Health e-Letter

Letter from the Editor

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It is quite remarkable how in a matter of two decades mobile phones have taken over our lives and in some countries, such as the United Kingdom, even their population. The UK has more mobile phones than the number of people. For a gadget with millions of users it is only logical that scientists scrutinize its long term health effects. So far, there is no evidence.But it does not mean that we should not remain vigilant.

It is possible that mobile phone usage may not have life threatening consequences but other less serious ones. I, for instance, have stopped extended use of my mobile phone following a severe ear ache which was found to be related to its use. It began a fortnight ago following a rather long conversation. As it got worse I was forced to consult a specialist. Hesitatingly, I shared my concerns on mobile phone usage and the subsequent pain and swelling in my ear. Yes, he confirmed. The mobile phone had caused the pain.

The muscles inside the ear protect its most sensitive part from electromagnetic waves coming from the mobile phone, explained the doctor. Extended mobile usage could cause these muscles to overstretch and lead to excruciating pain. Excessive use of the mobile could lead to permanent damage of the inner ear, he cautioned.

I wouldn't like to speculate whether millions of people hooked on their mobile are headed towards hearing loss. I would argue for giving accurate information to people on possible risks. Ideally, both doctors and mobile phone companies should take up this responsibility. Perhaps cell phone companies should be asked to issue guidelines to consumers so as to minimize any potential adverse health impact.

Recent scientific studies too seem to have corroborated hearing loss due to mobiles. Head of the department of ear, nose, and throat at the Post Graduate Institute of Medical Education and Research in Chandigarh, Naresh K. Panda, while presenting in Washington on the findings of a study at the annual meeting of the American Academy of Otolaryngology - head and neck Surgery, said people who had talked on cell phones for more than four years and those who talked more than an hour daily were more likely to have high-frequency losses. These losses can make it difficult to hear consonants such as s, f, t and z, making it hard to understand many words.

Meanwhile, we continue to bring to you stories of our public health system that is in urgent need of reform. For more than a decade authorities have been debating making condoms available inside prisons. But as they dither on the decision more and more people continue to get infected as our story from Mumbai brings out. Our story from Nashik reveals the politics that take precedence over children's health, and in UP authorities have not even bothered to check which encephalitis causing virus is claiming numerous lives. We'd like to know what you think.

Kalpana Jain
Editor
Health e-Letter

IN THIS ISSUE

Nineteenth century laws cannot deal with 21st century issues

HIV enters prison cells but condoms cannot be allowed in

By Shekhar Deshmukh

Mumbai: Recently, a lawyer for Imtiaz Dhavte, a convict serving life imprisonment in the 1993 Mumbai blast case, announced that his client was suffering from HIV. Readers may recall a similar announcement some years ago by Abdul Karim Telgi, accused in the country's largest fake stamp-paper scam.

These announcements are a grim reminder of the fact that there are realities of prison life that are seldom discussed. They also raise several questions: For instance, when did Dhavte get infected? Did this happen in the prison? If so, then how did he get infected? We know Dhavte has been in jail for the past 13 years. How many convicts are infected inside jails? And how many have acquired the infection while being inside these prison walls?

Perhaps we will never get real answers to these questions. Jail authorities officially do not like to admit that convicts are forced into sexual acts and that there is little they can do about it. They cannot even provide condoms to prevent transmission of HIV. Archaic laws continue to treat homosexuality as a criminal offence. Therefore, condoms cannot be provided inside prisons.

RISKING LIVES

In Tihar Jail a significant percentage of inmates are considered to be at risk of contracting tuberculosis

In Trivandrum Jail, as of 1998, 20 per cent of inmates suffer from sexually transmitted diseases. Among women inmates it is 35 per cent.

In Surat jail 5 per cent of inmates were found to be HIV positive.

In Tihar Jail approximately 15 drug dependent prisoners are admitted everyday.

The majority of prisoners are sexually active.

