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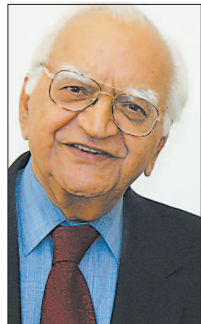
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THIS WEEK

Women Innocent Victims of AIDS

Sambhi Chair in Music at UCLA

A concert featuring two of India's most renowned classical musicians, Shujaat Khan on sitar and Abhiman Kaushal on tabla, marked Oct. 2 the inauguration of the Mohindar Brar Sambhi endowed Chair in Indian Music at UCLA's Shoenberg's Hall.



B1

SDM Cancer Fund Raises \$15,000



The SDM Cancer Relief Fund, a non-profit that has helped cancer patients and their families in India through annual fundraisers, raised \$15,000 at its 20th annual event Oct. 1 in Long Beach, Calif.

B15

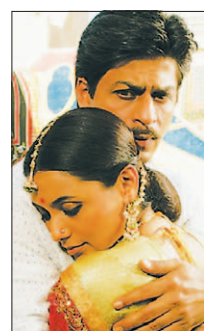
S. Asians Volunteer In Honor of Gandhi

South Asian American Leaders of Tomorrow organized gatherings in nine cities across the nation to encourage volunteerism to commemorate the apostle of peace, Mahatma Gandhi.



B13

'Paheli' Indian Entry to Oscars



Shah Rukh Khan's excellent but underrated and commercially (in India) unsung *Paheli* has been selected as India's entry to the Oscars. The choice has proven to be controversial, with many critics saying Sanjay Leela Bhansali's *Black* would have been a better choice.

C1



India-West reporter Viji Sundaram was in India for two months earlier this year on a Kaiser Media Mini Fellowship to research and report on AIDS. Her investigations took her to Tamil Nadu and Karnataka — two of the highest prevalence states in the country — as well as to Delhi, Rajasthan and Haryana, where she saw first-hand the tragedy wreaked by the raging epidemic.

This is the first in a five-part series of stories about the spread of HIV in India, focusing on how it has affected the lives of women.

6 Editors

By VIJI SUNDARAM
India-West Staff Reporter

BANGALORE — In the weeks following her husband's death from AIDS-related illnesses, Shreemathi, then 21, who became HIV positive through contact with him, tried killing herself three times, first by jumping into a well in her village in southern India, and the second time by ingesting rat poison. In her third attempt, she tried jumping off a moving train. All three



Dr. Nirmala Skill treating an AIDS patient at the Freedom Foundation clinic in Bangalore. The woman has been abandoned by her family. (Viji Sundaram photo)

times fate intervened.

What pushed her over the edge, she told *India-West*, was that her in-laws constantly told her that she had brought misfortune upon their family, and that she was responsible for her

husband's untimely death.

They forced her to wear a white sari, symbolizing her widowhood. Implicit in that sartorial demand was a warning to put aside forever any dreams she might have harbored of carving out a

new life for herself. And worst of all, they made it quite clear that she was no longer welcome in their home.

"In India, men with HIV get thrown out of their jobs; women [Cont. on page A26]

Johns Hopkins Offers Hope to Conjoined Twins

NEW DELHI (AP) — An American neurosurgeon has said he believes 10-year-old Indian twins joined at the skull could survive surgery to separate them, but that he will wait for more test results before deciding to perform the complex operation.

Dr. Benjamin Carson, director of pediatric neurosurgery at Johns Hopkins Children's Center in Baltimore, made the an-

nouncement Oct. 4 as doctors waited for the parents of sisters Saba and Farah to give the go-ahead.

"If everything goes the way we plan, I expect they will both be alive" after the surgery, Carson, an international authority on conjoined twins, told reporters.

With help from teams in Denver and at New Delhi's [Cont. on page A22]



Johns Hopkins' Dr. Benjamin Carson and Dr. Anupam Sibal with the conjoined twins Saba and Farah at a press briefing in New Delhi Oct. 4. (PTI photo)

Union Activist Gets \$100K Award



New York Taxi Workers' Alliance co-founder Bhairavi Desai

By a Staff Reporter

Bhairavi Desai, a tireless leader of hard-working New York cabbies, has won the Ford Foundation's Leadership for a

Changing World award.

