa temple in Sabarimalai, Kerala. Yet, unlike that devotee I have taken great pleasure in blasphemy. I have stolen many *darshans*. ▽

Vani Subramanian, Delhi

neighbours across the border. "We beat you, down with Pakistan!" the crowded chanted, which attracted a volley of stones that injured five people. In Gujarat, home to much sadness already, cricket-related violence in the hours after the Indian victory reportedly claimed the life of one Muslim.

The hooliganism surrounding the India-Pakistan cricket battles has failed to make a dent on the opinions of many diehard cricket nationalists, some of whom view their respective teams as embodying national virtues. Writing in the *The Wall Street Journal*, a publication better known for its views on currency trading than bowling styles, Indian team booster Tunku Varadarajan argued inelegantly, "The Indian team, sociologically a more middle-class, college-educated lot, has tended to view games against Pakistan as little more than games. Bowl, bat, win a few, lose a few. The Pakistanis, fervently eager to make a triumphal case – which new nation is not? – treat their encounters with India as mini-jihads".

Pakistani team loyalists countered that in suffering defeat with grace, their team displayed a collegiate cool foreign to the fans of certain rival teams. Besides, some said, the Pakistani team could claim a kind of paternalism over its Indian competitors: Wasim *bhai*, the Pakistani paceman, was acknowledged as a role model for several youthful players on the Indian squad, in particular by Ashish Nehra.

Sometimes, however, nationalism of the nation-state variety prevents the match of ball and bat. On 29 March, the Board of Cricket Control of India announced that it was calling off a scheduled April tour of Pakistan. In 1999, in the wake of the Kargil war, the Indian government banned cricket meetings between the two sides in bilateral series. Not unexpectedly, Islamabad retaliated by announcing that the Pakistani team would not visit India in 2004 as scheduled.

Cricket cold war, we are in the middle of it. ▽

An Rx for health care in Nepal

Nepal need not adopt rich-country health policies that do not even work in rich countries, says a doctor with a decade's experience in Nepal.

by *Stephen Bezruchka*

Imagine dying from simple surgery for haemorrhoids, an annoying but non-lethal condition. That happened in one of Nepal's most prestigious private hospitals recently, and this sad case is an important reminder that medical care can as easily harm as help. Studies in developed countries show that what makes people healthy is not medical care. Indeed, there are indications that in developed countries medical care may contribute to as much as one death in 10. And yet the predominant wisdom in developing societies is that the path to better health is more medical care; specifically, more specialised medical care. Thus, much public expenditure is incurred for the diseases of the few, and health facilities reflect rather than address an extremely hierarchical society.

The common perception in Nepal is that medical care must be the reason for the remarkable health advances in the country over the last 50 years. Everyone is aware that deaths among young children are not so frequent as they were even 10 or 20 years ago. The Nepali middle class is pleased with the plethora of health services available in the larger cities and towns today. There is an enormous number of nursing homes, hospitals, and an increasing number of medical schools to train the next generation of doctors. CT scans, ultrasounds and other sophisticated tests are routinely available in Kathmandu now, and this is put down with certitude as progress. And even while these advances are not unremarkable, people now routinely die of heart attacks, strokes and cancer, which was rare 30 years ago when I first worked in Nepal. Certainly back then, these were causes of deaths in Kathmandu, but they were relatively uncommon in the hills, where people were more likely to succumb to dehydration or tuberculosis (TB).

What best explains the changes in the causes and rates of death? Some of the benefit must certainly be due to multi-drug therapy, oral rehydration and immunisations. But there must also be other – population-level – factors at work, since health gains are seen where these services are available and also where they are not. 'Epidemiologic transition' is the name given to the

process whereby "diseases of young bowels are exchanged for diseases of old arteries". Thanks to the state's health policy, the richer elements of society have made the transition and live longer to die from chronic ailments. Surely, the poor must also be given this privilege.

Organification

I often reflect on the changes in medical care since I first came to Nepal in 1969, when the country had few hospitals and missionaries were the main source of quality services. Compounders and medical halls delivered much of the medical care. The 1970s saw a tug of war

between advocates of widely disseminated primary health care services founded on health posts throughout the country, and promoters of vertical programmes that dealt with specific conditions such as diarrhoeal diseases, tuberculosis and immunisations. In the 1980s, the vertical programmes lobby gained the upper hand although a skeletal framework of health posts and district hospitals

continued to dot the countryside. Staffing the hospitals in remote locations was and still is a major problem.

In that same decade, the first doctors graduated from medical school in Nepal and post-graduate programmes in general practice and anaesthesia were instituted. Training in many other specialities was introduced shortly. By the 1990s, private medical colleges and hospitals were commonplace in urban centres. The medical fraternity in Kathmandu soon grew from a mere handful to scores of doctors, who increasingly turned to specialisation. Today, Nepal has locally trained doctors and specialists, as well as those trained in foreign countries. Most practitioners are concentrated in the Kathmandu valley, while large numbers who have studied in Nepal, India and abroad on government scholarship have by now left the country permanently to pursue lucrative careers overseas. Rich countries such as the United States are thus saved from investing in the education of their own medical personnel while the Nepali public suffers.

In the meantime, because of the increasing incidence

In 1991, infant mortality for Kerala was 17, for the US it was 10, for India as a whole 74, for Nepal 100

of chronic diseases among the better off, the focus of spending by His Majesty's Government has switched to specialised care at a growing cost to the poor. Thus, today you take your eyes to the BP Koirala Institute of Ophthalmic Care, your heart to the Shahid Gangalal Heart Centre; soon you will be able to take your ears to the Ganesh Man Singh ENT Hospital. If you want to pay for medical care there are many private nursing homes, hospitals and 'research centres' ready to take your cash. If you wish to have trainees practice on you, there are more than a dozen medical schools in various parts of the country. You can choose from those that are government-run or private not-for-profit or private for-profit.

Is Nepal better served by this plethora of institutions? It depends on the goal. If making large profits from medical care is desired, there is no doubt the current panoply is the answer, but one must recognise that such a course is likely to lead to care that is under-qualified, that is *careless*. Meanwhile, most poor people in Nepal's rural areas have little recourse to modern health care, and emergency services for all people in rural areas are limited. Consequently, health outcomes in rural Nepal have improved, though not as much as those of urban populations.

Hierarchy and health

In order to improve the effectiveness of the health care system, we must focus on those aspects of it that make a difference at the population level. Studies in the US show that primary care and sophisticated trauma care may be two of the few factors of the total health care picture that affect life expectancy positively. It is estimated that the US, for example, which leads the world in the number of homicides per capita, would have a four- to five-fold higher homicide rate if the quality of trauma care was that existing in 1960.

Trauma care requires rapid evacuation to sophisticated centres, but Nepal's difficult topography and poor economic state mean that there is no hope of providing such care. What Nepal needs therefore is a widely decentralised primary health care system, such as exists in Kerala. This Indian state has a basic primary health care system within easy access of every village, something even the US lacks. Kerala is India's healthiest state, despite being one of its poorest. Its health outcomes are close to those of the United States, which spends half of the world's health care budget and yet ranks behind all the other rich countries in health indi-

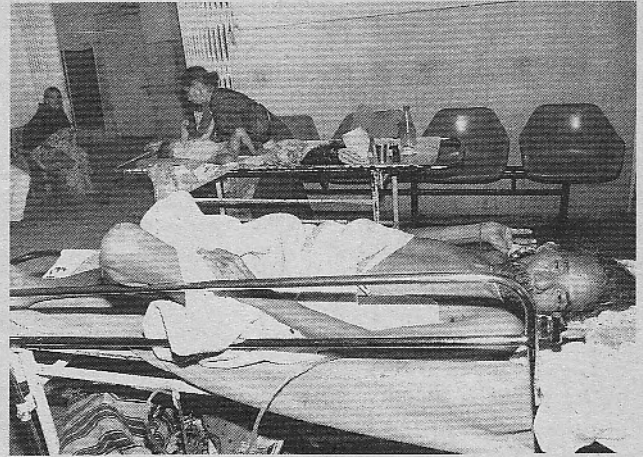
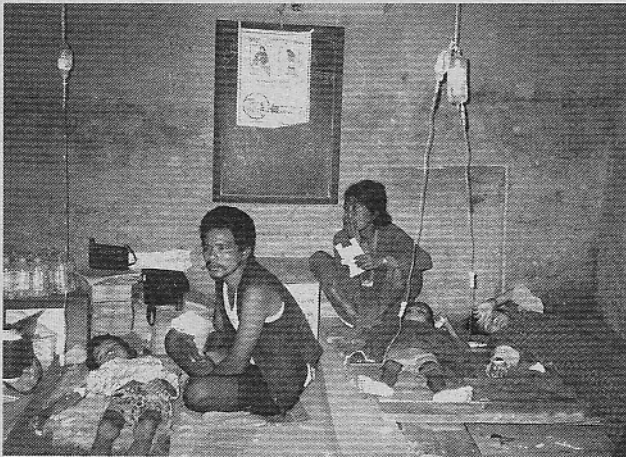


Transition: Swiss explorer Toni Hagen in the early 1950s administers an injection to a porter while a traditional offering for healing hangs on the side.

cators. For example, in 1991, the infant mortality rates for Kerala were 17 deaths in the first year of life per 1000 live births, while for the US they were 10, for India as a whole 74, and for Nepal 100. Ten years later the numbers were approximately 13, 7, 67 and 66, respectively.

Population health studies what makes a population healthy. In the last 25 years, we have learned that the hierarchy within society is the most important determinant of a population's mortality. Societies that tolerate a large gap between the richest and poorest will have worse health than societies that have a small gap. While the essential concept links the range of social and economic inequalities – the hierarchy – with health outcomes, the way to measure this relationship varies for individual types of societies. In a fully monetised economy where poor people have to pay for almost every service, such as in the US, the distribution of income is strongly related to health. In countries such as Sweden or Japan, whose populations enjoy the best health, with universal health care, a strong social safety net and very heavily subsidised education, income matters less because of 'outside of the wallet' payments through the government apparatus. Even in those countries, people further down in the hierarchy will still be less healthy. In poor countries, basic needs take precedence over hierarchy: everyone needs enough food, clean water and appropriate shelter. Once these basic needs are taken care of for everyone, then it is the range of hierarchical ordering – the number of rungs in the ladder and the gap between the top and the bottom – that matters most to produce health in the population.

Primate research and some human population studies help us understand the mechanisms whereby a more pronounced hierarchy gets translated into worse health.



The basic idea revolves around increasing stress from being lower down the caste or class ladder. Those on top have more control in their lives and in their work, and suppress those beneath them. Those people even slightly below the top cannot retaliate towards individuals above them in the ladder, and instead put down their underlings. This cascade results in the lowest ranking members in society being humiliated by everyone and being the most vulnerable to chronic stress and resulting disease. Cortisol, the so-called chronic stress hormone, is an important mediator of this pathway. People lower down on the ladder have less immunity to infectious diseases, higher blood pressures and higher blood glucose – all of which are bad for health and affected by cortisol.

It is also true that behaviours such as rates of smoking, eating disorders such as obesity, teenage births and violence in a society are related to the hierarchy within the population. In Nepal, disparities by ethnic group and caste demonstrate huge effects of hierarchy, with two- to three-fold difference in child mortality between the highest and lowest castes.

Poverty and poor health

We all cling to the idea that personal behaviours are what matter for our health: washing hands after going to the toilet, eating right, not smoking, using condoms, exercising, and the like. While these behaviours have some effect on our health, they do not matter as much as we believe. Scholars who have studied the determinants of health of populations are in general agreement that socio-economic ranking is the most important factor. As a doctor who has worked for over 30 years and has observed the vast controversies surrounding most aspects of clinical medicine, I find it astonishing that the hierarchy and health relationship is so well documented, yet so little publicised.

Amartya Sen, winner of the 1998 Nobel Prize in economics, once said, "I believe that virtually all the problems in the world come from inequality of one kind or

another". Jimmy Carter, the 2002 Nobel Peace Prize recipient, in his acceptance speech said, "The most serious and universal problem [in the world today] is the growing chasm between the richest and poorest people on earth. The results of this disparity are root causes of most of the world's unresolved problems, including starvation, illiteracy, environmental degradation, violent conflict and unnecessary illnesses".

Japan illustrates how a country can change its health by altering its hierarchy. In 1950, Japan was less healthy than the US is today, yet in a mere 28 years it had become the healthiest country in the world. This is true despite the presence of behaviours among the Japanese as are known to be harmful, such as having the highest smoking rate of all rich countries. Japan provides one instance to prove that personal behaviours do not matter as much as we think they do.

How did Japan become the world's healthiest country? During the years of Allied occupation from 1945 to 1952, General Douglas MacArthur gave the country the prescription it needed to achieve stellar health. This prescription had three components: demilitarisation, democratisation and decentralisation. Japan was forbidden from having an army. Countries that spend more money on the military have worse health than countries that spend less or countries such as Costa Rica, that choose to not even have an army. MacArthur wrote the country's constitution after studying those of various democracies. The document featured a peace clause, prescribed free universal education, enshrined collective bargaining, and gave women the vote.

Decentralisation, the final D, broke up the *zaibatsu*, the large corporations that dominated Japan's feudalistic society. MacArthur mandated a maximum wage for business and corporate leaders. Finally he carried out what many historians praise as the most successful land reform programme in history. Land, purchased from the landlords, was sold to the tenants at the same price. The tenants were given a 30-year interest-free loan

Nepal may also borrow with discretion from command economies such as Cuba

to make the purchase. Ninety percent of the land in Japan changed hands in this manner. As a result of this 'medicine', Japanese health improved more rapidly than ever documented in any country.

Nepali prescription

Given that the current health programmes can only have limited impact, what can be done to maximally improve health in Nepal? The first step would be to meet the basic needs of everyone. Food deficits in the Far Western Development Region's hill and mountain areas need to be corrected. Health figures in the far west are among the lowest in the world with life expectancies as low as 40 years, in contrast to values 25 years higher in the healthiest areas of Nepal such as the Kathmandu valley. Various inputs can remedy this disparity in the far west, especially subsidised food distribution and other welfare programmes. Another basic need is clean water. Nepal has made great strides in the provision of clean water, and it must resist the suddenly fashionable trend of privatisation in water distribution; the necessary infrastructure must be expanded rather than be allowed to deteriorate.