Source: Legislating An Epidemic HIV/AIDS in India By The Lawyers Collective

Issues related to prison inmates do not attract wider media attention. Civil society has very little interest in them. Even those in the very midst of it - jail administration, police, hospital and even government, are not open to discussing issues of the inmates. In the absence of facts and figures of the number of prisoners affected by HIV, the picture can be pieced together only through those who come in contact with the convicts outside the jail.

It does seem that HIV is a real problem inside jail premises. For instance, at one of Mumbai's largest public health hospitals, the J J hospital, on average around 15 convicts per month come for HIV/AIDS treatment. However, there is hardly any counseling provided to them. When these convicts come to the hospital, they are accompanied by the police, which makes it impossible for doctor to talk to them freely.

Hospital sources who do not want to be quoted revealed that recently a convict, who came to the hospital for medical treatment, admitted that homosexual activity was common but condoms were not available. He said to his doctor, "In a place where you could not get good food, how could one expect any medical care and ever think of protecting oneself by using condoms."

The Lawyers Collective, an NGO that has taken up the issue of human rights violations of those living with HIV, has managed to collect some hard data. Speaking at a national seminar on prison reform organized by the Tata Institute of Social Sciences (TISS) last year, project director of The Lawyers Collective, Anand Grover, stated that till then, 24 prisoners serving their sentences in Mumbai's Arthur Road Jail had died due to unavailability of medical facilities.

There are anywhere between 25,000 to 30,000 prisoners in different jails of Maharashtra. Among them 45 per cent are 21 to 30 years old. They suffer from various physical and mental health issues. Doctors say they need to be treated for sexually transmitted diseases, HIV, and also drug addiction. However, health facilities are woefully inadequate.

Furthermore, high profile prisoners have access to whatever they want, be it five-star food, cigarettes, drugs, alcohol to name the obvious. But for the weak and vulnerable there is exploitation within these walls - abuse, thrashings, rape, sodomy and forced sex.

NGOs say it is necessary to sensitize jail staff about HIV and distribute condoms to male convicts. However, life

within these prisons continues to be governed by a century-old Prison Act, which was framed in 1894. The State Prison Manual still recommends third degree treatment and not providing them food as means of punishment. Under section 377 of the Indian Penal Code homosexuality remains a criminal act. (It was drafted by Lord McCauley and was framed in 1860).

NGOs feel such archaic laws are the biggest hindrance to their work. Anjali Borhade, of Disha Foundation, who conducted an intervention program at Nashik jail about 18 months ago, says a law framed over 100 years ago is the biggest obstacle in implementing preventive measures for HIV/AIDS amongst prisoners. Narrating her experiences, Borhade says she conducted the programme in the Nashik jail following a request from the jail superintendent. The superintendent unofficially admitted to homosexual activity inside jail and expressed his concern. Borhade and her fellow activists met jail inmates and talked about HIV. The inmates also spoke openly about the problems they faced.

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But on the issue of distributing condoms and needle exchange programme, she was up against a wall. The government needs to amend the prison Act and section 377 of IPC, she says. When Borhade brought this to the notice of the state home secretary, Neela Satyanarayan, she did not achieve any success.

On this issue, a well-known public prosecutor Srikant Bhatt says, "Looking at the condition of jails, we lodged a public interest litigation (PIL) in the Mumbai high court, stating that those convicts who are sexually active must be allowed to live with their families at regular intervals. We thought that the court would accept these things on humanitarian grounds. But it rejected the PIL."

Considering the above facts, the UNAIDS statement on HIV/AIDS in prisons seems only lip service when it says: "The situation is an urgent one. It involves the rights to health, security, equality before law and freedom from inhuman and degrading treatment. It must be urgently addressed for the sake of health, rights, and dignity of prisoners, for the sake of health and safety of prison staff, for the sake of communities from which prisoners come and to which they would return."

