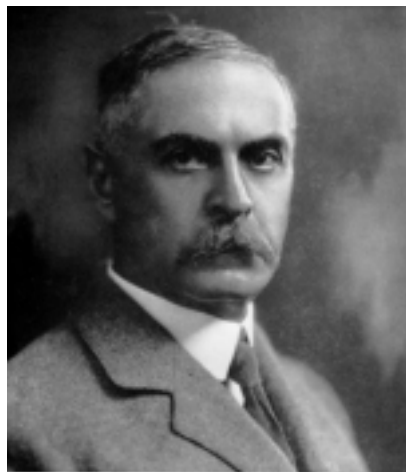




Official organ of  
Let Us Care for You

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Number 1



K. Landsteiner

Like the past few years, this year too, on 14th June, The **World Blood Donor Day** (WBDD) will be observed all over the world for creating extensive awareness, for making people realise the need for safe blood transfusion, for

putting stress on the importance of voluntary blood donation. However, as declared by WHO, ISBT and a few other organizations, it will be, above all, an occasion to thank all the voluntary blood donors and to acknowledge all those individuals, who, responding to the worldwide increase in demand for safe blood, have worked day and night to help the people at the time of their need. The World Blood Donor Day is dedicated to the unsung heroes, those

nonprofessional unpaid blood donors who have fought to create a steady foundation of safe blood supply to save the lives of people suffering from life threatening diseases.

The day 14th June is of special significance for all those who are interested in Medical Science and Biology. It is the birthday of Karl Landsteiner, the eminent Austrian Biologist and physician who received the Nobel Prize in 1930 for discovering the ABO Blood Group System.

According to WHO, ISBT, IFRCRCS and IFBDO, "In 2009, the global theme for World Blood Donor Day will...place a renewed emphasis on improving the safety and sufficiency of blood supplies through the achievement of 100 per cent voluntary non-remunerated donation of blood and blood components." "This very broad theme", they observe, "is designed to provide an opportunity for all countries to focus on specific challenges to be addressed..."

The four respective organizations have stressed that those countries which have not yet reached the level of 100 percent voluntary blood donation should take necessary measures and formulate a national blood donation policy and refocus on innovative

programmes to increase the participation of young men and women as voluntary blood donors, to do away with the problem of paid or remunerated donation. They have called upon those countries who have reached the level of 100 percent voluntary donation, to increase the number of regular donors for maintaining a stable pool of blood donors who will meet, in routine and emergency, the requirements of blood and blood components. These organizations, on this special eve, have decided to encourage "countries that have developed mechanisms for the procurement of blood products to establish cooperation with other countries to secure adequate supplies of blood products based on voluntary donations."

LUCY, out of its social commitment, has resolved to organise several programmes on this occasion. To ensure a wide impact for WBDD 2009, the LUCY core committee has decided to hold institution based sticker campaign on 13th June this year. On the next day, i.e. on 14th June, the members of LUCY will participate and mobilise the local voluntary blood donors of Garia in their in-house blood donation camp. At the evening they will take part in a candlelight procession.

## The History of HIV/AIDS in India

Sandipan Dhar

At the beginning of 1986, despite over 20,000 reported AIDS cases worldwide, India had no reported cases of HIV or AIDS. There was recognition, though, that this would not be the case for long, and concerns were raised about how India would cope once HIV and AIDS cases started to emerge. One report, published in a medical journal in January 1986, stated:

"Unlike developed countries, India lacks the scientific laboratories, research facilities, equipment, and medical personnel to deal with an AIDS epidemic. In addition, factors such as cultural taboos against discussion of sexual practices, poor coordination between local health authorities and their communities, widespread poverty and malnutrition, and a lack of capacity to test and store blood would severely hinder the ability of the Government to control AIDS if the disease did become widespread."

Later in the year, India's first cases of HIV were diagnosed among sex workers in Chennai, Tamilnadu. It was noted that contact with foreign visitors had played a role in initial infections among sex workers, and as HIV screening centres were set up across the country there were calls for visitors to be screened for HIV. Gradually, these calls subsided as more attention was paid to ensuring that HIV screening was carried out in blood banks.

In 1987 a National AIDS Control Programme was launched to co-ordinate national responses. Its activities covered surveillance, blood screening, and health education. By the end of 1987, out of 52,907 who had been tested, around 135 people were found to be HIV positive and 14 had AIDS. Most of these initial cases had occurred through heterosexual sex, but at the end of the 1980s a rapid spread of HIV was observed among injecting drug users in Manipur, Mizoram and Nagaland - three north-eastern states of India bordering Myanmar (Burma).

At the beginning of the 1990s, as infection rates continued to rise, responses were strengthened. In 1992 the government set up NACO (the National AIDS Control Organisation), to oversee the formulation of policies, prevention work and control programmes relating to HIV and AIDS. In the same year, the government launched a Strategic Plan for HIV prevention. This plan established the administrative and technical basis for programme management and also set up State AIDS bodies in 25 states and 7 union territories. It was able to make a number of important improvements in HIV prevention such as improving blood safety.

By this stage, cases of HIV infection had been reported in every state of the country. Throughout the 1990s, it was clear that although individual states and cities had separate epidemics, HIV had spread to the general population. Increasingly, cases of infection were observed among people that had previously

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## Project Smile

Child Sponsorship Programme

At Let Us Care for You (LUCY); our earnest effort is to fight the curse of poverty. We work in the field of hygiene, health and education for children under BPL in the age group of 5-14. Uniting sponsors with children is our motto through which we wish to increase the social and cultural bonding.

You are requested to surf our site [www.lucy.in](http://www.lucy.in) and search our list of children available through the Lucy-Smile Sponsorship Programme.

### What is sponsorship?

You care because you feel the pain. You care because you are caring. You can experience the feeling of joy by sponsoring a needy child who is BPL or of the same stratum under LUCY-Project Smile by supporting them which will bring a revolutionary change in their life.

We earnestly hope that your support, your sponsorship for a child will be an ongoing process by which a long term support can be provided to the children though there is no such obligations. Your support is surely to bring a dramatic change which will make an ever lasting difference in the life of the sponsored child easing their pain of poverty and be educated.

### Direct relationship

We establish a one to one relation with the sponsor with his sponsored child. In this structure the sponsored child and the sponsor knows each other. The sponsored child will share your name which will create an ever lasting bond with the child.

### What you are sponsoring....

With your support and aid a child grows. The critical support you give them is in the field of hygiene, health, and education. And we meet up the changing needs of the children as they develop and grow up through our programmes.

### Modus operandi

#### Enrollment

Enrollments of children for sponsorship starts at the age of 5. We are working with the age group 5-14. Enrollment process starts with their first medical check up.