Where basic needs have been met, it will be much more difficult to deal with class discrimination. Bringing down the caste-based hierarchy will be the challenge. The *Maobaadi* represent one attempt to level the hierarchy. Populations such as the social democracies of Scandinavia, Kerala and Sri Lanka, use public revenue to provide benefits for the poorest instead of the richest. Nepal may also borrow with discretion from command economies such as Cuba, which has through similar means achieved health outcomes roughly comparable to the US, despite being strangled by economic sanctions by that superpower over the last 40 years. (Cuba's life expectancy is 76 years and the US' is 77 for the year 2000, while in 1992 both countries were tied at 75.6 years!) If Cuba can overcome such adversity and be as healthy as the US, so can many other countries, including Nepal.

Can Nepal, historically known as "the yam between Bhot and Muglan", learn from the choices of its two large neighbours to achieve health? In 1950, both countries had comparable populations, give or take 100 million, and similar infant mortalities and life expectancies. By 1980, China had made remarkable health progress and continues to be far ahead of India in any health status indicator. Much of this health gain was due to the reduction of hierarchies present before the revolution (1949), and keeping them at a relatively modest range for many decades afterwards. Changes in China after the 1978 "reform", since when the country has progressively tightened its embrace of the market,

have resulted in an increasing hierarchy of class and rural/urban polarisations. The effects are already showing in the health declines in the rural interiors. The lesson for the rest of India and Nepal obviously lies in Kerala, the Subcontinent's health jewel. That state has lower fertility rates than China, even without mandating a strict one-child family planning policy. Social justice principles in place in Kerala work non-coercively to limit the desire and need for a large family.

Since health and health care are such similar sounding phrases, but with such different implications, we still might ask what a better medical care system might be for Nepal. I advocate eliminating the two-tiered system of profit and non-profit care. The influential upper classes will not, however, hear of such a radical proposal. So, at a minimum, let us eliminate the spending of public funds for organ-based and specialist tertiary care. If a two-tiered system with public and private components is allowed to exist, the hidden public subsidies for private services must be exposed and removed. Public and private care must be carefully scrutinised to concentrate on delivery of quality basic services to everyone. To limit medical harm, the 'less is more' philosophy works well; the best motto is "don't just do something, stand there" unless it is obvious that doing something will help.

Despite widespread pessimism for Nepal's failed initial attempts at democracy, there is reason to hope for better. The self-respect of the hill peasant is still there, and represents the country's most neglected resource. Even today, Nepal has better health outcomes than South Africa, which carried out the world's first heart transplant in 1968. Additionally, the high death toll there from HIV/AIDS has had a profound effect on South Africa's health, something that Nepal has been spared to date.

Countries have goals, and one fears that Nepal has taken the American example to heart, namely making the rich as rich as possible and hoping something will trickle down to the poor. But that strategy does not work in the US or anywhere these days, as increasing hierarchies worldwide demonstrate. And it is the health of the public that suffers.

If we ask the wrong question, the answers do not matter. The right question is what makes a population healthy. Nepal can write its own structural medicine prescription, perhaps drawn on the one that worked in Japan. Strong economic growth need not pave the road to health, as the cases of the healthy publics of Kerala, Sri Lanka and Cuba prove. It will take powerful resolve involving both the poorest and strongest segments of Nepali society to limit the country's hierarchy. Social and economic justice is the road to health, not sophisticated medical care.



Douglas MacArthur got the prescription right in Japan.

Where are the war correspondents?

A CASUALTY of the war on Iraq by George W Bush has been the image of the American press as the exemplar of journalistic accomplishment. For decades, journalists worldwide, and in the developing world in particular, looked up to their American colleagues with awe (that word!) and respect, as models of probity, independence, courage and investigative zeal. Watergate and all that.

Well, it turns out that they just had not been tested. When the time came for American editors, reporters, studio anchors and producers to stand up to the establishment and the mass expectation of the public, their feet turned to clay.

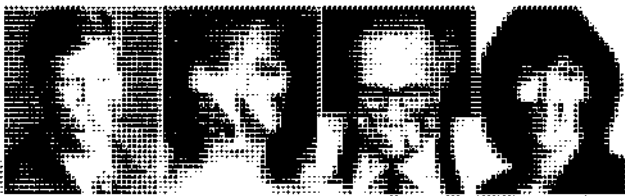
The 30 March *New York Times* had this headline in a dateline Washington DC piece by David E Sanger: "As a Quick Victory Grows Less Likely, Doubts Are Quietly Voiced". When American politicians and journalists raise doubts 'quietly', there is little that distinguishes them from their peers all over the world, in countries underdeveloped or overdeveloped.

It started after 11 September 2001, when television, press and radio began to ply the American public with what it wanted to hear about the rest of the world. This was then force-fed to the rest of the world. In the run-up to Gulf War II, the American press did not question or caution, at one with the weak-kneed congressmen and senators who gave George W Bush a *carte blanche* to dare and misrepresent his way to war.

Perhaps the worst hour of Western journalism is when it 'embeds' its operatives – hardly reporters – within army columns to report on heroics on the desert road to Baghdad. Whatever happened to war correspondents who were still around till Vietnam?

With its power and reach, Western satellite media is dehumanising the Arab man, woman and child, which is why we do not feel stabs of pain as heavy ordnance, cruise missiles and laser-guided bombs explode in inhabited cities. News reports shirk from presenting the direct connection between the blazing night sky on television and the death and maiming of civilians on the ground. The channels prefer not to show images of dead, bleeding, destitute people to save the sentiments of viewers at home.

An Iraqi missile harmlessly hitting a Kuwaiti shopping centre gets more airtime than dozens of dead in a Baghdad market. Armoured columns rushing through empty desert are hailed for the speed with which they



Flag-flying journos as seen by Newsline magazine, Karachi.

The New York Times

rush through empty desert. American public relations generals talk down to reporters so submissive that it reminds us of the 'government press' in tin-pot dictatorships.

It seems time to cast aside the American media role models. They are acting no different than journalists in 'imperfect' democracies when they cower before the vehement, whipped-up beliefs of the public. The fear of being labelled unpatriotic forces them to toe the line, the same way as happens in, say, Nepal, India, Pakistan, Kenya, Thailand, or...Iraq.

As the exposé of American media continues to unfold on television screens and downloaded articles, however, no one need feel any sense of superiority over the reporters so thankfully picking up morsels thrown their way by Centcom. For it is a tragedy when the tutor is found wanting.

The times call for humility, for everywhere journalists have their insecurities and inadequacies. As we watch television reporters and anchors make a mockery of their craft and careers, the only respectable response is to search within ourselves, and our motives, every time we file a story. With the Western ideal so blatantly exposed, we must now live in a world where we make our own standards and live up to them.

—Kanak Mani Dixit, Kathmandu

IN THE absence of regular public opinion polling in South Asia, where can one

The Daily Star

turn to for a survey of our region's views? Why, the letters page of any major newspaper. Consider, for example, letters to the *Daily Star* of Dhaka about the war in Iraq. From 1-25 March, the *Daily Star* published 87 letters commenting on the Iraq situation, 82 percent of which faulted the US and Britain for pursuing military action. Such a result will not surprise many, but the reasons cited for criticism offer an insight into Bangladeshi views of the war. By far the largest number, 31, took the American and British governments to task for, in the words of one writer, "arrogance in US diplomacy". Other reasons included the inhumanity of war (24), the lack of a valid *causis belli* (seven), designs on Iraqi oil (three), the circumvention of the UN (two), and the economic fallout of war (one). Letters in support of military action fell into three categories: the dangers posed by the Saddam Hussein regime (10), war as a legitimate avenue for combating terrorism (two), and the lack of alternatives to war (two). (For those of you keeping count, three anti-war and two pro-war letters did not present a clear rationale for their positions.) Interestingly, some writers made use of Bangladesh's own history to justify their positions. While one writer argued that Bangladeshis should have sympathy for a campaign to remove a "dictator", another countered that "as a Bangladeshi, the role of America during our

war of independence was not that of a nation that fights for justice". But what is most interesting is that the correspondents to the *Daily Star*, while overwhelmingly opposed to the Anglo-American incursion into Iraq, do not blame it exclusively on anti-Islamic bias.

XENOPHOBIA IS king in the Indian capital, evidently. Which is terrible for all of South Asia because the ripples that Delhi sends out convert into waves that lash the outlying regions and countries. The 12 March issue of *The Times of India* carried an ad from the Home Department of the National Capital Territory of Delhi (Passport Section) that said: "Attention Delhiites: Check before you employ". Beneath a picture of a South Asian face with a pleasant demeanor, the text read:

It is observed that some people have employed foreigners (in particular Bangladeshis) who have entered India without valid documents or have accommodated them in their premises without informing the police. That constitutes a contravention of the Foreigners (report to Police) Order, 2001 and is punishable under the Foreigners Act, 1946. The public is advised to desist from providing sanctuary to illegal immigrants.

The fact is South Asia (the former 'India', mostly) was never meant to have hard and fast borders, and till the latest instant in history, these migrations would have been seen as natural movements where human bodies cater to demand and supply. Among the multiple tragedies, one is that it is human interventions, including the diversion at Farrakka, that have impoverished downstream regions that compel migration in the first place. Another is that Dhaka can never acknowledge the existence of these migrants for fear that they would all have to be accepted back.

India has the largest give and demographic elasticity in South Asia, and yet the administration of its capital puts out a notice such as this. By now we should all have learned to be more flexible, but everywhere we become

more rigid. The funny thing is 'xenophobia' is a word which should have no meaning in the Subcontinent even if there are nation-states. It is a measure of the crisis of our times that it is increasingly a factor in mass psychology.

WONDER WHAT was on our anglophone friends' minds at *Deutschland* magazine when they decided to devote 27 pages in their February/March issue to a cover story celebrating the state of the UN. Perhaps, given the



state of global affairs, hope, or dare I suggest, irony?

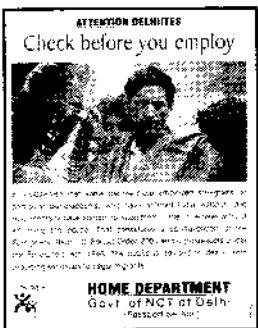
WITH THE golden anniversary of Hillary and Norgay's ascent of Everest rushing towards us like a Himalayan avalanche, it is sad to note that precious few South Asians have got into the act of mountain-ascending themselves. One role model for us should be Atanu Chatterjee, who is as of press time working his way up Sagarmatha's spine to become the first Bengali climber to reach the summit. Chatterjee has suffered Sisyphean torment in his Everest adventures, having three times come within tantalising reach of the top, most recently in 1995 when he scaled within 48 metres of the world's highest point, only to be forced down by inclement weather or bad luck on the ice. Chatterjee began his fourth bid on 29 March, and he carries with him the hopes of many a South Asian mountain enthusiast. Chatterjee is an Indian Bengali, but here is a suggestion - let both Bangladesh and the Bengalis of India celebrate their first man on the top! Subnationalism *jindabad!*



Will a Bengali join the club?

CHHETRIA PATRAKAR is not much of a war prognosticator, so s/he has solicited the opinions of true experts in forecasting an end to the conflict in Iraq. Luckily, such assistance has arrived (courtesy *The Asian Age*) in the form of Bangalore astrologers, who say that a certain Baghdad resident's star alignment is looking perilously off-course in April. Says Pranesh Rao, a Karnataka-based oracle: "The current conflict will last for around 30 days, but the United States will face resistance from a lot of countries in the coming six months". Another Bangalore astrologer, SK Jain, says that the stars are looking good for the Pentagon's four-stars and that Bush is a "lucky guy", although he thinks the war will drag into the summer. Jain also thinks that we are in for serious trouble come May, when "earthquakes, droughts, abnormally intense rainfall or the complete lack of it" will have humanity on the run. Fortunately, we might be able to foot the bill for these troubled times: Jupiter comes into alignment on 4 April, signaling the arrival of a boom economy.

—Chhetria Patrakar



Caste on the couch

Do brahminical ideologies permeate Indian psychological theory?

by *Siriyavan Anand*

My five years of stay in Europe and America had completely wiped out of my mind any consciousness that I was an untouchable and that an untouchable wherever he went in India was a problem to himself and to others. But when I came out of the station [in Baroda] my mind was considerably disturbed by a question, "Where to go? Who will take me?" I felt deeply agitated. Hindu hotels, called Vishis, I knew, there were. They would not take me. The only way of seeking accommodation therein was by impersonation. But I was not prepared for it because I could well anticipate the dire consequences which were sure to follow if my identity was discovered as it was sure to be.

- BR Ambedkar in
Waiting for a Visa

Unwilling also to impose on friends – one a caste Hindu and the other a Brahmin-Christian – a young, scholastic Bhimrao did take recourse to impersonation. He faked a Parsi identity to take shelter at a Parsi inn, and was unceremoniously turned out when discovered. Humiliated by stick-wielding Parsis, Ambedkar said, "It was then for the first time that I learnt that a person who is an untouchable to a Hindu is also an untouchable to a Parsi".

Not much has changed in India since that time in 1918 even for an educated, urban dalit. A dalit continues to face the prospect of getting booted out of public spaces; but more shameful still, even today, a dalit is under pressure to pass for a non-dalit. As much became evident to those of us not otherwise bothered by this at a seminar in Pune on 'Caste and Discourses of the Mind'.

Overseen by Sushrut Jadhav, a psychiatrist and medical anthropologist of dalit-chambar origin, currently at University College, London, and Pune-based Bhargavi P Davar, a Tamil-brahmin researcher on women's issues in mental health and director of the Bapu Trust, the two-day seminar (14-15 December 2002) put caste on the couch. Dalits, brahmins, non-brahmins, Americans, Europeans and a Japanese grappled with the issues at hand. The seminar was, ironically, part-funded by a trust that takes its name from Sir Dorabji Tata, a Parsi.

A range of issues was debated. Does casteism lead to stigmatised identities? How are such identities contested/subverted? Does religious conversion diminish or further stigmatisation? If yes, how? What are the psychological consequences of casteism for victims and perpetrators? Are there indigenous dalit psychologies? Do indigenous dalit psychologies differ from historically ascribed ones? What shapes a dalit self? What are the parallels with oppressive and persecutory experiences of other communities worldwide? Do brahminical ideologies permeate Indian psychological theory? To most questions there could be no definite answers, while much remained unexplored simply because the participants were on new ground.

