

Eighteenth and Nineteenth Reports (Hindi and English versions) of the Committee on Papers Laid on the Table.

12.15 hrs.

(II) Minutes of Sitzings

SARIMATI KRISHNA SAHI : I beg also to present the Minutes (Hindi and English versions) of the sittings of the Committee on Papers Laid on the Table relating to their Seventeenth, Eighteenth and Nineteenth Report.

12.16 hrs.

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

Reported increase in cases of smallpox, Kala-Azar, gastroenteritis, Malaria, Viral jaundice and other epidemics in various parts of the country.

SHRI BRAJAMOHAN MOHANTY (Puri) : I call the attention of the Minister of Health and Family Welfare to the following matter of urgent public importance and request that he may make a statement thereon :—

“Reported increase in the cases of smallpox, kala-azar, gastroenteritis, malaria, viral jaundice and other epidemics in various parts of the country and the measures taken by the Government in the Matter.”

The Minister of Health and Family Welfare (SHRI B. SHANKARANAND) : Mr. Speaker, Sir, diseases like Kala-Azar, gastro-enteritis, malaria, viral jaundice are endemic in different parts of the country and show seasonal fluctuation in their incidence from time to time. Smallpox, how-ever, has been totally eradicated from May, 1975. Since then there has been no confirmed case of smallpox in the Country.

Kala-azar cases have been reported during this year only from Bihar and in much smaller number in comparison to last year.

Gastro-enteritis though endemic throughout the country show increased incidence during rainy season. However, this year during the month of March, there has been an epidemic of dysentery in 16 districts of West Bengal affecting 15542 persons with 808 deaths upto 28th April, 1984. 44 deaths due to gastro-enteritis have also been reported from Tripura.

There has been substantial reduction in the incidence of Malaria. Against 55450 cases during January to March, 1983, the number of cases reported during the corresponding period in 1984 is 47,063. The incidence of PF cases has also shown a corresponding decline. However, in some States and Union Territories, increasing trends have been noticed both for Malaria and P.F. cases.

Higher incidence of viral Hepatitis has been reported from Gujarat. According to the information available upto 29.4.1984, there were 2591 cases with 314 deaths. It appears that the reported incidence is particularly high in urban areas of Ahmedabad, Gandhinagar, Baroda, Junagarh, Mehsana and Jamnagar.

12.14 hrs.

MR. DEPUTY-SPEAKER *in the Chair*

The incidence of Monkey Fever in Karnataka is being reported for quite a long time from Shimoga district. Recently cases of Monkey Fever have been reported from Dakshin Kannada and Uttar Kannada also. According to the information received, there were 805 cases upto 29.4.1984 with 139 deaths. There has not been any other reported outbreak or incidence of any disease in epidemic form.

The programmes for the control and containment of these diseases form the part and parcel of the health care activities in the State Sector. Central assistance and guidance is available to certain specific activities related to the control of Kala-azar and Malaria as a normal programme. However, whenever there is any out-break of a disease in epidemic form and there are requests for Central assistance or where there is a danger of such disease spreading to other States, the Union Government renders the required assistance. During the current year, such requests were received from the Government of West Bengal and Gujarat. Accordingly, 10 million Halogen tablets and 5 lakh ORS packets are being supplied to the Government of West Bengal as per their request. Similarly, Government of Gujarat have been assisted in procuring 2200 doses of Hyper-immune Globulin and 200 Vials of Hepatitis-B Vaccine from manufacturers abroad. In addition, W.H.O. has been requested to provide 1500 doses of Hepatitis-B Vaccine to the Government of Gujarat.

The Union Government is reviewing the position from time to time and would take all the measures that are necessary to help the States in meeting such problems.

SHRI BRAJAMOHAN MOHANTY :
At the outset I would deal with the epidemic of dysentery now taking place in West Bengal. According to today's press reports the number of death of the people is around 970 and it may have reached 1,000 by now. The number of people affected by this epidemic is around 21,000. The accurate figure given by the Statesman put at 21,900.

Sir, so far as the statement of the Hon. Minister is concerned, it is inadequate because the matter has not been approached in a proper perspective. Under the Constitution the infection of disease from one State to the other State comes under the Concurrent List. Therefore, the Government of India is forgetting its responsibility so far as the question of infection of disease from one State to another is concerned.

