



Indian bill seeks ban on import of asbestos

AJIT JAIN
IN TORONTO

Canada must support the listing of Chrysotile asbestos as a hazardous product under the Rotterdam Convention, an Indian social activist group has said.

A debate has been raging on in Canada, whose last operational asbestos mine in Quebec exports large quantities of the fiber, a proven carcinogen, to developing countries like India.

President of the Ban Asbestos Network of India Gopal Krishna says if Canada takes this step, it can then help initiate efforts to ban mining and export of asbestos for good.

Victoria, British Columbia-based expert on asbestos Kathleen Ruff and New Democratic Party Member of Parliament Pat Martin told *India Abroad* recently that Canada has been subverting all efforts to have the white asbestos listed as a hazardous substance.

Krishna said BANI, which works closely with activists in Canada and the United States like Barry Castleman and Ruff, is shocked to note that instead of banning asbestos, the Canadian government uses taxpayers' dollars and Canadian embassies to actively promote the sale of asbestos around the world.

In an e-mail response to *India Abroad*, Krishna said a private

member's bill 'The White Asbestos (Ban on Use and import) Bill' was introduced in the Rajya Sabha — the upper House of the Indian parliament — November 17, 2009. The bill says: 'White

asbestos is highly carcinogenic and even the World Health Organization has reported that it causes cancer.' It explains how more than 50 countries have already banned the use and import of white asbestos.

Canada, which exports asbestos to India, 'prefers not to use it domestically,' the bill says. 'But in our country it is imported without any restriction. In 2007, Canada exported almost 95 percent of the white asbestos it mined and out of it 43 percent was shipped to India. It is quite surprising that our country is openly importing huge quantity of a product, which causes cancer.'

The bill, therefore, seeks 'a total ban on the import and use of white asbestos and promote the use of alternative material.'

In a January 31, 2008, order, the Kerala State Human Rights Commission said that exposing workers and consumers to asbestos fibers of all kinds including Chrysotile constitutes violation of human rights.

With lobbying picking up steam in Canada and India seeking the inclusion of Chrysotile in the Prior Informed Consent list of the Rotterdam Convention, all eyes will now be on the fifth meeting of the Convention in Geneva during the June 20-24 session.



Pat Martin

Need to create an attractive profile for Canadian education

Prime Minister Stephen Harper chaired an education roundtable in New Delhi, November 17, 2009. Education plays a central role in the growth and development of both Canada and India, so there was much to talk about.

In response to its demographic needs, India is dramatically expanding its post-secondary capacity, including the addition of several new campuses of the Indian Institute of Technology and Indian Institute of Management and also central innovation universities across the country. This creates many new collaborative opportunities for Canadian institutions, from faculty training to joint research to exchange opportunities and shared distance education initiatives.

In addition to these ideas, other topics discussed were modalities for quality assurance and self-regulated quality control, the urgent need for greater support for mobility especially at the graduate and post-doctoral levels as well as for seed funding to promote research collaboration in areas of mutual interest and priority, and systemic problems in recognition of credits, degrees and professional qualifications.

In the last several years, there have been

many Canadian delegations to India, often with high-level meetings involving politicians, senior civil servants, university presidents, and many others, indicating a surge of interest in India.

Significant investments by the University of Alberta in 'collaboratories' with IIT-Bombay, and arrangements that York University's Schulich School of Business has with the S P Jain Institute of Management and Research stand out.



SHEILA
EMBLETON

This modest result is despite the huge goodwill repeatedly expressed towards Canada, and the statements by many that Canada would be their partner of choice. But in many cases we simply are not competing financially, and the best graduate students and researchers increasingly have many attractive options, both in terms of salary and other conditions that better

enable their research. We need to capitalize on the momentum of these visits — not just Prime Minister Harper's November visit, but also Ontario Premier Dalton McGuinty's December visit and Quebec Premier Jean Charest's upcoming visit in February — to get some real focus and significant competitive investment. This, along with increased marketing efforts via EduCanada to get the word out about new opportunities in Canada, would finally create a more attractive profile in India for Canadian higher education and enable us to compete on a more level playing field for some of the best graduate students and researchers in the world. As a country, we need to act coherently and significantly now, and not squander any more time or opportunities, as we continue to watch others pass us by.

Minister of Foreign Affairs Lawrence Cannon, Joseph Caron, high commissioner of Canada to India, attended. Among academics were David Naylor, president of the University of Toronto, and Indira Samarasekera, president of the University of Alberta.

Sheila Embleton is vice president, academic, York University

Indian doctors head back after fellowship in Canada

AJIT JAIN
IN TORONTO

An Indian doctor who honed his skills on a one-year fellowship in Canada, is going back to India where he will resume research on curing children with eye cancer.

Dr Madhavan Jagdeesen, who was amongst five people who came to the Sick Kids Hospital in Toronto on a Rs 5 million (\$110,000) Indian government fellowship, January 5 resumed his research in ocular genetics at the Sankara Nethralaya.

He said researchers have recently found a defective gene called RPE65 that causes blindness amongst children. "So we can now replace it with a healthy gene and restore vision," he told *India Abroad* before leaving for Chennai.

"There are a very few ophthalmologists in India who have both clinical and research knowledge in genetics," Jagdeesan said, adding that his research in Canada, where he researched 42 cases, would help him a great deal.

Genetic eye diseases, Jagdeesen explained, occur if the genes that maintain the function of eye tissues get defective by mutations, which can get transmitted from one generation to the next.

The transmission of the defective genes takes place through two modes, he explained: "Every gene that we have in our body has two copies. One copy each is acquired from the father and mother. In recessive inheritance, the child receives a defective gene each from the parents. While in dominant inheritance, the disease gets transmitted even if one of the two copies is defective."

At Sankara Nethralaya, Jagdeesen said, his research will be on oculo-genetic diseases. "I will concentrate on molecular diagnosis of ocular genetic diseases, which will predict the occurrence of the disease in the family. With gene replacement therapy evolving, knowing the defective gene for patients will offer them a chance to undergo this treatment in future," he said.

The other four fellows were Dr Ashwin Mallapatna, a consultant ophthalmologist at the Bengaluru-based Narayana Nethralaya, Dr Beechalli Puttaiah Karuinakara from the MS Ramaiah Medical College, also in Bengaluru, Dr Manish Parakh of the Dr S N Medical College, Jodhpur, and Dr Tapas Kumar Som from the Institute of Post Graduate Medical Education and Research in Kolkata.



Dr Madhavan
Jagdeesen