The deliberations, as tend to happen in discussions of caste these days, focused on dalit identity, as if to speak of caste means to speak of untouchability and untouchables. The few born-brahmins at the seminar problematised the brahmin's role in the order of things, but com-

pared to the dalit participants, they clearly had done little homework. The seminar's aim was not to apportion guilt to communities, but the lopsided focus on dalits gave the impression that the emphasis was on understanding the psychological consequences of casteism for victims rather than for perpetrators. That non-dalits, particularly brahmins, have dominated the discourse on caste and dalit issues in academic and non-academic fora perhaps explains this bias.

The white American-born sociologist and activist Gail Omvedt, in her insightful paper on how *Hindutva* and brahminical ideologies penetrate the social sciences, said: "In the US, when you study social stratification you examine the whole system. There is nothing such as 'black sociology'; you equally study the ruling class. But in India we find a sociology of the weaker sections and not the stronger ones. There is a strong unwillingness on the part of the social sciences establishment to study their own imbrication in dominance". The result, said Omvedt, is that the few dalits, members of other backward communities and adivasis who have done doctoral research have been encouraged to study their own communities and not the oppressor castes. "Such has been the lack of commitment", she said, "that there has been no effort to generate sociological data on inter-caste marriages".

Psycho-biography

At the seminar, it was also evident that untouchability is not manifested evenly across the landscape. The contrast in the experience of the

urban and the rural dalit was discussed by Professor Sukhdeo K Thorat of Jawaharlal Nehru University (JNU), Delhi. Thorat recounted his experiences of growing up untouchable: "In the village, the range of social interaction of a dalit is predetermined. From the age when you learn to walk and talk, the limits are delineated: residential, physical and social isolation combined with day-to-day humiliation. All rural dalit children face one form of humiliation or the other. At school, there is hardly any interpersonal relationship between the dalit student and the teacher, and the feeling of isolation is heightened". Thorat studied at an Ambedkar-founded college, "so there was no discrimination since interaction with caste Hindus was almost not there". But pursuing a PhD at JNU, he missed the close communication he had become used to. Later, in his first teaching job at an Aurangabad college, the students comprised mostly denotified tribes and dalits; besides most teachers were dalit too. Here, again, he felt socially comfortable.

Thorat contrasted his experience with that of his son. Born of an academic couple and brought up in the left-liberal JNU campus atmosphere, the Thorats' son did very well in school. But after enrolling for a bachelor's degree at a Delhi University college, he inexplicably failed in his examinations. It emerged that there had been 'incidents' at the college, which had taken their toll. It seems that a teacher on the very first day told the class: "Look, those of you who come from a reserved quota background have somehow made it to the first semester, but you cannot survive beyond this period". The young dalit student, never exposed to such an openly discriminatory threat, did not know how to handle subsequent pressures and succumbed. So, Thorat concluded, "For a dalit child in a village, untouchability or humiliation is real, open and constant. For an urban child when it happens suddenly one day, it is too shocking and much tougher to handle".

Thorat grew up in a village where ritual submissiveness was not the norm. "When I was about eight, the Ambedkar movement entered our village. Many of us rejected the Hindu social order, Hindu idols and temples. We melted the images of gods and goddesses and created implements out of them. Creating a new identity is necessary. Today, I am probably the only dalit teacher in JNU who does not celebrate Diwali". Thorat feels that an average dalit child has a severe inferiority complex. "A dalit develops feelings of humility, timidity and submissiveness in order to be able to socialise with caste Hindus. Dalits are under immense psychological pressure when their identity is about to be disclosed".

Dalits are under immense psychological pressure when their identity is about to be disclosed

As for Ambedkar, for Thorat too a sustained stay away from caste society enabled him to emerge stronger. Thorat, by age 31, had a remarkable academic record. He had produced four books and 30 papers. But once he returned to JNU as faculty, a downslide set in. He did not write or publish for several years. He was left out of the informal networking on caste, language, regional and religious lines that are crucial to academic success. After some struggle he landed a three-year trip to Iowa's International Food Policy Research Institute. This recharged him. "My esteem among JNU colleagues grew. There was newfound respect. African-American writings helped me put some perspective to the problems I was facing here". Sushrut Jadhav told Thorat: "Dislocation, exile – the trip to the US – did you good. You returned a hero as in the classic mythical Hindu and Greek texts". Such a journey outward can enable

reframe issues inward, foster additional identities and reconfigure oneself to feel healthy again.

Thorat's experience proves that when not under pressure to interact with caste Hindus, and there is no need to be vigilant about prospective discrimination or humiliation, the dalit is socially and intellectually at ease. Ambedkar was alive to this. After being blackmailed into signing the Poona Pact of 1932 by Gandhi's dramatic fast, and subsequently realising that joint electorates were deployed by the Congress to effectively block the chances of genuine dalit candidates, Ambedkar came to believe that not just separate electorates at the political plane but also *separate village settlements* for dalits at the social level was the only way of countering caste-Hindu hegemony. The decision to seek separate settlements resulted from the deliberations of the All-India Scheduled Castes Conference at Nagpur in July 1942. As recognised by Resolution No IV: "...so long as the Scheduled Castes continue to live on the outskirts of the Hindu village, with no source of livelihood and in small numbers compared to Hindus, they will continue to remain Untouchables and subject to the tyranny and oppression of the Hindus and will not be able to enjoy a free and full life". This rings true even today.

Validation of this perception came from Sushrut Jadhav, whose paper examined the psycho-biographies of five 'creamy layer' dalits. One, a dalit information technology professional trained at an Indian Institute of Technology (IIT) and an Indian Institute of Management, and now based in Bombay, recalled practising "reverse discrimination". He remembered sometimes even bashing up brahmin fellow students who acted smart. Given that his parents, like most dalits in the area, were employed in a factory, he remembered growing up in an ambedkarite stronghold in Maharashtra where his parents had only a 'working class' identity and not an 'untouchable' identity. "My par-

ents never had to stand before caste Hindus and cower or beg for money, loan, or any help or mercy". Reinforcing the need that Ambedkar felt, of isolating the dalits from caste Hindus, this scholastic over-achiever never had to use the reserved quota for admission to elite institutions or for getting his job. Caste, however, hit Jadhav's interviewee in the face when he felt he was bypassed for a deserved promotion.

One of the other narratives was of a well-known writer, a senior official in a bank, who with a brilliant record at school aspired for and nearly won a coveted Sanskrit award usually pocketed by Pune brahmins. However, when he switched to an English-medium school at the higher secondary level, he lost his early confidence and fell silent for a year. He feared that his identity would be revealed if he opened his mouth. Jadhav characterised this as selective mutism, and presented a narrative account detailing the stuttering suffered by yet another of his research subjects, now a senior bureaucrat, during his student days at an IIT. This stuttering, a symptom of psychological distress, resulted from an internalisation of the perception of 'incompetence' that was consistently projected on him.

Another of Jadhav's interviewees, an internationally acclaimed dalit poet, continues to grieve for the loss of her family. Her son committed suicide following the caste-based discrimination that he suffered during his initial years at a premier medical school in Bombay; and her husband died of the alcoholism that commenced after this terrible tragedy. Her daughter took an overdose, preferring to die rather than suffer through the revelation of her caste identity that risked being disclosed at the time of marriage with a non-dalit boy. The poet now copes with the tragedy through her literary work which addresses a wide range of issues on dalit suffering.

Transference

To return to the problem that Ambedkar faced in Baroda, several papers replayed the theme of identity, the trauma of its concealment, and tried to come to terms with it. Thorat felt that most dalit academics are in a coma, "When I write a book on Ambedkar and water policy, my standing is not high among academics". Jadhav introduced the idea of "inter-caste transference", elaborating that it is accompanied either by over-compliance, extra-friendliness, a denial of caste, or anger and distrust. Sometimes, through a process of collusion, a dalit can suffer from over-identification with caste Hindus. Jadhav also argued that humility could be good, suggesting that one may need to be the 'wounded healer' to come out of the coma. In response, Gail Omvedt pointed out that American blacks have a sense of pride in their identity, which they have built. They can never pass for being what they are not, whereas in India dalits can pass for non-dalits, and are under pressure to do so. This takes a very heavy toll on them.

From Gail Omvedt's paper one could conclude that the dalit inability to hit back when subjected to obvious discrimination owes to the larger brahminisation of history, language and memory. She pointed out that even progressive left-leaning historians such as Romila Thapar have their 'Hindu' biases, evident in their uncritical participation in the brahminical incursions into their profession. Consequently, the hierarchies and inequities of brahminical Hinduism are to be found in the output of the historian. Thus, the pre-vedic non-brahminical Indus valley civilisation is categorised as prehistory merely because its script has not yet been deciphered.

Omvedt compared the dalit in India - "unaggressive, soft and gentle" - to the blacks in the US. A black colleague had once told her, "The day I stop saying motherfucker I will know I have been co-opted". Demonstrating how and why lan-

guage becomes a tool for contestation, control and psychological humiliation, Omvedt spotlighted orthographies as received through history. "In Thapar's work there is a bias for north India, bias in spellings and a lot more. The matrilineal Satavahanas (who used names like Gautamiputta) are ignored by scholars like her. In Satavahana literature the word for *brahman* is used, but this figures as *brahman* in Thapar. Historians rely heavily on puranic texts, but puranic texts never mention Asoka. Asoka was discovered by British scholars. All Buddhist literature was found outside India. Pali and Prakrit inscriptions are found in India before Sanskrit inscriptions. The first Sanskrit inscription came in the Gupta period, 600 years after Pali inscriptions. And despite all this evidence, we continue to read of ancient India as Hindu India and not as Buddhist India".

If in the Satavahana period, brahman was actually spelt *baaman*, in Telugu country even today non-brahmins refer to the brahmin as *baapanodu*, without the 'r' indicative of the brahminic influence. Similarly, it is *paappaan* in colloquial Tamil and *bamman* in much of north India. In Marathi, the *Kanoba* of dalit-bahujan circles becomes Krishna under Sanskritic influence. Omvedt said a similar brahminisation of village names took place in the suffixing of the nasal 'n' to the term *gao* to render it *gaon*; the village where Omvedt lives, Kasegaon, being originally 'Kasegao'. Takasila becomes Takshasila; Pai-than becomes Pathistana, and so on. "It is almost a conspiracy", said Omvedt. Obviously, the consequences of such linguistic violence and sustained erasure for the psyche of dalit-bahujans can be terrible.

In his paper, Lokamitra, a white British-Buddhist activist based in Pune, addressed the question of religious conversion; specifically, how and why neo-Buddhists of Maharashtra tended to relapse into Hinduism. "Since the Ambedkar-led mass conversion of mostly

mahars to Buddhism in 1956, the brahminical interest in Buddhism has declined. The international community of Buddhists preferred to send preachers of *dhamma* to the West and not to India. So there are many dalit-Buddhists with very little knowledge of Buddhism. The net result is the dalit thinks instead of praying to Santoshi Maa, saying '*buddham saranam gachchami*' will help beget a child. In Maharashtra, if you say you are Buddhist they would ask if you are mahar. To a large extent, Buddhist identity came to be tied with mahar identity. After 1956, caste Hindus saw Buddhism as a good thing for dalits but not for themselves. So it is not as if conversion in itself reduces stigmatisation. The consequence is today the neo-Buddhists prefer to marry their next generation to non-Buddhist Brahmins than to non-Buddhist dalits".

Spectre of humiliation

Political scientist and Delhi University professor, Gopal Guru, theorised on humiliation, elaborating on the psychology, structure and the transcendence of humiliation. At times, in some societies, humiliation can be a 'state', whereas in others it is a 'condition'. Guru offered ragging – humiliation by a peer group – as an instance of the former. A *state* is temporary, and consequently holds the possibility of transcending humiliation. In India and the United States, however, humiliation has been a *condition*, implying permanence. Where humiliation is a condition, its structure is constantly (re)produced. To emerge from this condition, a person has to acquire self-respect. This is possible in a society where liberal humanism is the credo since the language of rights enables self-respect (as was the case for the blacks in the US). A person transformed into a vegetable cannot have self-respect. And even if she or he were to invent images of self-respect, a situation of conflict would arise with the oppressor who would be tormented by any assertion of rights. In India, where society is based on the language of obli-

gations to the preclusion of the idea of self-respect, the subjugation is total and a person is sometimes reduced to a cipher.

According to Guru, in caste societies one can produce humiliation without an object, as an abstraction. In Western societies, there must be an object (such as a sweating body) for it to be the subject of humiliation. In India, the presence of the gross body is not even required. It is already condemned if the humiliation has been designated. Guru gave the example of a woman who is a 'scavenger' (sanitation work is invariably done by dalits), but whose daughter is not. Yet, the daughter is also humiliated – she too is seen as a scavenger. Through the transference of the abhorred

**"The day I stop saying
motherfucker I will know
I have been co-opted"**

labour, humiliation travels across time and space. This is not the case in most Western societies, except perhaps where racist segregation operates. Guru said that an act of humiliation has structural requirements – of a victim, a victimiser and an observer. A victimiser must have some power – in the form of race or class or caste or state or sex – to be able to humiliate a victim. And without an observer, an act of humiliation is not complete.

On the issue of transcendence, Guru said, transcending humiliation was possible only if human worth is recognised – as an essence in itself, as a non-transferable non-exchangeable value. Indian caste society lacks the conditions to appreciate genuine human worth. For instance, Kolhapuri leather footwear and cricket balls are highly valued but (because they deal with cowhide to produce these goods) not their makers. The commodity is aestheticised but the person responsible for it, and indeed the community, suffers humili-

ation. At the abstract level, the dalit product is appreciated, but the dalit person – the concrete being – is humiliated.

As a secondary source of humiliation, a dalit can also be a victimiser. To illustrate, Sushrut Jadhav suggested the dynamics of the victim turning victimiser as may happen in cases of sexual abuse. Asking a corollary question – whether it is possible to shame a brahmin – Bhargavi Davar took the discussion towards brahmins and shame. Why is the brahmin shameless? One participant suggested that brahmins do not like to publicly acknowledge shame (there is a private/personal sense of shame), but reflecting the lack of brahminical scholarship on the oppressor castes, there were no structured answers from among the brahmins. Guru pointed out that in the Hegelian master-slave context, knowing that he lacks a certain skill that the slave possesses, the master can be humiliated. It was observed that brahmins such as VD Savarkar and BG Tilak felt ashamed vis-à-vis the British, shame defined here with regard to someone perceived to be superior. With regard to someone hierarchically lower, brahmins think of themselves as above shame. The brahmin – always articulating, never self-reflective even as a reflex – claims to be above-board; there is intellectual arrogance as in Sankaracharya.

