

Newspaper Clips

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PROBE AGAINST DISTANCE EDUCATION CHIEF

ht **IMPACT**

Charu Sudan Kasturi

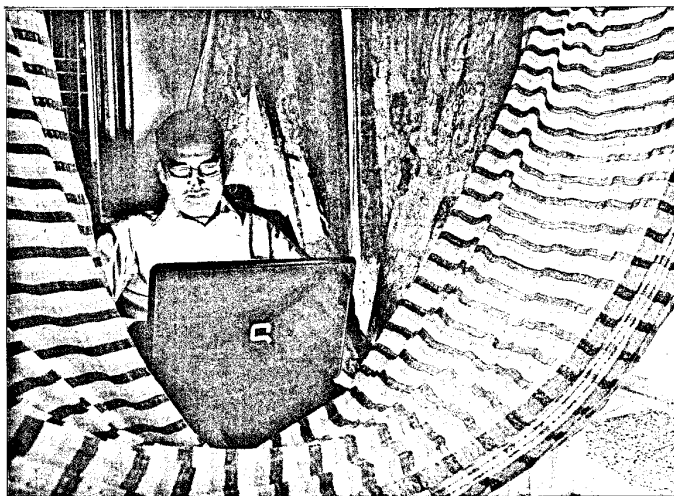
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NEW DELHI: The HRD ministry has launched a vigilance probe questioning India's distance education chief's approval to a MNC distance education university. *HT* had revealed on August 16 how Malaysia-headquartered Asia e University (AeU) used the approval from Distance Education Council chairman V.N. Rajasekharan Pillai to sell unrecognised courses to the country's students.

Government sources told *HT* that the HRD ministry has asked Pillai and the DEC to explain the concerns surrounding the operations of the AeU in India. Pillai and the DEC have not yet replied, the sources said.

On August 29, 2009, the AeU received a letter from Pillai giving it permission to operate in India. The university had told *HT* that it concluded that the permission allowed it to start centres in India. Pillai responded saying his letter only granted institutional recognition necessary for the Indira Gandhi National Open University — which he also heads — to collaborate with AeU.

But he could not explain why IGNOU had signed an agreement with AeU before he approved the university in his capacity as DEC chairman if the approval was a prerequisite for collaboration with Indian institutions.



■ P K Ghosh, who is a cancer survivor for 14 years is the convener of the Cancer Care India's discussion forum. The forums is one of the many online support groups that help both patients and their families to get better treatment and information

PHOTO: RIMJAY BOGOUTI

WEB THERAPY

NET SUPPORT The patient to patient chatter grows louder as thousands seek medical advice and share experiences online

Jaya Shroff Bhaala
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Madhulika Juneja, 44, was devastated when she was told that her 10-year-old son Navneet had blood cancer. Her family physician in her hometown Amritsar suggested she take him to Delhi for treatment. But before doing that, he asked her to join an online cancer support forum called Cancer Care India to prepare herself and her son for their battle against his cancer in the months to come.

Juneja went online immediately and remains an active participant. "A private hospital I initially went to gave me an estimate of Rs 10 lakh, with the doctor warning that the cost could go up further depending on Navneet's response to chemotherapy," says Juneja.

"While the disease came as a shock, the treatment costs came as a bigger shock. Travel and stay in Delhi would have doubled this cost. I couldn't raise the money at once and didn't know what to do." She got the answer from Cancer Care India's discussion forum. The convener of the forum, P K Ghosh, who is a cancer survivor for 14 years, helped Madhulika get an appointment with oncologists at Institute Rotary Cancer Hospital, the cancer centre at the All India Institute of Medical Sciences (AIIMS). Her son was admitted a day after the appointment.

Online fora have caught the imagination of people faced with conflicting advice from doctors and fear of being taken for a ride for commercial gain. Advice from people in situations similar to their own helps them choose the best way forward.

Delhi resident Chanda Sarma, 28, a call-centre executive, goes to medindia.com for all health-related queries. "I had developed anorexia, which was really beginning to depress me," says Sarma. "Online discussions helped me choose the right doctor who not only gave me the right medication for gaining weight in a scientific and healthy way but also helped me fight depression."

