



Official organ of
Let Us Care for You



LUCY Gallantry Award presented to the 'Real life heroes' by Abanish Chandra Sinha, the chief speaker of LUCY Day 2009.

LUCY DAY 2009

It was a wet and cloudy afternoon of 6th September this year when a humble number of 200 and more people gathered at G.C.M. College of Education, New Barrackpur, to commemorate the LUCY Day, 2009. The program was unique in nature as it was a mixture of Inauguration of the Certificate course on Social Service through 'Community Outreach' for B.Ed students, felicitation to

the Organizations who have worked throughout the year tirelessly for the acceleration of the movement of Blood Donation and Donor Motivation, recognizing the extraordinary efforts to serve others, distinction award ceremony and a small cultural program to mark the curtains. The dignitaries graced the LUCY Day, 2009, were Mr. Sandipan Dhar - Director, United Nations Environment Programme, Mr. Abanish Sinha - Secretary, Baharampur Voluntary Blood Donors' Association, Dr.

Debasish Dhar - Teacher -in-Charge G.C.M. College of Education and others. Right At 3 PM sharp, The President of LUCY, Mrs. Moumi Chakraborty gave the inaugural speech to mark the beginning of the program. Then Dr. Debasish Dhar - Teacher -in-Charge G.C.M. College of Education expressed his views about the organization LUCY and encouraged all to join the effort. He along with the President and Secretary of the organization announced the Launch of the "Certificate course on Social Service

FROM THE DESK OF THE EDITOR

Worlds AIDS Day has been observed throughout the globe 1st December. During a special briefing on gender and human rights at the United States Capitol in Washington, D.C. on December 2nd sponsored by the Global Health Council, the Council officially unveiled the 2010 Candlelight Memorial poster and theme, "Many Lights for Human Rights." Presenters discussed critical issues around gender and HIV, the integration of family planning and HIV prevention, and approaches to integrating prevention of mother to child transmission with HIV care and antiretroviral treatment services.

Yet, in spite of all these "happenings", the public is still in denial and the stigma and discrimination against HIV remains very high. The question is why?

One major reason for the lack of adequate response, we would like to propose, is documentation. The problem is not an easy one to confront. How do people stand up and tell their stories in a land where stigma, denial, and retribution are extreme? What is the solution when the poor cannot tell their own story, and the intermediaries have to consider issues of confidentiality, legality, morality, accuracy and fidelity? The social conditions that prevent people from coming forward and telling their story are what make HIV spread in the first place. Nevertheless, I see some signs of hope. For example, as sex workers unite and ask for their rights they document their lives to be as full of concerns and humanness as those of other people; but can they start to make quilts documenting their fallen ones? As migrant workers come home to die, can communities remember them by name and face? Will the educated and well-to-do bravely withstand the pressures of society and admit and name their lost ones? Will more organizations start hospices and medical centers to care for the infected and help the public overcome their irrational fears?

We do not have any miracle solutions or suggestions on how to contain the further spread of HIV, but our organisation firmly believes that unless and until we can document it in detail we will continue to lose. If, collectively, we do not find ways to create the conditions that will make this scourge real by giving names and faces to the lives it has taken or destroyed, the epidemic will continue to grow. Being able to document will signify that we have overcome stigma and denial. So, friends we have a yardstick by which to measure progress, and a clear goal for our advocacy. The numbers from NACO, no matter how accurate or large, will not be sufficient to galvanize society in time.

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through 'Community Outreach' for B.Ed students".

Mr. Sandipan Dhar - Director, United Nations Environment Programme, was the next one to grace the podium. He spoke at length about eye and body donation movements and procedures. His rock solid views and lucid way of explaining things took the listeners in all ears.

The keynote address was delivered by Mr. Abanish Sinha - Secretary, Baharampur Voluntary Blood Donors' Association. He spoke elaborately on various aspects of Blood Donation and Donor Motivation. His speech was full of useful in formations and half the audience was busy taking notes while he was sharing his valuable experiences. He concluded his speech by a couple of short film exhibition on Blood Donation which was a unique experience for most of the listeners.

The felicitation of various organizations connected to the movements of Blood donation took place after the speech. Six(6) special Awards were given away for distinctive achievements to various organizations.