#### Hygiene

A Hygiene kit is provided to the sponsored child. There after our project administrator and field staffs keeps a vigil and continues providing the necessary things as and when the itineraries gets exhausted. Field workers moves from door to door as observers and take notes of the proper utilization of the products by the children. Hygiene awareness camps are organized at regular intervals with the children along with their parents to ensure proper usage.

#### Medical care

Children are placed under medical scanners and regular basis medical checkups

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## From the Desk of the Editor

Lucius ('light' in Latin), the official organ of 'Let Us Care for You' or LUCY, appears at a time when India is in the throes of an acute socio-financial crisis, when the contention between the imperialists and the fanatics is growing sharper, when the hegemonists and their stooges are conspiring to redivide the world by initiating a massive bloodshed. We are indeed living in a very difficult time, in a fragile world. The current state of affairs remains exceedingly grave. Misfortune has befallen us in the form of nuclear war. Probably, for the first time in the history of mankind, the human race, irrespective of class or creed, is faced with the common problem of survival.

Shocked by the anarchic activities of the imperialists and their counter part, the terrorists (fundamentalists), a few sensitive and socially committed men and women, both from India and abroad, came forward with a common motto-Care! Thus 'Let Us Care for You' or LUCY was formed on September 11, 2005. Yes, 9/11 -the day of bloodshed, the day on which common people of the United States and many others countries, including India, were lost in oblivion because of the Talibani ambush. This is the day on which the US backed Pinochet-Fascists slaughtered Salvador Allende and thousands of other people and intellectuals and accomplished a gory coup by ousting the democratically elected Chilean government.

From the moment of its outset, the members of LUCY have condemned the social leeches and their tried agents. Over the last few years, we have acted consistently for combating hatred and spreading brotherhood. LUCY believes in love, peace and compassion-in extending mutual support to people at the time of their need. It upholds the humanitarian teachings of the legendary materialist philosopher Ludwig Feuerbach, who once said: "The first and highest law must be the love of man to man. Homo homini Deus est-this is the supreme practical maxim, this is the turning point of the world's History." From the point of inception, LUCY has tried its level best to put into practice the very slogan-'Donate blood, don't shed it.'

Though most unfortunate, we cannot deny the fact that in a vast country like ours, we have only reached half the way in voluntary blood donation. Even in the twenty-first century, when the need for blood is increasing rapidly, voluntary blood donation is looked upon as an unimportant activity. We hardly see new faces in blood donation camps! Only four people out of one thousand donate blood! Therefore, the supply & demand equilibrium gets seriously affected. The authorities and the blood bank, despite showing their concern, have failed to make the masses realise that "the measure of a life, after all, is not its duration, but its donation." This should also be admitted that we, who organise blood donation camps in different parts of the country, are also more or less responsible. It is indeed a matter of utter regret that the selfless people of Bengal, because of our failure, have not yet realised that the scarlet tree we carry within us can save other people's lives, can bring our fellow men back from the gate of Hades.

What is absolutely necessary to resolve these problems is a new way of thinking, an innovative approach against these catastrophes. It is our good fortune that to overcome the problem of blood donation and its distribution, LUCY, like many other organizations, has chalked out several paths. For the past few years it has conducted extensive campaigns in schools and colleges. It has stressed the importance of awareness education among the students and youth and has successfully introduced a number of young blood donors to the society. The 'LUCY Club 25' plays an important role where donors between 18 and 25 years pledge and donate blood at least three times a year. To do away with the age-old notion, "the blood bank meter always shows negative regarding negative stock", LUCY has formed a club of negative donors.

LUCY conducts motivational as well as social programmes in others sectors too. Its earnest effort to fight the curse of poverty has realised in the form of 'Project Smile', an educational programme for children between the age group of four to fourteen, thriving under the "BPL" [Below Poverty Level]. Uniting sponsors with these children is LUCY's motto through which it wishes to increase the socio-cultural bonding. The members of LUCY are also determined to fight the menace of Thallasaemia and HIV-AIDS through the programmes: 'Thallasaemia Care' and 'Red Ribbons'. We have almost reached the concluding part of this editorial, therefore, it is imperative to spare a few words regarding this publication. Quite naturally, like LUCY, its official organ too is committed to peace and social welfare. Lucius holds that it is no longer enough to want peace or simply point out the location wherefrom the threat to peace originates. Today, it is essential to act-to act purposefully and relentlessly. Lucius is well aware of its social responsibility. It is ready to shoulder the 'burden' of making the world a better place-a harmonious one.

We, the members of LUCY, pronounce the vow that we will work for mankind-for its betterment. On behalf of Lucius, we pledge you that we will work with sincerity and dedication, and establish lofty humanitarian ideals.

## Eligibility to Donate Blood

Any healthy adult, both male and female, can donate

blood. Men can donate safely once in every three months

while women can donate every four months.

Good health of the donor must be fully ensured.

The universally accepted criteria for

donor selection are:

- Age between 18 and 60 years
- Haemoglobin - not less than 12.5 g/dL
- Pulse - between 50 and 100/minute with no irregularities
- Blood Pressure -Systolic 100-180 mm Hg and Diastolic 50 - 100 mm Hg
- Temperature - Normal (oral temperature not exceeding 37.50C)
- Body weight - not less than 45 Kg

**Health conditions :** The donor should be in a healthy state of mind and body.

They should fulfill the following criteria:

1. Past one year - not been treated for Rabies or received Hepatitis B immune globulin.
2. Past six months - not had a tattoo, ear or skin piercing or acupuncture, not received blood or blood products, no serious illness or major surgery, no contact with a person with hepatitis or yellow jaundice.
3. Past three months - not donated blood or been treated for Malaria.
4. Past one month - had any immunizations.
5. Past 48 hours - taken any antibiotics or any other medications (Allopathic or Ayurveda or Sidha or Homeo)
6. Past 24 hours - taken alcoholic beverages
7. Past 72 hours - had dental work or taken Aspirin
8. Present - not suffering from cough, influenza or sore throat, common cold
9. Women should not be pregnant or breast feeding her child
10. Women donor should not donate during her menstrual cycles
11. Free from Diabetes, not suffering from chest pain, heart disease or high BP, cancer, blood clotting problem or blood disease, unexplained fever, weight loss, fatigue, night sweats, enlarged lymph nodes in armpits, neck or groin, white patches in the mouth etc.
12. Ever had TB, bronchial asthma or allergic disorder, liver disease, kidney disease, fits or fainting, blue or purple spots on the skin or mucous membranes, received human pituitary - growth hormones etc

## Greetings from Director, UNEP India

**"We make a living by what we get, but we make a life by what we give.-Winston Churchill"**

Humanism is optimistic regarding human nature and confident in human reason and science as the best means of reaching the goal of human fulfillment in this world. Humanists affirm that humans are a product of the same evolutionary process that produced all other living organisms and that all ideas, knowledge, values, and social systems are based upon human experience. Humanists conclude that creative ability and personal responsibility are strongest when the mind is free from supernatural belief and operates in an atmosphere of freedom and democracy.

