



HEALTHCARE



A Tibetan traditional doctor takes the pulse of a patient (Diane Barker/Heart of Asia)

Numerous indicators suggest that China is far from realizing its fundamental obligations with regard to provision of health care in Tibet. 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.

In recent years, 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 in Tibet. Following the rise of the Communist Party, attempts at improving the health sector and instituting modern health care infrastructure began in the People's Republic of China (PRC). China has since successfully eradicated diseases that had historically plagued the

nation and progressed in the provision of health care for many Chinese people; however, in stark contrast, Tibet has continued to struggle with a dysfunctional system that has offered little for the Tibetan people.

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 overstaffed urban clinics and hospitals, while the shortage of staff in rural towns and villages grows.



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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.

Furthermore, when Tibetans are able to get to hospital, the hospitals are often run by Chinese officials who prevent Tibetan doctors from treating Tibetan patients unless they have permission to do so from their Chinese superiors. Moreover, it has been reported that hospitals in Tibet often charge exorbitant fees known as “security deposits”. Unless this “security deposit” has been paid, Tibetans are unable to receive adequate healthcare.¹ Furthermore, for nomads living in rural areas, the hospitals are often too far away.

A joint report by the Tibet Justice Center and Boston University Asylum and Human Rights Program further documented that forced sterilizations and abortions are happening in Tibet against their will. This clearly violates the right to health “*as it pertains to the right to control over one’s body, and the freedom from interference*”.²

China affirmed that it drastically reduced the maternal mortality rate to 30 women per year per 100,000 live births and the infant mortality rate to 13.1 per year per 1,000 births. However, this percentage is a national aggregated data, and does not take into account relevant disaggregated data, such as the region or the ethnicity. A report published by UNICEF in 2013 documented that mortality among ethnic minority

children is more than 50% higher than among Han Chinese children up to the age of 10 and more than 80% higher for ages between 11 and 17.⁴ “*Therefore, despite the PRC’s success at reducing the maternal mortality rate and infant mortality rate nationwide, these improvement have not reached ethnic minorities, like Tibetans*”.⁵ Infant and child mortality rates in Tibet are amongst the highest in the world. The PRC announced that it had achieved a Millennium Development Goal for reducing maternal mortality by two thirds. However, the maternal mortality rate in Tibet is 13-16 times higher than the national average.⁶ The China National Human Development Report 2013 shows that Tibet ranks the lowest in the region in the PRC in life expectancy, education and human development.⁷

Independent sources analyzing disaggregated data provide a very different perspective of the right to maternal health in Tibet. According to the research carried out by the Australian development scholar Gabriel Lafitte, maternal mortality rate in rural Tibet is around 400-500 women per year per 100,000 live births, a rate thirteen times higher than the national indicator. IMR in Tibet is also concerning, reaching 20%-30% in some areas.⁸

Other studies published in 2013 confirmed that ethnic minorities in the PRC suffer geographic marginalization and poor quality health facilities and present a higher rate of maternal mortality.⁹ The Tibet Justice Center highlighted that Tibetan children remain at high risk of malnutrition and disease.¹⁰

¹ Joint Report Tibet Justice Center and Boston University Asylum and Human Rights Program, Parallel Report Submitted to the CESCR, 1 April 2013, p. 28.

² Ibid.

³ *Maternal, infant death rates drop sharply in China: ministry*, People’s Daily, 22 September 2011. <http://english.peopledaily.com.cn/90882/7601833.html>

⁴ *What Census Data Can Tell Us About Children in China: Facts and Figures 2013*, UNICEF and UNFPA, 2013. <http://www.unicef.cn/en/uploadfile/2013/1216/20131216111141945.pdf>

⁵ *Annual Report: Human Rights Situation in Tibet*, Tibetan Centre for Human Rights and Democracy, 2013, p.78. <http://www.tchrd.org/category/annual-reports/>

⁶ *A Generation in Peril: The Lives of Tibetan Children Under Chinese Rule*, Tibet Justice Center, 2013. <http://www.tibetjustice.org/reports/children/healthcare/>

⁷ Ibid.

⁸ *Tibetan women dying in childbirth*, Gabriel Lafitte, rukor.org, 1 December 2011. <http://rukor.org/tibetan-women-dying-in-childbirth>

⁹ *Disadvantaged populations in maternal health in China who and why?*, Global Health Action, Volume 6, 3 April 2013. <http://www.globalhealthaction.net/index.php/gha/article/view/19542/html>

¹⁰ *A Generation in Peril: The Lives of Tibetan Children Under Chinese Rule*, Tibet Justice Center, 2013. <http://www.tibetjustice.org/reports/children/healthcare/>