Desai was one of 17 winners who will each receive \$100,000 to advance their work and an additional \$15,000 for education. [Cont. on page A34]

India, Pak to Notify Each Other on Tests

ISLAMABAD (AP) — India and Pakistan have signed a deal requiring them to notify each other of plans for ballistic missile tests, a key step in the peace process between the two nuclear-armed rivals. But expectations

of a deal on withdrawal of troops from the Siachen Glacier, the world's highest battlefield, were belied.

Indian External Affairs Minister Natwar Singh and his Pa- [Cont. on page A14]

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Women Fastest Growing Segment of Deadly AIDS Epidemic

[Cont. from page A1]

with HIV get thrown out of their homes" and become India's invisible women, said Priti Radhakrishnan of the Bangalore chapter of the non-governmental organization, Lawyers' Collective HIV/AIDS Unit, which promotes the fundamental rights of people living with the disease.

At the time, "my self-esteem was so low," recalled Shreemathi, now 26, the picture of confidence in her smart Punjabi suit, and a counselor at Freedom Foundation, an NGO in Bangalore's Hennur village that focuses on substance abuse and

chapters in other parts of Karnataka, and in Goa and Tamil Nadu. The Bangalore center also runs an AIDS orphanage. The programs are funded through international agencies, the central government and a few corporations, said Dr. Nirmala Skill, the doctor-in-charge at the Hennur village center.

Shreemathi told *India-West* that despite all the emotional pain she was put through by her in-laws, she does not want them to find out that their son's promiscuous behavior prior to his marriage was what led to his



AIDS is fast getting a woman's face. As Dr. S.Y. Qaraishi, chief of the Indian government's 14-year-old National Aids Control Organization, observed recently, "We fear the feminization will increase in the next five years, and 50 percent of all infections will be among women."

That rate is currently a little over 40 percent, which doesn't include many women who are HIV positive but don't know it. Fears of abandonment and stigmatization keep many from getting their blood tested.

Although it's been nearly 20 years since the first AIDS cases were diagnosed in India, it's only in recent years that the magnitude of the problem has been acknowledged. The government was mostly preoccupied with making India a powerful economic growth engine so the AIDS calamity, largely looked upon as a comeuppance for promiscuous behavior, was on few radar screens.

Dr. Peter Piot, head of the UN campaign to combat AIDS, observed that a "lethal mix of apa-



Dr. P. Krishnamurthy, project director of the Chennai-based Tamil Nadu AIDS Prevention and Control Society. (Viji Sundaram photo)

thy and denial" fuels spread of the disease.

Kapil Sibal, minister of state for Science and Technology and Ocean Development, called AIDS "a very, very lethal weapon of mass destruction," and warned that complacency has no place in the fight against AIDS because "none of us is immune to the impact of this disease."

Yet, to the majority of Indians, it is a disease that only affects someone else. At an AAPIO-sponsored talk in Milpitas, Calif., three months ago, visiting Health Minister Anbumani Ramadoss spoke of the many

strides India was making on the health front under the Manmohan Singh administration. The maternity mortality rate, infant mortality rate, population explosion, stem cell research and the AIDS epidemic were some of the topics he touched upon. Then, he opened the floor up to questions from the audience. Sadly, not one person asked about the burgeoning AIDS problem in India.

Ashok Alexander, the New Delhi-based head of the Gates Foundation's India campaign, Avahan, told *India-West* that he

[Cont. on page A27]

"In India, men with HIV get thrown out of their jobs; women with HIV get thrown out of their homes" and become India's invisible women, said Priti Radhakrishnan of the Bangalore chapter of the non-governmental organization, Lawyers' Collective HIV/AIDS Unit.

HIV/AIDS. "I saw no point in living. I wanted to end it all."

Shreemathi did not want her real name to be used for fear of stigmatizing her family, and jeopardizing the marital status of her two siblings at home.

The young woman, like thousands of HIV widows in India, teetered on the brink of depression and destitution. But unlike many, she had a bachelor's degree and a few years of work experience to rely upon, first as a schoolteacher, then as an accountant.

Started in 1995, the Freedom Foundation is India's first community-based care support for those with HIV. Since its inception, it has counseled hundreds of women like Shreemathi, providing some with vocational training and turning their lives around.

Aside from its Bangalore center, Freedom Foundation has

death. As he lay dying, he told his parents he had fallen and damaged his brain, and that doctors had told him there was nothing they could do to save his life.

