

Dr. Anil Awachat: contact@aarogya.com

Its dawn, I hear only the clock ticking, everyone is fast asleep in the house, and I am writing this article on AIDS. Somewhere around a year or two I started gathering information about this subject. Earlier I also used to sleep peacefully, but when I met the specialists in this area and the people affected, not only did I lose sleep but this issue bothers me even when I am awake.

We are heading towards a disaster, as this disease is spreading rapidly. So the educated and aware people have to rise to face this challenge and not wait for the reformists or social workers to do something about it. For that we need to understand this subject, and to understand this subject we need not go to a microbiologist or an immunologist. We all have the capacity to understand and we have the right to understand. When the first case of AIDS was reported in the US in 1981, India gave the matter a let go, saying that such incidences occur in the US only as we do not have homosexual or pre/extra marital relationships here. When the first AIDS case in India was reported in Chennai, we ignored it as something that happens once in a blue moon. We need not worry about such matters. When AIDS awareness programs were aired on television, they had to be closed due to opposition saying such programs create unnecessary fear among the masses.

India is one of the worst affected countries today. And sometimes also known as World capital of AIDS. This is a great financial burden for a country like India, which is already loaded with problems of poverty, economic instability and a haphazard medical system and a corrupt bureaucracy. The AIDS challenge has been overlooked by the heads of the state. India has ignored the warning given by experts at the Vancouver Conference that India will have maximum AIDS patients by the year 2005, but India has already proven this ten years earlier. Before understanding the subject of AIDS we need to understand immunity first, I passed out MBBS in 1967 and compared to that the research in this field has increased a lot. I felt like a new comer in this field, so I started tutorials with specialists at the National AIDS Research Institute at Bhosari Pune. There I met this fair bespectacled gentleman Dr. Arun Paranjpe. He taught me how the immune system works.

He showed me a diagram of various cells moving towards each other. He explained me this cell stimulates this cell, this cell inhibits this cell I was unable to understand the whole puzzle, but Dr. told me there is further more complicated network of immunity in the body. But how do these cells signal each other? I asked How do they come to know? Do they think? My curiosity was increasing, Dr Paranjpe told me experiments have proven that this is regulated by chemicals. Millions of anti bodies circulate in the body to combat the lacs of germs entering our body. There is an ongoing fight in the body between the germs and antibodies which protect us from falling sick.

Whenever an external organism enters the body, it travels through the blood or lymph nodes. It is stopped by cells called macrophages. Every cell has a secret code called HLA. Every living organism has its own HLA, which is identified by macrophages and attacked upon where by its separate protein or antigen is taken to a white cell and then taken to a T-cell. These macrophages stick to a T-cell and transfer the antigens, the T-cell identifies the antigen and when it is established that this organism is external, they send an alarm throughout the body. This is how our immune system works. This T-cell which receives the antigen immediately

divides itself into numerous other cells through replication, some of which are retained as memory cells by the body. So next time when a similar organism enters the body the above procedure does not have to be repeated. These memory T-cells identify the organism immediately and the remaining T cells start secreting Lymphokine interleukin, which signals the circulating WBC in our body to protect our body. We have lymph nodes all over our body which house the WBC. This stimulates the B cells also which are a small manufacturing unit for antibodies. Each of these can create an accurate antibody in an hour, which fight the external organism and destroy it. Some of which do not respond to this procedure retain the antibody whereby the macrophages destroy the same. Some T cells turn poisonous and penetrate into the body of the external organism and destroy it and then clear out the remaining dead organisms. If these are not cleared then there are chances of attracting other cells which thrive upon these dead organisms. This is a necessary procedure where B-cell stops T cells from destroying the normal body cells.

Even after 15 years of research there is no definite cure for AIDS or even a vaccine, as every time this virus comes out of T-cell with a new subtype. There is no vaccine that would stop each subtype, this is an incurable fatal infection. The possibility of infection through intercourse is 1% but through blood transfusion it is 90%.