Whatever the legal issues, we all need to ask one simple question, Should a person convicted of one crime be condemned to another in the prison?

Malnutrition deaths not reported as issue acquires political tones

By Dipti Raut

Nashik: Maharashtra's Human Development Report 2002 published by the state Planning Commission says that malnutrition and childhood deaths are the biggest obstacles in the industrial and economic growth of Maharashtra. While saying so, the Congress-NCP government has accepted that malnutrition amongst children is a major problem.

When the same alliance was in opposition, it had severely criticized the Shiv Sena - BJP alliance for child deaths in Mokhada and Chikhali village. Does it make the ruling party more sensitive to the issues and change anything at ground level? The answer sadly is no. The problem of malnutrition is as severe as ever.

The issue generally crops up every monsoon season. Diarrhea, cholera and pneumonia strike rapidly in poverty-infested areas of Maharashtra. As child deaths increase, they start occupying headlines and provide an issue for opposition parties to discuss. For some days the issue causes pandemonium and adjournments in the

CHILD DEATHS IN MAHARASHTRA DUE TO MALNUTRITION

Year	Deaths
2004	1189
2005	1085

(Figures submitted by Govt. of Maharashtra to high court of Bombay)

MALNUTRITION

Year	Govt figures	NGO figures Loksangharsha Samitee, Nandurbar district, Maharashtra
2004	43	366
2005	15	146
2006	57	514

This survey was done in 14 tehsils of Nandurbar district where government figures acknowledge rate of malnutrition to be as high as 66 per cent.

Assembly. The government then promises an inquiry committee and treatment for children and the matter is put away until the next monsoon season.

Not surprisingly, it does result in some media attention on the issue. But that generally translates into victimization of a few and desperate attempts to hide the figures. This came to light after a committee appointed by the government following a Mumbai high court directive went to some affected areas. Headed by Dr. Abhay Bang from an NGO, Search, the committee found that in tribal and remote areas of Gadchiroli district, childhood deaths due to malnutrition shown in government records were only a miniscule number of the "real" figure. Health workers are not informing the government about the deaths as it only leads to their suspension order without any constructive changes in facilities provided to them.

The issue needs to be tackled at several levels: One, these deaths are not a medical problem alone. The health department needs to work in close coordination with the women and child welfare department. Doctors in the medical department and anganwadi workers in the women and child welfare department are supposed to work together to check malnutrition under the Integrated Child and Development Programme. However, none of them are willing to take up the responsibility. In fact, at the time of any crisis, both these departments are busy transferring their responsibility on to the other.

Two, under the Integrated Child Development Programme, anganwadi workers need to record the name and weight of every child under six years of age in their village. Extreme cases of malnourishment are then supposed to be sent to a primary health center for treatment. And children who are not so sick are provided nutritional food and first aid at the anganwadi centre itself. However, often anganwadi workers do not even have the scales to weigh the children.

Three, doctors are often not available at the primary health centres. If the delay in treatment results in the death of a child, it is the anganwadi worker who gets suspension orders and not the doctor. As a result anganwadi workers fudge figures and show far fewer cases of undernourished children. Consequently, mildly undernourished children do not get any notice until they reach severe forms of malnutrition.

Four, the situation of medical officers in primary health care centres or government hospitals is not quite different. In their busy schedule of visiting two to three villages, running immunization programmes, government meetings, filing reports and others, medical officers feel overloaded with their responsibilities. Malnourished children are often brought to a hospital when they are critical. If the doctor manages to save the child, rarely gets appreciation, but in the eventuality of a death, the doctor is blamed. Therefore, doctors either do not admit children who come when they are critically ill or register them as cases of pneumonia or another disease.

Five, malnourished children are often born to malnourished mothers. Most of it is directly related to poverty and girls' education. Comprehensive planning is needed to look at the problem with its multi-faceted dimensions.