And yes that's what the volunteers of LUCY is doing for the mankind by

- 1) Motivating people towards voluntary blood donation
- 2) Supports underprivileged children for their health, hygiene and education
- 3) By extending supports to cancer and thalassaemia affected children
- 4) Counseling and Intervening in the HIV/AIDS cases
- 5) Counseling and Intervening thalassaemia .
- 6) Extending support towards the underprivileged and backward communities

But this is also true that all these activities requires at first dedication and secondly fund generation as because it requires extensive touring and also some full time volunteers. I hope that by this issue of ORGAN a four monthly Newsletter of LUCY will help the organization to promote their activities and also involve this society. I WISH ALL SUCCESS TO THEM FOR THIS INITIATIVE.

SANDIPAN DHAR  
DIRECTOR  
UNEP, INDIA

## LUCY at a Glance

Care - that's the common factor. Young enthusiastic and indomitable young people from in and around Kolkata and also from other states and even abroad poured in with one common motto -Let Us Care for You. Thus LUCY was formed and started its journey on 11th of September 2005.

Yes, 11th September - the day of terrorism, the day of death. The date the world will not be able to forget. Let Us Care for You started its journey with the slogan "Donate Blood; Don't Shed It".

"Let Us Care for You" is a completely non-profit, voluntary, subscription-driven society registered under the West Bengal Societies Registration Act.

**Project SMILE:** Child Sponsorship Programme.

**LUCY Blood:** Although there are number of groups regularly arranging blood donation camps but there is gap between the collection of blood and distribution of the same, our experienced members have surveyed the following:

- 1) During blood donation camps we hardly find new faces, only known activists come across in different camps. This affects the supply and demand equilibrium because every year a good number of donors celebrate their 60th birthday crossing the upper limit of blood donation, permanent deferral of donors occurs due to physical ailments. There are cases of self-deferral and self-exclusion. With the advancement of medical science the need of blood is increasing every day and for that reason new donors have to be introduced while retaining the old donors.
- 2) Donors with negative blood group are discouraged to donate blood by some grass root level camp organizers and even by some blood bank officials. A myth goes that negative blood group is rare and for that reason negative donors should only donate blood on-call. The actual picture is not the same. 3.07 % of the population in West Bengal is Rh-negative. So it is quite clear that the number of receivers is also less. But if the blood bank meter always shows negative regarding stock then people in dire emergency would not be able to collect blood. Considering their blood to be 'precious', many negative blood group donors stop visiting camps leading to permanent self-exclusion. But the actual scenario demands regular donation from the negative blood group donors.
- 3) Out of one thousand people, only four donate blood in our country. The statistics shows that blood donors are special people. Donor care and recognition is a very essential part of blood donation. Proper care and recognition boost the donors which in turn will help in donor retention. But many organizers are only interested in numbers to raise their collar and proper care of donors in camps takes back seat.
- 4) Every year there is a huge crisis during the summer and festive season (Durga Puja - Diwali). This is mainly due to decrease in number of blood donation camps during these periods. The demand and supply equilibrium gets shattered. On the other hand, the blood bank shelves are brimmed during winter and spring. Proper

planning of blood collection drive is needed to combat this crisis.

- 5) The stock of blood in many blood banks is not disclosed, which violates the right to information and people rush from one blood bank to the other in emergency while the clock moves from one quarter to the other.
- 6) Awful presence of blood-brokers is observed in front of almost all blood banks. They have an unhealthy nexus with some of the staff of the blood banks.
- 7) Professional donors, veiled as relatives in case of replacement donation donate blood at short intervals. Blood collected from these donors affect the patients when they are transfused.
- 8) Except a few blood banks in the city other blood banks generally collect blood from replacement donors from 11 A.M. to 4 P.M. only. The process of transfusion gets delayed in various cases for this reason.

Realizing these problems we have taken certain initiatives to curb them:

- a) Higher secondary schools, colleges and local area based organizations are the main source of new blood donors.
  - Extensive campaign, awareness education and motivational programmes are conducted in these sectors and new blood donors are introduced to the society.
  - LUCY Club 25 plays an important role where donors between 18-25 years pledge & donate blood at least 3 times a year.
  - School education programme on 'Blood & Blood Donor Motivation' is undertaken for future donors. This education program starts with students of 9th standard. Participants in turn become motivators and donors in due course of time.
- b) LUCY creates awareness & motivates negative blood group donors to participate at least 2 times in blood donation drives and rest on call. LUCY has a club of negative blood group donors named 'LUCY Negative Club'. Negative blood group donors enroll so that they can be reached instantly in emergency. Database of donors in panel is maintained properly and it is kept confidential.
- c) Continuous dialogue with co-organizers of blood drive giving special stress on donor care is in regular schedule of LUCY. Steps taken to ensure donor care are:
  - Reception of blood donors
  - Bed side volunteer
  - Post donation escort to refreshment room
  - Management of adverse donor reaction if situation occurs
  - Waving good bye
- d) To combat the summer & festive season crisis certain measures are taken:
  - Mega blood donation drive in summer
  - Camp request letters are sent to various social groups, political organizations, student organizations, office clubs etc., to organize camps during summer.
  - Co-organizers are requested to arrange and shift date of camps according to the need of the society.

- e) Puja organizers are requested to arrange camps in Puja pandals during the festive season.
- f) Co-organizers are requested to organize special summer and festive camps.
- e) Promotional materials are distributed to encourage blood donors. First-time donor card, Thank-You donor card, Stickers for blood donor, metal badge, sun guard, writing pad, pen, T-shirts, calendar etc., are distribute in blood donation camps to encourage and recognize blood donors.
- f) Indoor & Outdoor campaign to promote blood donation:
  - Car stickers, posters, hoardings promoting voluntary blood donation.
  - Banners are displayed during festive season in puja pandals.
  - Exhibition on blood donation during blood donation drive.
  - Pledge signature campaign for blood donation.
  - Pledge sticker campaign for blood donation.
  - Awareness drive and campaign observing World blood donor day, National voluntary blood donation day.
- g) Online empanelment of donors. Database is maintained with utmost care and the panel of donors is kept confidential.
- h) 24 hours help line. Panel donors are ready to donate blood at any hour if there is a true emergency.
  - i) Dialogue with blood bank officials to solve blood bank related problems.
  - j) Discussion with blood users on rational use of blood.
  - k) Seminars & workshops are arranged on various blood related issues.

**Cancer Care:** We intend to share the pain and stay beside patients suffering from the deadly disease cancer. Our volunteers donate blood for cancer patients as they need blood at regular intervals. We extend our hand for cancer patients with our limited resource. Financial support is also provided for BPL kids affected by cancer.