In their next seminar, Sushrut Jadhav and Bhargavi Davar hope to bring together a new set of participants with the aim of understanding the brahmin and non-dalit non-brahmin minds that perpetrate humiliations. Dalit autobiographical accounts of pain and sorrow, which have become grist for the academic and publishing mills, are now available for easy consumption for non-dalits. It is time we insisted that the perpetrators of casteism reflect upon themselves.

Poisoned people

Even as South Asia's people remain victims of traditional illnesses, they fall pray to modern ailments caused by environmental stress.

by Samir Kumar Sinha

On average, an infant of six months drinks almost 10 times more water than the average adult, inhales almost twice the volume of air and, between the ages of one and five, eats three to four times more food per unit of body weight than an adult. Such consumption means children have a high degree of exposure to the environment, which makes them extremely prone to environment-related morbidity and mortality. According to estimates of the World Health Organisation (WHO), which has declared a 'healthy environment for children' the theme of this year's World Health Day (7 April), over five million children die every year due to illnesses and other conditions caused by the environment in which they live, learn and play.

The nature of a child's susceptibility is closely associated with the socio-economic conditions of the country in which he or she lives. Poor countries are often unable to provide adequate sanitation and drinking water, and children are at high risk to develop health problems as a result. The toxins and the pathogens with which a child comes in contact thus disrupt normal physiology and biological functioning. Research suggests that over 40 percent of the global disease burden arising from environmental factors may fall on children under the age of five, who constitute only about 10 percent of the world's population.

Among water borne diseases, diarrhoea is the prime killer. By the WHO's numbers, the disease claims 2.2 million lives every year and is

responsible for 12 percent of child deaths under five years of age in developing countries. In rural north India, over half of all diarrhoeal deaths occur in children below five. Malnourished children are more susceptible to pathogens. "Over half of the children under the age of five years in India are moderately or severely malnourished while 30 per-

40 percent of the environment-related disease burden falls on children under five, who are about 10 percent of global population

cent newborn children are significantly underweight", says the *National Human Development Report 2001* of the Planning Commission of India.

Roundworm, hookworm, tapeworm and whipworm infections couple with malnourishment in tropical countries to devastate bodies. In rural India, about 20 percent of outpatient morbidity results from worm-related ailments and, globally, about 400 million children of school-going age are afflicted with the problem. Fluoride and nitrate groundwater contamination affects around six million children in India, and in both Bangladesh and India the presence of arsenic in groundwater is a persistent problem.

According to UNICEF, in South Asia, Pakistan is the most successful country in combating under-five

mortality. It ranks 43 in the world in this measure, while Bhutan, India, Nepal and Bangladesh are ranked, respectively, 52, 54, 55, 58 and 130. Recent figures suggest that only about one-quarter of Indians and Nepalis have access to adequate sanitation. Another report says that sanitary conditions in Dhaka's slums are especially grim, a significant finding since more than 50 percent of Dhaka's residents live in slums, according to a 1999 United Nations Environmental Programme report.

Experts argue that, along with sanitation, children's behaviour can significantly impact health. The intake of food with dirty hands, the improper washing of hands after defecation, along with exposure to open waste dumps, common throughout South Asia, pose health risks for scavengers, who are often children. Discarded batteries, pesticides, fluorescent lamps and medical waste are all serious health threats.

The air we breathe

Air pollution from transportation and industry also takes a toll. Around two million under-five children worldwide die every year from acute respiratory infections aggravated by pollutants in the air. A World Bank report confirms that South Asian countries face increased health costs stemming from environmental degradation caused by industrial pollution and atmospheric emission.

In Bangladeshi cities such as Chittagong, Dhaka, Kulna and Rajshahi, the air is laden with lead; the level of this toxic heavy metal has been found to be more than 450 nanograms per cubic metre of air, one of the highest levels in the world. As expected, children are the worst affected. The presence of lead in Dhaka children's blood is five times the acceptable level. Such poisoning by lead in the atmosphere may cause haematological damage, renal dysfunction and even brain damage.

Deterioration in ambient air

quality and resulting increases in respiratory and skin diseases have also become a cause of concern in Nepal's Kathmandu valley. Some studies suggest that Kathmandu residents' health costs from air pollution are almost USD 4 million every year. Emissions of more than 22,000 tonnes of carbon monoxide, 400 tonnes of nitrogen oxides and 333 tonnes of sulphur oxides from vehicles in 1983 have increased to 56,000 tonnes of carbon monoxide, 5000 tonnes of nitrogen oxides and 840 tonnes of sulphur oxides.

Respiratory ailments in children are associated with gaseous and particulate pollutants in the air. Asthma, which is more common in the West, kills about 5000 Americans every year. The rates of affliction are much lower in Asia – about eight percent on average against the global average of 14 percent. In South Asia, Indians are most at risk for developing asthma. About 15-20

million people in India suffer from it, and one in every 10 children is asthmatic.

In the countryside, indoor air pollution (IAP) wreaks havoc. According to the World Bank, with 75 percent of Indian households burning wood, dung and crop residues, India has the largest number of IAP-related disease victims in the world. These biomass fuels, with their accumulated carbon monoxide and benzo(a)pyrene, primarily affect residents of poorly ventilated dwellings, damaging reproductive physiology that leads to congenital deformities in children. An estimated 500,000 women and children die in India every year from IAP-related conditions, one in every four people in the world to do so.

It is disturbing to note that today people carry over 300 unnatural chemicals in their bodies on average. Toxic chemicals and pesticides are accumulated in the body

from a variety of sources. A foetus receives chemicals via the umbilical chord, and after birth, a child suckles pesticides and toxic chemicals like poly-chlorinated biphenyl from breast milk, which may lead to deformities of several organs. An Indian Council of Medical Research (ICMR) study shows that incidence rates of childhood cancer in India have gone up by 14 percent in the past decade. It will not be surprising if toxic chemicals in the environment are a major source of that increase.

The state of children's health in South Asia, particularly in its links to environmental conditions, indicates how unchecked 'development', poor economic conditions and uncontrolled population growth have affected many people. A first step towards addressing this problem is increasing access to medication and immunisation, and improving disease surveillance. ▽

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Birth of a catastrophe

*Footprint's skeleton –
Orphaned, waits.
For the future history.
With glazed eyes.*

— Homraj Acharya, *Pailaharu Bhitrabaat*

GEORGE W Bush is everything that he claims to be. He is a reformed alcoholic, a born-again believer in the power of Christianity, a devoted defender of US business interests worldwide, a single-minded Texan, an American Republican, a neophyte in international politics, and a faltering successor and son trying to measure up to his father's expectations.

In addition to all that, President Bush knows that he does not really deserve his job. When he was 'elected' by the supreme court of his country on the basis of the crucial difference between a pregnant and a hanging chad, he knew that he had been chosen by the American right to attend to papa Bush's unfinished agenda in the West Asian oil fields. Given his compulsions, there is no surprise in what Bush II has just done – gone out and waged war in Iraq almost all on his own.

An accident of history – a wrong person in the right place at the wrong time – seems to have set the world up for a series of conflicts. Long after the inferno in Baghdad has been extinguished, embers of hatred rekindled by an unfortunate crusade shall keep fuelling the fires of revenge in many parts of the globe.

Bush did not succeed in "smoking out" Osama bin Laden despite pounding much of Afghanistan back to the stone ages, but his revenge seems to be in the Iraq war. Oh, how bin Laden must envy Hussein, who has stolen his thunder, and how he must hate his unworthy pursuer!

The right regime

What the neo-conservatives of the United States want in Iraq is not just the ouster of Saddam Hussein or his Ba'ath Party, but nothing less than a "regime change" itself. Thus, the openly stated objective of US aggression has nothing to do with the "liberation of the Iraqi people". Just as President Vladimir Putin of Russia has caustically remarked (and the now famous Iraqi online diarist Salam Pax has earnestly reminded his readers), democracy is not delivered parcelled in Tomahawk cruise missiles costing one million dollars a piece. But then the aim of any regime change is seldom to establish universal values.

No, "regime change" in this case implies the creation of values that further the interests of empire. Once the regime change is complete, meanings of commonly understood terms are altered; the new regime decides what is right or wrong. Orwellian newspeak in *Animal Farm* addresses as much the capitalist control of the US as the totalitarian state socialism of the USSR. It was Hollywood that transformed *Animal Farm* into propaganda material for the Cold War – suitably exaggerated, and completely one-sided.

If the rightists of America are successful in forcing their model of regime change on Iraq, West Asia will become the site of a Hobbesian war of every state against every other state in the region and render the USA as the great leviathan capable of enforcing law and order. The seemingly perpetual instability – moderated only by the US Marines – will push the price of petroleum products through the roof and increase the power of the seven sister oil firms, who will virtually wrest control

of oil production from the Organisation of Petroleum Exporting Countries. No wonder, there are no buyers of the American plan in the international community save its 51st state across the Atlantic.

The genesis of the looming crisis can be traced back to the collapse of the top-heavy Soviet Union. Instead of charting an independent course, how-

soever halting, Boris Yeltsin bowed to the West in abject surrender. The American right thought it had won the Cold War. And now, American enterprise will be consumed by its hubris that it can reshape the world to suit its preferences. Others – from the right and the left – have tried this before. The consequences have invariably been ultimately tragic.

The danger now is that there are no pillars to support a falling giant. When Hitler's Germany collapsed, the US took on the responsibility of Europe with the Marshall Plan. To pick up the debris of Cambodia after Pol Pot, the international community stepped in, led by the United Nations. But if America were to fall today, it would crush the world under its weight. It is too big – militarily, economically and culturally – to be allowed to fall. That is the irony of our times, even the sworn enemies of the Bush cabal stop short of wishing a defeat for US forces in Iraq.

All alone

One way to prevent the fall of a mighty structure is to widen its base. However, this option has never been popular with the Republicans. That would entail reach-

**Even sworn enemies
of the Bush cabal
stop short of wishing
a defeat for US
forces in Iraq**

ing out to the world – tightening the belt at home through higher taxes, and loosening purse strings abroad. But the constituency to which President Bush owes his chair will not let him do so. He must keep giving out huge tax-concessions to the giant corporations that catapulted him to the White House in the first place.



Another missed opportunity.



ling up and remittances diminishing, economies face stagnation this year if the war in West Asia stretches further. In the last week of March, Indian children in Kuwait took crucial school-leaving exams in the shadow of Tomahawks and Patriots. They face the prospect of being evacuated again as in 1991, only this time their return may not be as swift. The battle for Baghdad threatens to be the be-

ginning of a long war rather than its end.

The resident power elite, obedient nephews of Uncle Sam, may swear that Saddam Hussein had it coming for some time. But for the people in the streets of Kabul and Colombo, American Marines have no business being on the sovereign territory of Iraq. It is this harsh reality that has forced even Pakistan to temper its support for the US cause.

Like Bush, Vajpayee too has an election to face pretty soon. That is perhaps why George Fernandes rushed to refuse a favour Yaswant Sinha insisted was not asked for by the Americans in the first place. But the hardening of *Hindutva* in South Asia could be one of the unintended consequences of the Bush crusade in the Arab heartland. After all, this region is home for the largest number of Muslims in the world.

The other bad news is the fallout of the pre-emptive strike doctrine. Close on the heels of the fireworks over Baghdad, India tested its nuclear-capable short range Prithvi. Immediately, Pakistan replied by test-firing Abdali, its own dangerous toy.

Sadly, this storm in Arabia will consume South Asia much before it travels anywhere else. It should have prompted Musharraf and Vajpayee to shelve their differences for the moment and devise a common strategy. But for eyes blazing with rage, the future is merely an extension of the past.

Vajpayee must not hide his *chhota* peg. Musharraf should make more frequent visits to the Army Officers' Club. Apparently, Nietzsche was onto something when he thundered: "I would prefer to see men remain wild and shameless than through the eyes of their shame and devotion".

All wars are obscene, and most are profane to boot. This USD 200 billion mass annihilation show on display in the backyard of South Asia is much worse. It threatens to consume the world in an orgy of violence and counter-violence. South Asian leaders must work together to save this region from the fast spreading inferno of faith-inspired bigotry.

—CK Lal

A tall tree does not fall to the ground when there are smaller ones around to support it during a storm. Embedded journalists do not stress it, but the "coalition forces" are composed of all of three nations: the United States, Great Britain and Australia. A third of those in the so-called "coalition of the willing" have requested Colin Powell that they remain unnamed. If Democracy is the overriding principle of these times, and the US never tires of telling us that it is, then the moral support of the governments of most of these countries is in fact immoral, because they have offered it against the wishes of a large number of their people.

Most worrisome of all, the United States has ignored the collective will of the United Nations and humiliated its Security Council. There is a saying, ironically popularised by old-style Westerners: no matter how big you are, the law is always bigger than you. In ridiculing the Kyoto Protocol and refusing the jurisdiction of the International Criminal Court, and now, Bush has thumbed his nose at the law. Those cheering him on are not his real friends.

The US dollar is the currency of international trade, its language dominates the real as well as the virtual world, its military is unrivalled, its intelligentsia sets the norms that become universal values, and its society determines desirable attributes of 'attitude'. These make it the first hyper-power in human history. All the more reason that it watches its step. It is extremely lonely at the top, and there is nowhere to go but down.

George Bush does not even laugh. He boasts that God saved him from the bottle. The problem is that he does not seem to realise that faith in God is one thing, but allegiance to a creed, howsoever noble, is the most powerful intoxicant in the world. It gives birth to crusades. Or that *jihad* that seeks to indiscriminately destroy 'the other'. This world of ours can do with a little less of both; the resurgence of the religious right in the New World is truly alarming.

Reverberations

When a giant walks, the earth trembles; one can sense the reverberations in South Asia. With prices spiral-

Scared and hungry in the air

Travellers thrombosis and bad films are some of the terrors that await the flyer who departs Dhaka for London.

by **Afsan Chowdhury**

It is 8.45 in the morning on the Dhaka airport tarmac and we are on a 12-hour flight to London. The airhosts and airhostesses flit in and out through various doors of the aircraft to complete mysterious chores, as if passing through different compartments and various imaginations of travel. I have no idea why I have asked for a window seat when given a choice for an aisle. My legs are cramped and I am scared stiff that Deep Vein Thrombosis will grab my already beleaguered limbs. *Steve Waugh had it; you are not Steve Waugh so you cannot have it.* The absolute logic of cricket greatness calms me down. I promise myself never to fly again.