Head of the health department at the Yashvantrao Chavan Maharashtra Open University, Dr. Shyam Ashtekar, says that malnutrition is a social issue rather than health issue. In tribal and remote areas where employment is not available, there is neither food security nor money to buy food grains. The problem of

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malnutrition gets worse at such places where there are no roads to bring food grains or medicines and parents need to migrate to earn their livelihood.

In fact, last year, the Mumbai high court, too, observed that the "problem of malnutrition is directly connected to the buying capacity of the family and the problem is very severe in those districts where the Employment Guarantee Scheme has not been implemented properly." No action has been taken to solve this problem.

One constructive step the government took was to provide a day's wages to parents who bring their malnourished children to the hospital to compensate for the loss in earnings. However, there are some other short-sighted policies that have been implemented which do not help people in the long run. For instance, nutritional meals in hospitals are provided only to scheduled tribe children as money is available through the Schedule Tribe Development commission. But there is no provision to provide food to another poor child who may not fall into scheduled tribe category.

Another knee-jerk effort is a 'Nutritional Home' scheme. Launched as an experiment, the government plans to set up a 'Nutritional Home' in villages with a large number of malnourished children. Mother and child will be provided food, medical treatment and safe drinking water in this home until they recover. However, such a scheme will only serve to isolate people from their community and will not be sustainable in the absence of participation from the village.

New viruses on the rampage in UP districts

By Manish Srivastava

Lucknow: Six-year-old Ballu was admitted to Lucknow's Chatrapati Shahuji Maharaj Medical College for suspected Japanese Encephalitis (JE, also called "Brain Fever"). However, his blood tests did not test positive for the Japanese Encephalitis virus. Doctors were clueless about the virus that had led to the brain fever.

The doctor on duty, Dr. Rashmi Kumar, said a virus somewhat similar to JE had infected Ballu. In general terms it could be said that Ballu was suffering from 'Acute Encephalitis Syndrome (AES)'. But in the absence of adequate diagnostic facilities, no one could say whether it was Atypical Measles Encephalitis, Chandipura Encephalitis or Reye's syndrome - among several other groups of diseases that are loosely clubbed under a common name of AES.

A shocking 642 people have reported ill with symptoms of AES in districts in eastern Uttar Pradesh, where medical facilities are poor and an accurate diagnosis of the virus is difficult to achieve. Predictably, 107 of these have died. Only 23 patients were found to be suffering from Japanese Encephalitis.

In 2005, an outbreak of this mosquito-borne disease in UP infected at least 5,581 people and claimed lives of 1,387 children. Following intense media pressure, government launched a massive vaccination programme to control subsequent outbreaks. As a result of the vaccination drive it is possible that Japanese Encephalitis might have been brought under control in most districts of eastern UP.

ACUTE ENCEPHALITIS SYNDROME (AES)

IN 2007

642	**people have reported ill with symptoms of AES in districts in eastern Uttar Pradesh**
107	**of these died**
23	**patients were found to be suffering from Japanese Encephalitis**

IN 2005

5,581	**1,387**
people were infected by this disease	**children died because of it**

Till June 15 this year, around 62 lakh children were vaccinated by the Japanese Encephalitis vaccine imported from China. Undoubtedly, the number of Japanese Encephalitis cases has come down this year. But whether there are new viruses that have emerged in this region no one can say.

A joint director in the Health Department, Dr. VS Nigam, who is also looking after the Japanese Encephalitis programme, confirms that more cases are being reported of acute encephalitis syndrome. This is leading to more deaths. Japanese Encephalitis can be checked with the help of a vaccination - that is not the case with the other viruses in this category.

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A simple ELISA test is being used in UP to detect Japanese Encephalitis. For the other viruses hospitals need to acquire the more expensive PCR machine. As of now this is available only at the Sanjay Gandhi Medical Institute. Samples from various districts need to be sent to this Institute, which has not been done yet this year.

