



India Development Coalition of America

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Wheaton, IL 60187**

Speaker Profiles and Abstracts



Dr. Nandita Pathak

Dr. Nandita Pathak was born on 1st July 1971 at Venukonda in Andhra Pradesh southern state of India. After completing her Post Graduation in Food & Nutrition, she met Padam Vibhushan Hon'ble Shri Nanaji Deshmukh at Chittrakoot. Nanaji's first words to her were, "Girls like you should not work for money but should serve the society." That was the turning point in her life and since then she has been committed to work in the field of Social Sciences under Deendayal Research Institute (DRI). Since 1994, she has been working with the Chittrakoot project under which a Self-Reliance Campaign was initiated in 500 villages around Chittrakoot. It aimed at wiping out poverty, illiteracy, ill health; ensuring life-long health, creating dispute free society, clean and green villages.

She was responsible to establish and manage Udyamita Vidyapeeth, the entrepreneurship centre that was started by Deendayal Research Institute to serve as an alternative industrialization mission for rural reconstruction and self-employment at the village level. Dr. Nandita Pathak was responsible for the innovations carried out by the centre for employment of rural youth. These include 'one village, one product;' "multilevel employment generation through Self Help Groups (SHGs)", interest free micro finance to deserving needy youth and to handicapped, landless and BPL families. As a result the rate of disputes and crime of the area came down and that helped to check migration of youth to city slums and proved to be a major success story of the Chittrakoot project. During the last 10 years almost 25,000 unemployed youth (men and women) were trained in various trades and among them 10,000 have directly started earning between Rs.1800 to Rs.25,000/- monthly through Self-Employment. During the last 6 years through a campaign called "Rojgar Abhiyan" (Campaign for Self-Employment), Dr.Nandita made direct communication with more than 1,00,000 rural youth and interacted with them personally. She was a major motivating factor for the women in the villages covered by Chittrakoot Project and encouraged them to participate in development plan for their villages.

Abstract



Pooja O. Murada, Director, Communications at the **S. M. Sehgal Foundation**, Gurgaon, Haryana, India

She carries over 18 years of work experience in brand management and marketing for corporate houses and subsequently development communications for government and NGO sector. Along with mainstream media strategy and planning, she leads the community radio initiative, *Alfaz-e-Mewat* FM 107.8.

She has served on the Global Compact network, India Subcommittee for Training and Communications 2009-11 and is a member of Biz Divas India. She represents the organisation at Community Radio Forum of India, Community Radio Association of India and in national and international meetings and conferences. email- poojamurada@smsfoundation.org

Abstract

Community Radio: A Catalyst for Rural Empowerment and Transformation

Radio is one of the oldest and affordable Information and Communications Technology (ICT) tool that holds the potential to bring positive change for rural people with restricted mobility, less access to resources and education. Community radio movement in India has been picking up with more than 160 operational stations at present.

*Mewat, a district with 431 villages in Haryana state in India, stands low on social and human index. The importance of radio cannot be overstated in a place where 50% of population is illiterate and female literacy is as low as 37%. Mewat paints a picture of aggressive patriarchy at homes and in society. Child marriage is a norm, and only 15% of child birth takes place in hospitals. The family size is large and the farm size is small. All Government programs and entitlement for villagers that meant to serve the communities do not reach the intended beneficiaries as there is limited information about them. Community radio *Alfaz-e-Mewat* (meaning Rural Voices of Mewat) established by S M Sehgal Foundation in 2012, to provide a platform for an often missed 'guidepost' in development work-local voices. It shares space for communities to express, discuss and debate local issues and programs. The station increases community participation in rural governance and bridges the information divide. *Alfaz-e-Mewat* is acting as a catalyst, raising community consciousness about issues important to them and strengthening their ability to become 'change makers' A team of few trained villagers with 50% women in it, manages the station, proving it as an effective tool for rural development.*

Join the team. Together we empower rural India.

www.smsfoundation.org

S M Sehgal Foundation (Sehgal Foundation) is a public, charitable trust registered in India since 1999, based in Gurgaon, Haryana.

Core programs -Good Rural Governance, Water Management and Agricultural development.



Dr. Sanjay Jain, Author Optimal Living 360, Washington, DC

Dr. Sanjay Jain is a US trained, board certified physician with over 15 years of clinical experience. He holds certifications in Diagnostic Radiology, Integrative Medicine, and Healthcare Quality and Management.

