

(b) whether some States have opposed the supply and sale of sugar through Public Distribution System;

(c) if so, the details thereof;

(d) whether the Union Government have decided to seek the views from the States on Mahajan Committee report before framing the sugar policy;

(e) if so, the details thereof; and

(f) the time by which a final decision is likely to be taken in this regard?

THE MINISTER OF CHEMICALS AND FERTILIZERS AND MINISTER OF FOOD AND CONSUMER AFFAIRS (SARDAR SURJIT SINGH BARNALA) : (a) to (f) The various recommendations made in the Mahajan Committee's Report include those relating to decontrol of the Sugar Industry and discontinuance of supply of Sugar in the Public Distribution System (PDS). The various Ministries/Departments of the Central Government, as also the State Governments/UT Administrations, have been requested to offer their comments in writing on the recommendations contained in the Report. A meeting of the State Ministers in charge of Food, Civil Supplies and Sugar Industry Departments, was held on 25.6.1998 to ascertain the views of the State Governments on the various recommendations contained in the Report. Representatives of 23 States/UTs participated in the meeting. In the course of this meeting, a variety of views were expressed on issues, *inter alia*, relating to modalities for running the PDS; the norm for allocating Sugar to States/UTs under the PDS; the need for continuation of distribution control; the need for higher allocation of sugar for festivals; problems faced on account of high stocks of Sugar with the Mills; problems on account of arrears of payment of sugarcane price to farmers; and the need for timely issue of Sugar Release Orders. Representatives of some State Governments/UTs, including Kerala State, expressed reservations in respect of the recommendations for discontinuance of supply of Sugar under the PDS. No final decision was taken on any of the issues. The matter is under examination in the Government.

Leila Seth Commission

*492. SHRI N.K. PREMCHANDRAN : Will the Minister of HOME AFFAIRS be pleased to state :

(a) the findings of the Leila Seth Commission;

(b) whether the Government have accepted the findings and recommendations of the said report;

(c) if so, the details thereof; and

(d) the action taken by the Govt. on the basis of the report?

THE MINISTER OF HOME AFFAIRS (SHRI L.K. ADVANI) : (a) to (d) The Government of N.C.T. of Delhi appointed Justice Leila Seth Commission of Inquiry for the purpose of making an inquiry into the circumstances leading to the death of Shri J.M. Rajan Pillai while he was in judicial custody in Central Jail, Tihar, New Delhi. The main findings of the Commission are summarised below :

(1) There was no evidence to substantiate the allegation of conspiracy behind Shri Pillai's death;

(2) The allegation that Shri Pillai was beaten by three jail officials on the evening of 4.7.95 was concocted and far from the truth;

(3) Shri Pillai's 'mulahiza' i.e. initial medical examination could not take place on 4.7.95, the day he was arrested and remanded to judicial custody, as the jail formalities of his entry were completed at about 2 p.m and no doctor was available at that time or in the evening for the 'mulahiza'. It could not be done on 5.7.95 or 6.7.95 either as he had to leave for Court in the morning and came back only in the evening. Consequently, the 'mulahiza' of Shri Rajan Pillai took place only on the morning of 7.7.95 when his condition had already started deteriorating and he had high grade fever. The lack of medical personnel and the faulty system in the jail were, therefore, responsible for the 'mulahiza' not being done as soon as possible; and negligence cannot be attributed to any particular individual in this regard.

(4) When Shri Rajan Pillai was remanded to judicial custody on 4.7.95, the designated Magistrate addressed an urgent confidential letter to the R.M.O., Central Jail, Tihar enquiring about the ailment of Shri Rajan Pillai and also sent a copy of the application which was moved in the court by the counsel of Shri Pillai for his medical examination/treatment. The letter reached Jail No. 4 in the evening and was received by the Assistant Superintendent who did not, however, ensure that it reached the right quarters;

(5) There was no doubt that Shri Rajan Pillai was a sick man, having a chronic disease like alcoholic cirrhosis

of the liver. He had two life-threatening episodes in 1992 and ten sclerotherapies till March, 1995. He was entitled to proper medical treatment and it was the duty of the authorities concerned to have ensured that it was made available since he was in custody. Unfortunately, the two doctors in Central Jail, Tihar, New Delhi who examined him, were casual and careless in the performance of their professional duty. Their negligence eventually resulted in giving Shri Pillai hardly any chance of survival.

The Government of National Capital Territory of Delhi have informed that they have accepted the findings of the Commission.

Based on the said findings of the Commission, the services of an NGO doctor, have been discontinued. Departmental proceedings under Rule 16 of CCS (CCA) Rules 1965 have been initiated against one Assistant Superintendent, Jail. In so far as two other doctors of the CHS Cadre are concerned, a recommendation has been made to the Ministry of Health & Family Welfare to initiate major penalty proceedings against them.

The other recommendations made by the Leila Seth Commission regarding systemic improvements and action taken thereon by the Government of National Capital Territory of Delhi are tabulated in the enclosed Statement.

