

# Health and Health Care in Tibet

**NUMEROUS INDICATORS SUGGEST THE PEOPLE'S REPUBLIC OF CHINA (PRC)** is far from realizing its fundamental obligations with regard to the provision of health care in Tibet. For instance, infant and child mortality in Tibet, including deaths during childbirth, are so high as to make Tibet—in this respect—one of the least developed areas on earth (Tibet Information Network, “Delivery and Deficiency”). Health care is not only unaffordable and inaccessible for a vast majority of Tibetans, but the spread of disease and the significant number of deaths due to the inadequacy of the health care system suggests that the investments made in Tibet's health sector have not properly addressed the multitude of health care issues facing Tibetans.

Common and easily-treatable conditions such as diarrhea often prove fatal in Tibet due to the unavailability of treatment and medicines. Diarrhea is responsible for 20% of infant deaths in the Tibet Autonomous Region (TAR) (“Delivery and Deficiency”); conditions resulting from iodine deficiency such as retardation and goiter are extremely prevalent and yet, even though an individual's annual requirement of iodized salt only costs five *yuan* (US \$0.67), there are still thought to be 100 million people in the PRC suffering from iodine deficiency, mainly in Tibet and Xianjiang Uyghur Autonomous Region (XUAR) (“Iodine deficiency plagues Xinjiang, Tibet,” Xinhua, May 20, 2007, [www.chinadaily.com.cn](http://www.chinadaily.com.cn)).

The dominant source of health care up until the middle of the 20th century was traditional Tibetan medicine, or *sowa wigpa* (science of healing). This blend of science and art traces back over 2,500 years, encompassing a breadth of herbal and external remedies through a blend of spiritual practices, philosophy, cosmology and anatomy. As the practice of traditional Tibetan medicine is closely tied with the doctrines of Tibetan Buddhism, it gradually became another aspect of Tibetan culture that was severely repressed when Party leader Mao Zedong declared that the old, superstitious components and particularly the religious aspect of Tibetan medicine be abolished under Chinese rule.

More recently in Tibet, an influx of Chinese migrants, shifting socio-economic and environmental conditions,

pollution, and a lack of education on proper hygiene and nutrition have led to the current health care crisis. Following the rise of the Communist Party, attempts at improving the health sector and instituting modern health care infrastructure began in the PRC, however, as evidenced by the aforementioned statistics, these attempts at modernization have not yet fully materialized.

The most glaring point of concern in the Tibetan health sector has been a lack of investment supporting the development of basic medical facilities, particularly in rural areas. The limited means of funding from local governments, which the Chinese government holds accountable for the financing of health care, strains poor counties and villages that are forced to rely on clinics in poor condition and poorly trained health workers. As government funds most often concentrate on urban dwellings, many impoverished rural Tibetans must travel long distances to receive treatment. Furthermore, health workers seeking more pay and greater opportunity flock to already over-staffed urban clinics and hospitals, while the shortage of staff in rural towns and villages grows. The lack of medical facilities and inadequate health education in rural areas, where the majority of the Tibetan population resides, results in a high incidence of fatalities from easily treatable diseases—including diarrhea, asthma, and pneumonia (“Delivery and Deficiency”). Additionally, fears that the rise in sex workers and the newly opened railway to Lhasa will provide a route for the spread of HIV/AIDS onto the Tibetan plateau. (For more information health concerns associated with the opening of the Qinghai-Tibet railway, please see ICT report “Tracking the Steel Dragon” <http://www.savetibet.org/documents/reports/tracking-steel-dragon>.)

A distrust of the nationalized health insurance system coupled with high costs few Tibetans can afford prevents many Tibetans from accessing health care. Health insurance, the Co-operative Medical System (CMS), was developed to provide patients discounted fees on medical facilities conditioned upon regular payment to their local health care provider. However, those who do not make these regular payments are forced to pay out-of-pocket when seeking medical care, and these fees are often more

than what most Tibetans are able to afford, driving many in to debt. Some Tibetans opt out of the CMS fearing the mismanagement of what little money they have, as examples of corruption and discrimination against Tibetans abound.

Incorrect diagnoses and denial of treatment for some Tibetan patients, as well as poor quality in the delivery of health care compared with Chinese patients are among the forms of discrimination. Following the March 2008 demonstrations, many injured Tibetans were simply too scared to seek medical attention, fearing harsh repercussions including torture and jail time. (See ICT report “A Great Mountain Burned by Fire” <http://www.savetibet.org/documents/reports/great-mountain-burned-fire-china%E2%80%99s-crackdown-tibet>.) Among Tibetans who have been im-

prisoned—both before and after March 2008—authorities often deny medical attention despite the prisoners’ poor condition following torture and hard labor.

China’s rapid top-down development has failed to provide Tibetans, and many Chinese, with adequate, accessible, and effective health care. Major shortcomings in the provision of health care in Tibet such as the limited funding to basic facilities, the high cost and inaccessible nature of health care for the majority of Tibetans, and corruption and discrimination each inhibit the health care system from best assisting the Tibetan population. Investment in basic health care facilities, poverty reduction, and health education is imperative for raising the standard of health care provision in Tibet.