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INTEGRATION OF THE HUMAN RIGHTS OF WOMEN AND THE GENDER PERSPECTIVE

SPECIFIC GROUPS AND INDIVIDUALS

**Written statement* submitted by the Movement Against Racism and for Friendship Among Peoples (MRAP),
a non-governmental organization on the Roster**

The Secretary-General has received the following written statement which is circulated in accordance with Economic and Social Council resolution 1996/31.

[20 February 2006]

* This written statement is issued, unedited, in the language(s) received from the submitting non-governmental organization(s).

TIBET : Women's health under threath

> *"There is indeed a high incidences of STDs, and health workers see a high risk of an HIV/AIDS epidemic developing in the TAR, but the participation of the Tibetan prostitutes in STDs prevention campaigns in Tibet is much lower, since much more than the Chinese sex workers, they fear public 'outing' and following ostracism." – Tibet Information Network*

Between 1959-1979, the Communist campaign against the "four olds" also targeted the traditional Tibetan healing system. Tibetan medical institutes were closed down. Traditional medical professionals, who had honed their skills over a lifetime, were replaced by "barefoot doctors", who had only six months to one year of training. Most of these paramedics—between the age group of 15-19 —had no formal education before their training.[1] Foreign visitors to Tibet during that period recorded an increase in the incidence of cancer, dysentery and diarrhoea.[2]

After the economic liberalisation in 1979, there has been a noticeable improvement in health care facilities, at least in urban areas. Nevertheless, the standard of health care remained much lower than in the rest of China.[3] Dawa Tsering—a young Tibetan who returned to Tibet from exile and studied at the National Minorities Institute in Siling, Amdo, between 1979-1981—said that the hospitals in Siling provided free treatment to students and cadres, but ordinary people had to pay. "Except for emergency cases, treatment of ordinary Tibetans in these hospitals is very casual", he said.[4] A British teacher with Voluntary Service Overseas, who spent a year at Lhasa University in 1987, said that the medical service in Lhasa City was so appalling that "Chinese people would rather fly home than be admitted in Lhasa". Recollecting her visits to a friend in hospital in Lhasa, she said: "I never saw a nurse in the three days I visited. Visitors wandered in at any time in any numbers. The doctor attending her smoked. There was no curtain for privacy when she used the bedpan—neither from other patients and their relatives, nor from the outside world through the window. She was afraid to eat the food provided or drink the water, and lived on biscuits and sweets brought by friends."[5]

Tuberculosis is widely prevalent in Tibet. A journal of the *International Union Against Tuberculosis and Lung Diseases* reported in early 1988 that the prevalence of tuberculosis was highest in Xinjiang and Tibet. The report added that the "TAR's" prevalence rate of 1.26 percent and smear positive rate of 0.316 percent were twice as high as China's entire prevalence rate of 0.72 percent and smear positive rate of 0.19 percent.[6]

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[1] A. Tom Grunfeld, *The Making of Modern Tibet*, Zed Books Ltd, London, 1987, p.175
[2] *Lhasa*, Han Suyin, pp.101-106, cited by A. Tom Grunfeld
[3] *The Tibetans,* C. Mullin, , Minority Rights Group, London, 1981, p. 12, cited by Paul Ingram in *Tibet: The Facts*, p. 44
[4] *Tibetan Review*, Vol. XVI. No. 7, July 1981, "Tibet and China's Policy of Liberalization: Some Personal Observations", p. 17
[5] *Tibetan Review*, Vol. XXIII. No. 4, April 1988, "Experience of an English Teacher at Lhasa University", Julie Brittain
[6] *Tibetan Review*, Vol. XXIII. No. 7 July 1988, "Health Problems in Tibet Today" Tseten Samdup

The status of health in Tibet, particularly among children, is clearly revealed in the findings of the survey conducted between 1993 and 1996 by the Tibet Child Nutrition and Collaborative Health Project. The TCNP found evidence of chronic malnutrition and severely compromised health status. "Fifty-two percent of children examined showed signs of severe stunting (low height-for-age); over 40 percent of the children showed signs of protein energy malnutrition; and 67 percent were diagnosed with clinical rickets (a bone disease most frequently caused by vitamin D deficiency)".[7]

Despite these reports, Chinese official publications continue to claim great improvements in the health care system. According to the Chinese authorities, there were 1,300 medical establishments and 6,700 hospital beds in the "TAR" in 1998.[8] The authorities also maintain that "medical institutions can be found everywhere" in Tibet.[9] But the fact is that the health service in Tibet is highly skewed in favour of urban dwellers, who are predominantly Chinese. The inhabitants of agricultural and pastoral areas have to travel for a whole day or so by horse or yak to county capitals or larger towns for treatment. Even in urban areas, admission to an in-patient department in a government hospital demands a deposit of 500 to 3,000 yuan—an unreasonable sum for ordinary Tibetans whose average annual per capita income now is 1,258 yuan (about US$151.56).[10]