Questions are raised about possibility of infection through visits to the saloon, by using common combs or a mosquito bite. These are no fixed answers to this questions. Drug addicts are one major group that is responsible for spread of AIDS. I had seen the picture of the AIDS virus in the book called Frontiers published by the National Geographic. The virus is very small it is circular in shape and is pointed all over. American Scientific is a very good magazine giving detailed information about science to the common man. From an article published in the Sept '93 issue I came to know how the virus enters the body. The head of this virus is covered by a protein called G P 120. The most important cell in our body has this protein receptor and receives this protein accurately. So when the virus enters into the body, it fits exactly in to the T-cell and enters it. Every cell in our body has a nucleus which contains our DNA. DNA contains our genes. The AIDS virus does not contain the DNA but has a similar element called RNA. This virus cannot duplicate its RNA and so cannot replicate either. When the virus enters the T-cell, it creates its own DNA with the help of R T enzymes. and this DNA sticks to the DNA in the T-cell. And multiples to acquire the RNA. After this procedure another enzyme called Protease helps create another cell. Such numerous viruses stick to each cell, and the T-cell breaks open and the virus spreads in the body. This procedure continues... and leads to the spread of the virus. The destruction of T-cell means danger to the body. The antibodies cannot identify the T-cell immediately, and by the time it does, the T cell has multiplied already. This goes on in the body for 5 – 8 –10 years, but ultimately the T cell reduces in number and the immune system starts weakening. Usually the cell count is 1000 which reduces to 500 to 200 and when it reduces to 5 –10 cells other organisms also attack the body and the person dies. The aids virus does not kill the human but it destroys the key cells, which in turn invites other illnesses and the body becomes vulnerable to minor illnesses. There is a white colored fungi in the mouth called candida. This enters the food pipe and the route gets blocked. Even taking in water becomes difficult. The person may get severe diarrhea and weight may reduce rapidly. There is constant fever. Pneumocystis karini causes pneumonia (This is very rare in India).

Paranjpe further explained – drawing two lines, one horizontal and one vertical trying to demonstrate the reducing T4 cell level over the years. As the T4 cell reduces to a minimum in 10 years patients do not survive beyond ten years. Therefore during this period if the patient takes adequate care chances of survival increase by a few years.

I read a book by Abraham Verghese an NRI doctor called Gods Own Country who worked in Tennessee's mountainous region. Why would such an illness come to the small town from New York or San Francisco wondered the townspeople. But the whole village got wiped out due to AIDS. He has given heart rendering accounts of people dying slow deaths due to AIDS. I used to think it is alright if the patient dies after ten years he at least has 10 yrs of his life. My misconception was cleared after I read the book. Firstly it is very difficult to know how the virus enters the body and how it starts breaking up the immune system. Finally the person becomes disoriented with his surroundings and it becomes very difficult for the care takers to care for him.

We have wide spread TB also in India, and when we look at people who have died due to TB one percent of them are AIDS affected. Therefore, people working in this area say that the picture of AIDS in India is same as TB. The Time magazine reported that the AIDS epidemic in India is a part of the TB epidemic. People affected with AIDS will get TB but those not affected with AIDS will also get TB. Experts say a TB patient will give TB to another 20 people. When medicines are administered to a patient with AIDS and TB he will not respond to it, as the TB bacteria is already immune to it. Aids can still be prevented but how do we combat TB? it spreads through air, spit etc.

No one knows as yet the origin of AIDS. Some say it has come from monkeys, some say it has come from Africa. The virus and bacteria keep coming up in new forms, this must have come up through mutation process. In 1981 the AIDS virus was discovered in America. San Francisco and New York reported of the extremely rare cases. Pneumocystis Pneumonia and Caposi Cancer.

