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THIS WEEK

Indians Win Top Prizes at Discovery

San Antonio, Texas, student Neela Thangada, 14, has won the Discovery Channel Young Scientist Challenge's top prize of $20,000 and the title of "America's Top Young Scientist of the Year." The second prize went to 14-year-old Nilesh Tripuraneni of Fresno, Calif. He received $10,000.

A28

MAC Cosmetics Donates $250K

Supermodel Linda Evangelista, spokesperson for MAC Cosmetics' AIDS Fund, made a special appearance in Mumbai to convey a $250,000 donation from MAC Cosmetics to the Y.R. Gaitonde Center for Aids Research and Education.

A31

Diwali Mela at Sunnyvale Temple

The Sunnyvale Hindu Temple's Diwali Mela had it all — a place to worship a favorite god, or have a scrumptious Indian meal, bargain-hunt for Indian goods or just relax with the music and dances of India.

B1

Jasraj Concert Raises $12,000

A benefit concert by Pandit Jasraj, one of the top Hindustani classical vocalists, raised $12,000 toward trauma relief and long-term rehabilitation of victims of Hurricane Katrina. The concert was held in Los Gatos, Calif. Oct. 23.

C1

Delhi Reels from Killer Blasts

A shopkeeper sits in front of his shop at the site of the Oct. 29 bomb blast in Sarojini Market in New Delhi Oct. 31. The deadly bombings killed 61 people but India went through with an unprecedented agreement to partially open the militarized frontier in Kashmir. (AFP/Getty Images)

■ Delhi blames 'foreign link' but will open camps on Line of Control

NEW DELHI (AP) – Deadly bombings that killed 61 people in the nation's capital threatened to end the recent thaw in relations with Pakistan, but India went through with an unprecedented agreement to partially open the militarized frontier that divides the Himalayan region of Kashmir between the two countries. *(Details of bomb blasts on page A16)*

Two days after the Oct. 29 bombings, Prime Minister Manmohan Singh claimed a foreign link was behind the bombings that tore through two New Delhi markets—an apparent reference to Kashmiri militants based in Pakistan—as both nations tried to preserve fragile

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Indo-U.S. Nuclear Agreement Faces Hurdles in Congress

■ Congressional panel chides State Dept. for giving few details

By FOSTER KLUG
Associated Press

WASHINGTON — Congressional support of a landmark proposal to share civilian nuclear technology with India is not guaranteed, lawmakers are telling the Bush administration.

Members of the House International Relations Committee chided the State Department Oct. 26 for providing sparse information about the July 18

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U.S. Vice President Dick Cheney shakes hands with Prime Minister Dr. Manmohan Singh upon the conclusion of his address to a Joint Meeting of Congress at the U.S. Capitol July 19. Also pictured at left is House Speaker Dennis Hastert. U.S. lawmakers have warned that they cannot guarantee support of a landmark proposal to share civilian nuclear technology with India (White House photo by David Bohrer)

Maryland Republican Governor Robert L Ehrlich, Jr., congratulates Dilip Paliath Oct. 21 at the kick-off press conference for Paliath's campaign for the Maryland House of Delegates.

Maryland Attorney Runs for Statehouse

■ Dilip Paliath to run in GOP primary for party nomination

By RICHARD SPRINGER
India-West Staff Reporter

When last heard from, Dilip Paliath, currently chief counsel in the office of Crime Control and Prevention in the office of Maryland Republican Governor Robert L Ehrlich, Jr., was seriously leaning toward running in the GOP primary next September for the Maryland state Senate (**I-W**, July 22, 2005).

Things have changed, Paliath told **India-West** Oct. 28. Instead, he has announced his candidacy for a seat in the Maryland House

[Cont. on page A36]

Migrants Bring AIDS to Villages

By VIJI SUNDARAM
India-West Staff Reporter

WOMEN & AIDS

KANCHANPORE, Rajasthan – For several weeks after her husband died, 35-year-old Vimala, unlettered like many of the women in this tiny, dusty village in the outskirts of Jaipur, turned to the family's only piece of livestock, a buffalo, to feed her four children and herself.

She would get up early every morning, milk the animal, boil the milk, add a little yogurt to it and set it aside. In a couple of hours, the hot Rajasthan desert sun would turn the milk into solid yogurt. A pot of yogurt made

[Cont. on page A33]

Suresh Prajapati (seated on mat) with his wife, Shanti. Both are HIV-positive, but say they have no access to anti-retroviral therapy. (Viji Sundaram photo)

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Rural Migrants Increasingly Face Deadly AIDS Virus

Suresh Prajapati shows a photo of him before he contracted HIV. (Viji Sundaram photos)

[Cont. from page A1]

the difference between her family eating *roti* and *sabji* that day, or starving. And being a little less dependent on the kindness of her brother.