One consequence of the poor health service for Tibetans and the bad state of public hygiene, is higher mortality rates for Tibetans than Chinese. In 1981, according to the reports of the World Bank in 1984 and of the UNDP in 1991, crude death rates per thousand were 7.48 in the "TAR" and 9.92 in Amdo, as against an average of 6.6 in China. Child mortality rates are also disproportionately high: 150 per thousand against 43 for China. The TB morbidity rate, according to the World Bank, is 120.2 per 1,000 in the "TAR" and 647 per 1,000 in Amdo.

Similarly, in 1995, Tibet ranked lowest on China's life expectancy index and education index with 0.58 and 0.32 respectively, which are well below China's national average of 0.73 and 0.68 respectively

The Chinese authorities use improved health and education to legitimise its presence in Tibet. But the health and life expectancy of the population in Tibet are among the worst in the PRC. Despite official statements to the contrary, affordable and adequate health care is not available to the majority of Tibetans. This was clearly also evident when the SARS epidemic hit China when Chinese officials publicly admitted that the health-care infrastructure in rural areas will not be able to handle if the epidemic reached regions like Tibet. The failure of the health care system to reach many rural areas, and prohibitive medical costs, mean that Tibetans are still dying in significant numbers from illnesses and conditions that could easily be treated, such as diarrhea, dysentery and pneumonia.

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[7] *International Child Health*, October 1996, Vol. VII, No. 4, pp. 99-114
[8] *China's White Paper on Human Rights,* Information Office of the State Council of the People's Republic of China, , Beijing, February 2000
[9] ibid
[10] *News from China*, Embassy of the PRC, New Delhi, "Market Economy: Prerequisite to Tibet's Modernization", 22 November 2000

Zhao Bingli, head of the supervision group and deputy minister of the State Population and Family Planning Commission in China, said that the communist party wants to "keep the SARS virus out of the gate of Tibet." He also admitted that, due to the poor medical infrastructure in the TAR, with extremely limited medical resources and "short supply and relatively low quality" of medical personnel, should the epidemic enter the region, "the consequences will be too ghastly to contemplate."[11]

Dr. Bill Hanlon and Dr. Nancy Harris were involved with the Tibet Child Nutrition and Mult—drug Resistant Tuberculosis Project, working on improving the nutritional and general health situation of children in Tibet through western approach. Dr. Hanlon described the present situation: "They have a huge problem with nutrition, poor sanitation, poor hygiene, a lot of problems with infectious diseases, problems with Ricketts – a lack of vitamin D and calcium so people get stunted in growth and a lot of developmental problems. We saw a lot of stunted children, well below their ideal weight and height, many of them thin, discolored hair, thin limbs and protuberant bellies." [12]

The study, "HIV/AIDS: China's Titanic Peril,"[13] said China is on the brink of an "explosive" AIDS epidemic and could have 10 million infected people by the end of the decade. The 89-page U.N. report cited an "insufficient political commitment" and a "scarcity of effective policies" as undermining efforts against the disease in this country of 1.3 billion. It said awareness about prevention had made "little progress in China."

Siri Tellier, chairwoman of the U.N. Theme Group on HIV/AIDS in China, which prepared the report, said it was not meant as a criticism. "It would be a complete mistake to think that this report is saying that China has not done a lot to slow the spread of this terrible disease. It has done a great deal. But it's not enough," Tellier said.

The U.N. estimates number of people carrying the AIDS virus to be at least 800,000 and as high as 1.5 million - most of them infected through intravenous drug use or poor sanitation in China's blood-buying industry. If no effort is made to step up prevention and education, the number could jump to 10 million by 2010.

In 1998, it was estimated that over 658 brothels existed on the 18 main streets of Lhasa. Although majority of the prostitutes in these brothels are Chinese women. But due to economic hardship, discrimination and lack of opportunity, the number of Tibetan women falling prey to this sex industry is also increasing. This veracity has also been confirmed by a report produced by Tibet Information Network (TIN) entitled, *"Prostitution on the Rise Among Tibetans"* which states:

Recent reports from Tibet indicate that an increasing number of Tibetan women from rural areas, particularly in the Tibet Autonomous Region (TAR), are working as prostitutes. Though the fast growing sex trade is still dominated by Chinese sex workers, the number of Tibetan prostitutes, still marginal only a few years ago, has lately been on the rise.