These occur in cases where there is very low immunity. This was declared as a new epidemic. Later USA and France came up with the discovery of the causal virus almost at the same time. During the same year tests for identifying virus came up. Eliza, Western blot and PCR. Had our scientific world not progressed so much in the last 20 years we don't know where we would have been. One person commented, had this same illness come up 25 years earlier half of the population would have perished. Latest technological developments in immunology include, CD 4, CD 8, B cells, DNA and RNA cloning and existence of certain liquids in them. One laboratory in America has serums of human blood stored. These old serum samples were tested according to the new tests and a sample of 1955 was found to be AIDS positive. Which proves that his illness is prevalent since 1955 and was killing few people. The symptoms were found in homosexuals and an association was made between homo sexual AIDS. After some time these symptoms became prevalent in normal people also. The first picture of AIDS was American second was African and now it is Asian. The disease was discovered in 1981 and the virus in 1982, and tests were developed within a year. It was expected that a cure or vaccine would also come up within a year, but since the last 15 years we have been unable to find a cure for it.

Till date humankind has witnessed many epidemics. The plaque epidemic led to the loss of lakhs of lives. The AIDS epidemic is much different compared to other epidemics. The cause of other epidemics is usually unhygienic conditions, polluted water etc. These epidemics are limited to a certain locality and time period, but it's not the case with AIDS. More so when the prime causal factor of AIDS is sexual intercourse and homosexual relationships. It is very difficult to control or change sexual behavior. In case of other epidemics we can spray, insecticides, clear garbage dumps, vaccinate and control the epidemic. It is not the case with AIDS. You do not know how many relationships a person might be having.

I happened to witness an AIDS counseling session at a center in Pune. A 25 years old HIV positive patient was sitting. The counselor asked him – Do you have relationships with anyone other than your wife? He replied with an ashamed look Yes, once, with my maid servant. Does your wife know about it? – No – he said. After explaining him about the precautions to be taken, the wife was called. She came and sat. After the initial queries she was also posed the same question. She too replied with an ashamed look, Yes, I have relationship with a guy staying near my mother's place. Another instance was when I was sitting in the OPD of Sasoon Hospital – and this young lad was sitting in front of the doctor. He was suffering from venereal diseases. He too replied that he had sexual relationship with 3 other women other than his wife. I was taken aback upon hearing this! My doctor friend commented, unpaid sex very rampant in India. We speak of Indian culture – you get a different picture of culture here. Speaking to Dr's. in field is an altogether different experience. You get a picture of practices of sex in all levels of society.

Dr. Gangakhedkar from NARI said, this has increased more so due to the media also. Media projects sex very explicitly which gives the younger generation a further boost. Even the adult channels show more of sexually explicit scenes and programs based on sex, which would give this issue a further boost.

I was sitting in the blood testing center NARI, Pune. One old village man accompanied by his son daughter –in –law and a lovely child walked in the three of them had been tested for AIDS and had come to collect the results. The results showed that the husband wife and child were AIDS positive. I was taken aback, the doctor didn't disclose results immediately and asked them to come the next day. The old man was asking the doctor, What is this illness, tell me, I am ready to spend as much as you say! Should I take him to Mumbai? Doctor said, we will see, please come tomorrow. Doctor told me after they left, that this boy had come 3 years back after visiting a prostitute, he tested positive. I had explained to him all the precautions to be taken but he went to his village and got married and now three lives are stake – what can we do in this case? NARI and other institutes working in this area have a rule to tell the person on face about the illness. My friend Dr. Anand Divekar who works here, told me that we tell them the precautions to be taken there after. He has to then decide what he has to do about it. But what if he doesn't tell his wife. I asked? What can we do about it my friend said there are so many young boys, who come here and test positive. One of them showed me his wedding invitation, I cannot inform my family in any case, I will get married after 15 days. The girl's life will get ruined. There is nothing one can do in such a case. What if we inform his family I asked? We are bound to maintain secrecy and if we do not do so you know what happens. My friend answered. One

village doctor called a meeting and told the whole village that this man has this illness and that poor man was outcaste. Even the news of the diagnosis spreads like wild fire. Some lose their jobs, some their homes, for what all shall we be responsible? I had no answer to this.