Vimala's frail and callused hands would churn the yogurt into frothy buttermilk. Carrying the pot of buttermilk to the shade of a nearby tree, she would sit and wait for customers, while at the same time keeping one eye on her children playing outside her hut.

The woman's entrepreneurship came to an abrupt halt one day, when her neighbors discovered that she was HIV-positive, the virus that causes AIDS. They did not want to buy "contaminated" buttermilk.

Migrant laborers who move for work to areas where they do not know the local languages and don't have roots or a family, turn to sex workers to assuage their loneliness.

NACO chief Dr. S.Y. Quraishi.

Vimala, who has since educated herself about AIDS, these days counsels men and women in her village about the disease. In hindsight, she wonders if it was perhaps the same virus that had claimed her husband, Shivdayal, five years ago, leaving her with their four children, the oldest, a girl then around 10, and her youngest, also a girl, then six months old.

"Tuberculosis finally claimed him," she told **India-West** in Marwari through an interpreter. "But who knows what other illness he had."

In her blue sequined *lehnga*, pink blouse and red-and-white *odini*, Vimala looked like any other traditional Rajasthani woman. But her persistent cough, sunken eyes and bony frame pointed to a serious illness.

Tuberculosis is one of the most common causes of death among HIV-positive people.

Shivdayal, a tile-cutter, took off for Mumbai a couple of years after his marriage, hoping to find better opportunities there. His job didn't pay him much, and agricultural opportunities were very limited in his village. He had seen his neighbors try unsuccessfully to scratch a living from the parched earth.

Mumbai, with its vibrant construction industry, he was told, was where money could be made.

It was also a hot bed of AIDS.

Migration is a vital factor in understanding the unfolding of the AIDS epidemic in India.

In much of rural India, it is the traditional survival mechanism. Natural disasters such as an Orissa cyclone or a Rajasthan drought displace hundreds of people, swelling the ranks of migrants. It is estimated that India has some 200 million people who are classified as migrant workers.

When times are tough, either entire families move out of their hometowns to seek better opportunities, or the males alone leave, noted Joe Thomas, program adviser for Asia with the Association Francois-Xavier Bagnoud.

"In Rajasthan, it's mostly male migration," Thomas told **India-West**, in a telephone interview from his home in Australia.

AFXB is a non-governmental organization with headquarters in Switzerland. It has a presence in all 35 states of India.

The group started work on HIV in Rajasthan in June 2000. It has a testing and counseling center in Sumerpur, an outreach program and collaborations with local blood banks, including the zonal blood bank at Umaid hospital in Jodhpur, and is now rapidly duplicating these successes across India.

Migrant laborers who move for work to areas where they do not know the local languages and don't have roots or a family, turn to sex workers to assuage their loneliness. When they return home for a short vacation, perhaps once a year with a savings of about Rs. 200, they run the risk of silently passing on an acquired infection to their wives and future children.

The wives of many migrants in India suffer the same fate as Vimala — becoming crippled with HIV and becoming the sole caregivers to their children, either because their husbands are dead, or because they are too ill to help raise the children.

Shanti Prajapati is one such tragic case. A resident of Shri Matur village outside Jaipur, Shanti is 33, pretty, barely a literate and very docile.

She's married to Suresh, a former tile-cutter. The couple lives in a shabby brick-and-cement home owned by his father.

Early in their marriage, Suresh picked up and relocated to distant Surat in Gujarat, where he found work as a tile-cutter that paid him three times what he had made in Shri Matur. The trouble was he also found himself at least one girl friend there.

"It was my *kharab* (Hindi word for bad) behavior that got me infected" 10 years ago, he said in Marwari through an interpreter, while sitting with his wife in the verandah of their home.

Suresh, 37, passed on the virus to Shanti, who tested positive five years ago.

"She gets angry with me now and then about what I did, but what can we do now?" he said, wiping his moist forehead with the back of his hand.

Suresh has the telltale signs of the dreaded disease. His ribs poke through his torn undershirt, his eyes are rheumy and he has a persistent cough. His salt-and-pepper hair is disheveled, making him look deathly ill.

So bad was his condition that two-and-a-half years ago, doctors at a hospital in the Sikar district gave him no more than three days to live, he told **India-West**.

In the Sikar district, at least one man in every household is a tile-cutter, said Anila, a family planning worker from the village of Shri Madhupur in that district.

A ceiling fan in the verandah of Suresh's home produces more noise than breeze. Suresh is frank about his own health condition, but not his wife's.

