

SHRI RAJNATH SONKAR SHASTRI: For how long this inquiry will go on?

[English]

MR. SPEAKER: Not to reply.

[Translation]

SHRI PHOOL CHAND VERMA (Shajapur): Sir, this was the third attempt on the life of the hon. Governor of Jammu and Kashmir. In his statement, he has said that it was a remote controlled bomb explosion and the bomb was probably planted in the grounds of Maulana Azad Stadium 15 days prior to the Republic Day. He has also expressed his apprehension of the hand of the State Government employees and the police behind this incident. I would like to know from the hon. Minister as to what action will be taken against State Government employees and the jawans and officers of police involved in it. You have said that the C.B.I. is conducting an inquiry but I would like to know whether the Government is considering to replace the Governor under the present circumstances when it was the third attempt on the life of the hon. Governor?

MR. SPEAKER: No. No.

SHRI BHUVNESH CHATURVEDI: It is totally a different question.

[English]

MR. SPEAKER: Disallowed.

[Translation]

SHRI MOHAN RAWALE: Mr. Speaker, Sir, through you, I would like to know from the hon. Minister that consequent upon the bomb blasts in Bombay all the Members had called them anti-national in this very House. You claim that the *prima facie* report of C.B.I. of the case is in your possession in which the word anti-national has been used. After the recently held elections in Maharashtra the Government withdrew all the allegations levelled against them by the CBI for political reasons. Secondly, our hon. Home Minister said here that separatist organisations like the Hizbul-Mujahideen have been asked to contest elections. Is not politics involved in it? (Interruptions)

MR. SPEAKER: That is not politics.

SHRI BHUVNESH CHATURVEDI: It will not be proper to comment upon the politics of Maharashtra now.

[English]

SHRI SUDHIR GIRI: Mr. Speaker, Sir, the hon. Minister has stated that the government is making efforts to create awareness among the people about the danger of extremism. I want to know from the hon. Minister whether the government is considering the option of arming the people at the grassroot level to fight out terrorism.

SHRI BHUVNESH CHATURVEDI: It is very difficult to say anything about it at this juncture. But all options are being considered to meet the challenges.

DR. KARTIKESWAR PATRA: Sir, there are certain organisations which are instigating the citizens of Jammu

and Kashmir to join terrorism in the Valley. I want to know whether the Government is aware of the designs of these organisations. I submitted one magazine called 'Catch and Kill' to the Government to show how they have gone against the government of India and how they have created a situation where the people of the Valley will go against the country. I want to know whether this report has been verified and action taken against those organisations.

MR. SPEAKER: Do you know what he has submitted?

THE PRIME MINISTER (SHRI P.V. NARASIMHA RAO): We can only agree with his sentiments.

SHRI LOKANATH CHOUDHURY: Sir, as stated by the Minister the matter has been referred to the CBI. Normally, such accidents are looked into by local authorities. I want to know why the government has referred this accident to the CBI. Is it because of the magnitude of the case or the Government has doubts over the preliminary report of the agency concerned; May I get some facts about it which has led the Government to refer the case to the CBI?

MR. SPEAKER: You have already asked why it is done and why it is referred to the CBI. That is all.

SHRI BHUVNESH CHATURVEDI: Generally the CBI inquiry is instituted on the request of the State Government concerned. In this case also CBI inquiry has been instituted on the request of the State Government.

#### Legislation on Aids

\*44. PROF. UMMAREDDY VENKATESWARLU: Will the PRIME MINISTER be pleased to state:

(a) whether the government propose to bring a comprehensive legislation on AIDS to ensure that all Government and private hospitals compulsorily treat AIDS patients;

(b) if so, the details thereof;

(c) whether WHO has given some suggestions to the Union Government in this regard;

(d) if so, the details thereof; and

(e) the time by which the legislation is likely to be introduced?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) to (e). There is no proposal currently under consideration to enact any legislation for the treatment of AIDS patients in Government and Private hospitals. There has also been no suggestion from World Health Organisation to have any such legislation. Since the denial or discrimination in this respect is largely due to misconceptions or apprehensions in the minds of the medical or para-medical personnel working in hospitals, a massive training programme has been initiated to dispel such misconceptions and apprehensions among them. All the State Government has also been advised to ensure non-discriminatory treatment to AIDS patients.