The Gallantry Awards for extraordinary efforts to serve a human life went to 3 young people. They were Mr. Pranoy Biswas, Mr. Pritam Saha, Mr. Sanjoy Chakraborty.

All of them put aside their physical exhaustion, social engagements and fear of unknown to save life of a profusely bleeding person, completely unknown to them, at 11 pm of night on Jessore Road near Madhyamgram. LUCY is proud to be able to recognize their effort in front of 200 people.

The program was concluded on a musical note with the songs performed by Mr. Bhaskar Roy and Kallol Ghoshal.

Letters to the EDITOR

It has really been a pleasure for me to be associated with LUCY even in a small way. The various programmes held by LUCY are really very encouraging and inspiring for the young minds to move forward at fight any battle of life. Boosting the morals and spreading knowledge among all has been a big success for LUCY and we all hope that in the following years LUCY will reach great heights in every field. The official organ LUCIUS is also a huge success and keeps us all waiting eagerly for the next

issue. Students like us are truly influenced by the different workshops; hope to find more of such kinds in the years to come. I would be very obliged to you if you could manage some of these kinds of workshops to be held in our colleges to inspire more students.

With good wishes

Arunima Baksi

Undergraduate student,
Dept. of Journalism

We have been receiving LUCIUS from the very birth of the Organ. We eagerly look forward for LUCIUS as it has created our hunger from the very first issue. We wish to receive the journal in future.

Joy Thakur

Secretary
Pallisree

LUCY Mourns...

Late Subir Kumar Bose, senior most member of our organization passed away on 28th November 2009 at the age of 69. His sudden demise came as a shock to the members of the organization. He was in charge of the city office. LUCY loses one of the think tanks of the organization. LUCY VISION -the Eye Donation Programme of LUCY was inaugurated by him last April. His Eyes were collected posthumously. This was the first Eye collection through our organization. We deeply mourn for him. LUCY will surely miss him in the coming days.



WHY HAS THE NUMBER 4 MILLION HIV+ FAILED TO ELICIT THE REQUIRED RESPONSE IN INDIA?

Sandipan Dhar, *Science Communicator*

At least since the beginning of 2000, most educated people in India have, at one time or other, heard that there are 4 million HIV+ people in India. (On 26 July 2003, NACO announced new estimates for infected people at the end of 2002 and the upper limit taken as the best estimate is 4.5 million!) Indians are very intelligent, caring and perceptive people, and yet this information seems to have elicited very little tangible response from the bureaucrats, or the industrialists, or the medical community, or the government or for that matter the general public. There has been a proliferation of NGOs supposedly working towards containment and finally the elimination of this scourge. Their scorecard is very mixed - while there are many good NGOs doing excellent and inspired work under dire conditions, there are many that are using HIV/AIDS to make money and promote their own agendas. Irrespective of what these NGOs do or do not do, the sheer proliferation of NGOs and the attention they have drawn should have given the public pause to think and ask questions. Yet, in spite of all these "happenings", the public is still in denial and the stigma and discrimination against HIV remains very high. The question is why?

One major reason for the lack of adequate response, I would like to propose, is documentation. The pandemic lacks names and faces that people can recognize and empathize with. Why is it that the pandemic remains undocumented when all major

newspapers, TV stations and other media repeatedly carry stories of the numbers infected and of the lives of people who are either infected or are helping the afflicted? What I would like to propose as a major reason for the lack of recognition of the problem and the failure of intellectuals to get involved is that these stories are faceless, and the numbers, even at the level of few million, are irrelevant to most people. India is not alone in this reaction, nor its people the first to exhibit such silence.