Like her, ad executive Pritha Chawla, 31, got acne and weight-loss advice. "A discussion forum guided me to an ayurveda consultant who gave me a lot of home remedies for my skin and weight problems. The treatment has helped me gain confidence and I regularly consult him," says Chawla.

Apart from guiding people with undi-



■ Delhi-based Chanda Sarma found the right doctor thanks to talks online

agnosed and newly diagnosed disorders, some forums also organise seminars, meetings and lectures. "The online tool is definitely the most powerful," says Ghosh. "Cancer Care India is a national network of 30 cancer support groups. It's not just meant for people newly-diagnosed with cancer but also survivors, caregivers, professionals and social workers — people can chat, blog, join discussion forum or just get information."

Alzheimerdiseaseindia.blogspot.com helps people share and receive information on people living with Alzheimer's in India, apart from familiarising people with the disease; it provides information and support to caregivers and families, who end up leading very stressful lives. Among the most unique is Aarogya.com, a trilingual — Marathi, Gujarati and English — health portal that offers discussions on a broad range of topics, from alternative medicine to modern medicine.

Doctors say while the trend has caught on, it's got a long way to go. "Most fora are either not well organised or poorly advertised. While neurology field is massive, nothing formal exists on support for people with neurological disorders," says Dr J.D. Mukherjee, head, neurology at Max Hospital, Saket.

Says Dr Mukherjee, "I am one of the doctors on a media panel and am often inundated with online enquiries. I answer the ones I can and the others I forward to my colleagues. This kind of discussion is very efficient."

MONITORING TREATMENT

■ Support for caregivers and families of people with Alzheimer Disease: <http://Alzheimerdiseaseindia.blogspot.com/>

■ Trilingual blog - in Marathi, Gujarati and English - with alternative medicine options: <http://www.aarogya.com/>

■ Apart from sharing exercises, this site addresses answers queries on surgery: <http://www.surgerytimes.com>

■ Links 30 cancer care groups with active discussions on with cancer survivors, caregivers, social workers and medical professionals: <http://cancercareindia.net>

■ The one-stop website with discussion forums with doctors and patients: <http://medindia.net>

Dr Arun Prasad, senior consultant, general surgery at Indraprastha Apollo hospital in Delhi started his own website — surgerytimes.com way back in 1998. "For four years, I only got one query a month... now I answer at least 50 online queries a month," says Dr Prasad.

It's a win-win situation for both doctors and patients. Apart from queries about new advancements in surgery available, which Dr Prasad answers, many people log in from all over India just to interact with other patients and their families. "In fact, I've got all my 500 patients for surgery for excessive palm sweating from this online forum," says Dr Prasad.

10 tips for a healthy heart

Body|BASICS

A strong heart is a result of healthy lifestyle choices. Be active and stress-free

Today's fast-paced life and workplace pressures escalate stress levels, taking a toll on one's heart. We must realise that the healing power of the body decreases when under stress, leading to many complications like hypertension and poor immunity. Today, even youngsters are prone to heart ailments. So, it's very important to stay healthy and manage your stress levels by understanding the risk factors — high cholesterol levels, stressful lifestyle, smoking, and lack of exercise — following simple changes in lifestyle.

- **Avoid smoking** | Smoking reduces life expectancy by 15-25 years. If you are a smoker, you are twice more likely to have a heart attack than a non-smoker. The moment you stop smoking, the risk of heart attack begins to reduce.

- **Cut down on salt** | Too much salt can cause high blood pressure, which increases the risk of developing coronary heart disease.

- **Watch your diet** | Try to have a balanced diet. Eat fresh fruits and vegetables, starch foods such as wholegrain bread and rice.

- **Monitor your alcohol** | Too much alcohol can damage the heart muscle, increase blood pressure and also lead to weight gain. Avoid intake of alcohol or at least limit it to one to two units a day, gradually decreasing the consumption.

- **Get active** | At least aim for 30 minutes of moderate exercise a day. Keeping yourself fit not only benefits the heart but also improves mental health and well-being.

- **Monitor your BP, blood sugar and cholesterol levels** | Routine medical check-ups will ring an alarm, if you need medical help.

- **Manage your waist** | Cholesterol deposition in blood vessels begins in the first decade of life. Carrying a lot of extra weight as fat can greatly affect your health. Make small but healthy changes in your diet.