PROF. UMMAREDDY VENKATESWARLU: It is widely appearing in the media in the recent past that the

incidence of AIDS has increased tremendously in several States more particularly in the North-Eastern States. The reasons that they have been mentioning are several. Earlier, we were under the misconception that it was mainly due to immoral traffic. But in recent times, the incidence seems to be very high due to drug addiction and also blood transfusion.

The answer itself suggests that there is a misconception among the medical and para-medical staff themselves. So, this type of misconception is there more among the other public.

The AIDS patients are not being admitted in the hospitals and they are not being treated. Unless the Government take special measures that the patients should be compulsorily admitted and treated in the hospitals, it cannot be cured. Since there is a misconception among the medical and para-medical staff themselves, they are not admitting the AIDS patients. So, this type of rumour is there, this type of misconception is there even among the public.

Will all the hospitals be able to treat these patients without any discrimination and on par with any other patients? Have the Union Government given any direction to that extent that the patients should be admitted in the hospitals? Would the government like to pass any legislation to this extent?

DR. C. SILVERA: There is no discrimination between the AIDS patients, HIV positive patients and the other patients. And it has been conveyed to all the State Governments and to the private hospitals also that there should be no discrimination in respect of these cases.

India is one of the signatories to the WHO's Resolution which was adopted by the World Health Assembly in Geneva years ago. In that, it has been stressed that the confidentiality of the HIV positive and AIDS patients has to be preserved. And there are about four points which were adopted in that World Health Assembly. India has also followed them. All the AIDS HIV positives or AIDS patients are supposed to be admitted in the hospitals and there should be no discrimination about these patients.

PROF. UMMAREDDY VENKATESWARLU (Tenali): I would like to bring to the notice of the House that in practice this thing is not happening.

The Government of India has created a National AIDS Control Organisation a year ago. Even I do not know what exactly are its functions that are being taken up by this Organisation which had been started by the Government of India. I don't think there is any coordination between this Organisation and the State Governments, as far as the treatment being provided to these patients is concerned.

How many patients have been admitted in the hospitals recently State-wise? Is there any Research and Development Organisation to manufacture a new type of vaccine for the control of AIDS patients? What are the latest techniques that are being adopted for treating these AIDS patients in the hospitals?

DR. C. SILVERA: As you are aware, there is no

treatment, no cure of AIDS so far. The NACO is an organisation of the Central Government and it has got a national programme which is centrally sponsored where the State Governments are its agencies.

Sufficient money has been sanctioned to the State Government and we are expecting that all the State Governments would function according to the directions of the NACO.

The Member has asked about the functions of National Aids Control Programme. There are so many functions. First is creating awareness among the general public about AIDS—how it is acquired and how it can be prevented—specific packages have also been developed for targeted groups like commercial sex workers, truck drivers, injecting blood users, university students and STD patients; Second, blood safety measures to ensure that AIDS is not transmitted through transfusion of infected blood; Third, control of sexually transmitted diseases by strengthening the existing STD clinics; Fourth, promotion of condoms among the risk behaviour groups in order to reduce the risk of infection; and Fifth, training of medical and paramedical staff, which would include counselling services.

NACO has taken up a strategy of prevention and care which includes blood safety that I have already mentioned. Medical Case Management has also been strengthened through the training. These are the programmes that are taken up by the NACO and we are really expecting the State Governments to cooperate with the Centre in this project.

PROF. UMMAREDDY VENKATESHWARLU: Kindly protect me, Sir, I want to know whether this organisation has got control over AIDS. ...*(interruptions)*

MR. SPEAKER: No please, you have a discussion later on.

DR. VASANT NIWRUTTI PAWAR: Mr. Speaker Sir, the AIDS is getting rampant in our country as well as in the world. I happen to attend one international Medical Parliamentarians Organisation Summit in Paris. There was a Resolution that the respective Heads of Government should be requested to enhance the Budget allocations for this Anti-AIDS Programme. The Eliza test — the vaccine which is necessary for testing the blood — as well as providing the superior quality of condoms, issuing leaflets and making awareness to the general public need maximum Budget allocation which should be given by the Centre.

I would like to know from the hon. Minister through you whether the Government is planning to enhance the Budget allocation for the Anti-AIDS Programme.

MR. SPEAKER: Mr. Minister, you ask him to wait until 5.00 p.m.

