Tears from the land of snow: health and human rights in Tibet

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More than half a century has passed since the incorporation of Tibet into the People’s Republic of China. The Chinese Government paints a rosy picture of developments in Tibet since the 1951 invasion, citing increased literacy rates and upgraded infrastructure. Yet behind this facade of modernisation, Tibetans face grim health and human rights realities.

Numbers of health workers in the TAR (Tibet Autonomous Region) might seem impressive—almost 11 000 health workers and more than 3000 barefoot doctors (people with 3–6 months’ basic health training)—but hospitals lack infrastructure and equipment. One in five city hospitals has no facilities for even simple surgery and there is only one CT scanner in all Tibet.

For the 80% of Tibetans who live in the rural hinterlands, medical facilities are scarce, and health workers here rarely have full medical training. Difficulties in transporting patients across long distances and rough terrain mean that many illnesses are left untreated.

Where facilities do exist, hospitals may charge anywhere from 1000 Yuan (US$120) in rural areas to 3000 Yuan ($360) at urban hospitals as a security deposit—many months’ salary for Tibetans.

A hidden, but dangerous, challenge to the health and human rights of Tibetan people is the absence of reliable health data separate from that of China. Non-governmental organisations, often good collectors of health data, are few in Tibet. Médecins Sans Frontières withdrew from the region at the end of 2002, after the decision that their organisation, best suited to emergency situations, could not improve Tibetans’ health while infrastructure was so inadequate.

What data are available show that the health of Tibetans is poor. Infant mortality rates at 92 per 1000 livebirths and maternal mortality rates at 20 per 10 000 in the TAR were nearly three times those in the Chinese population in the 1990s. Tuberculosis remains endemic with rates high above those in China.5 Upper respiratory infections, diarrhoeal diseases, hepatitis, and tuberculosis are all serious health problems for Tibetan children.

In 2001, 51% of Tibetan children aged 7 years or younger had severe stunting, compared with 17% for China as a whole.4 Investigators controlled for the effects of living at altitude and attributed the stunting to malnutrition. A 2004 study reported that for Tibetan children younger than 36 months, nutritional status is poor; about two-thirds have rickets.

Tuberculosis remains endemic with rates high above those in China.5 Iodine deficiency disorders are prevalent, and Tibet has the world’s highest rates of Kashin-Beck disease—up to 80% in some regions.7

Hepatitis B prevalence is as high as 15% in Lhasa.3 Although HIV/AIDS has not made an official appearance in the TAR, this situation will probably change since there is a large mobile population from neighbouring areas. Completion of the 708 mile Qinghai to Lhasa rail link in 2007 could also affect rates of HIV and other infectious diseases in the TAR.

Certainly poverty, and isolation, and altitude in many parts of Tibet—and other rural regions in China—create challenges for the delivery of health care. In addition to these difficulties, however, language barriers, persecution, and torture contribute to the poor health of Tibetans.

Around one in five Tibetan refugees in Dharamshala, India, met criteria for post-traumatic stress disorder.6 Methods of torture reported included electric shocks and suspension in painful positions, beating with iron bars, and setting dogs onto prisoners.

China may have invested in the modernisation of Tibet, but affordable and adequate health care is still not available. Beijing’s economic policy for the western region of China has focused on large-scale infrastructure projects such as roads, railways, dams, and power stations, whereas health and education have been left wanting. Although there are signs that Beijing is acknowledging the crisis, adequate healthcare for the Tibetan people will require a change in priorities as well as greater international participation.

References