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Like many others, I followed the call of **Jonathan Slone** and **Robert Webber** to support a Chairman's Trust project. I signed up for what I thought was a good match of my personal interest and the project objective, the 'Big Bone Disease' project in Tibet. As usual, when you sign up for commitment like that, you don't know how such a decision may impact your life.



The disease is better known under the name [Kashin Beck Disease](#) (KBD). KBD spreads from northern Russia over to Tibet, Northern China to North Korea and appears in regions where poverty and old fashioned habits prevent people from having a balanced, nutritious diet. This creates a fatal disease which makes the infected person's bones on the joints - from fingers, over hips, to knees - grow which leads to impairment of mobility, dwarfism and constant pain.

KBD mainly affects children who will become disabled at an early stage.



Despite the disease being first detected in ~1856 by N.I. Kashin and confirmed by E.V.Beck in ~1906, and later analysed by scientists from Japan, China, Korea, there was never a continuation of scientific analysis and lots of work is lost 'in translation'. Between 1992 and 2002, Medecins Sans Frontieres - Belgium (MSF) worked more systematically on the subject. KBD Foundation (KBDF) took over that work subsequently and applied a more holistic view besides medical analysis (mainly pediatrics), which was the focus of previous research. New subjects included the possible factors which may lead to this disease such as:

- Nutrition analysis
- Agrological analysis, including food production, seeds, storage, soils, water etc.
- Sociological analysis including habits, religions etc.
- Geographical / Endemic analysis



KBDF works closely with the Centre of Disease Control and Prevention of the Tibet Autonomous Region (T.A.R.). TAR is also supporting the project via the regional health bureau. Without such support KBDF would not be able to approach the local communities, hence a highly complex environment.



And suddenly I found myself drenched in a highly complex and very interesting project. There was and is a lot of literature to be digested and I had to refresh my understanding of all that science from chemistry, geology, botanic etc. etc. but I will not bore the reader with all the jargon and science here.



I thought my private and business life of the past 30 years was very colorful, however this project is adding completely new dimensions.

The Chairman's Trust Committee approved the application to support the KBDF project under the condition that I visit the project, which I did together with **Emma Levy**, CLSA's Development Coordinator of the Chairman's Trust projects.

We literally could write a book about what we experienced within the two and a half days up there in 4,200 metre altitude of Lhasa and its valleys. The only thing I would like to mention here is that we found a team of Belgians and local Tibetans who have dedicated their lives to help to analyse, diminish and eventually eradicate the disease on a sustainable level.



This team consists of medical doctors, nutritionists, agronomists, technicians, drivers, accountants and administration staff. Besides a very warm welcome, we were given an exceptional insight into Tibetan country lifestyle in remote valleys, explanations about crops and farming / harvesting methods to accounting records at the base camp in Lhasa. There is only so much one can digest in that short period of time, hence, it was one of my most intensive eye opening two and a half days I experienced.

The Chairman's Trust is now supporting KBDF over a period of two years through two programmes.



Programme 1: Food Diversification: Vegetable gardens and seeds distribution, seeds bank, green houses, local production of rapeseed oil and training.

Programme 2: Mycology (study of fungi), with the objective to implement and teach different curative measures to prevent fungal contamination of the grains. Beneficiaries are 106 villages populated with farmers and semi-nomads i.e. ~50,000 inhabitants, including ~10,000 children

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