Vinita Chitale is a counselor at a center run by the Tata Institute. I asked her what she would do in such a situation. "I'll ask him to inform the girl" Vinita said, What if he doesn't listen? "I'll pressurize him? Tell him that if you don't tell, I'll tell." then he would definitely inform the girl. But what if he still resists? I asked she said then she definitely inform and not let the girls life get ruined.

Vinay Kulkarni my skin specialist friend who also works in this area. He also comes across many patients his private practice. At his centre "Prayas", a boy who tested positive, and was to be married but was not able to inform his wife – The boy himself says you only inform the girl or tell some reason and break his marriage. When I gave them some other reason then, the girls family said we will pay for the expenses admit him in Jehangir Hospital. I used to be in a very awkward position. Similar experiences quoted by my other friends. Some young men who had come to the center reported of having contracted the virus through prostitutes. One of them quoted, I had never done, 'It', so I was apprehensive whether I will be able to do 'it' and satisfy my would be wife. So I went to prostitute to do it'.

Doctor said this is a very common occurrence in our society. Due to lack of proper sex education. Sex education was an issue laughed at by the masses till date, but lack of knowledge can take the husband and wife to such a dangerous ride? One Doctor in this field quoted due to AIDS, sex education has become important these days. Now many schools, institutes invite us for lectures, earlier we used to be asking them then we didnt get good response. AIDS and prostitution is an old equation Prostitutes are mostly blamed for AIDS. Vijayatai has been working with prostitutes for some years. She says these girls (prostitutes) have not got infected by themselves, the men have given it to them, why blame them only. Dr. Ramesh Gaud works in the area of AIDS in Nasik. I visited a red light area called Ganjval with a worker. There was lot of dirt behind the bus stop. We climbed a wall and entered a hut. The whole area was dingy and dark and inhibited by prostitutes. We did not have place to sit but managed to sit. The girl was a simple dark complexioned shy girl. She used to ask other girls to use condoms, and works with Doctor Gauds' worker. In the meanwhile a lady aged around 50 walked in and asked rather rudely Where have been all night, why are you late? and started using foul language. She and the other girls pointed out to us and said meekly – Sir has come. The lady said what Sir? I don't know any sir, and picked up the broom and started beating her. We just watched stunned! The girl who was while enthusiastic till now started weeping. We had to return without being able to speak much her. We then meet one dark and lean girl from Goa, called Julie who was a prostitute in Pune. She and her daughter both were AIDS positive. She had kept her daughter in the home for orphans called 'Safosh' in Sasoon Hospital, Pune. Julie said I get up at 4 in the evening and return at 4 in the morning only. We come up with the customer only and if we come up for water the mistress sometimes hits us. Do you insist on use of a condom? I asked. We suggest, but if the customer doesn't listen we can't let the customer go due to it. If the customer goes we have to bear the brunt, so if he doesn't want to use we do not force. When she came to know I am a doctor, she asked, doctor when will there be a cure for this illness? She further asked is alcohol good or bad for this? I said its bad, it harms

your immune system is it possible for you to avoid alcohol? She pondered and replied it does not seem to be possible as every customer comes with a bottle and we have to give him company or he gets displeased. She further said I am ready to die, what will happen my daughter?

Kalyani the 'Safosh' counselor who was standing there said we have orphans coming to us, for whom we can care upto a certain age only and not beyond that. Her child is positive we do not know what to do with her as she can't be adopted also. These days the number of orphaned children affected with AIDS has increased. We feel the society should only tell us what to do about this. The first association of HIV positive people started in Pune in India, a fair young man of 30/35 runs this association. He said these prostitutes have a lot of problems. The government gives free condoms, some NGO's distribute free condoms and get publicity. These NGO's get foreign Aid also but no one knows whether the condom is used or not. I had once visited one such prostitute, she pointed out to a box of condoms under the bed and said the clients don't use this what to do with this – you tell me? I felt pity for the women who were otherwise disgusting to even look at. They were in no position to stop the spread this illness either giving it or receiving it. Pinkoo said he had been to one more such prostitute. She didn't seem to be in the mood to talk. But still upon asking said – What to tell Dada? Yesterday I had 6 clients and I asked all of them to use condom to which they refused. Now I have shown the path of death to all of them who will give it to their wives – I will be responsible for so many deaths and she started crying. Even though the client is ready to use a condom there are other dangers in store, if the client is drunk he unable to use the condom properly and dispose it also. Pinkoo said Govt distributes condom as if it is an obligation for us. When we got the condoms tested from an Australian agency it was found that 80% condoms were useless. We raised a hue and cry over the issue and now we are getting better condoms. Dr. Sanjay Mehendale of NARI says possibility of getting the infection through sex is 1%. But if its an STD, then the possibility increases by 5%. If the risk is only 1% through sex so why this alarm over the issue.?