**Thalassaemia Care:** Thalassaemia is incurable but it can be prevented. Ignorance and neglect on the part of parents leads to endless suffering and immense pain of the little innocent child. Awareness and detection is the only way to eradicate this disease. Initiatives taken to combat are:

- a) Education programme followed by detection camps in schools, colleges, local area based organizations, office clubs are conducted.
  - b) We extended our support for thalassaemia patients by donating blood as they need constant transfusion.
  - c) Seminars on Thalassaemia care & support.
  - d) Outdoor Campaign.
  - e) Observation of Thalassaemia day.
- Red Ribbons:** HIV-AIDS is the greatest threat to mankind today. Aware and prevention is the only way to get rid of this menace.
- a) Education programs are conducted in high schools and colleges.
  - b) Intervention and counseling programme with truck drivers and migrant labours.
  - c) Indoor & Outdoor campaign.
  - d) Seminars & workshops are arranged regularly.



Youngest sponsor of Project SMILE, Sunny with his sponsored child Subham



Health Check up Camp of children under Project Smile



Sit and draw

been seen as 'low-risk', such as housewives and richer members of society. In 1998, one author wrote:

"HIV infection is now common in India; exactly what the prevalence is, is not really known, but it can be stated without any fear of being wrong that infection is widespread... it is spreading rapidly into those segments that society in India does not recognise as being at risk. AIDS is coming out of the closet."

In 2001, the government adopted the National AIDS Prevention and Control Policy. During that year, the then Prime Minister addressed parliament and referred to HIV/AIDS as one of the most serious health challenges facing the country. The Prime Minister also met the chief ministers of the six high-prevalence states to plan the implementation of strategies for HIV/AIDS prevention.

HIV had now spread extensively throughout the country. In 1990 there had been tens of thousands of people living with HIV in India; by 2000 this had risen to millions.

#### Current estimates

In 2006 UNAIDS estimated that there were 5.6 million people living with HIV in India, which indicated that there were more people with HIV in India than in any other country in the world. However, NACO disputed this estimate, and claimed that the actual figure was lower. In 2007, following the first survey of HIV among the general population, UNAIDS and NACO agreed on a new estimate - between 2 million and 3.6 million people living with HIV. The figure was confirmed to be 2.4 million in 2008. This puts India behind South Africa and Nigeria in numbers living with HIV.

In terms of AIDS cases, the most recent estimate comes from August 2006, at which stage the total number of AIDS cases reported to NACO was 124,995. Of this number, 29% were women, and 36% were under the age of 30. These figures are not accurate reflections of the actual situation though, as large numbers of AIDS cases go unreported.

Overall, around 0.3% of India's population is living with HIV. While this may seem a low rate, India's population is vast, so the actual number of people living with HIV is remarkably high. There are so many people living in India that a mere 0.1% increase in HIV prevalence would increase the estimated number of people living with HIV by over half a million.

The national HIV prevalence rose dramatically in the early years of the epidemic, but a study released at the beginning of 2006 suggests that the HIV infection rate has recently fallen in southern India, the region that has been hit hardest by AIDS. In addition, NACO has released figures suggesting that the number of people living with HIV has declined. Researchers claim that this trend is the result of successful prevention campaigns, which have led to an increase in condom use.

Some AIDS activists are doubtful of the suggestion that the situation is improving, though:

"It is the reverse. All the NGOs I know have recorded

increases in the number of people accepting help because of HIV. I am really worried that we are just burying our head in the sand over this." Anjali Gopalan, the Naz Foundation, Delhi  
Peter Piot, Executive Director of UNAIDS, stresses: "the statement that India has the AIDS problem under control is not true. There is a decline in prevalence in some of the Southern states... In the rest of the country, there are no arguments to demonstrate that AIDS is under control"

#### The HIV/AIDS situation in different states

The vast size of India makes it difficult to examine the effects of HIV on the country as a whole. The majority of states within India have a higher population than most African countries, so a more detailed picture of the crisis can be gained by looking at each state individually.

The HIV prevalence data for most states is established through testing pregnant women at antenatal clinics. While this means that the data are only directly relevant to sexually active women, they still provide a reasonable indication as to the overall HIV prevalence of each area. Data for six states are also available from a survey of the general population.

The following states have recorded the highest levels of HIV prevalence at antenatal and sexually transmitted disease (STD) clinics over recent years.

#### Andhra Pradesh

Andhra Pradesh in the southeast of the country has a total population of around 76 million, of whom 6 million live in or around the city of Hyderabad. The HIV prevalence at antenatal clinics was 1.26% in 2006 - higher than in any other state - while the general population prevalence was 0.97% in 2005-2006. The vast majority of infections in Andhra Pradesh are believed to result from sexual transmission. HIV prevalence at STD clinics was 24.4% in 2006.

#### Goa

Goa is a very small state in the southwest of India, and is best known as a tourist destination. Tourism is so prominent that the number of tourists almost equals the resident population, which is about 1.3 million. The HIV prevalence at antenatal clinics was found to be 0.50% in 2006. Prevalence at STD clinics was 8.6% in 2006, indicating that Goa has a serious epidemic of HIV among sexually active people.

#### Karnataka

Karnataka - a diverse state in the southwest of India - has a population of around 53 million. In Karnataka the average HIV prevalence at antenatal clinics has exceeded 1% in all recent years. Among the general population, 0.69% were found to be infected in 2005-2006. Districts with the highest prevalence tend to be located in and around Bangalore in the southern part of the state, or in northern Karnataka's "devadasi belt". Devadasi women are a group of women who have historically been dedicated to the service of gods. These days, this has evolved into sanctioned prostitution, and as a result many women from this part of the country are supplied to the sex trade in big cities such as Mumbai. The average HIV prevalence among female sex workers in Karnataka was 8.64% in 2006, and 19.20% of men who have sex with men were found to be infected.

#### Maharashtra

Mumbai (Bombay) is the capital city of Maharashtra state and is the most populous city in India, with around 14 million inhabitants. Maharashtra is a very large state of three hundred thousand square kilometres, with a total population of around 97 million. The HIV prevalence at antenatal clinics in Maharashtra was 0.75% in 2006, and surveys of female sex workers have found around 20% to be infected. Similarly high rates are found among injecting drug users and men who have sex with men. The 2005-2006 survey found an infection rate of 0.62% in the general population of Maharashtra. This state is home to around one in five of all people living with HIV in India.