Even as people die, the government has not even begun to take any urgent steps. Senior Health Director Dr. LB Prasad says another Institute of Virology is being set up at the Gorakhpur Medical College to help in diagnosing these viruses. He says preparations are on for this.

No pilgrimage without polio drops

By Manoj Ojha

New Delhi: The Indian government has made polio immunization mandatory for Muslims leaving for the holy city of Mecca during this fasting month of Ramadan. The directive follows growing fears of a global resurgence of the polio virus.

The World Health Organisation suggested this as one of the steps towards checking the spread of the virus outside India. Saudi Arabia, too, is keen to ensure its implementation.

Those who do not take the vaccine will do so at their own risk of not being allowed entry into that country. Saudi Arabia will check polio immunization certificates of those coming from polio-affected countries such as Nigeria, India, Afghanistan and Pakistan.

VACCINE RESISTANCE

Giving polio drops is part of western conspiracy against Muslims.

Polio drops are not vaccines but birth control methods.

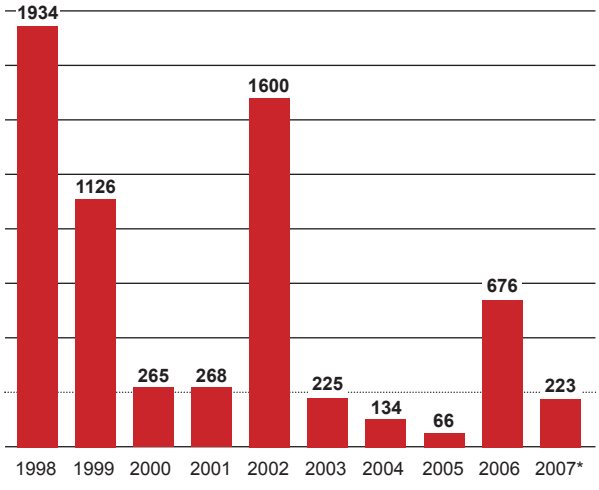
God will protect the body he has given man.

The move could be controversial as several members of the minority community have been opposed to polio vaccination. Some believe that the vaccine is actually meant for sterilization. A Muslim cleric, Maulana Habib-Ur-Rehman, vehemently opposes the plan on these grounds.

This decision has been taken under pressure from western countries, he said. "The US and European countries are trying to check our population growth," he added, while plainly believing the tales that the vaccine would sterilize male children.

So far, the polio vaccine has only been administered to children. But this time it would be given to adults so that the carriers among them do not spread the virus. Experts say uninfected adults can carry the virus without symptoms. In routine programmes, targeting adults would be extremely costly, therefore only children who are more susceptible to the disease are vaccinated.

POLIO CASES IN INDIA



** data as on 14th September 2007*

The Union ministry of health and family welfare has asked all state governments to make necessary arrangements for administration of Oral Polio Vaccine (OPV) as well as for issuing certificates to Haj pilgrims to Mecca. State governments have also been requested to set up polio vaccination booths at the offices of the State Haj Committee as well as the airports from where flights for Saudi Arabia will take off. This arrangement would ensure that the pilgrims who are unaware of the decision are administered OPV before departure and the vaccination certificates are issued to them.

Saudi Arabia has been polio-free since 1995. However, largely because of the pockets of resistance to

the vaccine in certain areas, India has been struggling to bring the numbers down. In 2005, the number of polio cases dropped to 66 raising hopes of an early eradication. But the year 2006 saw a sharp increase in numbers, as 522 children were afflicted with polio.

The National Polio Surveillance Project, a partnership between the Indian government and the WHO is coordinating the eradication efforts in the country. A senior official of WHO (NPSP) said that India has managed to check the spread to a large extent. The number of polio cases till September 14 were only 223 this year. The Rotary International Polio Committee for India has been organizing campaigns with the help of Muslim leaders to clear misconceptions amongst the community. Chairman of the Rotary International Polio Committee for India, Deepak Kapoor, said clerics were using the forum of Friday prayers to spread the message and clear doubts.