His book, Optimal Living 360 is a national best seller on the New York Times, Wall Street Journal, and USA Today. He has appeared on many radio and TV shows including several ABC, NBC, CBS, and Fox networks.

He is a graduate from the accelerated BS/MD program at The Northeast Ohio Medical University. He has diversified experience in the private practice, academic, and HMO settings. He also has earned an MBA from The Ohio State University.

Learn more about Sanjay on his website sanjayjainmd.com

Abstract

Optimal Wellness for the South Asian Indian

Indian Americans are Americans of Indian ancestry and comprise about 2.81 million people, alone or 3.18 million, combined with one or more races, about 1% of the U.S. population, the country's third largest self-reported Asian ancestry group after Chinese Americans and Filipino Americans, according to the latest census. They are also one of the most affluent and most educated minorities in the U.S.

Despite the wealth and education, Indian Americans suffer from an alarmingly high rate of poor health. Some of the health problems prevalent among Asian Indians include heart disease, high blood pressure, diabetes, cancer, TB, Malaria, and nutritional deficiencies.

The prevalence of coronary artery disease (CAD) is three times higher in Asian Indian women than in women in the U.S. as a whole. In India only one in 40 women gets breast cancer, but in United States one out of every eight Asian Indian women will get the disease, the highest incidence in the world. According to the American Cancer Society, South Asian women have the second highest incidence of cancer among Asian Pacific Islanders.

Asian women, including Asian Indian women, are at a high risk for osteoporosis. According to the National Osteoporosis Foundation, because of the differences in bone mass and density between these groups, Asian and Caucasian women are at higher risk than African Americans and Hispanics.

Even though Asian Indian physicians comprise the highest proportion of foreign medical graduates practicing in the U.S, most Asian Indians do not possess adequate knowledge with regard to health issues.

Dr Sanjay Jain will address these issues and how we, as a community, must be proactive in living healthy. Dr Jain will talk about the Core Life Assets and how we can improve our daily lives to live longer and prosperously.

Water Panel:

Prof. Prasanta Kalita, University of Illinois, Urbana, IL

Mr. Vijay Talwar, Chair, Splash International, Schaumburg, IL

Mr. Jay Sehgal, Executive Vice President, The Sehgal Foundation, Des Moines, IA

Healthcare Panel:



Thakor G. Patel, MD currently serves as an Adjunct Associate Professor of Medicine at the Uniformed Services of the Health Sciences in Bethesda, Maryland. Following his training in Nephrology and Internal Medicine in 1979, Dr. Patel joined the United States Navy where he served for 23 years. His assignments included Diving Medical Officer, Pearl Harbor, Hawaii; Head and Program Director of Nephrology and then Director, Medical Service and Medical Director at the Naval Medical Center, Portsmouth, Virginia. He also was the leader of a surgical support team during the invasion of Grenada in 1983 and Director, Medical Services of a fleet hospital in Saudi Arabia during Operation Desert Shield/Storm.

He served as Specialty Advisor to the Navy Surgeon General for Nephrology from 1988 to 1993 and for Surface Medicine from 1993 to 1998. He was responsible for starting the Surface Warfare Medical Institute in San Diego for training medical personnel going to the Fleet and redesigned the medical spaces on USS Nimitz as well as organized the first ever medical war games.

Dr. Patel is Board Certified in both Internal Medicine and Nephrology and is a Master of the American College of Physicians. After retiring from the Navy in 1998, he joined the Department of Veterans Affairs in Washington, DC as the Program Director, Renal Diseases, Diabetes, and Oncology where he was responsible for critical policies on cancer data sharing, vascular access for hemodialysis, hemoglobin A1C standardization, and hemodialysis data transfer into Computerized Patient Record System. He retired in 2007 and is now actively working in the public health area and volunteering as a nephrologist at National Naval Medical Center, Bethesda, MD.

Throughout his career, Dr. Patel received numerous military and civilian awards such as the Legion of Merit, Combat Action Ribbon, Meritorious Service Medal, Kuwait Liberation Medal, Admiral Joel T. Boone Award of the Association of Military Surgeons of the United States, American Association of Physicians of Indian Origin President's Award, and an Exemplary Service Award from the Department of Veterans Affairs. He has several articles to his credit. His current project includes how to improve health care in the villages of India. He has created the Sevak Project and under this project trained 31 people about healthcare, sanitation, water purification, prevention of diseases and lifestyle modification education. These Sevaks screen their own village and so far have screened over 30000 people. This project is also in 8 villages in Guyana and can be duplicated anywhere. This project has been in place for over 4 years and received an award from GOPIO and AAPI.