DR. C. SILVERA: Sir, I can just say that the Central Government has sanctioned enough money for this AIDS programme to various States. It is upto the State Governments to utilise this money and after utilising this

money the State Governments have to submit the utilisation certificate so that the next instalment would be given. So we are expecting the State Governments to utilise it properly and also submit utilisation certificate so that subsequent amount can be given. There is no dearth of money at the moment for this project. ...(*Interruptions*)

MR. SPEAKER: Only doctors, Allopathic or Ayurvedic, may put questions!

[*Translation*]

DR. G.L. KANAUIA: Mr. Speaker, Sir, I would like to ask two questions to the hon. Prime Minister. As something has been said about funds just now. I would like to know the extent of WHO aid extended to us for checking AIDS, the amount of aid spent, the amount not utilised and the reasons therefor? My second question is that the report of the National AIDS Control reveals that AIDS is spread mainly through injections, through blood transfusion and breast feeding. 60 percent of AIDS cases are through blood transfusion. You had issued directives to the State Governments for the purpose. Have you monitored the extent of its implementation? According to my information it is not being implemented anywhere.

So, it is wrong to say that the whole amount of funds will flow down to us. What was the amount of aid extended by the World Health Organisation, the amount spent out of it? The reasons for not spending the whole money may also be enumerated because such funds get lapsed and are not carried forward.

[*English*]

MR. SPEAKER: If you have all these statistics now, you can give them. Otherwise, you can send them in writing.

THE PRIME MINISTER (SHRI P.V. NARASIMHA RAO): Generally I could say, as my colleague has pointed out, this is a new menace that is coming. Now we have to be very careful in talking about it, propagating it and quietly trying to prevent it. If we make it too much of a splash, then that also would not be proper, Sir. When I was the Health Minister, I had an occasion to go into the details of all the communicable diseases, which India is suffering from. This is the latest, which was coming. May be, about five or six years ago the incidence was so little that even adequate attention was not being paid. Now it is being paid because the cases seem to be multiplying. What I can assure the House is that we are vigilant, the State Governments also, I am sure, are vigilant and there will be no dearth of money being given to the State Governments for this and I am sure, the State Governments also will come in with their own funds. So, this will have to be controlled. And it is not easy to control it unlike other communicable diseases. Sir, we are going into all the details. This is all I can assure the House.

[*Translation*]

DR. G.L. KANAUIA: Mr. Speaker, Sir, my question

has not been answered as 70 percent of WHO funds was lapsed because it was not utilised.

[*English*]

MR. SPEAKER: That is exactly the Government is saying that there is no dearth of money.

[*Translation*]

DR. G.L. KANAUIA: Why the money which we receive, is not being spent and is being lapsed. I want to know the reasons for non-utilisation of funds.

[*English*]

DR. B.G. JAWALI: Mr. Speaker, Sir, the Government has given in the reply that they have no plans for any kind of legislation. Of course, I know that legislation alone will not help.

As far as publicity and awareness carried out are concerned, they are tremendous and certainly I congratulate the Government for that. The main important dreadedness of this disease is the social stigma attached to it and that is coming in the way of proper screening and the people are not volunteering themselves though they might be harbouring this disease or probably a potential disease. So, I would like to know from the Government whether they have got any plans for specialised clinics either from the Government or from the NGOs so that they give more stress and probably in the initial stages, it is still curable and preventable and a social soothing has to be there. In this angle, I want to know whether any specialised centres can be established in this country or not.

DR. C. SILVERA: Sir, curing of this disease is a difficult one and as we said earlier, there is no cure so far. After a person is infected with this virus it takes even up to 10, 15, 20 years for the disease to manifest. That is why, it involves not only medical but also social, cultural approach and everything. I think, we have to go very slow in this, in the sense that we cannot simply identify. I think, it will be better if I read out from the Resolution of the World Health Assembly on this, which clearly states:

"(1) To foster spirit of understanding and compassion for HIV infected people and people with AIDS through information, education and social support programmes.

(2) To protect the human rights and dignity of HIV-infected people and people with AIDS, and of members of population groups, and to avoid discriminatory action against the stigmatisation of them in the provision of services, employment and travel;

(3) To ensure the confidentiality of HIV testing and to promote the availability of confidential counselling and other support services to HIV-infected people and people with AIDS;

(4) To include in any reports to WHO on national AIDS strategies information on measures being taken to protect the human rights and dignity of HIV-infected people and people with AIDS"

These are the Resolutions passed by the World Health Assembly way back in 1988 and even though we very

much like to arrest the source and the sensitivity of the disease because of many problems we cannot do that too fast.