"He told me he had been visiting sex workers since he was 15 years old," Shreemathi said. "But he did not want his parents to ever know that."

The young widow is among an estimated 2.4 million women in India who are known to be HIV positive. The majority of them, around 80 percent, contracted the disease from their husbands, a situation similar to South Africa. What frequently kills young women in both countries is not promiscuity, but marriage, U.N. Secretary General Kofi Annan observed.

Shreemathi said that when she first heard about her husband's HIV status, her initial reaction was anger, but it gave way to sadness after he expressed remorse for what he had done to her, she said.

"I told him that whatever has happened was my fate, so I will accept it," Shreemathi said in an interview she shoehorned between counseling sessions at the Hennur center.

AIDS workers say her fatalistic attitude is typical of most Indian women who contract the disease from their husbands.

"They've been raised to be caregivers, that's the cultural set-up," Skill said. "That's why they are sad over their husbands' condition, rarely angry."

In India, as in South Africa,



AIDS widow Anandi Yuraj, senior program officer of India HIV/AIDS Alliance, with her mother at their home in Delhi. (Viji Sundaram photo)



C Y M K



ASK DR. NIJJAR



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SMILE TOOTHPLICKS ETC.

Toothpicks have been used throughout the ages to pick food out from between the teeth. They come in all shapes. They are round and flat, narrow and thick, mostly pointed but some blunt, and can even be elaborately made out of ivory with gold handles. Toothpicks can be dangerous by actually creating pockets which can house bacteria and become areas of food impaction. They are not as effective as floss, and certainly don't begin to clean the bacterial plaque as floss does. Specially designed toothpicks made out of soft orange-wood are available, however, and can actually do a good job of cleaning and massaging the gums as well as cleaning the side surfaces of the teeth.

If you decide to occasionally use toothpicks, remember that chewing on toothpicks can traumatize and loosen teeth. Also remember that excessive pressure on the gums always worsens the condition. Toothpicks can really become more of an oral habit than a tooth cleaning device. Generally speaking, they should be avoided.

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Women Fastest Growing Segment of Deadly AIDS Epidemic

[Cont. from page A26]

believes that aside from apathy among the public, "the complexity of the epidemic is also contributing to the spread."

This is "mainly because there are multiple sub-epidemics playing out at once, and the high-risk groups which need to be targeted for prevention — commercial sex workers and their clients — are both dispersed and highly mobile, making focused prevention a moving target," he observed.

The Gates Foundation has so far pledged a total of \$200 mil-

had slowed in India, a claim stridently disputed by scores of NGOs there.

Sibal said thousands die slowly from such "opportunistic diseases" as tuberculosis and cancer, never realizing that they have AIDS.

"By 2020, India could lose 1.5 percent of its workforce because 90 percent of those infected are in the 15- to 49-years age group," he warned. "We must learn from what has happened in Africa."

According to the U.N. Population Division, nearly 49.5 million Indians will die of the disease be-



Karnataka, India's ninth most populous state with a population of 53 million, where 20 of 27 districts are designated as high prevalence, are equipped with condom-vending machines.

Soon, cinema theaters, bars

India, in what many called a display of misplaced prudishness, focused AIDS prevention campaigns on sexual abstinence and marital fidelity, relegating condoms to a distant third. Encouraging condoms, Bharatiya

According to the U.N. Population Division, nearly 49.5 million Indians will die of the disease between 2015 and 2050, more than any other country in the world.

lion to AIDS projects in India.

Ten years ago, the then health minister of India, Dr. B. Shankarananda, while addressing an American Association of Physicians of Indian Origin convention in Atlanta, Georgia, made a startling assertion that AIDS was not a problem in his country, and wondered what the hullabaloo was all about. At the time, there were at least 2 million documented cases of HIV-positive people in India.

Shankarananda's remarks so enraged Dr. Raj Bothra, the then chairman of AAPI's AIDS committee, that he urged then Prime Minister Narsimha Rao to fire the minister.

Today, 5.134 million people who are HIV positive, or have

tween 2015 and 2050, more than any other country in the world.

Already, AIDS has taken away so many fathers and mothers that grandparents have been forced to fill the parental void and become caregivers of orphaned grandchildren.

Qaraishi likened the rapid spread of the disease in India to a tsunami, with 10,000 new cases reported each week.

A 2002 report for the CIA by the National Intelligence Council warned that unless India tackles the problem on a war footing, there could be around 20 million cases of HIV there by the year 2010.