It is strange that the problem called Travellers Thrombosis (TT) happens when you cannot move but when you are on the move. It is like being punished for breaking a religious taboo. When on the move, move, otherwise... It is also called Economy Class Syndrome as if to say that

the slightly penurious may go on pilgrimage, with all its hazards and ritualised suffering, but not travel sitting immobile while on the move, least of all in the air. Nature's argument is inescapable. When travelling, move your ass. An immobile posterior kills.

• • •

Not having enough money and space have become deadly crimes in our time. The search for legroom has become a metaphor for that scarce space we deserve, search for, and fail to find. A few seconds before take off, a man claims my seat as his own after a futile hunt. My ancient territorial impulsive screeches at him and he is confused once more, pecking at his ticket in the half dark and peeping at me in the same half-lit corridor.

The Italian gent in the aisle finds him a spare seat somewhere in the bowels of the airplane resting amidst headphones, pillows, blankets and small charity packets to be filled with spare change. Pennies from heaven or at least a little higher up from terra firma. Coins will send a girl to school, an announcement pasted on the

packet explains.

After many a summer, my neuropathy-ridden legs, already ravaged by diabetes, feel the strains of desperately needed exercise. *Oh God, what am I leaving behind for my kids? Father dead mid-flight from stiff legs. First the legs, then the rest.* I wake from my semi-doze to see a breakfast being served. It is almost 10 in the morning by my watch. I left home at 5.30 to reach the airport on time. Flight took off at 8:45. A couple of slices in the

dark chased down by bad tea. In the plane it is time to feed the dogs leashed to the seats. The trays hang from the seats like an Alsatian's tongue gone stiff from hunger.

• • •

I take the veggie breakfast that consists of a vapid omelette (my weekly egg ration), bland even by airline standards, and three steamed, sliced half mushrooms with a shrivelled tomato, all most docile and humble beings. We

have to spend a lot of time negotiating to pry open the blistering hot foil paper that keeps the cooked food happily inaccessible. Must do the job while keeping the fingers safe from burning.

I have heard of safe sex while travelling but I experience safe eating for the first time. Maybe there are these serial cooks, demented minds serving one airline after another in secret, killing food and taste with stabs of their cleavers and knives, giggling in mad joy at the death of taste, huddled in some unseen kitchens in the sky.

• • •

Everything is microsomed in the air, and one learns to eat with arms close to the ribs with dwarfed cups, midget forks and gulp tiny sips of tea and water. One moves carefully, without moving much, struggling to decide whether it is worth drinking a half sip of water when the Italian has failed in his third attempt to get into the loo. Somewhere near the pelvis and around the belly, the Bay of Bengal is experiencing a rise in water level causing as much misery as the coastal people experi-



ence. The plane coasts towards destiny and destination. Eyes burning with sleep unused, it is TV time. Alas.



11 channels show 11 movies at the same time. Unusable choices ultimately mean denial. You can only have one and refuse the rest. I do not think I want any. There is even a Harry Potter movie but bless us all, also an Abhishek Bachchan brooding and dancing badly, and a brooding and repetitive Ramgopal Varma on the road. Two hours later, Manoj Bajpai is still a Bollywood nasty, the girl whose name I do not know is irritating, and Vivek Oberoi is still trying to convince the police and failing, till the inevitable becomes inevitable in Hindi movieland.

The films go on and on, ending and beginning, ending and beginning, till it is time to land. Everyone caught in the spin of time. Moving forward towards lying still. The movies, like my legs, are trapped in the air, condemned to continue for a still audience.

One dance sequence in the film *Road* is better than the whole movie. Everything gets slicker and less authentic as Varma travels away from *Satya*. Like the passengers in the air he sits in the same place getting worse. There. I have said it. Now I can try the loo.



There is a long queue and I see my Italian co-passenger further up ahead, waiting in hope. Next to the loo is a table on which are tuck boxes from which people pick up midget sized snacks, water, Pepsi etc. After waiting for some time I walk back. Then return again. Wait. Return again. In the dark, they only see a large shadow passing by. They do not know I am exercising, exercising, exercising...

Legs feel better. A full flight and two toilets for the lot keep legs healthy for many. This must be part of the survival package, part of the new health plan to keep terrorists and TT at bay.



Almost six hours after the last meal I am ravenous. Manoj has tried to molest the cop's daughter again. I do not know whether she likes it or not. I do not care. I ask the Bangla-speaking crew about food.

"We will be serving lunch in two hours, sir".

"But why? You haven't served anything in six hours".

"Please have some tuck. It's just there".

"I don't want tuck. What about real food? "

"We will be serving lunch because it's lunch time in London".

"But we didn't fly from London, we are flying into London".

"Please have some snacks sir".

"I think this is a damn silly way of doing things".


Manoj is getting thrashed again. Nobody loves him.

Between his stiff upper lip and my stiff lower limb there is an alliance. Of the dreamer and the traveller, of the dancer and the flyer, both out of sync with the chants of time.



Many hours later, finally in Oxford, I have a special Chinese fried rice with all the trimmings in the shadow of St Giles, discussing Chinese capitalism with the owner. It sends my sugar level flying but finally I manage to look at Oxford with clear, painless eyes. Never felt better. And the prospect of a walk in the cold is a happy thought. Maybe I should take to the air more often.

"I think this is a damn silly way of doing things"



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How Burma adds up

A statistical comparison of Burma and its neighbours.

SHARING BORDERS with Bangladesh, India, Tibet/China, Laos and Thailand, Burma is located at the junction of South and Southeast Asia. In October 2002, *Himal* carried a special focus on Burma and its role in South Asia. In this profile, with inputs provided by *Burma Alert* bulletin, *Himal* presents a statistical comparison of Burma and its neighbours.

As a rule, statistical data about Burma are unreliable. However, this comparison is made with recently released intelligence data, which provide a consistent basis for drawing comparisons between Burma and the other countries. Vietnam is included here because many economists like to compare Burma with Vietnam, says *Burma Alert*.

In the following tables, countries are represented by two-letter abbreviations: BA (Bangladesh), BR (Burma), LA (Laos), TH (Thailand), MA (Malaysia) and VN (Vietnam).

Among the countries compared, Burma is the largest, followed by Thailand, which has more arable land.

The land (Area - thousands of sq km)

BA	BR	LA	TH	MA	VN
134	678	236	514	330	330

In terms of population and population density, Burma is in the mid-range.

The people (millions)

BA	BR	LA	TH	MA	VN
133	42	6	62	23	81

Population density (people per sq km)

BA	BR	LA	TH	MA	VN
995	62	24	121	69	246

But in terms of its economy, Burma lags behind its neighbours, even Laos.

GDP (USD Billions)

BA	BR	LA	TH	MA	VN
230	63	9	410	200	168

Per capita GDP (USD)

BA	BR	LA	TH	MA	VN
1750	1500	1630	6600	9000	2100

GDP growth (percent)

BA	BR	LA	TH	MA	VN
5.6	2.3	5.0	1.4	0.3	4.7

Given Burma's size, population base, and low economic performance, some see the country as a potential gold mine to be exploited. But a closer look at Burma's infrastructure shows that there are underlying structural weaknesses, such as insufficiency in electricity available for basic consumption, let alone the amount necessary to develop either commerce or industry.

Electricity generation (billion kWh)

BA	BR	LA	TH	MA	VN
13.5	4.8	1.0	94.3	63.1	25.8

Road coverage (kilometres per sq km)

BA	BR	LA	TH	MA	VN
0.14	0.005	0.014	0.12	0.15	0.07

The same scarcity applies to air transport. Rail transport is similar in most countries except Laos, which has none, and Bangladesh, which has a good rail system.

Paved airports

BA	BR	LA	TH	MA	VN
15	8	9	59	34	17

The infrastructure problem becomes more acute when modern communications and technology are taken into account.

Telephones (thousands)

BA	BR	LA	TH	MA	VN
500	250	25	5600	4600	2600

Mobile phones (thousands)

BA	BR	LA	TH	MA	VN
283	8.5	4.9	3100	5000	730

Internet Service Providers

BA	BR	LA	TH	MA	VN
10	1	1	15	7	5

Internet access in Burma is restricted.

Internet users (thousands of people)

BA	BR	LA	TH	MA	VN
30	0.5	6	2300	4100	160

Conditions are worse when the social sector is taken into account. As per the WHO's *World Health Report 2000*, Burma's Health Service Performance (HSP) for 1997 ranked 190 out of 191 worldwide. This might be due to the State Development and Peace Council (SDPC) not allocating resources for health.

WHO HSP ranking for 1997

BA	BR	LA	TH	MA	VN
88	190	165	47	49	160

One effect of this neglect is that HIV/AIDS has become a major problem

HIV/AIDS population (thousands of people)

BA	BR	LA	TH	MA	VN
13	530	1	755	49	100

Other health indicators in Burma also do not look good.

Life expectancy (years)

BA	BR	LA	TH	MA	VN
61	55	54	69	71	70

Burma has in the past won a UNESCO award for literacy, but today it is far behind its neighbours.

Literacy 15 years+ (percent)

BA	BR	LA	TH	MA	VN
56	30	57	94	84	94

Except Thailand, of all the nations surveyed Burma has been free from colonial rule for the longest, and thus has had the longest time to solve its internal problems. Even the current ruling military junta has had 14.5 years. Colonisation cannot be blamed for Burma's current problems.

Independence (Year)

BA	BR	LA	TH	MA	VN
1947	1948	1954	n/a	1963	1954

Regime change (Year)

BA	BR	LA	TH	MA	VN
1971	1962	1975	1918	1963	1975

Part of the problem is the SDPC's obsession with strengthening the military at the expense of all other sectors. Its aim is to have a 500,000-strong military.

Armed forces - UNDP 2000 (thousands of men)

BA	BR	LA	TH	MA	VN
137	344	29	300	96	484

There is no real justification for Burma to have an army larger than its neighbours.

Land borders (kilometres)

BA	BR	LA	TH	MA	VN
4246	5876	5083	4863	2669	4639

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Kollupitiya's Chinese girls

Liberal investment policies of the Sri Lankan government deliver interesting herbal businesses.

EVEN BY the largest stretch of the most fertile imagination, the dingy little place in the Colombo neighbourhood of Kollupitiya could not be a Chinese medical centre. There was no sign of a bustling practice in the two-storey building, not a bottle of medicine in sight. A weather-beaten signboard announced that Chinese herbal medicine was practised inside. But whatever herbal application being offered did not seem remotely medical in nature.

Two Chinese women sat on the porch... waiting. One wore a flashy gold dress while the other was in bright yellow trousers and a tight black tee shirt. Both wore heavy make-up and smelt strongly of perfume. One woman spoke English. At least, she grasped the word 'doctor' and hurried inside to get her boss. When she returned, she sported an old white overall – the type worn by nurses and doctors – over her provocative outfit.

Her boss, the 'doctor', was equally delicious. She wore the smallest black shorts and a colourful peasant blouse which exposed a nice section of bust. (The woman in the gold dress had pattered off.) Speaking in halting English, the doctor said that she performed acupuncture. Yellow Pants was the 'nurse'. The only other employee, a Sri Lankan boy, was on holiday.

So where was the hospital, the equipment, the medicine? we asked. "Inside", she said, waving vaguely with her hand. She said her clinic had about 15 patients a month. While she spoke to us (as evasively as possible), we saw Yellow Pants sending a patient away. Even before he reached the door, she signalled with her eyes that it was not a good time for acupuncture. "We have little patients", said the doctor. "You see other places. Many, many places... very busy".

A second centre was located a few hundred metres away. Same story: deserted building in a quiet spot, populated by numerous Chinese women in skimpy clothes and flashy make-up. Their faces were caked with foundation. On the table was an ashtray overflowing with cigarette butts.

At this joint, they did not even feign smiles. Neither

did they want to talk about Chinese medicine, herbal or otherwise. A Sri Lankan maid was cleaning out a room. She wore rubber gloves. Speaking in Sinhala, she said that the Chinese women did not understand English. The man who acted as translator was on holiday. The Chinese women threw suspicious looks in our direction before showing us out.

A third place was a hairdressing salon, also in Kollupitiya. It was a new shop, perhaps explaining why all the customers were Chinese. Chinese women, that is. The solitary Chinese man at the counter was rude and uninviting, refusing to answer any question about his business. The women simply snapped, "No Engleeeesh".

Investing in illegality

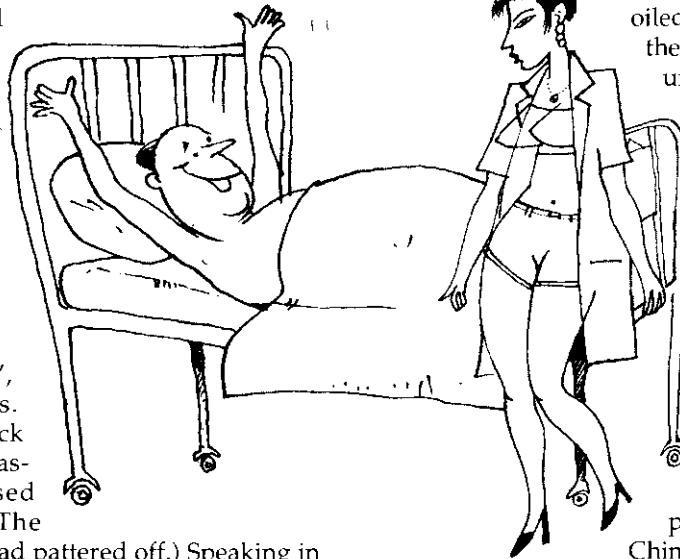
This is not a debate about the morality of prostitution which, yes, everyone knows is the oldest profession. It is a query about how many palms are being oiled to permit the operation of these brothels, which is what undoubtedly happens.

There are serious allegations about the BOI. Knowledgeable sources claim there is rampant corruption. They say that to obtain BOI licences, prospective businessmen invest very small amounts in the country, most of which is reportedly sent back to China, brought in again and then put into Share Investment External Rupee Accounts (SIERA) by the Chinese mafia. The latter allegedly have a borrowing and lending network established in Sri Lanka. They work in close conjunction with the Sri Lankan underworld.

In some instances, very large amounts are stated in the project proposals, but only a fraction is brought in. By paying personal bribes of SLR 50,000 to 60,000 (USD 516-620), some individuals have even evaded legal procedures, these sources say.

Meanwhile, foreign sex workers are in Sri Lanka on visitor visas. Some of them come and go, while others have been in the country for extended stays. It is not clear on what grounds their visas are extended although the BOI, at least in theory, has some say. A BOI official claims that the board has stopped making recommendations for the extension of visas, but this could not be confirmed. The 'Lost Chinese Passport' syndrome also warrants consideration. Many Chinese women, on finding their visas expired, have the ability to lose their passports. This leads to a *de facto* extension of their stay.

