

UC Davis and India – Partners in Development



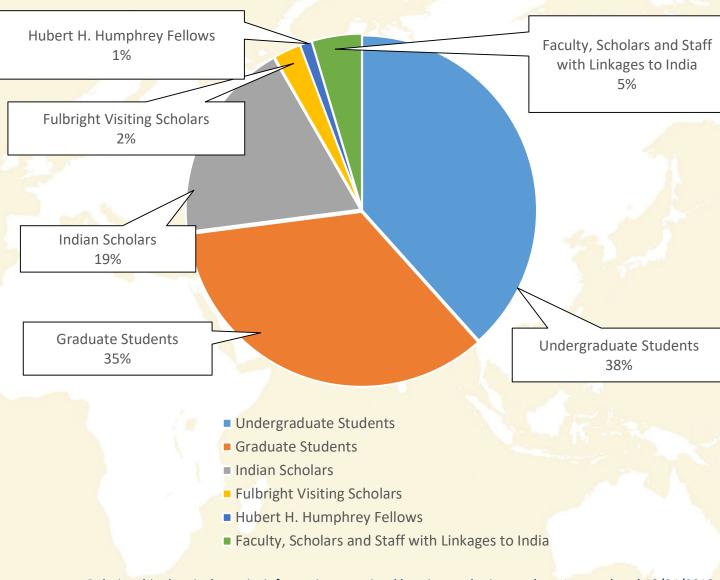
UC DAVIS AND INDIA

UC Davis has a proud history of partnering with universities, NGOs and government organizations in India. Our faculty, researchers and medical professionals have partnered with Indian organizations to research agricultural conservation, develop costeffective HIV and AIDS diagnostics and provide arrhythmia treatment to underserved communities in India.

UC Davis is located in a region with historical ties to the U.S. Sikh community, which includes many immigrants from the Punjabi region. Today, half of the Sikh population in the U.S. resides in California. To preserve the stories and history of the immigrants from the Punjabi region and share their contributions to the state of California, UC Davis has created an archive of videos, photos and other documents.

Our university is committed to strengthening dynamic and fruitful partnerships in India and across South Asia. As our university expands its presence in the region, we look forward to working with partners in order to increase knowledge, exchange ideas and positively impact society worldwide.

Indian Students and Scholars at UC Davis



Relationship data is dynamic; information contained herein may be incomplete. Last updated 10/24/2019.



CONSERVATION AGRICULTURE TECHNIQUES FOR SOUTH ASIA

As the population of South Asia continues to increase, the demand for cereals is expected to grow 43% by 2050. This is a major challenge for food producers who need to increase production without contributing to climate change and damaging the environment.

Scientists from UC Davis, Cornell University, the International Maize and Wheat Improvement Center (CIMMYT), the Indian Council of Agricultural Research, and the International Rice Institute worked together to analyze the benefits of conservation agriculture in smallholder farms. Researchers found that many conservation agriculture practices had significant benefits for agricultural, economic and environmental performance indicators.

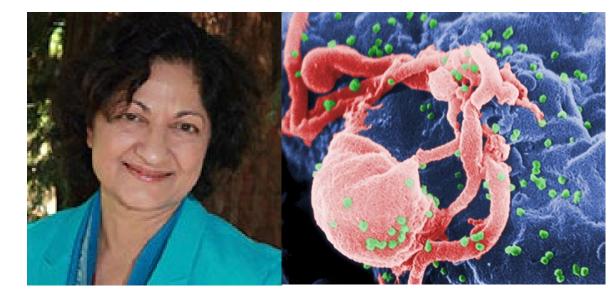
Their analysis, published in early 2020, is the first of its kind to synthesize existing studies, using data from over 9,500 comparisons across South Asia. Its results allow policymakers to prioritize which cropping systems and techniques to deploy in a given area. This collaboration demonstrates how effectively researchers, policymakers and practitioners can work together to find solutions to the challenges facing agriculture.

COST-EFFECTIVE DIAGNOSTICS & INFRASTRUCTURE FOR HIV AND AIDS

Recognizing the importance of international collaboration in AIDS research, UC Davis Professor Dr. Satya Dandekar established an international HIV and AIDS research consortium in India. Members include the All India Institute of Medical Sciences in New Delhi and grassroots NGOs, two of which are based in the Andhra Pradesh region, which has one of the country's highest rates of HIV infection.

Dr. Dandekar has been instrumental in developing this multiinstitutional international program in India and has participated in the advanced training of Indian researchers through the Northern California Center for AIDS Research. She is currently working on developing care infrastructure and cost-effective testing for HIV-infected patients in India.

Dr. Dandekar leads the Department of Medical Microbiology and Immunology at the UC Davis School of Medicine and has made it a priority to strengthen the university's infectious disease program through research and education.



Dr. Dandekar is the chair of the Department of Medical Microbiology and Immunology at the UC Davis School of Medicine.



In 1910, Punjabi women primarily of the Sikh faith began relocating to California to join a community of Punjabi men who had arrived in the 1890s to work on railroads and farms. Now, an estimated 600,000 Sikhs live in the U.S., with half living in California. Yet even as the community has grown, Punjabi women and their stories have remained largely invisible.

Nicole Ranganath, an assistant adjunct professor at UC Davis, created a documentary film, "Walking into the

Unknown: A History of Punjabi Women in California" to share their stories. Students worked with Professor Ranganath to transcribe and translate interviews of 24 Punjabi women living in the state. The 2018 film features Kushlia Hunji, who came to the U.S. in 1952 and was instrumental in establishing a Hindu temple in Yuba City.

At the same time, Professor Ranganath created an archive by collaborating with the Punjabi American Heritage Society in Yuba City. The archive is housed at the UC Davis

Library and includes over 700 video interviews, speeches, diaries, photographs, articles and letters in which Punjabi Americans share their life stories, values, and contributions to California's history. Notably, the archive contains rare Super 8 films and photographs documenting the Stockton Sikh Temple—the first Sikh temple in the United States—and the first Sikh parade, called Nagar Kirtan, in Yuba City in 1980.





MEDICAL MISSIONS: ARRHYTHMIA TREATMENT

UC Davis Health physician Uma Srivatsa, originally from India, was inspired to go into medicine to decrease the gaps in and economic barriers to specialty care for arrhythmias in India. She specializes in electrophysiology, the field that uses advanced technologies to diagnose and treat complex arrhythmias.

For the last 10 years, Dr. Srivatsa has annually returned to India with her colleagues to provide arrhythmia assessments and treatments. The teams of medical staff travel to two locations known for providing free health care to medically underserved populations: the Sri Sathya Sai Institute of Higher Medical Sciences hospitals in Whitefield, Karnataka, and in Puttaparthi, Andhra Pradesh. They perform electrophysiology studies and provide treatments including ablation, pacemakers and defibrillators.

Some patients travel long distances from small, remote villages for the opportunity to receive this specialized medical care. Dr. Srivatsa is driven to continue her missions because she often leaves India recognizing that there are more patients in need of care than she can serve in one visit.