- **Manage your stress level** | If you find things are getting on top of you, you may fail to eat properly, smoke and drink too much. This may increase your risk of a heart attack. Practice yoga/meditation. Take a vacation.

- **Check your family history** | If a close relative is at risk of developing coronary heart disease from smoking, high BP, high cholesterol, lack of physical activity, obesity and diabetes, then you could be at risk too.

- **Laughter is the best therapy** | Laughter anytime will work wonders for you. It is an instant way to unleash the pressure and it makes you feel light.



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(Inputs by Dr Kushagra Katarija, chief cardiorthoracic surgeon, Artemis Health Institute, Gurgaon)

No. of CAT applicants falling

For First Time, Registration Deadline Extended By A Week

Hemall Chhapla | TNN

Mumbai: The Common Admission Test, the route to IIMs, has probably hit a rough patch. The unquestioned king of B-school entrance tests — used to gauge the popularity of business education in the country — has for the first time extended its registration deadline by a week, probably to convince more candidates into queuing up for the test.

“The number of people applying to take CAT has been falling. When the IIMs conducted the paper-pencil test themselves, they looked at restricting the number of takers. But, now that it has been outsourced, the revenue from CAT is suddenly important,” said an IIM faculty. For years, the entrance test has been the IIM’s golden goose; in 2007-’08, India’s blue-chip B-schools raked in Rs 2.98 crore just by conducting CAT.

But in 2009, after 33 years, the test graduated from being a paper-pencil one and that, experts said, left out a large number of aspirants from smaller corners of the country who were not comfortable taking the computer-based test.



LACK OF INTEREST?

This year again, the number of cities where test centres have been set up, too, has fallen.

Has that affected the number of those interested in taking the test? Prometric, the American company conducting the computer-based test for the IIMs, said in a press note, “The decision to extend the registration period was undertaken

in order to provide candidates with additional opportunity to register and at the request of some candidates who required a longer registration period.”

So the last day of registration, which was to end on September 30, has now been pushed to October 7. CAT convenor Himanshu Rai said extension of the registration period had nothing to do with the falling registration numbers. “I don’t have the data on how many students have registered for CAT-2010 but those wanting to take CAT would have done so by now. Also, if someone has decided not to take the test, they wouldn’t.”

However, Promteric, which earns its money on the number of candidates who register, is probably looking at converting fence-sitters to rushed last-minute registrations. “What otherwise would explain the reason for extending the dates to sell vouchers too?” asked Arks Srinivas, director of TIME (Kolkata), a coaching academy. He added that there could be no logical reason to extend registration but the falling numbers of CAT takers that had prompted Prometric to keep counters open for longer.

Times of India Ahmedabad 25.09.2010 P-10

Now, BIMARU towns power growth

Outstrip Metros In Growth Of Personal I-T Collection; Only B'lore In Top 10

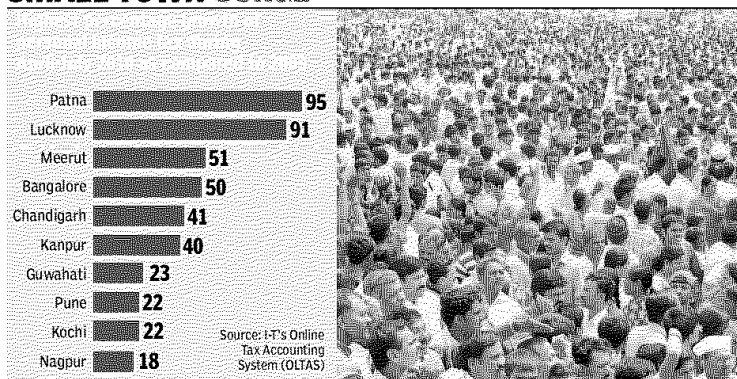
Pradeep Thakur | TNN

New Delhi: Small towns are churning out big news. Unbelievable as it may sound, people from BIMARU regions are making more money, in turn, fuelling the nation’s economic resurgence.

According to latest Income Tax (I-T) data, economic powerhouses Mumbai, Delhi, Hyderabad, Chennai and Kolkata have lost out to Patna, Lucknow, Meerut, Chandigarh, Kanpur and Kochi in net personal I-T (PIT) mop-up.