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[11] SARS Update: Traffic in TAR resume under strict security measures, Tibet Information Network, 13 May 2004 - http://www.tibetinfo.net/news-updates/2003/2904.htm

[12] Doctor reaches Tibetan Plateau, Cochrane Times, 24 December 2003 – http://wtn/tibet/ca/en/wtnarchive/2003/12/28_3.html

[13] China Rejects U.N. Report Warning of AIDS Epidemic, Associated Press, 28 June 2002 - http://www.tibet.ca/en/wtnarchive/2002/7/1_6.html

Observers unanimously link this change to the widening economic gap between urban and rural areas, itself a direct side effect of the current Western Development Drive. The Chinese authorities have deliberately failed to prevent prostitution in Tibet as, they think, it may covertly contribute to the desecration of Tibetan society and culture.

In August 2004, UNICEF Executive Director Carol Bellamy visited TAR to get a close look at the issues faced at village level in Tibet through numerous discussions with parents, health workers and teachers. UNICEF said that this would help the agency and its local government partners to refine their strategies to reduce the stark disparities that affect much of Western China. UNICEF has been working with local government in Tibet since 1980.

"There has been much progress for women and children here, but there is still much work to do to catch up with the rest of China," said Bellamy. "We need to strengthen preventive health and do a better job of packaging interventions like education, sanitation and hygiene," she added. Although there has been significant progress in primary health care in the last decade, Tibet still has the highest maternal and child mortality rates in China. In the last decade, child and maternal death rates in Tibet have dropped by around half, reflecting enormous gains. Still, child mortality stands at 53 per thousand live births and maternal mortality is over 400 per 100,000 live births, up to eight times higher than the national rate.[14]
In July 2003, the Chinese authorities stepped up the implementation of family planning policy in Tibet with the dispatch of 64 specially equipped vehicles to be used as mobile clinics. While the clinics will be welcomed in some areas for the provision of contraception, there are fears among Tibetans that they may lead to an increase pressure on Tibetan women to undergo birth control measures.

In 1995, the Beijing Platform for Action (BPFA) defined violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological violence perpetrated or condoned by the state […] force prostitution, forced sterilization, forced abortion, coercive/ forced use of contraceptives”.

The UN Committee on the Elimination of all Forms of Discrimination against Women (CEDAW) after reviewing China's 3rd and 4th Periodic reports urged that the Special Rapporteur on Violence against Women of UNCHR be allowed to visit Tibet to investigate the growing number of forced or coerced sterilizations and abortions. [15] China never heeded to this call.

At the 59th UNCHR session in 2003, the Special Rapporteur on Violence against Women said in her report that “women in Tibet continue to undergo hardship and are also subjected to gender-specific crimes, including reproductive rights violations such as forced sterilization, forced abortion, coercive birth control policies and the monitoring of menstrual cycles.”[16]

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[14] http://www.savetibet.org/news/tibetnews/newsitem.php?id=155
[15] http://www.un.org/News/Press/docs/1999/19990201.wom1093.html - CEDAW was considering China’s 3rd and 4th Periodic Report during this session.
[16] http://ap.ohchr.org/documents/sdpage_e.aspx?b=1&se=5&t=9

On 13 May 2005, this UN Committee on Economic, Social and Cultural Rights after reviewing China's Initial Report said that the Committee remained "deeply concerned about reports of forced abortions and forced sterilisations imposed on women, including those belonging to ethnic minority groups, by local officials in the context of the one-child policy, and of the high maternal mortality rate as a result of unsafe abortions."[17] The Committee requested China "to provide information in its next periodic report in this regard, including information on women belonging to ethnic minority groups.

> *"More than half a century after the incorporation of Tibet into the PRC, affordable and adequate health care is still not available to the majority of Tibetans. Beijing's economic development policy for the PRC's western regions, including Tibet, tends to focus on large-scale infrastructure projects such as roads, railways, dams, and power stations while neglecting "soft" infrastructure such as health and education provisions."*
> - *Tibet Information Network*[18]

Recommendations:

- Urge China to take effective measures to improve the health delivery services in rural areas by allocating sufficient and increased resources.
- Urge China to make basic health services free and accessible to all Tibetans particularly in rural areas.
- Urge China to undertake urgent steps to stop spreading HIV/AIDS and other sexually transmitted diseases through sex education and awareness raising campaigns.
- Urge China to stop violating reproductive rights of Tibetan women such as forced sterilization, forced abortion, coercive birth control policies and the monitoring of menstrual cycles.
- Urge China to respect article 10 of the International Convention on Economic, Social and Cultural Rights.

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[17] http://www.unhchr.ch/tbs/doc.nsf/898586b1dc7b4043c1256a450044f331/a206bffcd68c76b1c125700500478168/$FILE/G0542245.pdf

[18] Delivery and Deficiency – Health and Health care in Tibet, Tibet Information Network, November 2002 - http://www.tibetinfo.net/publications/healthbook.htm