Kevin Desharnais, Operation Asha, Chicago

He is a litigator and corporate counselor whose practice is focused on environmental law, including air, land, water, wetlands and noise matters. In addition, he advises on environmental regulatory and compliance issues and has represented clients in numerous federal and state court proceedings and administrative tribunals.

Kevin has substantial experience in complex environmental areas such as air permitting and enforcement, environmental remediation of land contamination, and RCRA and CERCLA issues. He has also negotiated and drafted environmental provisions in the course of corporate and real estate transactions that include mergers, stock purchases, securitizations, debt offerings and credit transactions. Kevin serves as the Chair of Operation ASHA's US board. He has strong ties to India, since his wife and two adopted children are from

India.

Abstract Operation ASHA

In India alone, Tuberculosis (TB) kills one person every two minutes and 750 over the course of the day, every day. Sad figures, given that the disease can be healed if treated properly. TB is the only disease to have been declared a Global Emergency by the WHO. Though fully curable, there are more than 8 million new cases in the world each year.

The main problem with TB is that patients need to complete 6 to 9 months of weekly treatment before they are fully cured. While the drugs are usually provided by the government, patients are often poor and live in slums, far away from any medical clinic. To see a doctor and receive medicine, these patients have to travel every week for more than half a year, losing money and precious time they need to scrape their living. That's why often, once they feel better after the first few weeks of treatment, patients stop going to the clinics. With many patients completing only part of their treatment, this allows the TB bacteria to become increasingly drug-resistant, which makes it harder to treat other people in the future. The world is on the brink of an epidemic of drug resistant TB, which has the potential to wipe out millions. Another challenge in TB is of "hidden" patients, who continue to suffer and infect others. Stigma, fear of death or discrimination, and loss of livelihood, all lead to patients concealing their disease from others.

Operation ASHA has a low cost, high impact, high visibility, scalable and replicable model that reaches 6.1 million disadvantaged people in 3000 slums, villages and tribal areas across eight states in India and two states in Cambodia, carrying out the last mile delivery of the entire spectrum of TB services to the poorest of the poor, with results that far exceed national outcomes. So far 36000 patients have been treated, giving them health and productivity.

Operation Asha produces accurate and reliable data with the use of eCompliance fingerprinting system, which is linked to an electronic medical record system. This is a rarity in developing countries and eliminates human error or deliberate fudging of data. The eCompliance is now being used 4 countries: India, Cambodia, Uganda and the Dominican Republic, and this year, it will be replicated in Kenya as well.



V K Raju, M.D., F.R.C.S., F.A.C.S.; Eye Foundation of America, Morgantown, WV

VK Raju graduated from Andhra Medical College and went to England for post graduate studies.

Fellow of the Royal College of Surgeons and American College of Surgeons. He is a clinical professor of ophthalmology at West Virginia University.

Awards (partial list)

1. Mahatma Gandhi Pravasi Samman 2014
2. Nathan Davis International Award in Medicine, American Medical Association Foundation 2013
3. Best Drs in America; Medscape 2014
4. Top ophthalmologists in the World (international Association of Ophthalmologists)
5. Indian Academy of Medical Sciences: Dr. Rameshwara Sharma Gold Medal oration 2012
6. American Academy of Ophthalmology: 4 times Awardee

Abstract

Tragedy of Childhood Blindness

Eye Foundation of America was founded in 1979. For more than 30 years, the foundation has provided free and subsidized treatment in remote areas and engaging in health education, practitioners training and research efforts that have advanced the visual health of 2 million+ people. India has one of the highest rates of blindness in the world. 80% of our learning is through vision. A blind child is a burden to himself, to the family and the society.