MR. SPEAKER: Mr. Minister, he wants to know whether you are going to have special centres. Is there any plan or programme to have special centres for treating this disease?

DR. C. SILVERA: We have the voluntary organization. We have the STD clinics throughout the country and we are monitoring through STD clinics also.

PROF. R.R. PRAMANIK: Hon. Speaker, Sir, I thank you very much for giving me the permission to raise the Supplementary. Now just on this day one year back, I raised this issue under Rule 377 and I got the reply from the Minister. So before I raise this question I want to give some facts.

MR. SPEAKER: No, you come to the question directly otherwise your question will be drowned.

PROF. R.R. PRAMANIK: I am coming to the question directly. The first AIDS case was detected in 1986 in Bombay. Now it is estimated by some experts that in India there are 60 lakh HIV positive cases. According to some experts in the year 2000 AD, there will be hundred million HIV positive cases in the world and out of them, 50 per cent will be in India. This is the case with India. It is spreading like anything in the geometrical progression, mostly because of the heterosexual practices.

MR. SPEAKER: We do not want a dissertation. We want a question.

PROF. R. R. PRAMANIK: So, will the hon. Prime Minister who is in-charge of the Department, be pleased to state whether the Government propose to bring a comprehensive legislation on AIDS to ensure that no blood, unless and until is tested by a competent authority that it is free from HIV positive, will be used for transfusion to any patient, either in the Government hospital or in the private hospital or in the Nursing Homes and also to ensure the use of condom in place of contraceptive pills as has been successfully practised in Japan to arrest the spread of this hundred per cent fatal disease and also to ban confidential private AIDS clinics in metropolitan cities to conduct ELISA tests for HIV positive cases?

DR. C. SILVERA: I think the figure given by the Member is little bit distorted. According to the surveillance report, the persons screened are 24,60,075 and the number of persons found positive are 17,830. This is the latest figure that we are having at the moment.

We have set up blood banks and we are also modernising the blood banks in the country and it is statutorily required that HIV test has to be done for all the donated blood and if these bloods are found HIV positive, they are discarded.

This practice of ensuring blood safety banks is the requirement of the law.

PROF. R.R. PRAMANIK: What about the Elisa test,

confidential clinics and use of condoms in place of contraceptive pills?

MR. SPEAKER: That is very difficult.

PROF. R.R. PRAMANIK (Mathurapur): Why not? In Japan that is being done.

DR. C. SILVERA: Through the Government machinery and the NGOs the condoms are distributed to the risk behaviour groups and these are freely available and Elisa test is what is done for the HIV investigation.

[Translation]

SHRI DAU DAYAL JOSHI: Mr. Speaker, Sir, the hon. Minister has said that it is an incurable disease. I would say that it is not difficult to cure but this disease is incurable. Despite so much progress of science, no treatment for this disease is available. Till now, we have been trying to control this disease through the propaganda medium alone which, too, is restricted to TV and wall paintings or to the use of condoms. Has the Government formulated any legislation? There will be no progress until a law is made. A law has to be made under all circumstances. A needle of an injection is used a thousand times to extract blood from the donors. Even today, there is no arrangement of changing the injection needles for blood donors in the rural dispensaries. I would say that this is a modern disease communicated by free sex. This disease is not going to be checked unless words like "Matratvatpardareshu pardavya buloshthvai" and "yatranaryastu poojyante ramante tatr devata" are written on wall paintings. This disease is the gift of modernity to the country. Attention should be paid on Indianness and in order to check this disease glitter of modernism should be avoided.

[English]

SHRI P. V. NARASIMHA RAO: It is not only in respect of AIDS; it is generally a requirement that one has to be extremely careful with the needles while giving the injections. We know that hepatitis, for instance, is transferred through the needles. So, much care is being taken. It is possible that in the far-flung areas medical practitioners or the hospitals for one reason or the other are not taking as much care as they should, but I know for a fact that this has become a requirement and it is being fulfilled to a large extent in the larger hospitals and places. We will have to go into the details of far-flung areas and that we can do with the cooperation of the State Governments. We are impressing upon them that now that AIDS has been added to these menaces this becomes all the more urgent and important.

SHRI SOBHANADREESWARA RAO VADDE: Since the question of funds is not the constraint, my information, subject to correction, is that there are two tests, the first and the second test. There are very inadequate centres which can conduct the second test. Even in a big State like Andhra Pradesh, my information is, that only one test centre is there.