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SUNDAY ISLAND

According to available information, 14 Chinese medical centres have been approved under Section 16 of the Board of Investment Act, which sets out rules for foreigners setting up ventures in the country. There is no minimum investment figure and businesses are not granted special incentives like tax holidays, nor are they subject to stringent BOI regulations. Instead, they operate under normal law. Foreigners can also choose to invest under regulations laid out by Section 17, but only if they meet minimum investment requirements and various other conditions. Under Section 17, they are allowed a multitude of incentives, though operations are more strictly monitored.

“Yes, what about them?”

The BOI says that in licensing Chinese medical centres it is simply following the government’s liberal investment policies. While noting that there have been no new applications for more than a year, a senior BOI official said that the board has no grounds for turning down an application if an investor’s papers are in order. One of the few application requirements is that the Ministry of Indigenous Medicine sanctions a prospective Chinese medical practitioner.

“How can we judge from an application whether or not it is a *bona fide* case?” a ministry official asked, speaking on condition of anonymity. “The government has permitted the entry of investors. These centres are opened on this principle”. BOI Director General Arjunna Mahendran confirmed that no new licences are being issued and added, “Unless there was a police complaint or criminal accusation, we have no grounds to cancel their licences”. He continued, “We have worked with the police in the past but someone must come out with a firm allegation of corruption before we take action. We don’t want to arrest bona fide people. I have personally intervened and closed down some places. We need a public complaint corroborated by the police”.

As for allegations of corruption in the BOI, several officials said that evidence supporting these claims should be presented. Then, it is police responsibility to prosecute.

The buck was finally passed to the BOI’s monitoring division. Even if there were no new applications, could not the monitoring division inspect these ventures and take action?

“After licences are issued, evaluations and follow-up are never done”, said the knowledgeable source earlier quoted. It does seem strange that BOI officials on inspection have missed the glaring evidence of un-medical activity in some Chinese herbal centres.

“I don’t think anybody can monitor what they are doing, day and night”, countered a senior BOI official. “Nobody can do that. When we go on inspection, they may show us beds or medicine and say they are treat-

ing patients. We can’t stay the whole day to see if it’s true”. He also observed that there were some 1000 companies approved under Section 16 and that it was difficult for BOI officials to inspect all of them.

“Besides, we don’t do raids like the police”, he added. “That is not our business. We just inspect and if we detect something, we cancel the licence”.

The official claimed that the BOI has, in fact, been on regular inspections of Chinese medical centres. Recently, they concluded a round of spot investigations which resulted in a report. This document will be presented to Director General Mahendran, complete with recommendations for a future course of action.

“We may have to take some serious action”, the official said. This may involve cancellation of all licences, forcing interested parties to reapply. But there is no guarantee that the same characters will not start the same businesses again, unless the law enforcement agencies clamp down.

The BOI emphasises that Chinese herbal/medical centres operate under normal law. Its position is that all concerned agencies, including the police, should launch a coordinated effort to confront the problem.

For their part, the Kollupitiya police do not bother to deny the existence of the brothels. “Those Chinese brothels...?” we asked. “Yes, what about them?” one officer replied. Asked if they faced any specific problem which hindered them from raiding these broth-

els, Crimes officer-in-charge (OIC) (Kollupitiya) IP Amarasinghe said they have “no problem at all”. In fact, the Kollupitiya police are in the process of conducting inquiries at this very moment and will take action soon. Police jargon.

Station OIC Panamaldeniya said Colombo Deputy Inspector General (DIG) Bodhi Liyanage has also expressed interest in the issue. “We are concerned and we will conduct raids”, he said. “The DIG also spoke to me”. Recently, the Mirihana, Wellawatte and Kirulapone police have clamped down on brothels in their areas.

In Wellawatte, an interesting situation developed. Authorities stormed a massage centre and produced some of the women. The Chinese boss, together with his lawyers, filed a case against the police for not following proper procedure in the raid. The Kirulapone police, however, enjoyed more success. They produced more than 10 women and deported several whose visas had expired.

Allegations against the police are numerous. The most common one is that they are being paid to turn a blind eye; the raids only come if payment is stopped. It is said that the police cannot enforce the law because they, too, are involved in violating it. ♡

(by Namini Wijedasa.

Courtesy, the Sunday Island, Colombo.)

She signalled with her eyes that it was not a good time for acupuncture

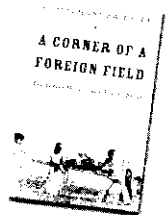
The Empire of Cricket

In his classic work on cricket, *Beyond a Boundary*, the West Indian Marxist CLR James makes the point that most anecdotes about cricket are boring to the non-aficionado because they begin and end with cricket. But in James' view, cricket was the grand sport of social and historical drama. It is therefore impossible to look at cricket as simply any sport. The story of cricket, for James, was the story of empire and race, of domination and resistance. In his time, the captain of the West Indies team was always a white man. James led a successful campaign to install Frank Worrell as the first black West Indian captain in 1959-60.

For years now, no white man has represented the West Indies in cricket. Yet empire and race endure. The West Indian batting legend Viv Richards once famously said that every time he smashed an English bowler to the boundary, he was paying back the erstwhile colonial master. Nor is this an odd, freakish sentiment. In the winter of 1933-34, the Marylebone Cricket Club (MCC) team toured India. Ram Guha records the comments of two young Indian cricketers as they watched the incomparable CK Nayudu score a memorable century against the visitors. "Nayudu had driven away all fear of the foreigner from my mind", wrote one. "We madly cheered each shot past the boundary not only as a cricket performance but also as an assertion of our resolve to throw the British out of India", wrote the other. Decades later, the Hindi feature film *Lagaan* drew upon these historical memories to concoct a charming and delicious brew of cricket and romance, empire and resistance.

Cricket, the quintessential colonial game, the white man's sport, has been made his own by the co-

loured man. Such is the massive following of the game in South Asia that on occasion, such as when India and Pakistan met in a recent World Cup match, television viewership has exceeded the population of Europe. On this most recent meeting, made memorable by Sachin Tendulkar, the cricket itself was sublime. But only a fool would have pretended this was merely a game. It was, without doubt, to use Guha's twist, riots minus the shooting. When the German tennis champion Boris Becker lost a Wimbledon match in the second round after two consecutive title wins, he could af-



A Corner of a Foreign Field: The Indian History of a British Sport

by Ramachandra Guha
Picador, New Delhi, 2002
INR 495, pp xvi+496

reviewed by
Sudhanva Deshpande

ford to say to a shocked public, more or less nonchalantly, "It wasn't war. Nobody died". Tendulkar and Akram, Ganguly and Younis have no such luxury.

A Corner of a Foreign Field is about all this: what makes cricket more than simply a sport in South Asia. The book is divided into four sections. The first, 'Race: Domesticating a Game' is about the origins of the sport in India, and its gradual spread among the natives. If, for the colonial masters, "the slow

stateliness" of the sport, "the graceful clothes that the players wore, the greenness of the grass, the understated gaiety of the lunch and tea intervals", all these were an "extended escape from India", for the emerging Parsi bourgeoisie it provided an opportunity "for strengthening their ties with the overlord and for renewing the vitality of a race that had lived too long in the tropical sun". Guha recounts the fascinating story of how Indians won for themselves space in the Maidan at Bombay, the cradle of Indian cricket, and how the sport spread to other cities of the empire: Calcutta, Madras, Karachi, Aligarh, among others. He observes that while in England, cricket was originally a rural sport which gradually spread to cities, in India it has been, from the outset, an urban sport.

Schoolboys in Bombay play a tournament called the Harris Shield. With youthful irreverence for history, not one of those boys would have any idea who this man Harris was. I certainly did not when I was a cricket-mad schoolboy in Bombay. Much later, as I became a little more interested in the history of the game, I read about the governor of Bombay, who is regarded as the 'father of Indian Cricket'. Guha does signal service to the history of the game by stripping Harris of his halo and showing him for what he was: "a cricketer but also an Englishman – *an Englishman in India*" (emphasis in the original). He was racist, arrogant, rude, positively hostile to the idea of the natives playing cricket, and thus thoroughly undeserving of the status accorded to him.

The historian in Guha is at his best in the second section of the book, 'Caste: Up from Serfdom'. This section, which forms in a sense the book's centrepiece, is about the life and career of that remarkable man, Palwankar Baloo, India's first dalit cricketer. Guha makes a persuasive case for regarding Baloo, a left-arm spinner, as "the first great Indian cricketer", ignored and forgotten by cricket historians, and only very gradually coming to the

attention of dalit scholarship and activists. Baloo had a long and eventful career as a cricketer – he remained for decades the only Indian bowler to take 100 first class wickets on a tour in England (back in 1911) – and he was an early hero of BR Ambedkar's. Baloo, however, a Congressman, was instrumental in negotiating the Poona Pact of 1932 between Gandhi and Ambedkar (where the latter had to capitulate on the demand for separate electorates for dalits). Baloo was eventually fielded by the Congress against Ambedkar from Bombay in the election of 1937; he lost narrowly.

Baloo was the eldest boy in the first cricketing family in India – his brothers Shivram, Vithal and Ganpat were all outstanding players. In fact, in 1913, all four brothers played for the Hindus in the Quadrangular and there was a time people fondly called the Hindu side "Baloo brothers plus seven". The contrast with Ranji is drawn sharply. Guha admits that Ranji is the first great cricketer of Indian origin, but also demonstrates that Ranji was "an arch-loyalist" who "always maintained that he was in essence an 'English cricketer'". It is telling that while the game's premier domestic competition is named after the prince, the dalit remains forgotten and ignored. The saga of the 'Baloo brothers' is stirring, riveting and inspiring. Guha's book deserves to be read by the cricket aficionado as well as the social historian – and the activist working for social justice – for this alone. That the book has much else is a bonus.

The 'Baloo brothers' continue to dominate the third section of the book, 'Religion: Riots Minus the Shooting', which is the story of how Indians gave up being organised into cricket teams on the basis of religious affiliation (in the Quadrangulars and Pentangulars) and started being organised, as today, according to region. Guha's narrative is rich, complex and engaging, and the reader encounters a whole range of characters, situations,

twists and turns in this historical saga. I was, however, struck by two points. One, it is amazing that while the first great Indian cricketer was a dalit, who was followed by his three brothers, all outstanding players, India has not to date had a single dalit test cricketer. This is scandalous and calls for a thorough reform of the manner in which the sport is organised in India.

The other point is that a secular organisation of the sport is something that did not fall from the heavens; it was won, as much else, after prolonged struggle in the course of the freedom movement. Hindus and Muslims did not always play in the same team. That right, to play alongside each other, rather than only against each other, had to be fought for. We clearly need to recognise the implications of this. We are living in times when *Hindutvawaadi* fascists are speedily dismantling

The right, for Hindus and Muslims to play alongside each other rather than only against, had to be fought for

achievements of the freedom movement in the political, economic, social and cultural spheres. Nobody will argue that cricket has remained uncontaminated by the poison, but it is by and large true that even now, in spite of everything, cricket remains a shared social space where Hindus and Muslims come together as players as well as spectators. With votaries of *Hindutva* worming their way into cricket administration, let us not be lulled into thinking that this is a permanent achievement.

Sport

Another towering personality emerges from the pages of *A Corner*, and that is India's first superstar cricketer, CK Nayudu. That Nayudu was a superbly gifted sportsman is stat-



Lord Harris, 1881.

ing the obvious. Guha demonstrates, with verve and vividness, that he carried on his shoulders the aspirations of an entire nation. Unlike Baloo, Nayudu was not particularly inclined towards politics but he became, on the cricket field, the symbol of Indian resistance to the empire. In the person of Nayudu, we also see the beginning of another trend: sportsman as superstar, endorsing products and brands. (Guha reproduces a picture of Nayudu promoting a brand of liver tonic in 1941.) His name was also used to market a Hindi feature film. The reader, bombarded incessantly with images of Sachin Tendulkar and his team-mates selling products, will take this for granted. Which is why it is sobering to realise that Nayudu, India's first superstar cricketer, died in near penury. The pages of the book are also lit up by the cricketing exploits of the two Vijays, Merchant and Hazare, world-class batsmen both, and the inimitable Lala Amarnath, the first Indian to score a century on test debut.

Also making an appearance is the man credited with what is perhaps the most controversial tactic

ever used in cricket, 'bodyline'. This is, of course, that most imperious of English cricketers, Douglas Jardine, who fought Don Bradman and the Aussies with a bowling line that attacked the body of the batsman. Those familiar with the history of the sport know that Jardine was born in India, and thus had a special relationship with it. Guha's account confirms some of what we know about Jardine: that he was arrogant, often rude and strong-minded. But what we learn complicates this portrait somewhat.

Leading the MCC team to India in 1933-34, Jardine insisted on including the maharaja of Patiala (a member of MCC) in his team in the match against Delhi. The maharaja-cricketer had recently been banished from Shimla, allegedly for making a pass at an English girl. (Locals in Shimla believe that the girl in question was the Viceroy Willingdon's daughter, and the spot where Patiala is supposed to have trifled with the empire is shown off to tourists as 'scandal point'.) Willingdon tried to dissuade Jardine, as did Lady Willingdon, but Jardine would not yield. After the Delhi match, the MCC was to play the Viceroy's XI and Jardine was determined to thrash his hosts. That he did, by an innings, is one thing. More impressively, he forced an apology for the pitch having been rolled longer than the allotted time from the host. To extract an apology from the viceroy and then slay his team – Jardine could not have been such a bad fellow after all.

The final section of the book, 'Nation: History's Residues', brings us to present times, and is an examination, in the main, of India-Pakistan relations in the field of cricket. Here we meet Abdul Hafeez Kardar, "a cricketer-scholar, a man of personality and intelligence who almost single-handedly made Pakistan a Test-playing nation", for whom "cricket was... a means of consolidating the unity and identity of his new and vulnerable nation". Guha takes us through the first two series played between the

two teams on either side of the border, and then on to the encounters in the 1970s and 1980s. While these meetings came with their share of tensions, "sporting exchanges in the late 1970s could be understood in a spirit of brotherliness". Even in 1992, Guha feels, many Indians were happy at Pakistan winning the World Cup. But soon after that, matters nose-dived. From the pitch dug up at Ferozeshah Kotla by goons of the right-wing Shiv Sena, to that test at Calcutta where the ground had to be emptied of spectators before the match could be completed, to that pressure cooker of a quarter-final at Bangalore in the 1996 World Cup, to the match in the 1999 World Cup when India, led by Azharuddin, faced Pakistan on the cricket field

To extract an apology from the viceroy and then slay his team – Jardine could not have been such a bad fellow

as bullets were flying in Kashmir, India-Pakistan cricketing encounters have become more and more occasions for the display of communal aggression and jingoism on both sides of the border. They have become, to use George Orwell's famous coinage, war minus the nuclear missiles.