The reason is there is frequent sexual activity going on. If a prostitute has to just exist, she has to have intercourse with at least 6 clients everyday that means almost 150 clients per month. She transfers the virus to almost 3 people every month. The virus is further spread to their wives. Dr. Gangakhedkar said we have to launch rigorous AIDS awareness programs. The percentage of AIDS in prostitutes was 1 in 1986 in Mumbai which increased to 8% in '88 and further to 34 – 41% in '91 – 92. The virus is spreading at a very rapid rate. NARI has a counselling center in Shurakrawar Peth in Pune, where they explain about the virus. The women reply – it will kill me after 10 yrs? I will die of hunger tomorrow!

The highest risk of spread is through [blood transfusion](#) and the highest risk group is of thalassemia and hemophilia patients, who need blood transfusion frequently and can't exist if blood is not given within a specific period of time. Another risk is of kidney patients who take dialysis. The blood is purified and returned to the body in each dialysis.

If the filter is not changed then the patient taking the dialysis afterwards is at risk. Some centers have separate machines for AIDS patients. One of my acquaintances had a kidney transplant through which he got AIDS now both, the donor and receiver are no more. All this took place when AIDS testing was not possible so easily. Even the blood bags available with [bl](#)

ood banks

is not risk free. Even countries like France, Germany and Japan have reported of cases where the use of tested samples has been responsible for the infection. In 1989 AIDS testing was made mandatory in India. The oldest blood bank in India in Mumbai had to undergo an investigation for having supplied infected blood.

DCP Hemant Karkare who investigated the case said there was lot of mis – management there, the registers were un maintained and it was noted that lot of people had been given untested blood. The condition is similar in Jaslok Hosp, Mumbai (Our Food and Drug Administration department is bringing this to light very efficiently) Dr. Gaud said there is more risk of infected blood spreading though unauthorized banks. These bank stores blood and have contracts with Doctors to sell away the blood, these so called Doctors are quacks who then scare some anemia patients who purchases the blood. This is not much helpful to the patient, the main cause of anemia is not taken care of. Dr. Gaud showed a chart depicting use of blood in India. 70% blood is used for anemia remaining in accident/surgery. Our countries' blood policy is that blood should be transfused the least. The less the blood is transfused the less would be the risk of spread of AIDS. Blood saves lives and should be used carefully. Nasik has many unauthorized blood banks that is what the report we got from patients coming to Mukhtangan De – addiction Center Pune. These addicts would sell blood to these quacks to raise money for drugs. Anti coagulants have to be added to stop the blood from contracting. But still the blood has to be disposed within 20–35 days. People donate a lot of blood on 26th Jan, 15th Aug, during this time there is an overflow of blood – instead people should donate on their birthdays. Where by there will be a constant supply of blood, said Dr. Vani. Dr. Gaud. suggests that NGO's should have a list of prospective donors who can be contacted when blood is required. But this is rather difficult says Dr. Vani as Government has made VDRL, Australian antigen, ELISA tests mandatory which require time and so this is not a very efficient idea.

If a patient tests positive for ELISA the blood has to be disposed according to our Government policy for AIDS patients. Dr. Sengupta for NEKO said we have to counsel the patient before and after the test. For which we lack the necessary infrastructure. Dr. Dilip Vani said the infrastructure can be raised but if we have reduce blood transfusion itself – we have to divide blood in groups – eg burns patients needs only plasma – a hemophilic needs factor 8 and some one needs only pack cells but this also needs the money and machinery – which we do not have at present.