So far as dysentery is concerned, the tragedy is that for the past one month the West Bengal Government has been claiming that it has been contained, but the Press reports quoting medical experts say that the disease is spreading unabated. In fact, the National Institute of Cholera and Enteric diseases believes that a stage has been reached when the epidemic may be infected in the neighbouring States. The crisis has been generated from this position. The Government of West Bengal does not accept that it has reached such a stage, although every day a number of people have been dying. In the last twentyfour hours, 59 people have died of this disease and nothing has been done. When the matter was initiated in Parliament, only after that the Chief Minister of West Bengal announced an expenditure of Rs. 9 crores for containing the disease. Before that nothing had been done. It has happened because of the total negligence of the state government of which we never saw in the history of free India. We recall those famine days in Bengal when we saw such magnitude of negligence. The very same negligence is now being relected in West Bengal. Of course, at that time the death toll was 15 lakhs. I don't say the death toll is to that extent, but the magnitude of of negligence that we see and experience now is of that nature and at that level.

Sir, so far as this disease concerned, it is a very serious disease and it is much more dangerous than Cholera. Prof. Ramalingam Swamy, the Director-General of the ICMR has said that ten to one hundred viable bacille can create this disease. Whereas in respect of cholera it will require one lakh such vibros. You can imagine, and this is not curable. There is no vaccine against this and the only remedy that is advised—I do not know what is advised exactly—is mass health education and pure water plus there should be measures against flies and some other maasures that are there. I am sorry to place before you the fact that nothing of this sort of a measure is being taken. I wanted a positive statement from the hon. Minister as to whether any steps have been taken to see that this epidemic is not infected to the neighbouring States. I am after that. And that is the problem and you can imagine that perhaps by tomorrow many more people will be dying. And so far as the number is concerned, that is absolutely not a very accurate figure, but as a matter of fact all the hospitals in West Bengal are filled up. When the patients are coming, they are refusing to give beds.

(Interruptions)

SHRI BRAJAMOHAN MOHANTY :
No, I am interested because it is confined to West Bengal. *(Interruptions)*. Sir, it is unfortunate that 1000 people have died on account of dysentery.

(Interruptions).

SHRI BRAJAMOHAN MOHANTY :
But being a senior Member, what is he saying about West Bengal ?

(Interruptions).

MR. DEPUTY-SPEAKER : Don't record whatever he is saying.

*(Interruptions).***

MR. DEPUTY-SPEAKER : I am sorry. Do not record whatever he is saying. What is this ? This is a Calling Attention,* he is making certain points.

SHRI BRAJAMOHAN MOHANTY :
I am not yielding to him.

*(Interruptions).***

MR. DEPUTY-SPEAKER : Why are you questioning that ? Don't quote this as everything. I am sorry.

(Interruptions).

**Not recorded.

MR. DEPUTY-SPEAKER : Please don't do it. We are dealing with the life of the people. So many people have died.

(*Interruptions*).**

MR. DEPUTY-SPEAKER : Don't record anything. Nothing of what these people say is going on record. It is a Calling Attention. I will not allow. Don't record whatever these Members say. Only what Mr. Mohanty says will go on record.

SHRI BRAJAMOHAN MOHANTY : Sir, I am not yielding. Nothing of what he said should be recorded.

MR. DEPUTY-SPEAKER : I am conducting the House according to the rules. Nobody can go against the rules including the Chair. That is all right. He is not violating the rules.

(*Interruptions*).**

MR. DEPUTY-SPEAKER : Don't record anything of what these friends say. You only record Mr. Mohanty. The Minister will reply to that.

(*Interruptions*).**

MR. DEPUTY-SPEAKER : Do not record anything of what he says. This is not going on record. You carry on. I can understand, there is a limit.

(*Interruptions*).**

MR. DEPUTY-SPEAKER : You also sit down. This also does not go on record.

(*Interruptions*).

MR. DEPUTY-SPEAKER : Please sit down. This is not the way.

(*Interruptions*).**

MR. DEPUTY-SPEAKER : Don't record anything of what Mr. Satyasadhan Chakraborty has said. Mr. Chakraborty, I will have to name you.

(*Interruptions*).**

MR. DEPUTY-SPEAKER : Do not record anything.

(*Interruptions*).**

MR. DEPUTY-SPEAKER : I am warning you. You cannot stall the proceedings of the House.

Do not record anything of what he says.