Even though his neighbors know that they are both infected, and even though they don't shun the couple or their children, he is still embarrassed to tell them how exactly she contracted the virus, Suresh said.

"We have told them that it rained one day, my wife got a fever and ended up with HIV," he said, looking sheepish.

He has sold his wife's jewelry and used the Rs. 35,000 (about $780) to buy some medicines for himself and his wife. He used the rest to feed his family for a time. The couple has a son, now 15, and a daughter, now 17. Suresh said he needs to get the girl married, but doesn't know where to get the money to do that. For a girl to be 17 and single is uncommon in his village.

HIV-positive patient Vimala with her fatherless children, Rakesh (far left), Lakshmi (center) and Lalita.

The family is dependent on his father and brothers, who don't make much themselves.

The couple's only source of income is from the sequin work Shanti does on saris for her neighbors. They pay her Rs. 15 per sari. For the same amount of work, a store would charge at least Rs. 200. But Shanti and Suresh are in no position to bargain.

Shanti, clad in a colorful sari, has her pallav pulled over her face as she works on a chiffon sari. Only occasionally does she push the pallav back a little to help her see better, revealing attractive features. The disease hasn't ravaged her to the extent it has her husband, possibly because she has had it for a shorter time, or maybe because she has more resistance.

Where once the disease flourished mostly in the urban areas, the high mobility of the male population has brought the virus to rural areas.

Some 5.134 million people in India are HIV-positive, according to the government. According to many AIDS workers, the figure is closer to 10 million. Each day, 10,000 new patients are diagnosed with the disease, according to the National AIDS Control Organization chief, S.Y. Quraishi.

Sex workers, migrant laborers and intravenous drug users form the greater part of the HIV-positive pool in India. Where once the disease flourished mostly in the urban areas, the high mobility of the male population has brought the virus to rural areas.

Intra-state migration adds to the problem. For example, in Andhra Pradesh, in Nizamabad, Karimnagar and Prakasam, all frequently plagued by drought, men migrate to coastal areas within the state for seasonal work, augmenting the client base of commercial sex workers, Ashok Alexander of the New Dehi-based Gates Foundation's India campaign, Avahan, told **India-West**.

In Rajasthan, where 70 percent of the 56 million population lives

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Rural Migrants Increasingly Face Deadly AIDS Virus

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in rural areas, 20 percent is migrant workers. One-fifth of the HIV cases treated at the SMS Hospital in Jaipur, one of the biggest teaching hospitals in the city of palaces, forts and *havelis*, is migrant workers, noted Dr. Dinesh Mathur, professor of skin and sexually transmitted diseases at the hospital. Mathur is also the project director of the Rajasthan AIDS Control Society.

Mathur seemed not to think that AIDS was a major problem in his state since the rate of infection had not crossed "the dreadful limit of one percent in the general population," but when told about the concerns of NGOs there, he acknowledged that there was "no room for complacency in Rajasthan."

A resident of Kanchanpore village ekes out a living making clay pots.

Surat, the high-prevalence city to which Suresh migrated, is the heart of the diamond, tile and textile industries. Men who migrate there looking for jobs live in subhuman conditions in little lodges, noted Delhi-based AIDS activist Anjali Gopalan, who founded The Naz Foundation, a non-governmental organization. The same is true of those who migrate to Mumbai and other megacities.

"They live 10 men to a room, with no running water and no toilets," Gopalan told **India-West**. "Lot of sexual activities take place in those dwellings — men having sex with men and with women.

"They don't seek treatment because that would mean spending a whole day in hospital and depriving them of a day's wages."

And, she observed: "What's the use of telling this guy about HIV when his other conditions are so sub-human."

In India, targeted intervention is generally not aimed at migrant workers, but more at truckers because it is easier to design a program for them, noted Thomas. One reason for this is migrants are difficult to identify from the rest of the working population.

Additionally, "migrants stay in one place for a short period, and then move on," he said.

Hoping to reach out to as many Rajasthani migrants as possible, AFXB has launched three programs – *vatan uddharak* (advocacy for prominent Rajasthanis),

upahar grih (intervention at lodges) and *vapsi* (awareness for returning migrants), AFXB founder and president Countess Albina du Boisrouvray told **India-West** via e-mail from Chennai, where she recently attended the 5th International Conference on AIDS India.

In the 14 years it has been in India, AFXB has spent around $6 million on its AIDS programs. It has an ambitious budget of Rs.2.50 crore ($500,000) for next year, according to the countess.