Combating childhood blindness is the most cost effective of all health interventions.-

World Bank

A country's most valuable natural resource is her children –Herbert Hoover



**Dr Nalini Saligram, Founder and CEO, Arogya World,
Naperville IL**

Nalini Saligram, Ph.D. is founder & CEO of Arogya World (www.aogyaworld.org), a global health non-profit committed to changing the course of chronic disease. She has led Arogya World to design and implement science-based, large, scalable diabetes prevention programs in India, in schools, workplaces and the community. mDiabetes, a Clinton Global Initiative commitment, which reached 1 million consumers throughout India with text messages on diabetes prevention in 12 languages, has shown promising

effectiveness results.

Nalini has lived and worked in many parts of the world, including Merck in Philadelphia, Glaxo Wellcome in London, Hill & Knowlton in Hong Kong, and Merial in Atlanta. She has a Ph.D. in biochemistry from the Indian Institute of Science, Bangalore. She serves on the Dean's Council at the Rollins School of Public Health at Emory University and is a charter member of TIE Midwest.

Abstract

Arogya World's mDiabetes Shows Text Messages Effective for Diabetes Prevention in India

Diabetes is a huge problem in India - 60 million people live with the disease and 1 million die from it each year. Moreover Indians get the disease about 10 years earlier than Americans, in their 30s and 40s. With half of India being under 25, the public health burden over the next few decades as today's young people grow older, is alarming. Mobile phone use is widespread – some 900 million mobile phones are said to be in use in the country.

Arogya World's mDiabetes program, a ground-breaking 1 million person mHealth initiative, evaluated the impact of text messages on self-reported diabetes awareness and prevention among cell phone consumers in India. The program was found to be effective – 15% of the consumers adopted or maintained 4 healthy behaviors simultaneously – they exercised regularly, ate 2-3 fruits a day, 2-3 vegetables a day and avoided fried food.

mDiabetes was a 2011 Clinton Global Initiative Commitment made by Arogya World with partners including Nokia, Emory University, Johnson & Johnson and Aetna.

See below for a case study, and video.

<http://youtu.be/jTAR5unp-Xw>

http://www.aogyaworld.org/wpcontent/uploads/2013/09/ArogyaWorld_mDiabetes_FactSheets_CGI2013_web.pdf

The program has helped Arogya World win many accolades – 2014 Drucker Award Finalist, 2013 mBillionth Award winner, 2013 Vodafone Mobile4Good Finalist, 2012 Meffys Award Finalist etc.

We estimate that with this program we have helped 150,000 Indians lead healthy lives. That kind of measurable impact spurs us on.



Ritu Sharma, MPH, Co-Founder and President, Women Thrive Worldwide

In 1998, Ritu Sharma co-founded Women Thrive Worldwide and under Ritu's leadership, Women Thrive Worldwide has put the concerns of the poorest women and girls at the center of all U.S. international assistance. An adept coalition builder, political strategist, and communicator Ritu is a leading voice on international women's issues and U.S. foreign policy.

Ritu's many media appearances and credits include: *MSNBC, The Washington Post, National Public Radio, Politico, The New York Daily News, The Boston Globe, The Baltimore Sun, Lifetime Television, and Parade* magazine. She is also a regular contributor to the *Huffington Post* and *World Pulse*.

An acclaimed speaker, Ritu was chosen to deliver an opening keynote at the 2004 Hilton Humanitarian Prize Symposium along with Nobel Peace Prize Laureate Muhammad Yunus. She also highlighted Thrive's role in pushing the U.S. to integrate women at the 2008 White House Summit on Global Development hosted by President George Bush.

Ritu's advocacy has been instrumental in the State Department's 2010 decision to make gender a priority across U.S. international assistance and foreign policy. She was also a driving force behind the International Violence Against Women Act (IVAWA). Introduced in February 2010, this bi-partisan, comprehensive legislation addressed violence against women and girls worldwide and came very close to being passed in the 111th Congress. Women Thrive Worldwide, together with Amnesty International USA and the Family Violence Prevention Fund, developed the bill in consultation with more than 150 groups in the United States and abroad.

With Ritu at the helm, Women Thrive Worldwide has received numerous awards from prestigious agencies, including: Charity Navigator, Catalogue of Philanthropy, Working Mother Magazine, Independent Charities of America and the Web Marketing Association. In May 2010, Ritu's lifelong dedication to women's issues was honored by Lifetime television as part of its series, Lifetime Celebrates Remarkable Women. In 2013, Ritu was recognized as one of the American University of Women's 2013 "Women of Distinction" honorees.