(*Interruptions*).**

MR. DEPUTY-SPEAKER : You carry on. Let us see. Nobody can disturb the Chair. It is for the Minister to reply. Mr. Mohantriy, you carry on.

(*Interruptions*).**

MR. DEPUTY-SPEAKER : You are not to regulate the proceedings. Don't record whatever Mr. Satyasadhan Chakraborty says. Mr. Mohanty, you sit down. Let him complete his shouting. But don't record anything of what he says.

(*Interruptions*).**

MR. DEPUTY-SPEAKER : It does not go on record. You allow him to shout.

(*Interruptions*).

MR. DEPUTY-SPEAKER : This is not the way. It is not possible to run the House like this. Don't threaten anybody. The House can be run.

(*Interruptions*).**

MR. DEPUTY-SPEAKER : Don't record anything of whatever this Member says.

(*Interruptions*).**

SHRI BRAJAMOHAN MOHANTY : I have to request the Deputy Leader of the Opposition,.....

MR. DEPUTY-SPEAKER : Please sit down. Let him complete his shouting.

(*Interruptions*).**

MR. DEPUTY-SPEAKER : Let him complete his shouting.

(*Interruptions*)

MR. DEPUTY-SPEAKER : You are not here to dictate me.

(*Interruptions*)

MR. DEPUTY-SPEAKER : Nobody can dictate to the Chair.

(*Interruptions*)

MR. DEPUTY-SPEAKER : I know how to regulate the proceedings in the House. I know the rules. I will conduct the House according to the rules.

(*Interruptions*)

SHRI CHITTA BASU (Basant) : I am on a point of order.

MR. DEPUTY-SPEAKER : No point of order. There is no subject.

(Interruptions)

MR. DEPUTY-SPEAKER : What is your point of order and under what rule ? What rule has been infringed ?

SHRI CHITTA BASU : Rule 193.

MR. DEPUTY-SPEAKER : What is your point of order ?

SHRI CHITTA BASU : Let me formulate.

MR. DEPUTY-SPEAKER : No formulation. Under 193, what has been infringed and under what condition ?

SHRI CHITTA BASU : I am coming...

MR. DEPUTY-SPEAKER : Come to that subject matter straight.

SHRI CHITTA BASU : On that Motion specific subject can be allowed to be discussed.

MR. DEPUTY-SPEAKER : By these Members only.

SHRI CHITTA BASU : I put to you whether it is permissible for an hon. Member of this House to make use of this forum under that Article to run down a State Government which is in no way concerned with the issue involved.

You give your ruling.

MR. DEPUTY-SPEAKER : I have allowed the Calling Attention. The Hon. Speaker has allowed.

He is stating certain things before the Minister. The Minister will reply to those things.

(Interruptions)

Anybody can mention about any State. If any unparliamentary words or derogatory or inflammatory speeches are made, the Chair will take care of it. I have allowed this.

(Interruptions)

Mr. Mohanty, you carry on. It is not un-parliamentary. I have allowed this.

(Interruptions).

SHRI BRAJAMOHAN MOHANTY : In West Bengal people are dying...

(Interruptions)

MR. DEPUTY-SPEAKER : Only the speech of Shri Mohanty will be recorded.

*(Interruptions).**

MR. DEPUTY-SPEAKER : Do not record whatever he says. Only that point of order has gone on record.

*(Interruptions).**

SHRI BRAJAMOHAN MOHANTY : I would like to specifically know from the hon. Minister what steps are being taken to prevent an infection of epidemics in the State and what steps are being taken to control it ?

*(Interruptions).**

MR. DEPUTY-SPEAKER : Do Not record any other speech.

*(Interruptions).**

MR. DEPUTY-SPEAKER : Prof. Tewary, nothing is being recorded.

*(Interruptions).**

MR. DEPUTY-SPEAKER : In Calling Attention rules are very clear. Only the Members whose names appear can speak and the Minister will reply.

(Interruptions)

MR. DEPUTY-SPEAKER : I have allowed Shri Mohanty. Let him speak.

*(Interruptions).**

SHRI BRAJAMOHAN MOHANTY : Sir, let them persuade the Chief Minister of West Bengal to control the disease. The people are dying of disease.

*(Interruptions).**

MR. DEPUTY-SPEAKER : It is not on record. It is not going on record. It is without my permission. It was not permissible. It is not going on record.