Ram Guha has written a book elegant and exhilarating in equal measure. What he seeks to do is not so much to write the history of cricket in India as much as the history of India through its cricket. In this, he succeeds admirably. We meet cricketers past and present, of course, but also others who influenced the sport one way or another: the journalist SA Brelvi (who campaigned long and hard to abolish communal representation in cricket), the broadcaster AFS Talyarkhan ("with a voice that was 'beer-soaked, cigarette-stained'"), leaders Gandhi,

Ambedkar and Jinnah, Hindutva peddlers Bal Thackeray (who loved cricket and once drew a cartoon of Pakistani cricketer Hanif Muhammad), VD Savarkar (who, with characteristic pettiness, wanted Hazare, a Christian, to 'reconvert' to Hinduism), Golwalkar (who hated cricket, along with much else) and the socialist Ram Manohar Lohia (who wanted cricket to depart with the British). His prose is superb, his scholarship outstanding, and his anecdotes engaging. Guha also has a sparkling sense of humour: "... at this match in Old Trafford [between India and Pakistan] the players and spectators and mood were all Asian. The English thoughtfully supplied the weather. It was a grey and windy day ...".

Race, caste, religion and nation: these, then, are the grand themes that run through this book. Having read it and enjoyed it, though, I am intrigued by the absence of a fifth theme: market. If there is one force that regulates the sport at the global level – the force, moreover, that gives the Indian cricketing board power enough to take on the International Cricket Council and hold the World Cup to ransom, as happened recently in the dispute over the Indian players' contracts – it is surely the market. If the 1990s stand out for the declining trajectory of India-Pakistan relations (in cricket as elsewhere), and alongside this, for the growth of an increasingly communal perception of cricket, surely the decade also stands out for the vice-like grip that corporate capital has come to exert on Indian policy making, in the economy as much as in cricket. In Guha's narrative, though, this factor is conspicuously absent. Strangely, Guha sees Nayudu-the-advertiser but not the superbrand called Tendulkar.

Guha quotes Neville Cardus at the head of the book: "It is a dreadful pity when a beautifully spacious generalisation is upset by one or two simple facts". But it is a greater pity still, is it not, when facts are not illuminated by generalisation? ▽

Mediating cultural pluralism

What first strikes one about this new book by David Gellner is the puzzling relationship of the title – *The Anthropology of Buddhism and Hinduism* – with its subtitle – *Weberian Themes*. Puzzling, because while Max Weber, the figure from whom the subtitle is derived, is regarded as one of the founding fathers of sociology and continues to have a following within the discipline, his contributions in anthropology remain contested. Though his emphasis on interpretation is well taken, his world-historical comparisons are viewed with scepticism. This is particularly true with regard to Weber's ideas on society and culture in South Asia as argued in his book *Religion of India: The Sociology of Hinduism and Buddhism*, which is perceived as having generated stereotypes and harmed scholarship, particularly that which relies on fieldwork. The connection made between Max Weber and anthropology is deliberately provocative and warrants some justification. It should be noted, also, that the title of the book is presented as a caricature of Weber's subtitle to *Religion of India*.

David Gellner's first three chapters, in one way or the other, grapple with the place of Max Weber in the study of Buddhism and Hinduism. These may be read as the attempt by one anthropologist to rescue Weber's *Religion of India* from the many allegations that have been made by anthropologists studying Buddhist and Hindu societies. If it is on this count alone that the work is to be judged, then the author can be regarded as having achieved his objective because he does convincingly refute the arguments against Weber, even underscoring the continuing relevance of his ideas. Motivated originally by the question of

why capitalism emerged in Europe in a specific religious milieu, ie Protestantism, or Calvinism, Weber's seminal contributions were in exploring the relationship between a religion – articulated through its values and ethics – and the economic behaviour of its adherents. First through his study of Europe and subsequently of India and China, Weber showed how religious ethics and values influence economic behaviour and vice versa.

However, rescuing Max Weber and bringing him to centre stage for



The Anthropology of Buddhism and Hinduism: Weberian Themes

by David Gellner
OUP, New Delhi, 2001
INR 645. pp 397

reviewed by
Sudhindra Sharma

a discussion on contemporary Buddhism and Hinduism is not the only contribution that David Gellner makes in this work. Another noteworthy contribution lies in bringing cases from Nepal to the forefront of discussions on Hinduism and Buddhism. Though there have been seminal contributions by anthropologists and sociologists – foreign and local – working on Nepal, seldom have these works affected either theory building in the two disciplines or contributed to the understanding of contemporary

Hinduism or Buddhism. (Scholars Sherry Ortner and Richard Burghart are notable exceptions, and there are a few others.)

Gellner has carried out fieldwork among the Newars of Kathmandu valley – primarily among Buddhists but also Hindus – for over 15 years, and has written numerous research articles. These articles, besides being rich ethnographically, have contributed to theoretical debates, including on the relationship between priesthood and monkhood, caste and Buddhism. In a context where even seminal ethnographic work on different population groups in Nepal has remained marginal to South Asian scholarship, Gellner's *The Anthropology of Buddhism and Hinduism* is significant for bringing these to bear on the larger South Asian readership. Gellner's work serves the important purpose of informing contemporary anthropological and sociological debates of developments in Nepal's communities.

David Gellner is one of the few scholars qualified to do this because, beginning with the Newars, he has keenly followed the politics of cultural identity among Nepal's various cultural and ethnic groups. His engagement with cultural and religious politics in Nepal has continued since *Nationalism and Ethnicity in a Hindu Kingdom: The Politics of Culture in Contemporary Nepal* (1997), which was co-edited by Gellner and includes an important introductory article by him titled 'Ethnicity and Nationalism in the World's Only Hindu State'. *The Anthropology of Buddhism and Hinduism* is a compilation of several Gellner articles published previously in journals not readily available to the South Asian and Nepali scholar.

The first of the five parts of the book provides the general approaches to the subject discussing, among others, Max Weber and the study of Hinduism and Buddhism, the anthropology of Buddhism, and the relationship between religion, politics and ritual. Theoretically, this part is the strongest, with reviews

of various works on the anthropology of religion in general and of Buddhism in particular. The second part, titled 'The Legitimation of Religious Specialists', discusses monkhood and priesthood in Newar Buddhism, examines the monastery, priesthood and possession, and focuses on the Mahayana text *Pragyaparamita* and its usages in a Newar monastery. While containing detailed ethnographic material, this section too has substantive theoretical content, with its review of, among others, the relevance of the ideas of Weber and Louis Dumont for the study of Newar Buddhism.

Part three, 'From Soteriology to Worldly Benefits', continues the discussion on Newar Buddhism. One article (co-authored by Uttam Sagar Shrestha) delves into *tantric* healing, discussing priests, healers, mediums and witches, as well as lay perspectives on health and 'misfortune' in the valley. The following section focuses on Hinduism, considering the positions of women, the transformation of 'sacred' cities into communist strongholds, and also tribal societies. Gellner also picks up for analysis Robert Levy's well known *Mesocosm* on the 'symbolic world' of the Kathmandu valley town of Bhaktapur.

The syncretistic Maharjans

The last part of the book discusses 'syncretism', comparing the positions of Buddhism in Nepal and Japan. Indeed, a significant contribution of this compilation lies in its discussion of the relevance and limitation of the concept of syncretism. Gellner makes useful arguments on the wider discussion of boundaries, margins and what has been called "in-between-ness", in a context where concepts such as 'hybridity', 'liminality' and 'bricolage' have more usually been employed to understand the phenomenon. He does so, for example, in his discussion on the Maharjans of Kathmandu valley. While among the Newars of Kathmandu, some groups exclusively identify themselves as

'Hindu' and others as 'Buddhist', Maharjans, who are largely peasants, have difficulty with identifying exclusively as either. While they employ Buddhist-Vajracharya priests, they accept Buddhism and Hinduism equally and practice rituals of both. While in the past, during census enumerations, they identified themselves as Hindu, in recent years, for political reasons, they increasingly identify themselves as Buddhist.

There is an ongoing attempt at understanding 'mixed' cultural and religious traditions as exemplified by communities such as the Maharjans. One concept that anthropology has supplied is 'liminality'. Introduced by the anthropologist Arnold van Gennep in his study of rites of passage, the concept was refined by the British anthropologist Victor Turner, who explained liminality as a state characterised by ambiguity, transformation and reflexivity. Scholars of South Asia in the 1960s and 1970s used concepts such as 'folk' traditions or 'little' traditions to understand how local forms of religion diverge from canonical versions and include other accretive traditions. Scholars, in grappling with similar phenomena elsewhere on the globe, have also employed concepts such as 'hybridity' and 'bricolage'.

Gellner explains the Maharjan syncretism without resorting to concepts such as 'hybridity', 'liminality' or 'bricolage'. Drawing from the ideas of Emile Durkheim, he provides a framework that lists several purposes for which a religion may be employed: the legitimation and expression of the household; the legitimation and expression of the locality; the legitimation and expression of the ethnic group or nation; the sanctification of the stages of a lifecycle; the socialisation of the young and the provision of a moral code; the provision of psychological and practical help in illness and misfortune; the provision of a path to salvation, ie soteriology. Buddhism, unlike Christianity, has generally not covered all of these needs

and neither has it exhibited exclusivism towards other religions.

For the Maharjans, Buddhism provides a framework for lifecycle rituals, ritual assistance in worldly problems, and for those who seek it, a soteriology. The cultural and religious practices of Maharjans appear to be 'syncretistic' simply because the community derives its other needs from other extant traditions. Drawing further upon this framework and making a comparison with Japanese society, Gellner argues that Buddhist monks and priests, through their involvement of the spheres of death and the afterlife, provide soteriology, and through worship of ancestors symbolise continuity of the household.

However, they have largely ceded other tasks, in the Japanese case, to Shinto cults, Confucianism and Taoism. It is this phenomenon, where a particular religion addresses some concerns and leaves to other traditions other concerns, that appears syncretistic. This insight of Gellner on syncretism could inform the wider contemporary debate on the permeability of boundaries and the mechanisms that mediate cultural and religious pluralities.

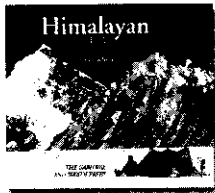
The Anthropology of Buddhism and Hinduism: Weberian Themes is not light reading, but for those interested in the issues it deals with, Gellner's work is engaging and enlightening. The continuity of the articles and their common underlying themes and perspectives manage to overcome the limitations that compendia of articles tend to have. The impression of coherence and fullness of the text is further conveyed by the consolidated reference section and a common index. With its insights, arguments and richly detailed ethnographies, this work will make a significant impression on anthropological scholarship in Buddhism and Hinduism. In this respect, its contributions could rival those of Richard Burghart's *The Conditions of Listening: Essays on Religion, History and Politics in South Asia* (1996). △



Encyclopedia of Sri Lanka

by CA Gunawardena
Sterling, New Delhi, 2003
pp xi+324, INR 900
ISBN 81 207 2536 0

With over 1100 entries, including more than 350 on prominent figures, this encyclopaedia provides an expansive background on Sri Lanka's history, geography, economy, cultures and leading personalities. Its range extends from the Automobile Association of Ceylon to the zoological gardens of Dehiwela. Gunawardena, a former journalist and Sri Lankan civil servant, also offers details on the main participants in Sri Lanka's ethnic conflict, with information updated till June 2002. Also included in the book is a brief bibliography of major works on Sri Lanka, as well as lengthy entries on some key figures, such as Sinhala novelist Martin Wickramasinghe.



Himalayan Vignettes

by Kekoo Naoroji
Himalayan Club, Bombay, 2003
pp 236, no recommended price
ISBN 1 890206 60 1

In the 1950s, before the era of Himalayan trekking and climbing, Indian outdoor enthusiast Kekoo Naoroji traversed many of the trails and mountainsides that would later gain fame as popular trekking routes. Naoroji's trips into the pristine terrain of Sikkim and Garhwal's uninhabited reaches were pioneering for subsequent generations of Himalayan trekkers and climbers, though the government of Nepal rejected Naoroji's initial requests for access to the country's mountains. This book, produced to coffee-table specifications by the Himalayan Club of Bombay, of which Naoroji is a past-president and now an honorary member, presents hundreds of his photographs of the Indian Himalaya taken over the course of his years of trekking, and includes excerpts from his 1958 Sikkim travel diary.



Born in Bigutar, Nepal: Socio-economic Relationship of a Brahmin-Bhujel Village, 1971-2001

by Peter Hodge Prindle
Ratna Pustak Bhandar, Kathmandu, 2002
pp 190, no recommended price
ISBN 99933 0 326 7

The village of Bigutar, in Nepal's eastern mid-hill district of Okhaldhunga, is primarily inhabited by brahmins and Bhujels. The brahmins are believed to have migrated into the town in the 19th century, encouraged by the Nepali government as it consolidated its hold on the land, and

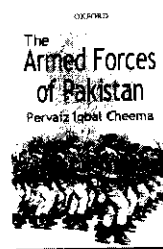
they held the Bhujels of Bigutar in a relationship of feudal bondage until the state abolished slavery in 1926. In this work, a researcher draws on three decades of field work in Bigutar to analyse relationships both within the village and among the peoples of the surrounding countryside, as well as to contextualise social change in Bigutar within Nepal's broader economic and political shifts.



Ageless Mind and Spirit: Faces and Voices from the World of India's Elderly

Photographs by Samar Jodha,
Research by Vijay Jodha
Neovision, New Delhi, 2002
pp 324, no recommended price
ISBN 81 88249 00 9

Collected in this handsomely produced book are more than 150 portraits of and vignettes on elderly Indians of myriad backgrounds, from the famous to the everyman. As the Jodhas note, while numerous scholarly studies have delved into geriatric issues in India, the results have not typically been made available to lay audiences. This volume is an effort to bridge that divide by making the stories of India's elderly "accessible and appealing to a non-specialist audience". In addition to profiles of the people featured in the photoessay, there is a brief write-up by Harvard public policy professor Martha Alter Chen on widowhood and aging, as well as a foreword by the Dalai Lama.