#### Tamilnadu

When surveillance systems in the southern Indian state of Tamil Nadu, home to some 62 million people, showed that HIV infection rates among pregnant women were rising - tripling to 1.25% between 1995 and 1997 - the State Government acted decisively. Funding for the Tamil Nadu State AIDS Control Society (TANSACS), which had been set up in 1994, was significantly increased. Along with non-governmental organizations and other partners, TANSACS developed an active AIDS prevention campaign. This included hiring a leading international advertising agency to promote condom use for risky sex in a humorous way, without offending the many people who do not engage in risky behaviour. The campaign also attacked the ignorance and stigma associated with HIV infection. The HIV prevalence at antenatal clinics in Tamil Nadu was 0.25% in 2006, though several districts still have much higher rates. The general population survey of 2005-2006 found a rate of 0.34% across the state. Prevalence among injecting drug users was 24.20% in 2006 - the highest of all states and union territories.

#### Manipur

Manipur is a small state of some 2.2 million people in the northeast of India. The nearness of Manipur to Myanmar (Burma), and therefore to the Golden Triangle drug trail, has made it a major transit route for drug smuggling, with drugs easily available. HIV prevalence among injecting drug users is around 20%, and the virus is no longer confined to this group, but has spread further to the female sexual partners of drug users and their children. The HIV prevalence at antenatal clinics in Manipur has exceeded 1% in all recent years. The 2005-2006 survey found that 1.13% of the general population was infected - the highest of all states surveyed.

#### Mizoram

The small northeastern state of Mizoram has fewer than a million inhabitants. In 1998, an HIV epidemic took off quickly among the state's male injecting drug users, with some drug clinics registering HIV rates of more than 70% among their patients. In recent years the average prevalence among this group has been much lower, at around 3-7%. HIV prevalence at antenatal clinics was 1% in 2006.



Blood Donation Camp at NUJS



Sticker campaign against HIV/AIDS after intervention programme in college



HIV/AIDS intervention of construction labours

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are done at an interval of 2 months. Children with adverse medical conditions are treated promptly, with necessary medical tests and medication and even referred to specialists as and when required. Monitoring of height and weight is done regularly to ensure proper growth of the child.

#### Education

Our education programme starts with a children aged 5 years who is due to be enrolled in formal education. An educational kit is provided to the students which include all necessary items for formal education. This support is provided with the intension of relief to their parents in financial matters and to overcome the financial crunches that might restrict their children from enrolling in the school.

#### Nutritional care

Routine medical check ups help us to find out children with signs of malnutrition. Our nutritional care unit enrolls serious malnourished children so that they can be provided with nutritional support. Dietary guidance is provided to the parents of the malnourished children.

#### Dental care unit

Every day pressing needs of food, clothing, rents etc. take over the need of dental care of a child. It is observed that proper dental care is not available in their communities.

For that reason we have dental care unit where regular screening and follow-up is performed which is very essential for grooming and overall health and self-esteem of the children.

#### Eye Care Unit

Condition of Eyes of the children is checked twice yearly and spectacles are provided if necessary.

#### What the sponsor will receive

Building relation between the sponsor and the sponsored child is very much essential. Keeping this in mind numerous benefits are provided to you from our organization.

- Our project director will send you a letter immediately after you become a sponsor stating the present condition of the locality where your sponsored child resides.
- Quarterly letter with updated information of the child will be provided to you via email or by post
- A welcome letter hand written by your sponsored

child with his/her recent photograph.

- A new letter every 6 months from your sponsored child with photograph so that you can assess the progress of the child as he/she grows up.
- Annual progress report of the child with all sorts of information.
- Project director will send you an annual field report of the area in which your child resides.
- Issues of news letter or any publication of our organization will be send to you regarding Project Smile.
- You can meet your sponsored child any time but with prior appointment fixed with the project director.
- You can write letters to your sponsored child through the project director.
- You can send gifts for your sponsored child for birthday, puja, Christmas or on any other occasions. But it should be done through the project director.
- You will be entitled to visit the My sponsored child section in our website where you will find the details of your donation. Detail about your child, how he/she is improving and can see his past and present photographs.
- Mental satisfaction the most important thing that you will receive by lending support stretching your hands.

#### How we sponsor

##### Hygiene

We request you to spend Rs 2 per day for sponsoring a child who is either BPL or of the same stratum. With your aid we provide a hygiene support to the sponsored child which consists of tooth paste, tooth brush, bathing soap, detergents, antiseptic lotions, shampoo, comb, hair oil, nail cutter, powder, cold cream, vaseline, glycerine and bleaching powder. Our field workers keep vigil on the proper usage of the products and provide the children with the necessary products when they get exhausted. Children are facing a host of problems in their communities as their enemy is poverty. Low designed life styles invites hazards. Poor sanitation, insufficient hygiene, use of contaminated water, pollution is common in these type of societies. As a result the children are exposed to deadly diseases. Healthy and hygienic living is very much essential for proper growing up of the child. So our sponsored programs focus on this issue by:

- Routine check-ups
- Dental check-ups
- Skincare
- Classes for sponsored child and parents are conducted on proper hygiene and healthy living
- Guidance for proper usage of the products.

##### Health

We request you to spend Rs 3 per day for sponsoring a child who is either BPL or of the same stratum. With your support we provide a health support to the sponsored child which consists of:

- Routine check-ups.
- Medication.
- Dental check-ups.
- Eye check ups.
- Screening of malnutrition.

##### Education

Education is the most important and essential factor for a better living - for a better world. Proper education will make their and our dream come true. So we support the sponsored children by providing certain aids.

We request you to spend Rs 5 per day for sponsoring a child who is either BPL or of the same stratum. With your support we provide an educational support to the sponsored child which consists of:

- Text books, note books, pen, pencil, eraser, pencil-cutter, geometry box, drawing book, colour pencils.
- School bag
- School uniform, shoes and new clothing
- Study aids reference materials.

Apart from the educational kit certain other programs :

- Educational workshops, tutoring assistance, evening classes, evaluation.
- Educational tours.

Your daily support of Rs 10 can and will change the life of your sponsored child and also change the present scenario as your sponsored child will grow up with proper care and education which in turn will help the whole community.

We request you to donate a sum of Rs. 5000.00 (Rs 3650.00 for the child & Rs. 1350.00 as overhead cost) only which can bring smile to an individual fighting poverty for which he is not at all to be blamed for. Let us join hands and try to make our world beautiful. Let's start today. Let us start now.

#### LUCY Awards :

- |                                    |  |
|------------------------------------|--|
| 1. Ayan Biswas Memorial Award      | Highest number of Blood Donor in Teachers' training College camp.            |
| 2. Parimal Dhar Memorial Award     | Highest number of Blood Donor in Social & Political organization level camp. |
| 3. Ananta Basu Memorial Award      | Highest number of Blood Donor in Government Sector camp.                     |
| 4. Biswanath Biswas Memorial Award | Highest number of Blood Donor in Private Sector camp.                        |
| 5. Soumi Mukherjee Memorial Award  | Highest number of Blood Donor in a College camp.                             |
| 6. Arpan Pramanik Memorial Award   | Highest number of Blood donor in a 1st time organized camp.                  |

#### Recognition for blood donors:

- a) 'Thank You' donor card
- b) Special 1st time donor card
- c) Sun guard
- d) Donor sticker
- e) Pen
- f) Certificate
- g) T-shirt for donating 3 times in one year
- h) Memento for 10, 25, 50 & 100 time donors

### LUCY CLUB 25

4 out of 1000 donate blood. If the figure can be raised to 8 there will be no crisis of blood for the people who need blood. This can only be done if the youth of our country come forward with a pledge to donate blood for the ailing people.