He said about the pathetic condition in blood banks – There is untrained staff which is putting our population at stake and the health of a nation at stake. There is also a rampant black market for blood. When a person comes back disappointed he finds a broker setting at the doorstep of the blood bank – and offers him the required blood group the desperate person buys at the quoted rate. There are cases where blood transfusion is a necessity like in case of an accident. The people are now becoming apprehensive about donating blood this is a growing cause for concern. There has to be an organized network between the donor, the blood bank and receiver then only the problem can be solved. There is this case of a man called Johnson is the book called My Own Country. He was given blood during his heart surgery from there he got this virus. He unknowingly give it to his wife. He had a slow and dreadful death and the same happened with his wife. This happened in a developed country like America. What if the

surgeon does the surgery efficiently? The risk is still there. The risk of AIDS is very high in drug addicts here. Heroin is available in its purest form. It dissolves in water very easily. In Amsterdam I saw many addicts injecting themselves, with common syringes. The risk of AIDS, its 15 to 20%. The addicts coming to Mukhtangan take drugs through cigarettes or through chasing as they got impure heroin. But patients coming from Manipur – Assam Nagaland inject, they get pure heroin from Burma and they also have a very free sex culture. So AIDS is very common there. One rehabilitated patient came to my place one day he was AIDS positive, upon asking how he got the virus he said he didn't know may be it was through syringes or any of his girl friends. He then said we couldn't keep the syringes on our body, as police used to catch us immediately. And as soon as the 'product' was there we used to inject with the available syringe and frankly speaking we never used to be in our senses under the effect of drugs.

Other than semen and blood another factor for spread of AIDS is mother to child. So when a positive woman gets a pregnant she is explained the risks she is taking and then asked to take decision. It is a very difficult decision to make for a woman as motherhood is an experience every woman wants to have. One Zimbabwean woman said – how can you be so sure that my child also get AIDS! I will take care of my child I want my child.

One Canadian woman commented dying is different and dying while caring for my AIDS positive child is different. We don't even know what emotional turmoil the woman would go through. Even if the child is born negative he is at risk due to breast feeding. There are numerous villages in Africa where you can find only aged and children in the village. In our country also the number of orphans and the number of AIDS infected infants is going to increase rapidly.

To combat epidemic the doctors and workers in this are have to work with full enthusiasm. One of Pinkoos' friends got intestinal cancer – no doctor in Pune and Mumbai treated him because he was aids positive and he died untreated eventually. In Mukhtangan we get 2/3 patients out of 100 who are AIDS positive. After their cure we have to look into their problems. One of the patients had a tooth problem and when he told the dentist, he was AIDS positive he didn't get treatment. Then he got himself treated from one doctor without informing him. Surgeons do not realize unknowingly how many aids patients they must have treated and spread the infection. Surgeons fear 'needle prick' but there are ways to prevent it – but still they say why should we take the risk at all?

In the medical profession, firstly it's the nurses who are the highest risk, secondly dentists and thirdly surgeons. Certain hospitals in Pune do not operate AIDS patients. Doctors give reasons and ask him to leave. This is a case of a Hospital in Pune One ward boy got TB and he tested positive. Doctors nurses, ward boys and his family members all rejected him. Depressed and dejected, he jumped from the 4th floor. No one treated him or even lifted his body, lastly, the interns took him to the emergency room but he died on way. Doctors and patient leave AIDS patients unattended and neglected. It is feared that soon there will be almost 80% AIDS patients in hospitals what would the doctor fraternity do then?

These days disposable syringes are used but we do not have proper disposal facilities

whereby we have a racket of picking up disposed syringes from garbage dumps and repackaging as new! The syringes should be properly disposed. What can we do then? I asked Dr. Pujari. (Dr. Sanjay Pujari of Health plus. Pune.) he said take glass syringes and needles and bring the pressure cooker to 3/4 whistles – what else is auto clove? One doctor in a government hospital complained of shortage of gloves and constant auto cloving brings the gloves to shreds.