Even though there is disagreement on the numbers, few disagree with the directive that the



MILANA's Jyoti Kiran (third from right) with AIDS widows, who now work as counselors for HIV-positive people. (Viji Sundaram photo)

In Chennai, for example, where the first cases of AIDS were detected in 1986, barbers have been recruited for AIDS prevention because barber shops, aside from being heavy in testosterone, are notorious for "candid sex talk," noted Dr. P. Krishnamurthy, project director of the Chennai-based Tamil Nadu AIDS Prevention and Control Society of the Voluntary Health Services. In a number of the shops, customers' attention is drawn to plastic condom dispensers placed strategically near the door as they enter and leave.

Some public restrooms in

and restaurants will also have such machines, said Dr. N. Seethalakshmi, additional project director of the Karnataka AIDS Prevention Society.

In ration shops in many villages in the state, storekeepers, while ringing up purchases, routinely urge customers to buy condoms at highly subsidized prices. The shopkeepers get a commission for each packet sold.

"We call it social marketing," Seethalakshmi said, noting that the time has come to put aside the prissiness India is known for in dealing with sex-related issues.

The previous administration in

Janata Party Health Minister Sushma Swaraj had argued, would be encouraging promiscuity. Citing indecency, Swaraj pulled condom ads from state TV.

Dr. M. Anand Muthu, who volunteers at the Positive Living Clinic in Paramathivelur near the Namakkal district in Tamil Nadu, scoffed at that approach.

"The spread of HIV has clearly revealed the sexual activities of Indians," he told **India-West**, adding sarcastically: "For us, talking about sex is terrible, but (engaging) in pre-marital and extra-marital sexual activities" is

[Cont. on page A28]



Priti Radhakrishnan of Lawyers Collective HIV/AIDS Unit, who is helping draft federal legislation for HIV-positive patients. (Viji Sundaram photo)

full-blown AIDS, live in India. That's 10 percent of the world's HIV-positive population, according to the Global Fund to Fight AIDS, Tuberculosis and Malaria, a partnership that raises money to combat the deadliest global diseases.

Some non-governmental organizations in India, however, believe that the figure is closer to 10 million. Only South Africa has more cases, at 23 million.

"It's a stealth killer," noted Sibal, addressing a packed AIDS conference in New Delhi last May, a day after the World Health Organization released statistics indicating that the spread of AIDS

ABC method — abstain, be faithful, use condoms — is the best way to fight the epidemic.

"My main focus is going to be prevention," vowed Ramadoss, in an exclusive interview with **India-West** while on a trip to California last June. "We are going to do more active condom-promotion campaigns. There's going to be more condom ads displayed." And, he added: "This is going to generate controversy, but let it be."

Already, his action plan has been reflected in many Indian states, which have taken bold and innovative steps to curb spread of the disease, even without central government intervention.

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Women Fastest Growing Segment of Deadly AIDS Epidemic

[Cont. from page A27]

acceptable. In much of India, promiscuity is the most common way the epidemic spreads, and an exchange of genital fluids during sexual intercourse is the most common cause of transmission. For married women, the familial pressure to produce a child puts them at greater risk.

sweltering summer heat to the Tambaram sanatorium in Chennai to pick up the free antiretroviral medicines to boost her immune system. She did this once every month.

"My in-laws kept threatening to find him another wife if I didn't produce a child," she told **India-West** in Tamil. "I knew all along he was fooling around with other



This is true of even women in middle-class families, where significant shifts in sexual behavior are taking place as India's open market economy grows, observed Dr. Suniti Solomon who, in 1986, detected the first cases of AIDS in India among prostitutes in Chennai.

Solomon said many executives now spend a good chunk of their working lives traveling. Away from home, these men engage in dalliances, thinking they are safe as long as they don't go to the red light areas.

A Red Cross volunteer at the Tambaram sanatorium's HIV clinic told **India-West** that a patient told her he couldn't understand how he contracted the virus since he "only had sex with

his neighbor's wife, never with a commercial sex worker."

"We were treating an industrialist at our (YRG Care Clinic in Chennai), who would fly all over the world on work," recalled Solomon, the clinic's founding director. "He picked up the virus during his travels. We told him that the drugs alone wouldn't help to bring his (immunity) up, that he had to change his lifestyle as well, that he would have to stop drinking. He couldn't. Eventually, he died."