LUCY CLUB 25 is thus formed to curb the crisis. The idea of LUCY CLUB25 is that the members of this club will start donating from their 18th birthday and will voluntarily donate blood 20 times till they reach 25 years. One can donate 31 times before his 26th birthday starting from 18 years.

You can join LUCY CLUB 25 if:

- A) You are between 15 and 25 years.
- B) You are below 21 years of age and donated blood at least once every year from your 18th birthday
- C) You pledge to donate 20 times before you reach 25 years of age.

You can also join LUCY CLUB 25 if you can't donate blood due to medical reasons. In that situation you can

- a) work as a motivator
- b) work as an organizer
- c) work as camp assistant
- d) work as document writer, poster designer

LUCY CLUB 25 kit: You will receive a membership kit at the time of registration which will include

- a) A pledge reminder card.
- b) A LUCY CLUB25 membership card.
- c) Blood group sticker

## Who's Who



Moumi, President of LUCY. A master degree holder in Music. She is presently working in the development sector.

**Moumi Chakraborty**



**Dipanjan Ganguly**



**Aditi Bal**



**Biswaroop Biswas**



**Kallol Ghoshal**



**Krishnendu Paul**



**Indraneel Banerjee**



**Debapriya Dhar**



**Dr. Chiranjib Sarkar**



**Sudipta Bose**



**Krishnendra Ghosh**

**Dipanjan Ganguly**, Founder Vice -President of the organization is an MBA (Finance). He is a member of Calcutta Rowing Club & an avid rower himself, represented his previous companies in Merchant's Cup Regatta & was the Champions in the years 1998 & 2005. He was awarded the "Captains Cap" for his contribution to rowing in the year 2007. He has worked with Children International as Manager-Administration (Asia). He is presently working in a Construction company in Doha, State of Qatar.

**Aditi Bal**, Lecturer of St. Thomas College of Engineering & Technology, hails from the family of Lokenath Bal, Tagra Bal close associates of freedom fighter Surya Sen. She is the conveynor of Negative Club.

**Biswaroop Biswas**, founder secretary of the Organization is a School teacher by profession; he is an Honours in English. He represented his school in cricket, headed the College cricket team in Intra University Tournaments and represented the Sub-division in Intra District Championships. Debate and extempore is in his blood.

**Kallol Ghoshal**, Software Engineer, is the founder Assistant Secretary of the Organization. He heads the programme 'Lucy Blood'. He was the captain in the West Bengal team in Junior School National Football. Also represented junior nationals 3 times. He was the regular goalkeeper of a Super division club of Kolkata. Kallol is a classical trained Singer and a known face in television shows. He is also a Member of 'Ekalabya' - a well known Music Group of Kolkata.

**Krishnendu Paul**, founder Treasurer of the Organization & also looks after the IT section of the organization. He is the Director of Conversys Technology Private Limited.

**Indraneel Banerjee**, Software Engineer looks after the Documentation Section of the Organization. He is presently in Sydney working in a Software firm.

**Debapriya Dhar**, Chemical Engineer & a Masters in Social Work is the technical advisor of a development sector organization. He is the project Director of 'Project SMILE'.

**Dr. Chiranjib Sarkar**, Dental Surgeon by Profession, Dr. Sarkar is a Music composer and arranger. He is heading the Health Section of the Organization.

**Sudipta Bose**, an Honours Graduate who is the Project Head of Red Ribbons. She has also represented her school in Inter school Volley Ball competitions.

**Krishnendra Ghosh**, pursuing MCA. He is the conveynor of 'LUCY CLUB 25'. He has represented Asansol Sub-division in cricket for three consecutive terms.

### List of Government Blood banks in Kolkata.

**Central Blood Bank**  
205, Vivekananda Road, Manicktala, Kolkata - 700006  
2351-0619, 2351-0620 (F)  
**SSKM Hospital Blood Bank**  
AJC Bose Road, Kolkata - 700020  
22234174/22041233  
**Calcutta Medical College Blood Bank**  
88, College Street, Kolkata - 700 073  
2864-0392

**R.G. Kar Medical College Blood Bank**  
1, Khudiram Bose Sarani, Kolkata - 700004  
2533-1277  
**Calcutta National Medical College, Blood Bank**  
24, Gora Chand Road, Kolkata - 700014  
2284-8397  
**Chittaranjan Cancer Institute Blood Bank**  
37, S. P. Mukherjee Road, Kolkata - 700026  
2476-5101 (Extn. 263)

**ESI Hospital, Maniktala Blood Bank**  
55, Bagmari Road, Kolkata - 700054  
2355-7216/18  
**N.R.S. Medical College Hospital Blood Bank**  
133, APC Road, Kolkata - 700014  
2227-5164

## National News

### Family and friends bleed in memory

Mr. Prabir Roy Chowdhury passed away on 26th January 2009 leaving behind his wife and two daughters. To pay tribute to their deceased father, the sisters, arranged a blood donation camp on 7th February 2009 along with the Shradh ceremony. LUCY members stayed by the side of the family to arrange the camp. 22 relatives and friends of the deceased bleed in memory. Last year another resident of Madhyamgram, Mr. Soumik Mitra a close associate of LUCY also paid a similar homage in respect of his mother.

### 18,207 people donate blood in Punjab's mega camp

The Shiromani Gurudwara Prabandhak Committee (SGPC) and various other Sikh organisations under the patronage of the Akal Takht organized a blood donation camp in Aanandpur Sahib in Punjab on 10th March, 2009. As many as 18,207 people from various states across the country donated blood. The camp is being held on the occasion of the Sikh festival of Hola Mohalla. It crosses the current Guinness record of 17,921 donors, held by Dera Sacha Sauda, Haryana held on 10th October 2004.

**Aditya donates light:** When Aditya Rao, the 10 year old son of a garment manufacturer in Delhi, died unexpectedly due to wrong treatment for tonsillitis by a private hospital, his shattered parents decided to donate Aditya's eyes. Anuradha Rao, Aditya's mother, kept her courage and declared her wish to donate his eyes as his eyes were the most attractive and beautiful and would live on in others and bring light into their lives.