The Armed Forces of Pakistan

By Pervaiz Iqbal Cheema
OUP, Karachi, 2003
pp 240, PKR 325
ISBN 0 19 579839 2

Pakistan's military has played a prominent role in the country's politics, more than the military has in any of its South Asian neighbours. In this work, a defence affairs analyst surveys the primary components of the Pakistani military and considers the country's response to the forces of militarisation, secularisation and religious conservatism, as well as recent developments of military significance, such as nuclearisation and the US-led war in Afghanistan. The author also evaluates the state of Pakistan's military at the beginning of the 21st century and its social and political roles in the country.

Compiled by **Deepak Thapa**, Social Science Baha, Patan

Note to publishers: new titles can be sent to GPO Box 7251, Kathmandu, Nepal. Books are mentioned in this section before they are sent for detailed review.

The seat of power

If the president of the United States can go to an extended war in the doab of the Tigris and Euphrates without international sanction, then I too can rake up irrelevant matters and elaborate at great length. Such as on the male attire that is the Nepali national dress.

The top is called the *labeda*, *daura* or *mayelpose*. It is a double-breasted *kurta* whose flaps are battened down in four places with ties, in a diagonal across the chest. The bottom is the *suruwal*; the same as what the British named jodhpurs, it is skin-tight around the calves, growing to incongruous pleated proportions around the groin.

Both labeda and suruwal came to the middle Himalaya from Rajasthan, more proof for Kathmandu's warrior-caste elite to trace its bloodline back to the desert out west. Rajasthan, home now to Pokhran I and Pokhran II, for a while did a brisk export of Rajput chieftains to the far corners.

The *topi* was already there, and at some point during the time that Nepal was never colonised by the Company Bahadur, the Western jacket arrived, to be called 'coat'. The national dress of Nepal now comes in four pieces: the *topi* which can be dented and fashioned to create individual signatures; a most distinctive labeda top; the coat which completely covers whatever is distinctive about the labeda; and the *suruwal*, an uncomfortable bottom that sometimes comes with a full legged inner (*bhitri*). Way back in 1980, a Kathmandu dignitary visiting London was spoofed in a television programme as having arrived at Heathrow in his long johns.

In the sweltering heat of the tarai, home to some of the hottest temperatures of South Asia, civil servants have to suffer this double-breasted and jacketed nationalism. Dull and uncomfortable, the labeda-suruwal has come to represent the state and its functionaries, through years of authoritarian figures strutting about in it, large bellies accentuated by the unflattering fall of the labeda. There is more that is comical about the dress: when the male official goes up to a sofa on the podium, he has first to reach to his rear with two hands and flip the fall of the labeda up so that it rides up the back before he can make to sit. This is to save the ironing. Once the official is properly seated, members of the audience are afforded a grandstand view of the dejected sac of pleated cloth gathered between the legs.

The greatest challenge faced by he who wears the labeda-suruwal is the visit to the water closet is a secret. For who would want to share this embarrassment with the world? Let me lead you through the ritual step-by-delicate step.

First, park your *topi* in your coat pocket. Then unbutton your coat and shunt the two fronts aside. Turn the two front flaps of the labeda all the way up, and hold them there firmly with your chin against your chest. Loosen the *injaar* or drawstring and push the *suruwal* down. But remember to have both legs slightly akimbo so that you do not have the *suruwal* gathered at the ankles on the (wet...) floor. If a true traditionalist, you will have a *bhitri-suruwal*, and will need to repeat the procedure before you are ready to water the closet.

Life was never meant to be this complicated, and we wait for the great founder nation of SAARC to modernise its national dress. There is a lot at stake. Imagine a regional summit meeting at the Birendra International Convention Centre in downtown Kathmandu. As fellow (formerly colonised) South Asians zip in, zip down, zip up and zip out, the Nepali under-secretary in the ministry of foreign affairs is still only getting started with the first stage of the disrobing operation.

Think of all the time spent away from the plenary and sub-committees.

Compute all the minutes spent struggling with the labeda-suruwal, and calculate an average two to three visits to the water closet on every workday. Multiply the minutes with the number of male civil servants in government employ, from the line ministries to the village development committees, and you will see how in the Himalayan kingdom's development is retarded.

Let me assure you that there are problems aplenty with the other national wear of South Asia.

One friendly neighbour's male attire gives you a vision right

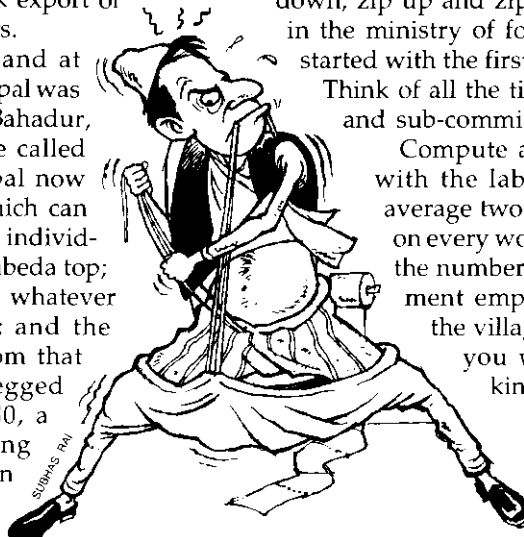
up the inner thigh when a gentleman is seated. And as far as another friendly neighbour is concerned, here is what a correspondent from Lahore reports:

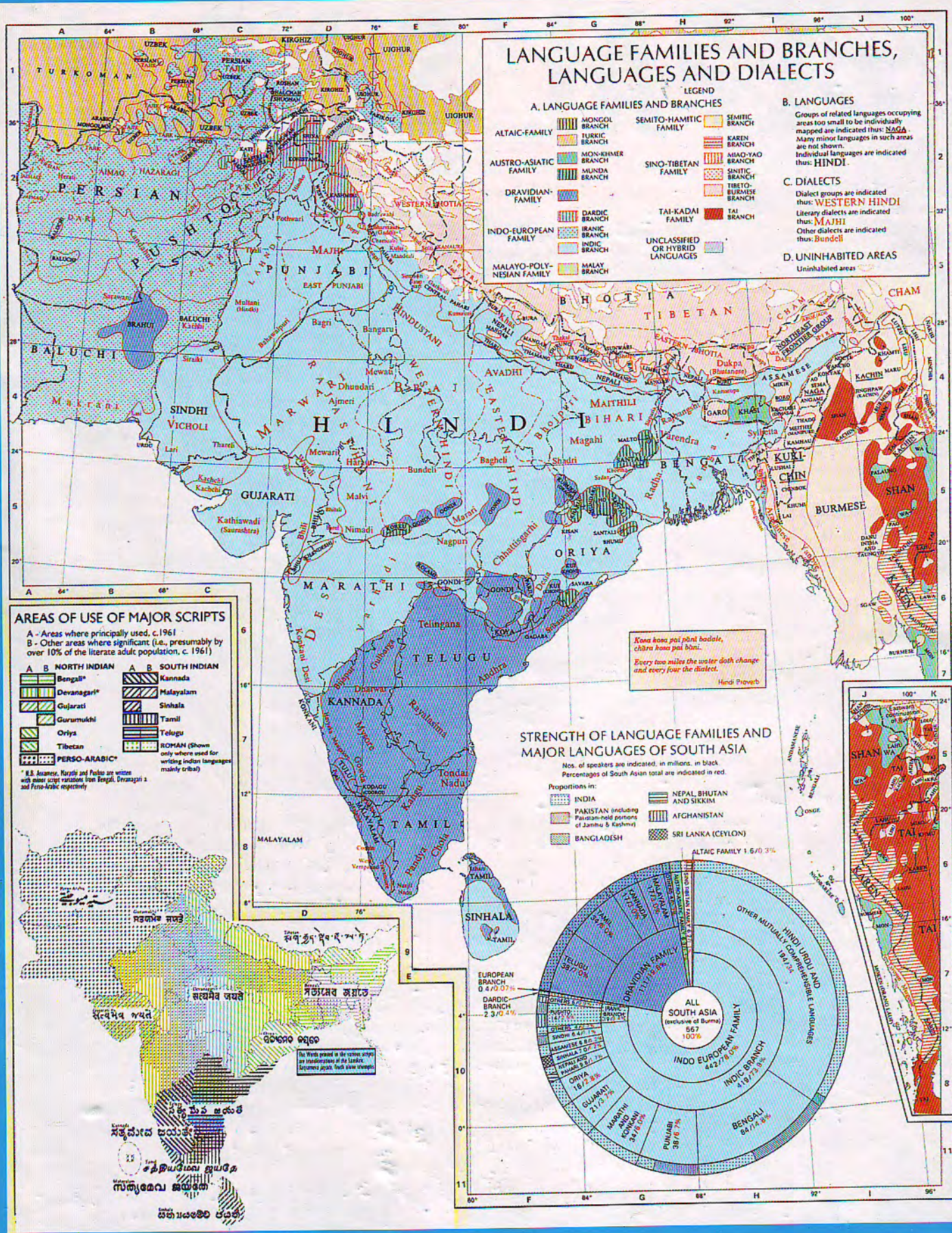
oh man

well it's called shalwar kamiz or shalwar kurta. if it's not a shalwar, it's pajama kurta. in delhi it's called 'pathan dress'. the water closet aspect resembles the Nepali challenge. The kamiz goes under the chin and then you untie the naala or naara. cousins who are born and bred abroad find the naala too much to handle and generally use elastic bands in their shalwar. which makes it easier to tug it down for a laugh. same for our foreigner friends.

Perhaps we should all migrate towards trousers with zippers.

Karish Dixit





LANGUAGE FAMILIES AND BRANCHES, LANGUAGES AND DIALECTS

LEGEND

A. LANGUAGE FAMILIES AND BRANCHES

- ALTAIC-FAMILY: MONGOL BRANCH, TURKIC BRANCH
- AUSTRO-ASIATIC FAMILY: MON-KHMER BRANCH, MUNDA BRANCH
- DRAVIDIAN-FAMILY
- INDO-EUROPEAN FAMILY: DARDIC BRANCH, IRANIC BRANCH, INDIC BRANCH, MALAY-POLY-NESIAN FAMILY, MALAY BRANCH
- SEMITO-HAMITIC FAMILY: SEMITIC BRANCH, KAREN BRANCH, LIAO-YAO BRANCH
- SINO-TIBETAN FAMILY: SINITIC BRANCH, TIBETO-BURMESE BRANCH, TAI-KADAI FAMILY, TAI BRANCH
- UNCLASSIFIED OR HYBRID LANGUAGES

B. LANGUAGES

Groups of related languages occupying areas too small to be individually mapped are indicated thus: **NEGA**. Many minor languages in such areas are not shown. Individual languages are indicated thus: **HINDI**.

C. DIALECTS

Dialect groups are indicated thus: **WESTERN HINDI**. Literary dialects are indicated thus: **MAJHI**. Other dialects are indicated thus: **Bundeli**.

D. UNINHABITED AREAS

Uninhabited areas

AREAS OF USE OF MAJOR SCRIPTS

A - Areas where principally used, c.1961
 B - Other areas where significant (i.e., presumably by over 10% of the literate adult population, c. 1961)

A B NORTH INDIAN		A B SOUTH INDIAN	
Bengali*	Devanagari*	Kannada	Malayalam
Gujarati	Gurumukhi	Sinhala	Tamil
Oriya	Tibetan	Telugu	ROMAN (Shows only where used for writing Indian languages)
PERSO-ARABIC*		ROMAN (Shows only where used for writing Indian languages)	

*A.B. Assamese, Kharosti and Puhla are written with minor script variations from Bengali, Devanagari and Perso-Arabic respectively

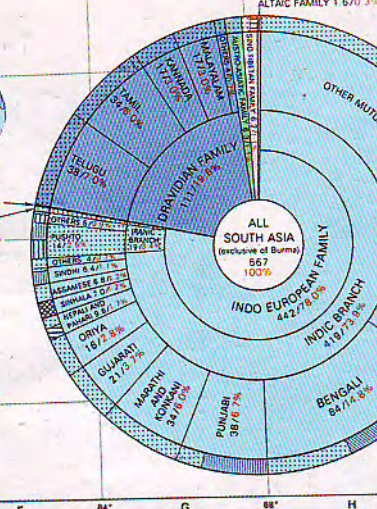


STRENGTH OF LANGUAGE FAMILIES AND MAJOR LANGUAGES OF SOUTH ASIA

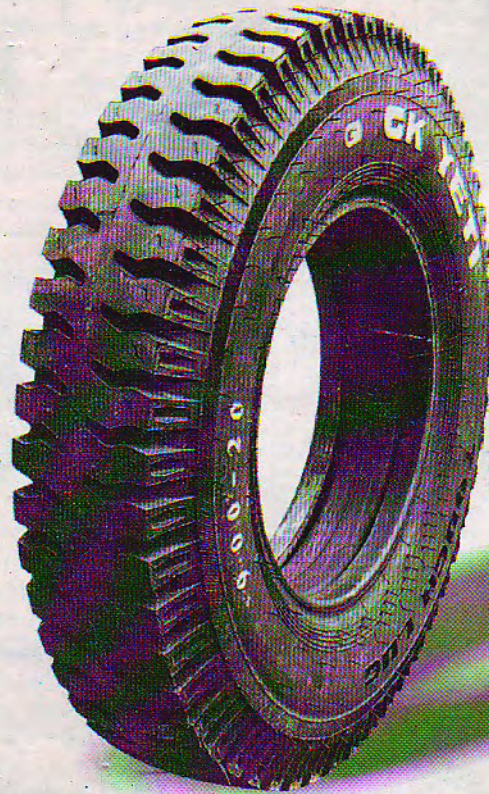
Nos. of speakers are indicated, in millions, in black. Percentages of South Asian total are indicated in red.

Proportions in:

- INDIA
- PAKISTAN (including Pakistan-held portions of Jammu & Kashmir)
- BANGLADESH
- NEPAL BHUTAN AND SIKKIM
- AFGHANISTAN
- SRI LANKA (CEYLON)



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Uses: Bus/Truck



Tyre: GK TYRE
Size: 9.00-20-16PR
Uses: Bus/Truck



Tyre: GK YETI TOUCH LUG
Size: 9.00-20-16PR
Uses: Bus/Truck



Tyre: GORKHKALI SEMI LUG
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