The holocaust during World War II did not raise an alarm. Most people worldwide did not find out about the extent and degree of the systematic genocide until after the war. But why do many of us, born years later, know in chilling detail what happened sixty years ago, and understand why such a situation should never be allowed to happen again. It is because the Jewish holocaust is very well documented. Auschwitz, Birkenau, Treblinka and the many other concentrations camps have preserved the memories of those killed, and an equally large number of museums in the Western world tell stories of those that were lost or survived. These stories are not in second or third voice, but are incredibly powerful personal ones. The diary of Anne Frank chronicles the strength, bravery, and loss of a 14 year old girl and speaks for every 14 year old that was lost. As a result, these stories have been woven into the fabric of Western society. Unfortunately, in spite of the worldwide awareness and media penetration, we have not been able to prevent subsequent "holocausts." The killing fields of Cambodia; the war in the Congo between 1998-2003 which many now call the

African world war; the HIV/AIDS deaths in Sub-Saharan Africa; the civil wars in Sierra Leone, Liberia, and Guinea; genocide in Bosnia and Kosovo; the famine and war in Ethiopia; the genocide in Rwanda have each claimed millions of lives and yet the scale of loss is known only in academic circles or in the corridors and publications of a few international organizations. The documentation of these tragedies continues to be faceless and, as a result, unknown. The elite continue to wear diamonds and eat chocolate without asking -- for how long have diamonds been used to fuel conflict in Africa that caused the deaths and maiming of millions of vulnerable people, or how extreme is the exploitation of children laboring to produce cocoa so that we can have chocolate. In short, the poor and the exploited do not know how to tell stories nor can they document their struggle. And in the absence of documentation, even the learned remain silent and passive.

In the United States HIV/AIDS acquired a face not because of the statistics CDC published but because of the quilts that each community was forced to make and the collages that seemed to appear overnight and grow daily in the corridors and on the walls of show business, salons, and bars. These exhibits identified brothers, sisters, mothers, fathers, sons, daughters, lovers and friends. The documentation that touched people's hearts was done by the sufferers and their loved ones who also stood up and were willing to be identified, irrespective of whether they too were infected, or ashamed of their HIV+ sibling, or still trying to reconcile to why HIV had affected their lives.

DONOR CARE - A STRATEGIC APPROACH

A well equipped blood bank with sophisticated up-to-the-minute equipments, blood bags, kits, blood collection vans, ample doctors and phlebotomist won't be of any help for the ailing patients if the blood in the shelves is not adequate.

Arrangement of blood donation camps with every possible campaign strategies applied will take a back seat without donor turnout.

Good quantity of blood is needed for safe blood transfusion and the only source is

n o n - remunerative voluntary blood donor. Voluntary blood donors are microscopic minorities even today. So we need a constant supply of blood donors. Recruitment and retention of blood donor plays a pivotal role in today's transfusion medicine. On one hand Education, Motivation, Donation is the three pillars of recruitment and Donor care and counselling are the two important factors

responsible for donor retention on the other.

Blood donor motivators, Camp Organisers and Blood collection team are the front liners. Donors' impression depends on the attribute of these individuals. Inkling about the organization in the peoples mind visiting the blood drive is created from the teams' savour which is an everlasting one. There cannot be a single blood donation drive without the blood donors and so proper care is to be taken to fulfil the minute needs of the blood donors. Peoples responsible for the reception of donors to their departure are the key contributors. Bad impression created at any point of time will discourage the donors from

future involvements. Specific teams with team leaders should be engaged who will not leave their respective positions under any circumstances.

Role of Blood Donor Motivators & Camp Organisers regarding Donor Care:

a) **Reception of donors:** Reception of donors is very important. Donors should feel that they are wanted. Dedicated volunteers should be deployed for the reception of donors. It is observed that especially in political organizations camps volunteers throng around leaders when they visit the camp leaving every other thing unattended. Celebrities present

possibility of vasovagal reaction], donor is not empty stomach or full house. Anything negative will create an adverse effect on other donors. Clear and simple post donation advice must be delivered by the escort coated as reminder to the donors which includes

- Standing rest of the day should be avoided.
- NO strenuous physical exercise within 24 hours.
- NO tampering with the venepuncture dressing and it is to be kept the rest of the day.
- Plenty of fluid should be taken.



Bedside volunteers with a smiling face encouraging blood donors.

to motivate donors also attract volunteers which in turn affects the reception of donors. These types of situation are to be avoided and volunteers in charge of the reception area should and must stick to their job.

b) **Escorts:** Well educated volunteers on Blood donation should escort blood donors to the bleeding area and accompany them back to the refreshment area with a smiling face. Queries coming from the donors end before donation must be answered in a positive manner satisfying the donor completely. This in turn boosts the donor. It's the duty of the escort to vigil that the donor has taken plenty of fluid before donation [this will reduce

• Avoid driving, diving & smoking for the next one hour.