### 2nd State Conference at Burla

2nd State Level Conference & Workshop of Voluntary Blood Donors Organizations & Motivators was held at Burla, Orissa on 24th & 25th January 2009 under the aegis of 'Tyaga' Burla, Orissa. The conference adopted the following resolutions:

- Donor counselling and care be given top most priority at all stages of selection of donors in the interest of donors and to ensure availability of Safe blood.
- Voluntary Blood donation should be in School education programme so that more & more future donors could be recruited / created. State Blood Transfusion Council, Orissa should take lead role in the matter
- Credit Coupon system for Voluntary Blood

donation should be at least 10 : 8 instead of 10 : 2 i.e. at least 8 cards should be issued to the Camp organizer against 10 units of blood donation.

- Refreshment charges be raised from Rs.10/- to Rs. 25/- so as to ensure best refreshment to the voluntary blood donor.
- All blood banks should be e-linked
- Each blood bank should have Thalassaemia carrier detection arrangements.

### International news

#### Olson scores 400.

"I want to give as often as I can," he said. "Hopefully, I've saved a few lives." Says Virgil Olson, 76 at his 400th donation. The Louisville hero started donation in his school days and opened his vein every two week since he retired from job in 1997. Olson donates Plasma and Platelets instead of whole blood which allows him to donate more blood. He's become something of a blood donation crusader, talking up the importance of blood donations to family members, friends and pretty much everyone he meets.

#### Hemophilia Day Celebration in Vietnam

A special program was held at Hanoi Opera House on April 5th, to give special attention to Hemophilia patients with a message "Blood saves people - Don't be unconcerned."

The center of National Institute of Hematology amongst, only 5 centers, is preparing to launch a website to give information for patients as well as the public to understand more about the disease and share experiences in providing health care for patients.

#### Smart Bomb:

Medical scientists of the United States of America have developed "smart bomb" technology to fight infections more effectively and quickly, without any kind of side effect. The technology, as being reported, can create new treatments for influenza and other communicable diseases, even anthrax and small pox - though the last one has been eradicated. "We can recognise which cells are made and then make antibodies from them directly," said Patrick Wilson of Oklahoma Medical Research Foundation. "It is a rapid and efficient way", he added, "to make fully human antibodies."

## Up coming Events:

### Project SMILE:

24th May 2009 - Inauguration of Phase 4 of Project Smile and distribution of Books and support Kit to Children.

21st June 2009 - Health & Dental Check-up Camp

11th July 2009 - Eye Check up camp.

26th July 2009 - Educational Evaluation.

### LUCY BLOOD:

24th May 2009 - Work shop on Blood Donor Motivation

7th June 2009 - Summer Camp. Venue : Park Institution, Shyambazar.

13th June 2009 - Indoor campaign in educational institutions promoting World Blood Donor Day.

14th June 2009 - World Blood Donor Day Camp & Outdoor Signature campaign & candle light procession to promote voluntary blood donation.

12th July 2009 - Seminar . Topic : 'Safe Blood Donation' .Venue : Organization Office.

### Red Ribbons:

17th May 2009 - Candlelight march for a HIV-AIDS free world.

12th July 2009 - Seminar .Topic :HIV-AIDS scenario in India. Venue : Organization's Office.

### International

14th - 18th November 2009 - XX Regional Congress of the ISBT Asia.

### National

14th - 15th June 2009 - National Conference and workshop on Non-remunerated Voluntary Blood Donation : Organized By WBVBDF. Supported By: SBTC W.B.

25th - 27th December 2009 - 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.

## Project Smile Sponsor Speaks:



### Sanjay Shende

The selfless, dedicated and professional workers of LUCY are second to none, when it comes to undertaking serious humanitarian projects. I found the project 'SMILE' a very impressive and practical idea, and am indeed proud to be associated with it, in a small, albeit, 'immensely' satisfying way.

As goes the old adage, "every little helps" .....I dream of seeing my sponsored child reaching her fullest potential, which would be otherwise impossible for her due to her severe financial limitations.

But the dream will be really accomplished, when the sponsored child herself becomes strong enough to sponsor another similar child in need. Till then, let's keep the torch burning ! Best of luck !



### Arijit Paul

We as Indian believe that all children around us are portion of god in some nature. Now when we see any one of them looking for a well-mannered living but being denied because of the surrounding poorly environment makes us feel sad. And this exactly happened to me when I was in college days. I still remember that I felt shaken to see some kids playing on roads; there was no one to send them for education or provide them a care for keeping them in good health. I always dreamt from those days to be a person who can enact as a big brother to those kids. Almighty god provided me the opportunity to serve them through LUCY.

I must say Kudos to LUCY the organization for their tremendous effort to serve a part of the society. Special thanks to all the people associated actively for this noble endeavor. I must thank Biswaroop Biswas my friend to tie me with LUCY.

The best part of this project I esteem is the health checkup process (general health & dental) for these kids in a scheduled manner along with to show a path for proper basic education.

Akash Mondol, child I am trying to support to me is a precious stone on his own. Since the challenging path around him does not show any obstacle to be a brilliant student at age 5. What he only needs is a hearty support from LUCY to be an honest Indian citizen in future.

Let's wish for Akash and other kids of LUCY to accomplish their goals in life.

Lastly must to admit it is really a splendid achievement for LUCY to have people who are from different professions and all of them dedicate some personal time for this noble project SMILE with a smiley face for the needs of our society.

Thanks to LUCY for giving me the chance to serve amicably as a part of them.

## Stamping out AIDS through 'AIDS'

Dr. Utpal Sanyal, Ph.D.

Senior Scientific Officer (I) & Head

Dept. of Anticancer Drug Development

CHITTARANJAN NATIONAL CANCER INSTITUTE

It is needless to say anything about the threat of AIDS that has claimed globally some 2.1 million lives (1 death in every 15 seconds) in 2007. The first cases of AIDS were detected in the United States in 1981, but it most likely existed there and in other parts of the world years before that. In 1983 Human Immunodeficiency virus (HIV), sometimes called AIDS virus was identified as its cause. Within this span of 27 years, HIV infection has spread throughout the world at a spectacular rate. It was estimated that at the end of 2007, people living globally with HIV were about 33.2 million with adult prevalence 0.8% (source: UNAIDS & WHO). Africa is the worst hit continent with about 22.9 million cases [Sub-Saharan Africa 22.5 million cases] followed by Asia (4.8 million). 2.5 million People were newly infected with HIV in 2007 alone.

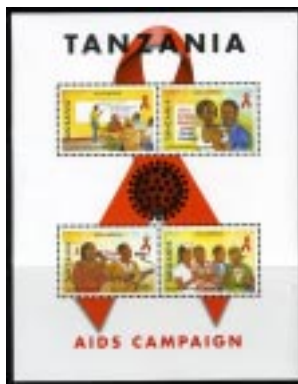
According to the report of NACO (National AIDS Control Organization, Govt. of India) after its first detection in Chennai in 1986, surveillance for AIDS cases in India has crossed the 6-figures. It is believed that at present among in India there are about 2.4 million HIV positive /AIDS cases with adult prevalence 0.3% [National Family Health Survey, July 2007].