Rajasthan, which has one of the highest maternity and infant mortality rates, also has a threadbare public health care system. None of the primary health care centers there is capable of identifying an HIV-related illness, asserted Thomas. And there are not enough surveillance centers to gather information on how many are infected.

Because Rajasthan is not considered a high-prevalence state, it is not included in the central government's free anti-retroviral therapy rollout program. But some hospitals buy the drugs with money from the state, said Thomas, and give it to their patients.

"We have high levels of illiteracy, commercial sex work and migration in our state, but it is still called a low-prevalence state," observed Brijesh Dubey, founder-president of the four-year-old Rajasthan Network for People Living with HIV/AIDS, angrily. "This is why we are not getting included in the central government's ARV rollout program."

High prevalence states are given high priority in programs and policies.

India's Health Minister Anbumani Ramadoss told **India-West** last June that Rajasthan has recently been categorized as "a highly vulnerable state," and as such would get more attention from the central government from now on.

According to the International AIDS Economic Network, far more of India's resources are concentrated in its vast cities, leaving rural areas with low literacy rates, less money and fewer NGOs.

Dr. Peter Piot, director of UNAIDS, pointed out in a teleconferencing session with the U.S. media last July, that "it was clear not much was being done (to fight AIDS) in most states in India, and data coming out of northern states are not enough."

Dubey, the father of three children and once a pastor in a local church, as well as a primary school teacher, is HIV-positive himself. He told **India-West** that government apathy both at the state and central level has made it a struggle for people like him to survive.

He said that people like Vimala would have been teetering on the brink of destitution had his organization not stepped in. She now makes enough money as an RNPL counselor to feed and clothe her children and herself.

"Rajasthan has displayed indifference," acknowledged Quraishi to **India-West,** declining to elaborate.

India currently spends on AIDS around $0.29 cents per person. By comparison, Thailand spends $0.55 cents per person and Uganda $1.85.

Last year, the Indian government promised free anti-retroviral drugs to 100,000 patients by April of this year. But only about 8,000 currently receive it, said Gopalan. The government recently repeated its 100,000 pledge, this time giving itself a deadline of 2007.

Anti-retrovirals cannot cure the disease, but can slow its progression. But once patients are started on the drugs, they must continue taking them all their lives.

"The drug is inaccessible to most people," lamented Gopalan.

> ***"We have told them that it rained one day, my wife got a fever and ended up with HIV," he said, looking sheepish.***

Suresh's strategy is for him and his wife to take medicine whenever there is money to be spared. They sometimes spend Rs.2,000 a month on special foods and medicines, which includes some native healing, he said.

Such a strategy is not uncommon among poor patients. Frequently, said Dr. P. Vidya of the Chennai-based YRG Research Care Center, if patients are buying their own medicines, a crimp in the family budget can force them to go off the drugs, or to skip a dose or two to stretch out the prescription.

Dr. Dinesh Mathur, project director of the Rajasthan AIDS Control Society, acknowledged there is no room for complacency in his state.

"Most (poor) patients who buy their own medicine discontinue ART because of the (prohibitive) cost," she told **India-West.**

Thomas said that in Rajasthan it is not uncommon for some physicians to tell their patients to "take a break" from their ARV therapy when their immune cell count goes back up, causing great harm to the patients.

"Treatment education for physicians as well as patients is almost nil," he said.

> ***Thomas said that in Rajasthan it is not uncommon for some physicians to tell their patients to "take a break" from their ARV therapy when their immune cell count goes back up, causing great harm to the patients.***

Given the high cost of the anti-retroviral drugs and without the assurance of treatment, there is no motivation for people to seek the specific blood test, worsening the spread of the disease.

Thirty-two-year-old Om Prakash, HIV-positive and a resident of Kanchanpore village, quit his job as a tile-cutter in Surat last year, after he began falling ill frequently.

A few months later, his 29-year-old wife, Premdevi, died of an AIDS-related illness, leaving her husband to take care of their two young children.

Om Prakash lives with his widowed mother, grandmother and married siblings. He said he rarely gets his immune cell count checked. And he has no immediate plans to get his children tested for HIV.

"What's the use of testing them, when I can't get medicine for myself?" he told **India-West** bitterly.

Dubey worries about Vimala's oldest daughter, who got recently married to a tile-cutter who has migrated to Mumbai, leaving his 16-year-old bride behind in the village.

"We have explained to her what precautions she should take when he comes to visit," Dubey said. "But God only knows whether she will follow our advice."

(This is the fifth and final report in the series on "Women and AIDS" by ***India-West*** *staff reporter Viji Sundaram, who was in India earlier this year on a fellowship from the Henry J.Kaiser Family Foundation in Menlo Park, Calif.)*

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