• Heavy weight should not be lifted with the venepunctured hand.

• If the donor feels like fainting he/she should quickly lay down and raise his/her legs or sit Down and lower his/her head.

c) **Bed side Volunteer:** Fear complex is the main obstacle to blood donation. Bed side volunteers helps to eliminate fear complex by

interacting with the donors about various other issues distracting the donor while the phlebotomist carries on with his job. Giving company, talking to the donor, satisfying donor's curiosities and a confidence given to the donor is a part of donor care.

d) **Punctuality:** Today time is precious. Time is important to the donor .Unnecessary waiting will irritate the donor and the donor may leave - not to return for ever. Donors should be well informed about the start & end time of the camp and punctuality must be maintained by the organisers.

e) **Donor screening:** Donor organisers and motivators present should keep a strict

vigil that the screening is carried out properly according to the guideline. The duty of the organisers is also to observe that the technicians involved are learned and efficient in carrying out their job.

f) **Refreshment for donors:** Arrangement of Proper Refreshments for the donors is an important episode of donor care. Carbonated & caffeinated drinks must be avoided. The donors should be offered juice sandwich etc., as refreshment. Volunteers must keep a strict eye on donors so that they remain seated and relax for at least half an hour before leaving the donation venue to avoid post donation complications.

g) **Ambience of donation site:** It's a part of donor care on behalf of organisers to see that the donation site is properly ventilated with proper sanitation facilities. Privacy of Donor in screening area is to be maintained as this is a vital section of donor care. Overcrowding in the donation area is to be managed. Decoration of the camp with IEC materials like fliers, banners, posters and hoardings encourages the donors.

h) **Behaviour:** The appearance & dress of the organisers must meet with the donors, so that they feel comfortable with the organisers. The team members must show respect to themselves and the donors. Donors should not witness personal

conversations between the team members. Team members must listen to donors emphatically. Cheerful and energetic body language of the organisers and Medical team with a genuine ready smile will comfort the donors.

i) **Handling Complaints:** The complaints of the donors should be handled with equanimity keeping aside the emotions. The donor's version is to be listened with compassion without any disagreement or squabble. Information provided by the donors is to be clarified and take necessary actions. Expressing regret to the donors will ease the situation.

j) **Waving Good Bye:** After completion of the total donation procedure time comes to bid adieu. A THANK YOU with a hearty smile will ensure the donor for the next drive. Donor undergone vasovagal reactions should be taken special care and escorted to their home if needed. A phone call in the evening or the next day enquiring the donors' physical status will strengthen the relation between the organisers and the donors.

Role of Blood Collection Team in Donor Care:

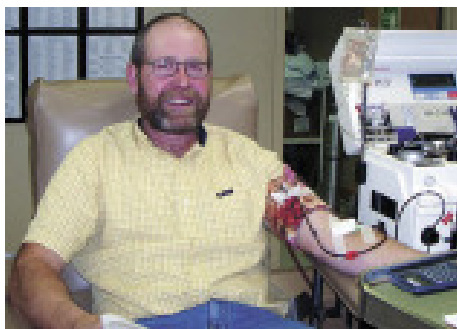
Proper Screening: It's a common practice in our state that the medical team after reaching the camp site hand over the 'donor screening card' and the weighing

machine in the hands of the organisers. Learned Donor motivators are not always found in the camps. Camp organisers unaware of the consequences send underweight donors to increase the NUMBER of the camp compromising the donors' health. Haemoglobin level is not measured using any scientific means before allowing the donor to donate. Not even the questionnaires for the blood donors properly filled and asked for. Sensitive approach from the medical practitioners end is needed for proper donor care.

Trained Technicians: Certain complications like haematoma, multiple pricking, nerve damage at venepuncture site, puncture of artery instead of vein during venepuncture, infection at venepuncture can be avoided to a large extent with proper trained phlebotomist.

As stated earlier it's the duty of the whole team comprising volunteers, motivators, organisers, doctors and phlebotomists to keep in mind about the CARE of the donor while carrying out the donation procedure. We never should forget that the health condition of a voluntary donor is as much important as the ailing patient who is waiting for the gift of life from the voluntary donor.