HIV infection attacks certain cells of our defense system resulting gradual deterioration of immune function. These cells are called helper T cells that play a central role in the immune response, signaling other cells in the immune system to perform their special functions. The virus anchors itself to a special protein (CD4) on the surface of the helper T cell and destroys it. A healthy, uninfected person usually has 800 to 1,200 CD4 T cells per cubic millimeter (mm<sup>3</sup>) of blood. After HIV infection, the cell numbers progressively declines. When the CD4 T cell count falls below 200/mm<sup>3</sup>, a person becomes particularly vulnerable to many opportunistic infections, which normal healthy persons can resist.

Apart from various other modes and media, it has been universally recognized that like cancer, the postage stamps can play an effective and important role in various ways also in the fight against AIDS since philately or stamp collection is regarded as one of the most popular hobby world over. Record shows that anti-AIDS stamps first appeared in 1988. Since

then 130 countries have issued ~ 420 such stamps to create mass awareness as well as to collect revenue to eradicate it. Through release of anti-AIDS stamps, United Nations has called everybody to be united and 1st December is observed as the World AIDS day each year since 1988. In 2006 an Indian stamp was released on this day while several ordinary and meghdoot postcards in regional languages are also available for years.

We believe that the best way to prevent AIDS (Acquired Immune Deficiency Syndrome) is through another 'AIDS' where 'A' stands for 'Awareness', 'I' for 'Information', 'D' for 'Determination' and 'S' for 'Support'. These four words are self-explanatory in meaning and it is absolutely essential to follow them. Three keywords namely Awareness, Education and Support have been used in the 1st day cover of a Canadian anti-AIDS stamp. Our new definition of 'AIDS' was internationally accepted and published



in the most widely-circulated AIDS journal.

However, 'D' may also be derived from 'Drug therapy'. Extensive research is under way to find effective anti-HIV/AIDS drugs. Now-a-days combination of drugs [Anti Retroviral Therapy (ART)] is used to improve the quality and the quantity of life of AIDS patients. 'Detection' can also donate the letter 'D' as early detection will definitely cut down its spread. Till now the antibody of HIV is detectable by some specific tests only after a period of 3 weeks to 6 months of infection which is called 'window period'. Research is ongoing globally to reduce this time for detection.

Many people do not have any symptoms when they first become infected with HIV. Even during the asymptomatic period, the virus is actively multiplying, infecting, and killing cells of the immune system. Some people, however, have a flu-like illness within a month or two after exposure to the virus. This illness may include recurring fever or profuse night sweats; headache; profound and unexplained tiredness or fatigue; enlarged/swollen lymph nodes. These symptoms usually disappear within a week to a month and are often mistaken for those of another viral infection. But during this period, people are very infectious, and HIV is present in large quantities in genital fluids. More persistent or severe symptoms may not appear for many years after HIV first enters the body in adults, or within two years in children born with HIV infection. Thus this period

of "asymptomatic" infection is highly individual depending on the body immunity and resistance.

Symptoms often experienced months to years before the onset of AIDS include: lack of energy; weight loss; frequent fevers and sweats; dry cough; pneumonia; persistent skin rashes or flaky skin; persistent or frequent yeast infections (oral or vaginal); diarrhea that lasts for more than a week etc. AIDS patients are highly susceptible to Tuberculosis infection. They may often suffer infections of the lungs, intestinal tract, brain, eyes etc. They are also prone to develop various cancers such as Kaposi's sarcoma, lymphomas, leukemias, genital cancers as cervical cancer in females.

The body fluids that have been proven to spread HIV are blood, semen, vaginal fluid, breast milk and other body fluids or tissue containing blood. HIV is not present in urine, feces, vomit and sweat. HIV/AIDS

spread 1) through unprotected sex that is the major cause 2) through infected blood and blood products 3) through unsterilised needles and 4) from HIV positive mother to her baby. NACO data shows that in India

these four causes contribute respectively to about 85.8, 2.0, 2.6 and 3.6 % with 6 % unspecified causes. Keeping these in mind, it is absolutely essential to take appropriate measures to prevent the spread. Many countries like Brunei (1990), Turkey (1991), Bangladesh (2001) have issued stamps on this theme. One should use condoms for having sex with unknown people that has been reflected in stamps issued by Belgium, Brazil, Macedonia etc. Many stamps are found to alert people for having faithful partners. The red ribbon, symbol of AIDS, is found in the stamps printed by USA, Uruguay (1993), Bulgaria (2002) etc. The symbolic virus is present in the stamps of Algeria (1994), Andorra (1994) etc. An attractive Ethiopian stamp depicting the picture of a healthy to sickly person demonstrates how HIV infection followed by AIDS leads to death. In recent years, the importance of lifestyle education beginning from the school is being discussed. Sri Lanka (1990), Central African Republic (1991) has already published stamps on this aspect. Stamps are also available for making people aware for using safe blood and needle.

Since a large section of people still use matchboxes anti-AIDS messages and information are also available on the labels of various countries.

Let us be united in the fight against AIDS but not the people with it as is described in a beautiful stamp issued by Lesotho in 2001.

### From the pen of Camp Organizer

#### Ramanuj Mukherjee

This was the second time that we organized a blood donation camp in NUJS in association with LUCY. I was slightly concerned in the beginning as several adverse factors were going against us - there was the much celebrated NUJS Football League to be played on the same day, where even I was one of the players; it was a Sunday, therefore most day scholars would not turn up; and there were the fair share of people who discourages others by saying it is either dangerous or useless to donate blood (the usual self-oblivion, as if they know they would not ever need donated blood) and our university having only about four hundred students anyway, we have to approach more or less the same people every year for donating blood. 5th years leave, hopefully some of them sensitized about the blood donation process, and a few of them were active organizers too. Losing them entails finding new people who are up to the task. Freshers arrive - many of them enthusiastic, helpful, adding strength to the core group of people responsible for blood donation campaign in the university. There were so many things that could go wrong. Nevertheless, nothing does. A bunch of new volunteers turn up on the eve of the camp, LUCY people dexterously handled all logistics and people who plainly obstinately refused to donate blood have second thoughts in the lunch hour, and we end up having more donors than the previous year, and a successful camp that ran smoothly. There are many things we need to improve. Especially, we are considering a permanent body for the cause of blood donation in college, as well as increasing the frequency of camps. After all, you can never donate enough blood. And it never gets dull.

Log in: [www.lucy.in](http://www.lucy.in)

Write to: [lucius@lucy.in](mailto:lucius@lucy.in)