Ritu is the author of [*Teach a Woman to Fish: Overcoming Poverty Around the Globe*](#) and [*An Introduction to Advocacy: A Training Guide*](#), which has been translated into six languages and is a primary reference for advocates around the globe.

Abstract

When women have the economic resources to help support their families, there's no limit to how far their communities can go. But in just about every developing country, lack of education, unequal property rights, poor working conditions, gender-based violence, pay discrimination, and a lack of access to credit reduce equality of opportunity for women.

Women spend at least twice as much time as men on domestic work, and when all work – paid and unpaid – is considered, women work longer hours than men do ([United Nations](#)). Closing the joblessness gap between girls and their male counterparts would yield an increase in GDP of up to 1.2 percent in a single year ([World Bank](#)).

Ritu Sharma will discuss how Indian Americans can best assist women in India and around the world in achieving decent and dignified livelihoods.



Madhu Viswanathan, Diane and Steven N. Miller

Professor, Department of Business Administration (Marketing),
Professor, Coordinated Sciences Laboratory, College of Engineering,
Professor, Institute for Genomic Biology, Faculty Affiliate, Women
and Gender in Global Perspectives, University of Illinois, Champaign,
IL

Doctor of Philosophy, University of Minnesota, Minneapolis, 1990;
Major Field: Business Administration (Marketing)
Minor Field: Psychology.

Bachelor of Technology Major Field: Mechanical Engineering, Indian Institute of Technology, Madras, India, 1985 **HONORS:** *Advisory Board, United Nations Refugee Agency, 2014-18.*

Sustainability Fellow, University of Illinois, Urbana-Champaign, 2013-14. Campus Award for Excellence in Public Engagement, University of Illinois, Urbana-Champaign, 2013. Sheth Distinguished Faculty Award for International Achievement, University of Illinois, Urbana-Champaign, 2013. Best Professor in Entrepreneurial Leadership, World Education Congress, Mumbai, 2012.

Abstract

Marketplace Literacy To Alleviate Poverty

Previous work has focused on at least two key elements that individuals living in subsistence need to participate in marketplaces, financial resources (e.g., micro-financing) and market access. Marketplace literacy is the third key element, designed based on pioneering research aimed at understanding life circumstances and marketplaces in subsistence contexts in urban and rural parts of South India. This research was as a basis for developing a consumer and entrepreneurial literacy educational program which assumes that the audience cannot read or write (<http://www.business.illinois.edu/subsistence>).

This program uses the know-why or an understanding of marketplaces as a basis for the know-how of being an informed buyer or seller. Despite the difficulties with abstract thinking that low-literate individuals may experience, such education enables deeper understanding of marketplaces by leveraging the social skills that participants bring to the program and relating educational content back to their lived experiences. The program uses a variety of methods such as picture sorting, simulated shopping, and role plays. Such understanding can enable individuals to place themselves on a path to lifelong learning. The program innovates in terms of the content as well as the delivery method, covering concepts using picture sorting, role plays, and so on, that tap into people's lived experiences (Video introduction

Following extensive piloting and assessment, Marketplace Literacy Project - Illinois, and Marketplace Literacy Communities - India, have provided marketplace literacy education (i.e., skills, awareness of rights, and self-confidence as consumers and as entrepreneurs) to nearly 15,000 women in India over the last decade and have recently piloted and/or launched similar programs in Tanzania, Argentina and Illinois. Although the starting point was a face-to-face program, multi-media based, teacher-less methods have been designed and used for wider deployment. Such models include a video-based approach using community-produced video episodes, depicting two women confronting challenges in the marketplace as customers and as entrepreneurs. This facilitator-based model involves a variety of classroom exercises based on the video episodes, with appropriate multi-media support. A similar video-based approach with an even smaller role for a facilitator emerged in a partnership with one of the largest micro-financing organizations in the world. Using a movie where a woman empowers herself through the marketplaces as being a starting point, video-based modules were developed and successfully deployed. 14 video-based modules were designed assuming a group of women would be in a setting with a DVD player and a television and no teacher. A teacher on the screen served to facilitate the program.