None of the metros, barring Bangalore, figure in the top 10 cities that have posted highest growth in personal I-T collection during the April-July 2010 period as compared to the same period in 2009. The highest growth (95%), among all regions, has been posted by Bihar and Jharkhand followed by Purvanchal or eastern Uttar Pradesh, where collection shows

SMALL-TOWN SURGE



an increase of 91%.

Meerut, or western UP region (51%), is third on the list, followed by Bangalore (50%); Chandigarh (41%); Kanpur (40%); Guwahati (23%); Pune and Kochi (22%) and Nagpur (18%). In comparison, the

growth of PIT in megapolises like Delhi and Mumbai have been a paltry 4% and 6%, respectively. The growth in personal income is a result of robust corporate performance in these regions, which is also reflected in the corporate I-T

collection. Madhya Pradesh, Chhattisgarh, Bihar, Jharkhand, Maharashtra’s Vidarbha, Orissa, Kanpur and Chandigarh have all shown maximum growth in corporate I-T collection — between 25% and more than 200% —

during this period as compared to Mumbai (2%), Bangalore (6%), Chennai (10%) and Kolkata (27%). Hyderabad (31%) and Delhi (73%) have done a little better. No wonder, Tier II and III cities have suddenly become an important source of revenue for the finance ministry.

Consequently, the finance minister has considered de-volution of financial and manpower recruitment to regional heads. Currently, there are 900 range offices headed by an additional commissioner/joint commissioner/rank officers. On an average, each range collects revenue to the tune of Rs 500 crore.

With widespread growth of tax-base across the country and mushrooming of commercial centres in different regions, these range heads have now been given more financial powers in hiring additional manpower.

Economic Times Bangalore 25.09.2010 p-4

In rural Missouri, an IT outsourcing company challenges India

Bloomberg
SAN FRANCISCO

CAN information technology services companies located in rural areas in the US compete with lower-priced counterparts offshore? Shane Mayes is betting they can. The 37-year-old founder of Onshore Technology Services says his 70-person business, which teaches software development skills to former manufacturing workers in small towns in Missouri, had \$5 million in revenue last year, expects \$10 million this year, and plans to hire an additional 70 employees in 2011. Mr Mayes, who founded Onshore in 2004, spoke with Bloomberg.com Entrepreneur editor Nick Leiber about his company's training program, pricing strategy, and plans to expand to 1,000 employees. Edited excerpts of their conversation follow.

Most people don't think of the US as a great place to locate outsourcing services; can you describe your approach to the business?

We provide IT services with a premium customer experience at an offshore price. That includes application development and inte-

gration, software testing, and data reporting services. The thing that we're really known for is the fact that we're in very rural towns. We go into areas where there isn't a rural IT workforce and create a workforce organically by taking underemployed and dislocated workers through a four-month bootcamp-style training program that we've developed to make software developers out of them.

How do you figure out who to take for the training program?

We partner with the Missouri Career Centers. They do a certain amount of screening before we even talk to them, then we do behavioural interviewing and we give them what's called the Computer Programming Aptitude Test. They're ranked, and there's a threshold they have to pass before they can get in. We have about a one-to-eight interview-to-hire ratio.

Are there enough workers in these areas?

It is a challenge. For us to continue to grow significantly, we have to have a distributed structure. I don't see us getting any larger than a couple hundred people in any one of

our locations. So, what we have to do is open up new locations across the country. We'd like to do that eventually.

So even though there are lots of people out of work, it doesn't mean they can all do what you need them to do?

Absolutely not. It is very, very hard. Our training is kind of our secret sauce. It's gut-wrenching hard work — otherwise everybody would be doing it.

How do your prices compare to offshore workers?

We are a bit more expensive than offshore outsourcing firms but there's a thing called a risk-adjusted rate. Gartner came up with a formula for applying risk factors when outsourcing. So, if you look at the communication gaps, the time zone differences, and the quality issues that come from high attrition that goes on offshore, all of those things combine to raise the actual cost. So, there's a risk multiplier that you can apply. Our costs and offshore's costs net out to be about the same.

What about domestic suppliers?