Dr. Pujari said slowly attitudes are changing among doctors. They are ready to treat the patients. I asked how do family members respond to diagnosis of AIDS? Dr. Pujari said they are every supportive and help the patient in every way. Dr. Vinaya Chitale however said that it is in case of males only – women are usually outcast. One woman coming to our center tested positive with her husband, her in-laws threw her out and parents wouldn't take in and brother and his wife opposed. So she lived in a Mumbai chawl with a maternal uncle. One of the boys' staying in the chawl happened to be a ward boy of the hospital where she used to see an AIDS specialist. He informed everyone in the chawl and due to the hue and cry raised she had to leave and now she is a prostitute in Mumbai. A village called Namakkal near Chennai has maximum truck drivers most of whom are AIDS positive and they have transferred this virus to their wives. Now those truck drivers who stay away for long periods from home very often visit roadside prostitutes. They have no other source of entertainment they say. The prostitutes and house wives are the most affected due this AIDS epidemic. They are held responsible for no fault of theirs. The women's organizations have to raise to face this challenge.

I tried explaining the seriousness of this issue to a friend he said its good – our population will decrease! its nature way to balance! But would these people say the same thing in case of a person in their family gets affected?. India had given a let go like Africa to this issue – today villages and towns have been wiped out due to the AIDS epidemic. Mr and Mrs Ranade who stayed there told me of instances where people would die like a bulb would fuse.

In Zambias' copper belt district the production has reduced by 65% as many workers have died due to AIDS and this is affecting the economy. So I'd like to tell people who say our population will decrease – that the worst affected age group of 25 –50, is the backbone of a country's economy. This is a summary from an article by an economist published by UNDP – it says, AIDS will affect people in various ways – like it will be difficult to find efficient workers which will in turn affect production, and that will affect the country's economy, as skilled labor is required. We will have to spend large amounts for hospitals for AIDS. Orphanages for AIDS affected children. This will be an added expenditure for the country which will again affect the country's economy. Taking international aid and loans from the World Bank would add more burden to the country. In today's freemarket economy the gap between rich and poor countries would widen further. This is a shocking picture to face. Africa has seen it. Thailand and Phillipenes are already in the AIDS web.

I got to know about the picture of AIDS in India due to Pinkoo. He runs an organisation called ASSOCIATION OF PEOPLE WITH AIDS (APWA) under its aegis he conducted a day workshop at Pune for aids affected people. When I asked Pinkoo of the day's program – he said that there is an indoor meeting were only AIDS patients will be there, inshort its our time to cry, – and he started laughing.

I met a dark and robust woman called Nurie who said she is a eunuch. She reported of a problem of the urinary opening contracting for which she has to get operated called (dilatation) quite often. But the doctors refuse to do the procedure as she is AIDS positive. She had started an All India Organisation for Eunuchs. She was its President. The workshop was jointly organized by UNAIDS and NEKO. I was surprised when the lovely UNAIDS representative started with I am positive. They had on their agenda among other things giving jobs to AIDS affected people in UNAIDS. They had representative's from England and Australia also. When NEKO spokesperson Dr. Sengupta started speaking of Government Policies a group of doctors started discussing something with much anger. I came to know from their conversation that AIDS patients are put in TB sanatoriums to die. I later spoke to them, they gave horrifying accounts of treatment given to AIDS patients. Some are killed and police say good you killed him. The treatment meted out to them is very much inhuman. They are not even lifted after they die. The hospitals call our group and then we go and pick them up and bury them – when I asked them how many patients they had buried?, they said almost 100 had been buried by them.

Majid is a man in Kerala who claims to have found a cure for AIDS. The initial expense is Rs. 8000/ – and additional Rs. 300 per month, poor people have sold their land and valuables for this but the claims are false and the people were cheated. When the medicine was tested in a Bangalore laboratory, only steroids were found in the medicine. He used to print WHO and ICMR certified on the label. No action could be taken due to our lack lusture system. The whole world especially the patients are waiting for a cure.