750 Donations at 53



It was actually a red letter day for Lionel Van Doesburg, when he returned home on November 26th after donating blood in Edmonton Donor clinic and that made him to achieve a rare milestone of 750th donation. Yes, the number is 750 and this number is still counting.

"I look at every day as a gift," said Van Doesburg with his charming smile. "The Lord has blessed me with good health so if I can donate blood products that will help somebody see another day, all the better."

Recalling how he started his blood donating journey, Van Doesburg says the first time he donated blood was a long time ago, when he was just a teenager and their church was participating in a blood donor challenge camp. That very day changed his life totally and since then he has returned 750 times to clinic to help out fellow human beings.

As a worker in dairy farm, Van Doesburg lives in South of Ludec, Canada. Every Thursday morning he visits Edmonton donor clinic, and even the Canadian snow failed to draw any scratch in his routine. 'It's just routine, it's in my schedule' he said delightedly. Initially he was donating whole blood, but after 54 sessions he started donating the Plasma, the protein-rich liquid part of blood used frequently to treat trauma patients, burn victims, and patients with serious bleeding disorders. One can donate Plasma once in a week, though it takes some extra time like 25 to 40 minutes compared to whole blood

donation, which can be done within 10 minutes. Initially some blood was drawn from the donor, which goes into the cell separator and split up into plasma and blood cells. Then red blood cells are then returned to donor using the same needle. On an average, three such cycles are necessary for a normal person to complete a full plasma donation. As this process returns the RBC to donor, the donor becomes eligible to donate more often, even once in a week.

And this process has become very popular in Canada. According to Lori Bosco, community development coordinator for Canadian Blood Services (CBS), Van Doesburg is the fourth highest number of donor in northern Alberta of Canada.

Doesburg wants to continue as long as he can and he'll continue to encourage and support others.

"Roll up your sleeve and give, it's something that's easy done" - He added.



President presenting Memento on LUCY Day 2009



August Gathering - LUCY DAY 2009



Seminar on World AIDS Day 2009



New IEC Material



Sticker Campaign - World AIDS Day 2009



Blood Donation Camp of D.Y.F.I. Madhyamgram L.C.1



New IEC Material



Singing Class for Project Smile Children

Local families united by tragedy, stress importance of blood, organ donation

At age 16, Tyla Newbold of Salt Lake City, U.S.A. didn't know if she'd make it through each night. She was living in hospital rooms and doctors couldn't help her life-threatening condition. It was one experimental procedure after another until one doctor decided to take a chance, based on unfounded research, that required a liver transplant for the young Sandy girl. Now 12 years later, Tyla Newbold has

become a symbol of the importance of organ donation. She also works as a spokesperson for the American Red Cross, promoting blood donation, as she required 238 pints during her multiple surgeries. "It's hard when someone had to die for you to live," she said at Shriners' Hospital, where she met with the family of the donor to finish preparations for the 2010 Donate Life float that will be in Pasadena's 121st Rose Parade on New Year's Day. In all likelihood, Newbold would not be alive if not for Caroline Ball Bryant, a 21-year-old who died in a car accident in 1997. When Bryant died she was eight months

pregnant, and while doctors saved the life of the child she was carrying, they could not save her after the crash. "It's one of those things about lifting the human spirit," said singer Delious Kennedy, who was eager to spread joy to the children staying at the hospital again this time. "How could you say 'no' to that when it's so easy to do." When her daughter was sick in the hospital, Teresa Newbold had invited the group to call, but they instead surprised Tyla with a visit, complete with a mini concert to cheer her up.

National news

World Aids Day 2009 commemorated

This year World AIDS Day was commemorated through various programmes. A seminar was held on 28th November 2009 on 'Prevention of HIV-Role of Youth'. A candle light March followed the next day. Institutional Screening of 'Saavdhaan' - a short film on HIV/AIDS along with an interactive session was held on 30th November at various Institutions. 1st December was marked with institution based sticker campaign, quiz competition, distribution of fliers, intervention of truckers, Migrant labours and cultural activities. ORKUTUM Community joined hands with us on 1st December in the outdoor campaigns. Blood donation Camps were also arranged in colleges on 1st December with the slogan- Safe Blood Save Lives.