We go into areas where there isn't a rural IT workforce and create a workforce by taking underemployed workers through a training program that we've developed to make software developers out of them

SHANE MAYES
FOUNDER, ONSHORE TECHNOLOGY SERVICES

We're anywhere from 25% to 30% less. If you see a \$70-an-hour bill rate in St. Louis, that would compare to a \$45-an-hour bill rate in our rural centers. And that's doing advanced software development like a JAVA developer or a .NET developer. Now, there are some other activities where we get in the low \$20s an hour — that's where they're performing more of a low-end technology function, like some scripting, or something like that.

What kind of clients do you work with?

We've got a very strong portfolio of Fortune 500 companies, including MasterCard.

In terms of growth, what's your strategy?

We are growing relatively slowly compared to the actual opportunity. Our sales pipeline is about \$14 million. That's well over 100 people we could bring on right away. We don't really market ourselves. We only have one salesperson in the entire company. Typically, for a company of our size, you'd have three — one for every 20 people. Over the years, we've gotten to the point where we know a two-times growth rate every year allows us to hand-select the best customers and opportunities. Typically, we'll just focus on our top five opportunities and our top five customers and literally tell everyone else "no." Eventually we'll grow to 1,000 people, but we're just doing it in a sensible way.

Where do you fit within your clients' outsourcing suppliers?

All of our customers do offshore outsourcing, and sometimes when they want to do some-

thing new and it's a little risky — they're rolling out some new system or some new innovation — they'll have us work on that and we'll effectively commoditize that work. Then that work will eventually be transitioned to a competitor's offshore centre. That is just fine with us. Our business always grows within a client, so even though some work will go offshore, there's always something else.

What led you to start this kind of business?

I was in the Air Force during the first Gulf War, then I got into IT. Before I started Onshore, I was running offshore development projects for Elsevier. While I was in Turkey for the Air Force, a sort of zealous patriotism that I have begun to solidify.

When I started this company, I didn't have anything. I had no money. There was no such thing as a rural outsourcing industry. I had no customers. I had no proven ability to deliver. I didn't have people to do the work. I'll say it again: I had no money. I used to talk about how we could build a billion-dollar business. I still say we will build a billion-dollar business.

Tribune, ND 26-Sep-10

P-12

Should IITs start medical courses?

It must be done with due diligence and detailed examination and not at the expense of the IITs' present activities, says Dharam Vir

An interesting report has appeared in *The Tribune* (September 11, 2010) that the Indian Institutes of Technology (IITs) could start degree-level medical courses. This is one out of a number of decisions taken by the IIT Council, an apex body headed by the Union Minister for Human Resource Development. This would have a far-reaching impact on the academic activities of the IITs.

The Council's decision has been welcomed by many, though there are a number of people who have expressed reservations about it. The main objection is that the IITs should concentrate on their core strength, i.e. science and technology.

Initially, the IITs wanted to start medical courses without seeking clearance from the Medical Council of India (MCI) on the pattern of the All India Institute of Medical Sciences (AIIMS) and the Post Graduate Institute of Medical Education and Research (PGIMER). The Union Health Ministry did not agree and was of the view that it would not be advisable to start medical colleges outside the MCI's regulatory control.

It also suggested that the IITs should design doctoral courses on the interface of technology and medicine such as bio-medical engineering, bio-technology and e-health in consultation with the AIIMS, the PGIMER etc. The IIT Council agreed to the MCI framework for a course that leads to the practice of medicine (i.e. MBBS). Thus, the IITs can start medical courses after the amendment of the Institutes of Technology Act.

As a matter of principle, the objection against the IITs starting medical colleges is not sustainable. Knowledge creation and dissemination is not the sole preserve of a department or an organisation. It is a bane of our higher education system that it encourages compartmentalisation. With increasing use of instrumentation, medical science is becoming technology-driven as also with the growing applications of phys-

PHOTO: SHRIKANT

A Tribune Special



ical and computer sciences.

There is a general impression in medical colleges that physics and mathematics are not so relevant. One could perhaps agree with this viewpoint if the objective is to produce doctors for healthcare of ordinary ailments. But if the vision of India moving into the frontiers of research in medicine and bio-sciences is to be realised, all these subjects must be treated as being very relevant.

