

Making Waves, Changing Tides; The story of Joint Action Council Kannur (JACK), India Anju Singh, New Delhi, India

The Indian state of Kerala is an isolated 360-mile narrow strip along the sub-continent's south-western Malabar Coast, closed in by the mountainous belt of the Western Ghats, being only between 20 and 75 miles wide. Despite being home to some of India's most isolated tribes, it has the highest literacy rate among all the states, and is highly politicised. While being also the most densely populated state, only one fifth of its people live in an urban area. The principal economic activity is farming.

Purushothaman Mulloli was born in Kerala in 1950. Becoming involved in social activism during his university days, he was gradually attracted to the ideals of the Indian nationalist leader Mohandas Gandhi. This led him to become involved in many well-known national movements and he was closely associated with various political leaders. During this time, Mulloli was also organising workshops for local and national activists and was responsible for setting up many of the currently leading Non-Governmental Organisations (NGO) and activist groups. He was also involved with extensive work among North Indian tribal populations.



Kannur is one of Kerala's 14 districts. Mulloli set up JACK (Joint Action Council Kannur) as an informal body in the late 1970s responding to the social needs of the Kannur area. This involved running development programmes with a focus on adult literacy, and equipping the area's young people with occupational and technical skills.

In the early 1990s, JACK formalised its activities by becoming a registered public trust, operating as an umbrella organisation for 13 local NGOs, co-ordinating and making more efficient use of their limited joint resources and skills. Having existed solely on voluntary donations, JACK was also hoping to attract government funding. The re-structuring included the setting up of an executive body comprising representatives of industry, trade chambers, clubs, medical associations, religious leaders, artists, intellectuals and bureaucrats.

Although by the mid-1980s AIDS had become a major international concern, and scientists and organisations were attempting to sound the alarm bells in India, it was not generally seen as a significant threat in the sub-continent. However, JACK was one of the first organisations to take the issue seriously, accepting at that time the concept that AIDS was caused by a virus, 'HIV'. JACK looked closely at the patterns of population migration in Kerala, concluding that the assumed epidemic posed a significant threat in the state. Inspired by the success of the literacy campaign of Kerala, JACK decided to launch an HIV/AIDS awareness campaign, combining it with a house-to-house project promoting safe drinking water and a healthy family life.

Households in Kerala rely on private drinking wells for water rather than on a public supply system, which accounts for why 60 per cent (%) of all health problems in the state are water-borne. JACK decided a holistic approach to health was needed, trying to make families see that health was an affordable commodity and something they could well manage. This was an approach more suited to the realities of everyday life in Kerala's communities. JACK saw the question of HIV/AIDS as a natural part of that package.

But this was where JACK had its eyes opened to the autocratic and arrogant way in which the HIV/AIDS organisations do business.

All official HIV/AIDS activities, including the channelling of international funds, are co-ordinated by NACO (National AIDS Control Organisation), a department of the Indian government's Ministry of Health and Family Welfare. When JACK approached NACO for a share of the massive international funds then being injected into India to combat HIV/AIDS, it encountered strong opposition among the donor organisations to its holistic approach. JACK was still able to go ahead with the project using the resources of its well-planned safe-drinking campaign. But after trying unsuccessfully to get JACK to change its plan, these HIV/AIDS donor organisations then launched a smear campaign, attempting to demoralise JACK by discrediting it with government departments, other NGOs, and internationally.

JACK opposed interventions that focused on HIV/AIDS in isolation, like the targeted interventions aimed at specific communities, which offered little in the way of public health benefits, but rather, carried the potential to do tremendous damage to these communities and their social fabric at all levels. JACK became highly suspicious of the strong resistance of the donor agencies to locally tailor-made campaigns where people were being encouraged to develop their own prevention strategies. The donor agencies had their own policy agendas, with pre-packaged programmes launched and funded through a select handful of NGOs operating from plush offices in big cities. They clearly had a huge stake in promoting the targeted interventions approach.

JACK's response to this situation was to start taking a closer look at these organisations and their activities to try and find out exactly what was going on and who was getting what.

The first opportunity to confront these agencies with some fundamental questions about their approach came in 1995/96 when the DFID (Department for International Development), a department of the United Kingdom government, then known as ODA (Overseas Development Agency), launched a targeted interventions project in Kerala. This was targeted at supposed HRGs (High Risk Groups), specifically identified in Kerala as street children, sex workers, and so-called tribals, that is, the indigenous peoples of the area.

From its long experience of involvement in the Kerala area, JACK raised questions about the scientific basis and design of the project. For example, JACK knew there were no identifiable street children in Kerala, and sex workers were not a visible group. JACK's questions were met with evasion and stonewalling. And when JACK managed to get the issue raised in parliament as to why tribals were in the HRG, they were immediately dropped from the category.

At the same time, JACK began lobbying NACO to release the details of a study it had commissioned using public money that examined supposed high risk behaviour in different groups across 65 cities in India. It was this report that was being used by the DFID to justify its identification of HRGs in Kerala. NACO spent 14 months refusing to respond to questions about the report, but was eventually forced to release it after JACK won an appeal in the Kerala High Court.