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Oral polio vaccine was incorporated into the Universal Immunisation Programme for children in 1980. Intensive Pulse Polio Immunisation (IPPI) was started in 1995, when all children under five years of age, irrespective of their immunisation status, were given additional doses of Oral Polio Vaccine (OPV) on National Immunisation Days (NIDs) and Sub National Immunisation Days (SNIDs).

Ignorance continues to perpetuate HIV stigma

By Sudhir Mishra

Lucknow: If you wanted to see a demonstration of stigma and discrimination against those living with HIV, August 31 was the date for it. For the first time the positive peoples' group in UP came out on the streets to voice its demands. And as they walked through the city, spectators wore expressions as though they had seen ghosts.

On the positive side, the network of positive people managed to involve some well-respected people in society, hoping to reduce some of the stigma with their presence. For example, the vice chancellor of Lucknow Varsity addressed the rally and the Mayor of Lucknow, Dinesh Sharma, flagged it off.

It was the first time that several among the positive peoples' group were making their status public. A certain confidence and enthusiasm on the faces of positive people taking part in the rally was quite evident.

The rally had been organized to voice several demands, such as an early passage of a proposed law which seeks to protect the rights of those living with HIV/AIDS, availability of second generation of anti retrovirals through government network and also to sensitise people and reduce stigma.

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But for the others on the road, it was a sight they had not beheld earlier. Most people were scared of being touched by the rallyists. As the positive people walked from Patel statue to Martyr memorial, people moved away quickly so they were not anywhere near them

It was quite clear that the common man is still not aware about HIV/AIDS. The reaction to the rally provided ample evidence of the stigma people living with HIV go through. People clearly felt that if they were touched by the positive people they too would get the infection.

The Positive Peoples' group led by the president of the UP network, Naresh Yadav, remained unfazed by this public display of discrimination. They raised slogans on their demands. Secretary of Indian Network of Positive People (INP plus), Abraham and Jahanvi Goswami of the Assam network also accompanied Yadav.

Interestingly, not all in the rally were from the positive peoples' group. People from different sections of society and

many other organizations too had joined them. The Lawyers' Collective and the UP AIDS Control Society also participated. Engineers, doctors, men who have sex with men, sex workers and a few others also joined this rally.

This rally tried to show that the HIV virus does not infect any community in particular, but it can infect anyone.

AWARD WINNING STORY

'Bumbai ki bimari' takes its toll in UP

By Shekhar Deshmukh

Mohanpur is a small village of fifty-odd hutments in Uttar Pradesh. A few partially built brick houses do show up once in a while as one walks through the lanes lined with mostly huts made of mud. Men can be seen lazing around and smoking casually. Women are mostly busy with household chores and children.

Munnibai lives in this village. Except that she is not allowed to step out of her partially built house. She has been infected with HIV. No one talks to her as she is suffering from what they call, 'Nauki Bimari' (new disease). This is what AIDS is known as in the interiors of Uttar Pradesh. Some also call it "Bumbai Ki Bimari" (brought from Mumbai) as mostly people who return from Mumbai are found to be infected. Munnibai's husband, who worked as a carpenter, died about a year ago.

After his death, Munnibai too was tested and found to be positive. Her in-laws threw her out of the house. Her neighbours did not extend any help and the ugliest blow came from her children who cut off all ties with her. All her savings had been spent on her husband's treatment and she had no place to go to now. She started living on the road. At thirty-five, she looked like a woman of fifty. She has been reduced to a state where she eagerly waits for any visitor or someone to talk to. Mediapersons seem to be her only support as they visit her from time to time for a sound byte.