In recent times, physical scientists and engineers have also realised the relevance of studying biological systems. It is noteworthy that a number of Nobel Laureates in medicine were/are not medical doctors. Thus, there is a perceptible world-wide shift towards inter-disciplinary education and research.

Medical education in India remains very much controlled by regulatory bod-

ies, limiting the scope for innovation and change. Intervention by good institutions like the IITs may act as catalyst for bringing about change. Moreover, when medical colleges can be started by private organisations not exactly known for education, why should IITs, or for that matter any such institution, be prevented from doing so?

The most important point is whether and when any IIT should take such a bold initiative. Should the IITs not concentrate on their existing activities and strengthen programmes in the emerging areas of science and technology? It is also well known that these institutions are facing several challenges, especially in respect of faculty and getting adequate number of good students for research and development in engineering disciplines.

Much investment and quality man-

power are needed to strengthen the IITs to stay ahead. A few IITs have started courses in economics and management. It would be desirable to benchmark all such courses with those of the top institutions of India. Recently, there was news on the world ranking of universities. Sadly, all Indian universities, including the IITs, appear to have slipped down.

The IITs are known for quality education and this tag should not get compromised. Establishing and managing a first-rate medical college along with a big hospital is a complex task. If an IIT sets up a medical college, the public would tend to compare it with the AIIMS and the PGIMER. The IITs would need to structure their plans accordingly and carve out niche areas where they would like to excel.

Another significant point is the level

of public interface with a medical college. According to the MCI guidelines, for intake of 50 students per year in the MBBS programme, a 300-bed hospital is needed. Any good medical college gets a few thousand patients every day. The IITs, being government institutions, would not be able to restrict public access to the hospital, given the poor quality of medical facilities where some of the IITs are located. This is bound to have adverse impact on the closed campus life that the IITs have.

Besides, emergencies like epidemics and pressure from the local public and the administration would continue to bother the IIT administration at the highest level. In short, the public interface may divert the attention of the institute's authorities.

Another aspect is the level of invest-

ment which may end in disaster.

The IITs could consider starting with a few high-end courses in bio-sciences and related subjects and set up the relevant departments in addition to the existing Biotechnology discipline. They may also have collaboration with a medical college or research institute as suggested by the Union Health Ministry. Based on their experience, they could move gradually towards establishing a medical college as and when they are fully prepared for it. An enabling provision should, therefore, exist in the Institutes of Technology Act, and the IIT Council has rightly decided to amend the Act.

This issue also raises another question of vital significance. Why are regulatory bodies not coming up with reforms in medical education and research which aim at innovation and

Why are regulatory bodies not coming up with reforms in medical education and research which aim at innovation and inter-disciplinary teaching and research? This critical sector needs massive overhauling

inter-disciplinary teaching and research? This critical sector needs massive overhauling. The Central Government should set up a broad based committee to look into all these aspects to suggest a comprehensive action plan for revamping the medical education and multi-disciplinary research. Institutions like the IITs, the AIIMS, the PGIMER and a few other research institutes can take the lead and show the way.

One hopes that the HRD Ministry's decision to allow the IITs to set up medical colleges would generate a debate leading to the much-needed reforms in the area of medical education and research for the good of our people. ■

The writer, a former Chief Secretary of Haryana, is an alumnus of IIT Kanpur and Kharagpur. He is currently the State Election Commissioner, Haryana

Relief for Sibal

KAPIL SIBAL'S move on reforms in higher education may have stalled, but babus at the human resources development (HRD) ministry have received a much-needed boost from the Central Vigilance Commission (CVC) as well as the Central Bureau of Investigation (CBI). Last year Mr Sibal had suspended R.A. Yadav, the controversial chairperson of the All-India Council for Technical Education, following corruption charges. Since then Mr Sibal and his babus have had to stave off "political pressure" from some MPs who claim that Mr Yadav was being "victimised" and should be restored to his position.

However, with the CVC and the CBI now recommending action against Mr Yadav, Mr Sibal's stand has been vindicated. This is welcome relief for Mr Sibal and HRD babus, still smarting from the Right of Children to Free and Compulsory Education Act debacle in Parliament.