Statement

Summary of the main Recommendations contained in Leila Seth Commission Report

Recommendations	Action Taken
A. It should be ensured that all the dak received from the Court is properly entered in the Receipt Register and sent to the addressee. A special care is needed in respect of confidential communication from Courts. It should be opened by the addressee only.	A. The system is already in vogue. However, in the instant case the Assistant Supdt., Jail violated the system; for his negligence he has been proceeded against.
B. Proper arrangement should be made for the management/upkeep of ambulances and their equipment.	B. One ambulance has been provided to each Jail for shifting serious patients to the outside hospitals and two ambulances are kept ready exclusively to attend to any medical contingency at the Jail Hospital.
C. Sufficient number of benches should be provided in the dispensaries/Central Jail Hospital for seating of sick prisoners awaiting treatment.	C & D. After rationalisation of 'mulahiza'/new admission system, a room has been earmarked at Deodi where 'mulahiza' is carried out. Steps have been taken for furnishing this room with reasonable facilities to make prisoner-patients comfortable.
D. A room should be earmarked in Deodhi of all the jails for conducting 'mulahiza' of newly admitted prisoners. The room should be adequately furnished with all reasonable facilities to make the #1 patients comfortable and facilitate their proper medical examination.	
E. In all situations the medical care to the sick prisoners should take precedence over interview or any other work.	E. The system has been reviewed and streamlined. Now, if a prisoner is admitted in the Central Jail Hospital or in the M.I. Room or a Dispensary, he is permitted to leave only after the doctor concerned permits him to do so keeping in view the prisoner's

Recommendations	Action Taken
F. The observations of the Courts about the health of a prisoner as recorded in the production warrant must be communicated to the R.M.O./S.M.O. concerned verbatim for necessary action.	health. Further, the Duty Officers have been sensitised that in case a prisoner has suddenly fallen ill, when he goes out for legal interview or interview with friends etc., medical care should take precedence over any such interview.
G. It is the statutory duty of the S.M.O. to take round of the jail premises alongwith the Jail Superintendent, Deputy Superintendent and conduct the inspection of living barracks, kitchen, water facility, etc. so that health care is ensured.	F. The Jail Authorities have since issued instructions that any directions of the Court on the detention/ production warrant should be communicated to the doctor or the official concerned by means of the photocopy of the same.
H. The de-addiction centre needs to be strengthened and more centres set up. After the patients have been treated, they need to be rehabilitated in order to ensure that they do not once again become drug addicts. For this purpose, the services of clinical-psychiatrists, medico-social workers, counsellors, occupational therapists and yoga teachers should be enlisted.	G. This is being done.
I. A well equipped laboratory for conducting various tests of prisoner-patients should be provided separately in each jail and Central Jail Hospital.	H. The de-addiction Centre at Jail No. 4 which was hitherto being run by an NGO, has been taken over by the Government. Another de-addiction centre in Jail No. 5 has become operational. The work to operationalise a de-addiction centre in Jail No. 3 is in progress. Some other NGOs have also extended help to the Jail Administration in taking steps like vocationalisation, counselling, meditation, education, theatre, etc. This has helped many a prisoner in changing the whole approach to life.
J. There is no Medical Officer residing in Central Jail, Tihar. This could be rectified.	I. The hospital functioning in the Central Jail has been provided with facilities for indoor patients, casualty, X-Ray and routine laboratory tests. Specialists from other Govt. Hospitals regularly visit the jail hospital. Some doctors have been working on voluntary basis also. Besides this, one fullfledged dispensary with availability doctors and para-medical staff round the clock is functioning in each jail.
K. A proper inter-communication system should be provided in the prison.	J. Construction of new residential accommodation in the Tihar Jail Complex is in progress. The RMO/ SMO and other medical/para-medical staff will be provided accommodation in due course.
	K. Besides installing a new telephone at the Prison's Control Room, an intercom network has been provided in all the jails for improving the communication system. Telephones have been provided in each ward having a link with the Duty

Recommendations	Action Taken
	Officer, the Deputy Superintendent and the Superintendent, Jail so as to minimize the communication timing of any important happening inside the Ward to the Supervisory staff on duty.
L. The keys of the Wards during the lunch time in the Central Jail Hospital and the Dispensaries should be available with the doctor on duty and should not be deposited in Deodi.	L. This recommendation has been implemented.
M. Computerisation in the prisons should be suitably strengthened so that the medical data could also be handled by the computers.	M. The action to install computers etc. for the computerisation of medical data has been initiated.
N. In addition to Register No. 1 which contains the details of newly admitted prisoners and those to be released, Register No. 1(a) should be started which should be primarily used by the doctor on duty for 'mulahiza' of the newly admitted prisoners. This Register should also be consulted for history of any illness of the prisoner concerned even in future.	N. The system has been streamlined to ensure that no new prisoner is admitted into the jail unless he has been medically examined properly.
O. The observation ward must be properly equipped with necessary life saving equipments. The names of persons responsible for looking after the equipments, the ambulance and the stretcher etc. should be put up on the notice board of the Deodi.	O. This recommendation has been implemented.
P. All the doctors should be sensitised for making proper and systematic summary of the diagnosis of cases examined by them.	P. This is being done.

[*Translation*]

Sale of Rice in Open Market by FCI

*493. PROF. PREM SINGH CHANDUMAJRA :
SHRI CHINTA MOHAN :

Will the Minister of FOOD AND CONSUMER AFFAIRS be pleased to state :

(a) whether the Food Corporation of India had decided a few months back to sell rice in the open market;

(b) if so, the details of the variety and quantity of rice sold and the reason for selling rice in the open market; and

(c) the criteria adopted for selection of purchasers of rice?

THE MINISTER OF CHEMICALS AND FERTILIZERS AND MINISTER OF FOOD AND CONSUMER AFFAIRS (SARDAR SURJIT SINGH BARNALA) : (a) Yes, Sir.

(b) The variety of rice sold was category 'D' more than two years old rice, which is fit for human consumption but not readily issueable under Public Distribution System unless it is upgraded. The quantity of rice sold was 10,000 MTs in December 97—January 98, and 13,000 MTs in May-June, 98. The reason for selling rice was to liquidate old stocks of rice which may further deteriorate and become unfit for human consumption.