In the meantime, the DFID, which was using the report as a HRG identification bible, was also refusing to release it, claiming the findings were confidential. As JACK pointed out at the time, it was surprising that a study conducted on behalf of and paid for by the Indian people was being kept confidential from them, even though a foreign donor was allowed full access to it.

And, as NACO continued to respond to questions about the study, to the point that even the Indian parliament was misled, it became clear to

JACK that the DFID was in full control of policy decisions at the highest levels, and that foreign donors were determining the thrust and direction of HIV intervention in India.

Having used the courts to force the study into the public domain, JACK then discovered that NACO's nation-wide 65-city survey was virtually non-existent. What little of it did exist had been used at will by the DFID. JACK became convinced that NACO was operating as an arm of foreign donors, serving only to legitimise their priorities at the expense of the people, and willing to protect their interests even to the point of misleading parliament.

In the DFID's Kerala project, the emphasis had been on creating a new project management agency that was accountable only to the DFID at the cost of weakening Kerala's State AIDS Cell by downsizing its role. Involvement of NGOs were limited mainly to all kinds of private firms from within and outside Kerala that had little to do with local people and nothing to do with programme design.

JACK believed the categorisation of so called high risk groups in India had become totally arbitrary, with various groups being included, based on such diverse criteria as class, community, or region.

JACK became convinced the DFID had used a fabricated study to justify its project. The DFID had created parallel systems of management, both at government and at non-government levels, accountable only to itself, and not to the Indian people. JACK believed the DFID had used decentralisation to take power away from central government, not to give it to the people, but to enhance its own absolute control. JACK began to notice that what was happening in Kerala was characteristic of the DFID's usurpation of power throughout other areas of India.

The far-reaching implications of these discoveries so alarmed JACK that it decided to look more deeply into the issue. This was the point at which JACK made the all-important policy decision to close down its routine activities in Kerala while Mulloli shifted his base to Delhi to concentrate on understanding and addressing the full gamut of the international donor agendas and issues relating to 'HIV' at policy level. For JACK, this step proved to be like the opening of Pandora's box.

It was at this point that JACK began to learn about the scientific flaws in the HIV theory. Having approached the AIDS issue with its concerns over the way foreign organisations were taking control of India's public health policies, now JACK found it had an additional mission, to raise fundamental scientific questions about the whole HIV construct and the damaging impact it was having on the people of India. JACK's declared position on this is that it does not believe that 'HIV' is the cause of AIDS.

While still picking up the social issues, the main thrust of JACK's activities are geared towards challenging the authorities and the agencies to provide proof that 'HIV' is a sexually or otherwise transmitted virus that causes AIDS. JACK challenges the validity of the 'HIV' tests, and campaigns against the use of anti-retroviral drugs. At the same time, JACK continues to raise concerns over the ambiguity of AIDS case definitions that it believes can easily lead to many common conditions in India being misdiagnosed as AIDS.

Having closed operations in Kerala, JACK's Delhi office consists of only a handful of people working full time in challenging the 'HIV' establishment. The organisation operates through a very flexible, issue-based process, networking with various national and local NGOs and communities as required. A classic example of JACK's campaigning was the way it challenged the treatment of Chhochi village (see separate article). Here, a whole village was wrongly stigmatised by the Indian media as being rife with 'HIV' until JACK managed to force the truth out into the public arena.

Besides taking up the cases of individual communities like Chhochi, JACK busies itself campaigning against all kinds of measures at various levels arising out of the hysteria of a misinformed public that believes in a viral cause for AIDS. These include issues such as the compulsory HIV-testing of women and children in welfare homes and of pregnant women at clinics, the targeting of slum clusters for STD control in Delhi, and a government decision to disclose the 'HIV' status of blood donors.

JACK has also challenged court decisions that have an impact on public policy. In 1996, for example, the Supreme Court of India, following a public interest case, declared illegal the practice of professional blood donors and recommended the setting up of a national blood council. This was to reduce the supposed risk of spreading 'HIV' infection, despite surveys that showed professional donors to be among the lowest risk group.

Professional blood donors at that time contributed a third to one half of India's blood requirements. As a result of the ruling, the bill for imported blood and blood products shot up from half a million US dollars in 1993 to an estimated US \$ 900 million in 1999, with some international experts putting the figure at closer to one and a half billion US dollars.

At the same time, NACO, flush with World Bank loans and backed by the Supreme Court's directive, went on a spending spree importing the equipment needed to upgrade 40 blood banks across the country at a cost of US \$ 56 million. In Delhi, for example, the capacity was raised to 2.4 million units of blood, even though the city's requirements have never exceeded 0.4 million units. The equipment has not yet been used.

JACK filed an analysis of the Supreme Court's decision, reporting the fact there was no evidence to support the decision to ban professional blood donors, and, through the media, raising the issue of the unused equipment and the overall shortage of blood.