Mail Today, ND 26-Sep-10 p-4

Academies copy to push for Bt brinjal

By Dinesh C. Sharma in New Delhi

INDIA'S top science academies have done the unthinkable. They have copied and quoted extensively from an industry lobby report to give a clean hit to the controversial genetically modified (GM) brinjal.

Key portions and data in the much touted *Inter-Academy Report on Genetically Modified Crops* have been lifted straight from a report of a lobbying group funded by seed companies, including Monsanto and Mahyco.

In March, environment minister Jairam Ramesh had asked the six science academies — the Indian Academy of Sciences, the Indian National Academy of Engineering, the Indian National Science Academy, the National Academy of Agricultural Sciences, the National Academy of Medical Sciences and the National Academy of Sciences (India) — to give an unbiased scientific assessment on the feasibility of transgenic crops and the proposed regulatory mechanism for GM food. They submitted the report to Ramesh this week, recommending the commercial release of Bt brinjal.

But it turns out that the academies have relied heavily on data generated by US-based GM lobby International Service for the Acquisition of Agri-biotech Applications

Science academies plagiarised from industry lobby report

(ISAAA). They have recommended the commercial release of Bt brinjal and the lifting of the moratorium imposed on it by Ramesh.

Earlier, science and technology minister Prithviraj Chavan had plagiarised from reports by the same ISAAA in a letter to cabinet colleague A. Ramadoss while defending Bt brinjal. This was exposed by MAIL TODAY in February this year.

The report in question currently has copied most of the data and information in support of Bt brinjal from an ISAAA report *The Development and Regulation of Bt Brinjal in India* and an article *Bt Brinjal: A Pioneering Push* by Dr P. Anand Kumar in *Biotech News* — a publication of the Department of Biotechnology. Both were published in 2009. Being a developer of GM crops himself, Kumar is a vocal supporter of Bt brinjal.

The academies have declared Bt brinjal safe by copying the following paragraph verbatim from Dr Kumar's article: "Bt brinjal 'Event EE-1' has been subjected to a rigorous biosafety regulatory process encompassing all aspects of toxicity, allergenicity, environmental safety, socio-economic assessment etc.

"Studies on food and feed safety have been conducted on rats, rabbits, fish, chickens,

goats and cows. Similarly, environmental impact assessments to study germination, pollen flow, invasiveness, aggressiveness, weediness, and effect on non-target organisms were also carried out."

The data that has been lifted from the industry document relates to key issues. The copied portion says: "It (brinjal) is an important cash crop for poor farmers who transplant it from nurseries at different times of the year to produce two or three crops, each of 150 to 180 days' duration."

Again, on losses caused by pests, an entire paragraph has been lifted from the ISAAA report: "Brinjal Shoot and Fruit

Borer (BSFB) causes significant losses of up to 60 to 70 per cent in commercial plantings. Damage starts in the nursery, prior to transplanting, continues to harvest and is then carried-over to the next crop of brinjal. BSFB damages brinjal in two ways. First, it infests young shoots

GM supporter's article cited to favour the crop

during the vegetative phase, which limits the ability of plants to produce healthy fruitbearing shoots, thereby reducing potential yield."

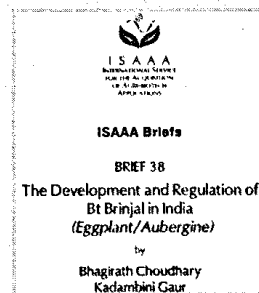


CLASH OF INTERESTS

- ISAAA is funded by Monsanto, Mahyco and several seed companies engaged in developing GM crops
- Data generated by this body is freely used by all supporters of GM crops
- Minister Prithviraj Chavan copies several

pages from ISAAA reports in an official letter to health minister Ramadoss to justify Bt brinjal

- Now six science academies have copied data from an ISAAA report to recommend commercial release of Bt brinjal



Another piece of data used to justify Bt brinjal has been lifted from the industry report: "Farmers usually spray twice a week, applying 15 to 40 insecticide sprays, or more, in one season depending on infestation levels."

Figures relating to the financial cost of insecticide-spray by farmers too come from the industry document.

The similarities in the ISAAA report and the Inter-Academy report go on without anyone getting a hint about the source of the data. No references or citations have been given, as is normal with any scientific document.

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