Brother's Blood - Life for Sister

Senthil Kumar and Sarojini were all-in when their 18-month-old daughter, Thamirabharani, was diagnosed with thalassaemia. The blood disorder left the infant at the mercy of transfusions and with little sparkle for anything else.

Fearing a recur of the disorder in her children Sarojini aborted her next two pregnancies and it began to look like Thamirabharani would have neither a good life nor a sibling. Today, she has both -- and, to double the family's joy, her brother also turned out to be her saviour.

Giving a blissful ending to a poignant family tale and raising fresh hope of leveraging stem cell therapy, a group of doctors and specialists in Chennai and Coimbatore registered the first successful treatment of thalassaemia in a child using a sibling's umbilical cord blood. Stem cells extracted from the cord blood during Pugazhendi's birth were transplanted in Thamirabharani in March 2009. After the mandatory five months' observation period, doctors announced Thamirabharani cured of thalassaemia. The genetic disorder that affects production of haemoglobin in red blood cells carrying oxygen to various parts of the body has remained a challenge to doctors all over the world. Thamira looked and behaved healthy for more than a year. Then, one day she suddenly went pale. Doctors initially treated her for jaundice, but when she did not recover, they did a blood test. Kumar, a carpenter from

Coimbatore first heard the word Thalassaemia only then.

Doctors at the Coimbatore Medical College told Kumar his daughter should undergo blood transfusion every month. Every month, Thamirabharani's little hands were pricked. Despite transfusion, she continued to be weak. She would complain of pain in her legs. She was not able to play with her friends recalled Sarojini, her mother a housewife. She aborted her second pregnancy. A few months later, she was pregnant again. This time she consulted a doctor.

That was when Dr. R. Thiruvani, obstetrician-gynaecologist in Coimbatore, advised her to go in for a prenatal diagnostic test to determine if the child would have thalassaemia. Fifteen days later, a Chennai lab confirmed that the foetus had the disorder. Sarojini went in for another abortion.

The couple then met Dr. Revathy Raj, consultant paediatric haemato-oncologist. They told the doctor that they had decided not to have any more children, but Dr. Raj advised them to have another baby. She told them that the cord blood from a healthy baby could be used for Thamira's treatment. They were still scared, but decided to give it a try.

Sarojini became pregnant again, and this time, luck smiled on the couple. Tests showed that the fetus had healthy blood cells. Life Cell, which banks cord blood cells, offered to store the stem cells for free. After Sarojini's delivery in a Coimbatore hospital, the cord blood cells were brought to the Chennai laboratory, where it was processed and stored in liquid nitrogen at minus 196 degrees Celsius.

But it was still a long road ahead for Thamirabharani. The couple kept their fingers crossed because the tissues had to match. The test showed a perfect match. Then came another challenge: they needed Rs. 10 lakh for the therapy Thamirabharani had to undergo. As they could not afford treatment, Kumar requested NGOs and philanthropists. Everyone helped willingly. Finally, Thamirabharani underwent chemotherapy so that existing disease cells in the bone marrow were destroyed before the transplant happened. Thereafter stem cell was transplanted. Since then, her haemoglobin level has been maintained at 12.5 gm/dl. She does not carry diseased cells anymore.

International News

UAE reaching close to 100% voluntary blood donation

Millions of people around the world owe their lives to individuals they will never meet - people who donate their blood to help others. But millions more still can't get safe blood when they need it. UAE had made impressive strides in tackling the risk of contamination from unsafe blood by reaching close to 100% voluntary blood donation. The state-of-the-art blood services in the UAE, have earned the country international recognition, prompting the WHO to set up a regional centre for blood research and transfusion services in Sharjah. The UAE was the first country in the region to stop importing blood in 1984, after the discovery of HIV/AIDS. "The UAE has clearly demonstrated the power of political commitment and community involvement and sets an example we hope other countries will follow," said Neelam Dhingra, Coordinator of Blood Transfusion Safety at WHO.

Up coming Events:

Late Subir Kumar Bose Memorial Lecture on 20th December 2009

Venue : GANA BHAVAN (Darjee Para Park)
Time: 4 P.M.