JACK has frequently used questions in parliament as a means of getting its concerns aired in public, but has often been shocked at the number of outright lies and denials handed out to MPs to head off public debates of the issues raised. One example of JACK's work in this area concerns the report of the 73rd Parliamentary Standing Committee on Dreaded Diseases (HIV/AIDS, Hepatitis B, 1998). JACK's persistent queries on the contents of the report led to the figure of "8.13 million HIV infected in India" being withdrawn from the report with the excuse that it was a printing error. Official clarification reduced the figure to an estimated 3.5 million.

In October 1999, JACK made a presentation to the Prime Minister's Office criticising the National AIDS Control Programme (NACP) phase 1, and requesting a review of the newly launched phase 2. In this, JACK was supported by some leading women's organisations, but despite an order being issued for this to be done, the effort was side-tracked.

Having also by this time established contact with some of the leading AIDS re-thinkers outside India, in February 2000, Jack hosted and co-ordinated a visit to Delhi by Dr Roberto Giraldo, Dr Etienne de Harven and Dr Claus Koehnlein. These met with representatives of NGOs, the medical community and the media, and did much to put the concerns of AIDS critics internationally in front of the Indian public.

Later that year, when an NGO supported by a foreign donor published an highly offensive, technically flawed and methodologically unsound study alleging that the hill people of Uttrakhand were at high risk of 'HIV' infection due to the behaviour of their migrant male population, JACK again stepped in.

While most of the big names among Indian NGOs were rallying in support of the concerned NGO from Uttrakhand, who had been arrested by

the police while rescuing them from the people's fury, JACK came forward in active support of the people's protest. It ran a two-day workshop "HIV/AIDS Myth and Reality" in the hill district of Almora in Uttarakhand where the scientific fallacies were addressed along with the dubious role being played by such NGOs in the country. There was a further one-day seminar in Delhi that also involved journalists.

As a result of this, the people of Uttarakhand were able to register an effective protest against the report, get it withdrawn with apologies, and the offending NGO shunted out of the region. It was a rare situation in India, where for once the community affected fought back. Elsewhere, such fabricated reports have gone unchallenged and become assimilated into the systems and mindsets of the people. Labels have stuck.

JACK has continued to challenge media scare stories that have appeared in various regions, such as Meerut, Bombay, Bhopal, Gwalior, Gauhati, and Rohtak etc. It has also continued to challenge India's HIV/AIDS statistics, and undertaken critical reviews of various studies supposedly confirming the high risk status of various groups, including health workers, industrial labourers, migrants, and even married couples in certain regions.

JACK has supported various communities wherever they have been branded, the most recent being that of certain castes in Madhya Pradesh, this time by the Madhya Pradesh Human Rights Commission. JACK believes that besides demonstrating the absurdity and the human rights implications of assuming that people are inclined to prostitution, pimping, and 'HIV' infection because of their caste, this case also shows how constitutional bodies are being used to impose anti-people agendas.

JACK has published a number of booklets addressing some of these issues including HIV/AIDS Industry – Agenda Behind the Epidemic in English and Hindi in August 1999, followed by HIV/AIDS A New Colonization? The Experience of Kerala in January 2000. These have been spread throughout India and have frequently been used by groups as a basis for serious discussion and debate.

Gradually, JACK is finding support among women's organisations, such as the All India Women's Democratic Alliance, political groups and other organisations at both national and local level. Support is also beginning to come from influential professionals, such as doctors, lawyers and journalists.

JACK has noticed with interest that reporters working in the Indian media are becoming much more critical of the HIV/AIDS information handed out to them, asking more pertinent questions at news conferences, challenging the AIDS-speak, and seeking out views from JACK with which to balance their reports.

All this had led to JACK's voice being taken more seriously by the government, which can no longer hide from the issues being raised. When JACK questions AIDS statistics, it creates a stir, forcing government departments to make crucial statements in order to avoid more fall-out. The government has on occasions even pre-empted JACK, anticipating an attack and seeking to head it off. In particular, the government has become highly sensitive to JACK's allegations of a parallel government, in which foreign donor organisations see India as a lucrative playing field for their entrenched interests. The suggestion that it has handed over its responsibilities to foreign organisations is one that is causing government departments to lose face.

Despite this, JACK's biggest constraints have been, and remain, financial. Since closing down mainstream operations in 1995 to concentrate on the HIV/AIDS issue, JACK has been surviving on the personal resources of those involved. JACK has received much help in the shape of manpower, equipment, printing material, travel and accommodation, from organisations and friends, but it is not enough to underwrite what needs to be done. Because JACK is seen as challenging the government and the system, conventional funds are not available, whether by way of grant or donations. Currently JACK is US \$10,000 in debt.

However, it remains at this time the only organisation in India challenging the HIV/AIDS community, and is keen to become a major player on the world dissident stage, hoping to make a global contribution. JACK is part of the IFAS world-wide network to promote in the name of human rights access to encompassing and unbiased information and to educate the public about fields about scientific insights in fields where scientific discord is found.

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Donations to JACK can be made payable to:

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