Prof. Aseem Ansari, University of Wisconsin, Madison

Education Panel:
Prof. Shweta Singh, Loyola University, Chicago

Ms. Venu Nadella, Founder, Janyaa Foundation, Palo Alto, CA



Jessie Teerman, Development Director, Read Asia, MI

Based in Grand Rapids, Michigan, Jessie stewards sustainable partnerships for Read Asia's operations in India. Prior to joining Read Asia, she worked for The Hovde Foundation in Washington, DC, where she led development efforts and assisted smaller grantee NGOs across Latin America and Africa to build their capacities. Jessie also served as Vice President on the board of the Global Child Survivors Fund and has dedicated her life to the pursuit of social inclusion worldwide.

Abstract

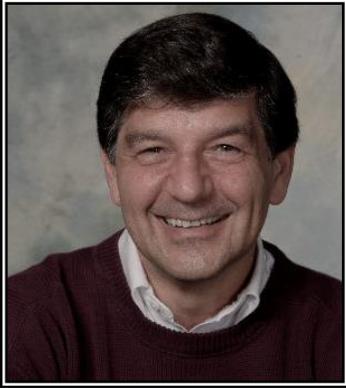
Using literacy to increase health, financial prosperity, and social development for marginalized populations in India

India today is facing unprecedented growth, while extreme poverty, discrimination, violence, and exploitation based on caste and gender remain pervasive. To counteract this dangerous trend, Read Asia offers an adult literacy program that empowers communities most affected by poverty and injustice. This year-long curriculum, developed in 30 different languages, fuses traditional literacy training with holistic education and has been identified as one of the most cost-efficient and effective literacy initiatives in the world.

She will be presenting a short case study of the effects of literacy on rural community development in India.

Climate Change Panel:

Dr. Hari Lamba, President, Renewing Technologies Ltd., Downers Grove, IL



John Paul Kusz is the president of JP Kusz, Ltd, Park Ridge, IL

He has taught for over ten years as an adjunct professor at the Illinois Institute of Technology at both the Stuart School of Business and the Institute of Design. He is co-founder of the Center for Sustainable Enterprise (CSE), at Stuart School of Business, where sustainability at the enterprise level is explored with partners in government, industry and other stakeholders with a focus on innovation at the product, business and systems level. Over the past two decades JohnPaul has authored over 45 publications on the potential of design to mitigate environmental impacts, including contribution to one of the first policy oriented publications on the issue of design for the environment; “Green Products by Design,” for the US Congress, Office of Technology Assessment. Most recently he has contributed a Chapter, “A New Design Ethic for a New Reality,” in The Handbook of Design for Sustainability, published in July 2013 by Bloomsbury.

www.johnpaulkusz.com

Abstract:

Changing Climate – It’s a Numbers Game We’re Losing

There are numerous reports on the climate, how it’s changing, and what those changes might mean to all of us now and in the future. With the International Panel on Climate Change (IPCC) reports we see dire warnings base on science. With more business orientated reports like “Risky Business” we see the potential effects on our economy going forward. These reports tell a story that we all need to hear, but more importantly need to act on.

One essay – not a report – is perhaps the most compelling, as it reduces the issue to three numbers. These numbers suggest we are losing the numbers game when it comes to the critical number in the issue – the quantity of Carbon Dioxide (CO₂) in the atmosphere. It also suggests that we do have choices and that we can take steps by managing two other numbers that will directly affect that critical CO₂ number. What are the numbers that affect climate change and what can we do to change the outcome?

We’re currently losing the numbers game we’re playing. It’s time to play hard!



Sailesh Rao, Executive Director, Climate Healers

Sailesh Rao, trained as an electrical systems engineer, was transformed into an environmental advocate and activist about ten years ago. He has been serving at Climate Healers since 2007 with the objective of regenerating forests throughout the world, but especially in India, where the monsoons are still present, the land is still fertile and not too drenched in toxic chemicals, and the biodiversity is still alive and kicking though it has been scattered and pushed into just a few corners of the country in the frenzy of material development over the past few decades.

Learn more about Climate Healers at <http://www.climatehealers.org>

Abstract

Everything is Perfect and Everything will Change

Ultimately, positive social transformation does not occur until the vast majority of human beings on the planet change their relationships with each other, with the animals and with the environment. And this can only happen when people relate to a different story connecting the facts, a story of hope, healing and transformation.

In this talk, Sailesh Rao will provide a fresh perspective on climate change and environmental degradation. While acknowledging the facts of what has happened, he will highlight evidence that it is part of an inevitable global process of civilization transformation and healing. The only question before us is whether we voluntarily engage in the transformation now or get dragged into it, kicking and screaming.