Project SMILE :

22nd December - Educational Evaluation.
31st January - Educational Trip
7th February - Nutritional Counselling.
28th February - Essay Competition.
14th March - Health Check-up
28th March - Educational Evaluation.

LUCY BLOOD :

14th February - Feedback of delegates from the two National Conferences
Venue: Organization's Office
14th March - Seminar. Topic : 'Donor Care & Retention. Venue : Organization Office.

Red Ribbons:

7th February - Workshop on Preparation of IEC Material on HIV/AIDS.
Venue : Organization's Office.

LUCY VISION:

28th March - Seminar on Posthumous Eye Donation Venue: Organization's Office

National Level Workshops

25th-27th December - National Workshop and Assembly of Voluntary Blood Donors organizations & Motivators. Organized by TYAGA Burla, Orissa.

23rd-25th January 2010 - National Meet with International Participants on Donor Motivation and Recruitment. Organized by AVBD, West Bengal.

RED RIBBON EXPRESS FLAGGED OFF

After the completion of a successful journey of first phase, this year the Red Ribbon Express flagged off on December 1st, carrying HIV/AIDS prevention message on the occasion of World AIDS day. This ten coach exhibition train will be travelling to far flung places of India to break the silence and stigma around AIDS and to reach the millions with the message of HIV prevention.

According to WHO and UNAIDS, India has the third largest population suffering from AIDS following South Africa and Nigeria. Although HIV infection has declined drastically in recent years from 5.5 million in 2005 to 2.5 million in 2007, awareness about the disease

still remains poor. Besides this, there is a heavy social stigma and discrimination. The main factors which have contributed to India's large HIV-infected population are extensive labour migration, very low literacy level in rural areas and gender disparity. The Red Ribbon express aims to cover these factors and it will provide a complete communication, counselling, treatment and care package to the target population, especially in rural areas with special focus on youth and other vulnerable groups.

In the first phase this train had seven coaches and travelled over 27,000 km across 22 states. This year the train will

halt at 152 stations in high prevalence areas among which 86 are new stoppages, not covered during the journey of first phase. During the halt at each station the performing artists of the train and the volunteers will be divided into different groups. Each group will have orators and performers who will go to different villages to undertake IEC activities such as street plays, folk songs, stories and group counselling sessions. Locally mobilized youth groups will also join the team from the trains. The target of the project is to provide relief to thousands of people by providing counselling and treatment to victims.

RED RIBBON EXPRESS IN WEST BENGAL

	Date	Rly. Station
1	25.5.10 & 26.5.10	Kharagpur
2	27.5.10 & 28.5.10	Purulia
3	29.5.10 & 30.5.10	Burnpur
4	31.5.10 & 01.6.10	Asansol
5	02.6.10 & 03.6.10	Howrah



	Date	Rly. Station
6	04.6.10 & 05.6.10	Sealdah
7	06.6.10 & 07.6.10	Rampurhat
8	08.6.10 & 09.6.10	Malda Jn.
9	10.6.10 & 11.6.10	New Mali Jn
10	12.6.10 & 13.6.10	Alipurduar Jn

From the pen of Camp Organizers

On behalf of Prabhu Jagabandhu College Student's Union, I would like to thank Let Us Care for You for conducting a workshop on HIV AIDS awareness on 11th & 12th July '09 and arranging Blood Donor motivational & awareness program along with the Blood donation camp on 3rd December '09.

Participation of the students in numbers proves that both the programs were very much successful.

We have our plan to arrange those programs in our college also in coming years and for that we need your co operation.

We hope our joined hands for such kind of works can build our society in a better way.

With best regards,

Thanking you,

Abir Jana

General Secretary,

Prabhu Jagabandhu College Students' Union

Students of "New Barrackpur Prafulla Chandra Mahavidyalaya ", thanks 'Let Us Care for You' for arranging workshop on Organ donation Motivational program in our college. We learnt a lot of things about Eye donation, how we can help someone even after our death. We learnt about the need and about the patients waiting in the hospitals. We hope we will have support from LUCY again in future to arrange such kind of programs in our college.

Thanking you,

Kapil Saha

General Secretary

Students' Union

NPCM

SURFACE MAIL : 30/1/1 Nilmani Mitra Street, Kolkata - 700006 • email : lucius@lucy.in • www.lucy.in

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