When I visited Munnibai, Ganesh Singh, an activist, who also reports for the local media, accompanied me. Ganesh was the first to write on Munnibai's plight. He helps her with her medicines and treatment. Tears started to roll down her cheeks when Ganesh spoke some gentle, comforting words to her. "I do not want to live anymore," she said through her tears.

Ganesh, too, gets upset at her condition. In complete exasperation, he says, so many articles have been written on Munnibai's plight, but none have moved the government. Hospitals in the area continue to lack basic facilities. When I suggested that she should be taken to the nearby city of Gorakhpur for treatment, a social worker with us said the hospital there does not have a CD4 machine. (CD4 helps check a person's immune level. If a person's CD4 count falls below 200, he needs to start anti-retroviral treatment). Munnibai needed to go to Lucknow which had better facilities.

Munnibai's is not an isolated story. As I traveled around, I met several other women in a similar state as Munnibai: infected with HIV through no fault of their own, deserted by near and dear ones and living a secluded life in the cities of Gorakhpur, Maharajganj, Kushinagar, Lucknow, Allahabad, Varanasi. An HIV-positive woman in Padrauna village bordering Bihar was confined to her house for eight to ten days. Food was thrown into her house from a safe distance and her utensils kept in a separate place.

However, with no relative willing to take care of her it seemed almost impossible. Her children lived in a nearby lane with her in-laws. When I called her teenaged son and asked him to help his mother he stood with his head bowed, not answering any of my questions. Munnibai waited to hear some words from her son. But all our efforts failed to even get him to talk to his mother.

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I met a poor family in Harsevakpur near Gorakhpur. Ramanand Chauhan, was earning well as an artist in Mumbai till one day he was diagnosed with HIV. All his money was then spent on trying to get treatment. However, he could not get good medical advice. Eventually, his family stopped taking care and he succumbed to his illness. Mr. Narendra Mishra from "Positive People's Network" who was following this case said, "About 60 people come for voluntary testing at the VCTC centre every month and among them nearly 20 are diagnosed as HIV positive."

Most of them are ignorant about their follow-up. "We lack professional counselors and trained doctors who can advise these patients. We don't have records of people who need anti-retroviral treatment. We cannot supply them proper medication in time. Taking into consideration all these woes and lack of amenities, which HIV-positive patient will wish to live long?" His question and concern is genuine, but as of now no one has any concrete plan to uplift the deplorable public health care system.

Having no source of income now the family has no other alternative than begging for livelihood. His wife is illiterate and now HIV-positive, with two school-aged children and two half naked toddlers. Who can expect these two school-aged children to earn for their family? They cannot get subsidised rations as they have a partly built structure they call a house. The future for this family really looks bleak.

In Mohana village nearing Bihar border lives Sharda, who has a similar story. Sharda's husband was in Mumbai when he got infected. He died last year. Now Sharda is left alone to bring up her children who look malnourished and hungry. Her son of seven has the look of a three-year-old. His lips were wounded and flies were swarming around him. He looked weak and pale and unable to protect himself from the flies.

Thousands of men who migrate from Uttar Pradesh to Mumbai looking for livelihood fall prey to HIV. They return to their villages with diseases such as tuberculosis and diarrhea, almost always the first symptoms of HIV. Yet, most of these people are not diagnosed in time. The probable cause of death gets known only when the man's wife starts developing symptoms of HIV.

Today the HIV/AIDS epidemic is not limited to the families of commercial sex workers and truck drivers but has reached far flung villages in the country. The government needs to take urgent steps. But when would it really start taking steps on war-footing is the question.

Mr Shekhar Deshmukh received the Ramnath Goenka Excellence Award in Reporting on HIV and AIDS for the year 2006. His reports were published in Daily Loksatta between August 2005 and March 2006. Mr Shekhar Deshmukh was awarded a mini fellowship by the Kaiser Family Foundation's International Health Journalism Programme to enable him to travel and research on issues related to HIV/AIDS. This report was published on 12/04/06 in Daily Loksatta. This has been translated from Marathi.