I would like to know from the Prime Minister whether he

will make available more funds so that at least two or three centres are set up.

SHRI P.V. NARASIMHA RAO: We will look into all these things. The menace is growing and it is recognised. Therefore, we will have to keep pace with the growing menace and see how we can stop it.

SHRI SOBHANADREESWARA RAO VADDE: I have not yet concluded. It is a small question.

MR. SPEAKER: Let it really be a small question.

SHRI SOBHANADREESWARA RAO VADDE: Some towns along the National Highways have been identified as places which are leading to the spread of this HIV positive menace.

Will the Government take stern measures to see that such identified people who are AIDS carriers are taken out from this profession to lead a dignified life where such things will not take place?

SHRI P.V. NARASIMHA RAO: If this information is made available to us, we will certainly take all the steps. But so much of information may be available with so many Members that I do not have the answers to all those questions. If this information is made available to us, we will certainly do that.

SHRI SOBHANADREESWARA RAO VADDE: The Government already has the information.

MR. SPEAKER: Shri Syed Shahabuddin. Foreign angle to the AIDS question?

SHRI SYED SHAHABUDDIN: The entire programme hinges on the availability of blood transfusion facility. To the best of my knowledge, at least 50 per cent of the districts in the country do not have blood banks in the public sector or in the private sector.

Therefore, I would like to know from the hon. Minister whether he has any plans at least to establish one modern blood bank facility in every district headquarters.

MR. SPEAKER: That is for the State Governments to do.

DR. K.D. JESWANI: I would straightaway put the question to the hon. Minister. I would like to know whether the Government is aware of the fact that AIDS is imported along the coastal borders of the country where smuggling is rampant. I have the reports from the Gujarat State and I think it is also prevalent in the border State of Rajasthan as well. It is really a matter of worry for us as we have to take action along with curbing the evil of smuggling. I would like to know whether the Government have the reports and if they have the reports, then what steps they are going to take about this serious matter.

DR. C. SILVERA: The Government has identified through various agencies the risk behaviour groups and those people who are in those risk behaviour groups are given proper attention and care is taken to see that they are being followed up properly.

DR. K.D. JESWANI: I would to know whether you have the report or not.

DR. C. SILVERA: AIDS is not imported like that. It is the risk behaviour group which is present everywhere in the country.

DR. K.D. JESWANI: I am not talking about high risk group in the country.

DR. C. SILVERA: The hon. Member has said about the North-Eastern areas. These risk behaviour groups are all over the country.

DR. K.D. JESWANI: I am talking about importing of the AIDS alongwith smuggling. He is talking about the risk behaviour groups in the country.

MR. SPEAKER: He is correct in that. It does not come with the groups.

*[Translation]*

SHRI PRABHU DAYAL KATHERIA: Mr Speaker, Sir, the question I wanted to ask has been asked by my colleague but as the hon. Prime Minister of the country is present in the House, I would, through you, like to ask him as to have we ever conducted a deep study on why is AIDS is spreading in our country? Why are we talking in the air alone? The research conducted by the country's doctors reveals that 75 per cent of this disease is communicated by sexual intercourse. In view of this disease spreading fast like leprosy in our country, will the hon. Prime Minister conduct an indepth investigation because many of our people, men and women are continuously falling a prey to it to intimate physical relationship. I would like to know whether foreigners are screened at our borders for contracting AIDS so as to prevent the entry of the disease in our country? They should be examined from time to time. This disease can be prevented from spreading in India if precautionary measures are taken at the borders itself.

*[English]*

SHRI P.V. NARASIMHA RAO: Sir, this has to be done on a reciprocal basis. This is a very difficult matter. If our people go outside, the same test would have to be carried out on them, if we insist on doing it. We tried it in the case of some students five or six years back. It created such an international furor that I do not know whether we are continuing it in that intense fashion. So, I would like to appeal to the Members to just bear with the Government. We are looking into all the aspects. It is not even proper to give a categorical reply to such matters here. We know that it is prevalent. We know that it is coming into the country along with so many things—narcotics, etc., etc. But we do not have any ready-made solutions for this. This is social, this is economic and this is bound up with so many other things. It is extremely complicated. What all I can say is, we are fully conscious of the fact and whenever hon. Members give us any information which might have come to their notice, we will take note of it and act on it wherever necessary.

MR. SPEAKER: Question Hour is over.