Women's rights advocates say that checking violence against women, which includes marital rape, must become an integral part of the fight against the AIDS epidemic in India. Studies show that between one in three and one in five women globally have been physically and sexually assaulted by intimate partners at least once.

Studies also show that the risk of HIV transmission increases when women are sexually assaulted or when sex is forced. The abrasions and tearing that can accompany rough sex increases the chances of infection.

But in Indian society, rape within marriage is not acknowledged, and existing laws do not act as a deterrent. The Indian Penal Code defines rape as forced sexual intercourse with a woman who is not one's wife. Even in the U.S., until 1987, marital rape was considered a crime only in 15 states, and it wasn't until 1993 that North Carolina passed laws making marital rape a crime. Now, all 50 states prosecute it.

"I hated those sexual encounters with my husband because he would come home drunk and force himself on me," said Rosie, a 23-year-old AIDS widow in Chennai, who now has the virus. "But how could I have stopped him? He was my husband, after all."

If a recommendation by the Lawyers' Collective, which is drafting legislation on HIV/



YRG Care's Dr. Suniti Solomon, who detected the first cases of AIDS in India in 1986. (Viji Sundaram photo)

Yuvraj, a young AIDS widow and senior program officer of the Delhi-based India HIV/AIDS Alliance, an NGO jointly funded by the Department for International Development in the U.K. and the United States Agency for International Development. "Once you get the virus, you are stuck with it for life."

On a warm day last May, about a dozen young women counselors of Bangalore-based MILANA-Action AID, a family support network for women infected with, or impacted by, HIV, gathered at the Richmond Road office for a brainstorming session. They were all AIDS widows and some of them were infected with the virus. Most of them had either voluntarily left the homes of their in-laws, or had been asked to, said Jyoti Kiran, MILANA's founder and a counselor.

In a no-holds-barred session, they discussed intimate details about their lives. They laughed, sang and cried together. There was no doubt they felt safe within the four walls of this center. And it was clear they were a sorority of solidarity.

None of them was shy in articulating heart-rending stories to **India-West**, although most sought some degree of anonymity so their children would not be stigmatized. MILANA had drawn

Shyamala Shiveshwarkar of the New Delhi-based Center for Advocacy and Research observed angrily: "In India, a woman's reproductive health is determined by her husband or her mother-in-law, seldom by the woman herself."

"My husband and I had been married for three years and I just couldn't conceive," said Rajam, a young AIDS widow from Vellore in Tamil Nadu.

Rajam's sore-infested arms and face and bony frame revealed her HIV-positive status. She had traveled 200 miles by bus in the

women, and my in-laws knew it, too."

Shyamala Shiveshwarkar of the New Delhi-based Center for Advocacy and Research observed angrily: "In India, a woman's reproductive health is determined by her husband or her mother-in-law, seldom by the woman herself."



Asha Ramiah, founder-member of the Karnataka Network for People Living with HIV/AIDS, with cricketers of the Indian team, and NACO chief Dr. S.Y. Qaraishi.

C Y M K

The previous administration in India, in what many called a display of misplaced prudishness, focused AIDS prevention campaigns on sexual abstinence and marital fidelity, relegating condoms to a distant third.

AIDS at the central government's behest, is made into law, marital rape will become a crime in India.

Many of India's AIDS widows are in their early to mid-20s, in the role of caretakers for their husbands and children, or trying to survive as widows in a society that largely views them as a burden. But HIV support networks are increasingly helping to infuse a sense of self-worth in more and more of them.

AIDS activists believe the empowerment of women at an early age is the key to checking feminization of the disease. "Unfortunately, women are getting empowered only after they become (AIDS) widows, when it should be that all young women should become empowered even before they get married," said Anandi

them out of their hopelessness and given them something to live for, they said in one voice.

Asha Ramiah, founder member of the Karnataka Network for People Living with HIV/AIDS, and the mother of a three-year-old son, said she had come out of her shell only after she contracted the virus. She has blossomed into an internationally recognized AIDS rights activist.

"HIV has made me a very talented woman," Ramiah told **India-West** as she worked at her computer. "Earlier, I could never speak in public, and I knew only Kannada. I was a total introvert, a recluse. Now I go all over the world doing advocacy. Now I speak Kannada, Tamil, Hindi and English."

(Next week: The AIDS widows of Namakkal.)



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