The virus enters the body and creates a DNA copy, the helping agent is RT Enzyme and a medicine blocking it was found called AZT. There was hope some where but that also was not very useful as it has a lot of side effects. At the Vancouver Conference, one more way of hope could be seen. Two medicines for stopping the process of the RNA being copied in the cell with the help of the portein enzyme were found called Ritonavir and Indinavir'. David Ho and George Shaw hypothesized in 1995 that AZT and Ritonavir and Indinavir, if combined can prove to be extremely useful. Then Dr. Ho gave a cocktail treatment to Amy Markowiz and got astonishing results. The virus was almost reduced to zero. Many people felt a sudden ray of hope and felt there was light at the end of the tunnel after all. But the medical fraternity was not amazed at this as this treatment has many limitations. This treatment has not been tested on patients who have been infected with this virus for a long period. The virus count was reduced a lot due to the PCR test but experts opine this test is not enough. The virus exists more in the lymphnodes rather than in the blood. This test does not prove that the virus has been eliminated from the lymphnodes. But yes this treatment has given the much required boost to this scene. There is no reason whatsoever for Indian to rejoice. Because these medicines will cost at least Rs. 4 to 5 lakhs per annum, along with the additional treatment expenses. Are we prepared to provide treatment to our lakhs of patients? If the virus is not wiped out completely and a certain percentage of virus is still there the patient has to continue treatment. This possible only for a very rich person.

When AIDS awareness campaigns started the leader of AIDS activists Joe, said that the medication for AIDS should be invented in an under developed because if the medicine is invented in a developed country the medication would be extremely costly. Dr. Mehendale and

Dr. Paranjpe who attended the Vancouver Conference said that AIDS activist ransacked the medicine stalls saying the companies were earning lot of profit. Dr. Gangakhedkar said, there the government cannot spend on research so they ask the drug companies to do the research. They put a less time period condition for AIDS research. The medicines which are in the market would not have been there but for the drug companies, if NGO's and patients' support groups and government come together and pressurize the companies and tell them of the available market in underdeveloped country the companies might agree to sell medicines at reduced rates. All this seems to be a distant possibility right now.

Ayurvedics claim to have known this virus long back. But there is no proof to that. So what remains with us is prevention and creating awareness regarding this illness. The leaflets that the government distributes regarding AIDS awareness are not up to the mark. We have to explain to people the seriousness of the issue. Some workers even took out processions wearing condom garlands in red light areas but that is not the correct way to create awareness. Even Doordarshan should be used carefully. Shabana Azmi is shown taking to an AIDS infected child in hand, on that a patient remarked this happens to children only.

Most of the propaganda is against prostitutes, do they have the right to decide to use the condoms? Condoms should be propagated in clients rather than in prostitutes. My friend Rajesh Kumar's agency distributes condoms at highways for truck drivers. It is necessary to promote use of condoms for precaution of AIDS, apart from family planning. We remained under the misconception that Indian culture would prevent AIDS and that a culture based society like occurs would never have to face something like this. The number of AIDS infected families is increasing and soon we will be seeing a picture of aids infected people waiting to die show deaths.

Each country should see to it that the AIDS patient dies with dignity. In propagating awareness AIDS patients should come forward and tell about themselves which would boost the propaganda against aids. Is all this possible or it is a distant dream? No minister of head of state ever speaks anything regarding AIDS! Looking to the sad state of affairs, with rampant corruption, ignorance it seem this country has lost its desire to live. I dreaded the idea. When the patient loses desire to live he dies, will this happen to us? But looking to certain dedicated young people who are working in this area, I still see a ray of hope.

I recalled the picture on the last cover page of the booklet of 'Prayas'. It was a heart moving picture of a father taking his child tied in a bundle on the carrier of his cycle for burying. I lost sleep over the picture, – Will I have to see this in my beloved country, my city Pune, where from I pass off, the road I take daily?!

Why should this be?