*(Interruptions).**

MR. DEPUTY-SPEAKER : You don't worry. Whatever he says is not on record.

*(Interruptions).**

MR. DEPUTY-SPEAKER : Hon. Members, please sit down. You are a responsible leader. I will only request Shri Satya-sadhan Chakraborty who is the Deputy Leader of the CPM Party not to behave like this. I would only request him not behave like this. I am making a request.

(Interruptions)

MR. DEPUTY-SPEAKER : You are angry. Please sit down.

(Interruptions)

*Not recorded.

MR. DEPUTY-SPEAKER : That is not possible. I will not make you a hero. You carry on. I will not serve anybody. I want you to be in good sense. I will not make anybody a hero.

(Interruptions)*

MR. DEPUTY-SPEAKER : Please sit down. I make a fervent appeal and I make a humble appeal to Mr. Chakraborty who is a very responsible Member and leader of a very responsible political party which is the ruling party in a State...

(Interruptions)

MR. DEPUTY-SPEAKER : I to behave better. I want him to behave better. I request him to kindly cooperate and follow the rules. If he has got any objection, he can always write to the Minister. But in the call-attention motion, he cannot participate because his name is not there. Shri Braj-mohan Mohanty.

SHRI BRAJAMOHAN MOHANTY : Mr. Deputy Speaker, Sir...

(Interruptions)

MR. DEPUTY-SPEAKER : If he is not going according to the rules. You can bring it to the notice of the Chair as was done by Shri Chitta Basu. He raised a point of order and immediately, I gave my ruling. Therefore, supposing he raised something, on a point of order, you can raise the issue. But it is not like this, as a responsible leader of a political Party. If he does not agree and he wants to point out what rule was infringed by Shri Brajamohan Mohanty, he can raise a point of order.

(Interruptions)

MR. DEPUTY-SPEAKER : And without doing that, if you say and if you challenge the Chair and sometimes if you threaten the Chair that you will stall the proceedings, it is not becoming of a responsible leader of a responsible political Party. I am very sorry. I make a humble appeal.

And whatever you have said has not gone on record. It is because in the Calling Attention only five members can participate. So, I would very humbly request you...

SHRI RAM VILAS PASWAN (Hajipur): You request other members also.

MR. DEPUTY-SPEAKER : Everybody. You have not heard what he said. I am watching. He has not said anything derogatory or inflammatory or unparliamentary in his presentation of speech. How can I interfere ?

You said that nobody should touch West Bengal..

SHRI SATYASADHAN CHAKRABORTY (Calcutta South) : I have not said that.

MR. DEPUTY-SPEAKER : You said it. You calmly listen to him.

SHRI SATYASADHAN CHAKRABORTY : It should be according to rules. He cannot accuse the State Government...

(Interruptions)

MR. DEPUTY-SPEAKER : According to the statement of the hon. Minister, there have been 808 deaths upto 28th April, 1984. Everyone of you are agitated. Is politics bigger than this ? Why has this Calling Attention been allowed ? It is to put an end to this thing. This has been allowed so that we can supply some medicines and help the State Government. That is why it has been allowed. It is not to make political capital out of it. I must make it very clear.

(Interruptions)

THE MINISTER OF PARLIAMENTARY AFFAIRS, SPORTS AND WORKS AND HOUSING (SHRI BUTA SINGH): Sir, the Calling Attention is governed under rule 197. It very clearly says :

"A member may, with the previous permission of the Speaker, call the attention of a Minister to any matter of urgent public importance and the Minister may make a brief statement..."

After that, it says :

"There shall be no debate on such statement at the time it is made but each member in whose name the item stands in the list of business may, with the permission of the Speaker, ask a question."

Now, the hon. Member is asking a question, with your permission. There should not be any obstacle put in the hon. Member's asking a question. I do not find any reason for any hon. Member's opposit putting an obstacle in the hon. Member's

asking a question. The hon. Member is going to put a question. How can there be an interruption or an obstruction in that? How can there be a debate on that? Therefore, let us strictly follow the rules. Nobody can stall the proceedings of the House howsoever big or high he may be. The House has to go according to the rules. According to the rules, he is asking a question. If anybody obstructs the proceedings of the House, I would request the Chair to take stern action.

SHRI SATYASADHAN CHAKRABORTY : On a point of order, Sir.

MR. DEPUTY-SPEAKER : Under what rule?

SHRI SATYASADHAN CHAKRABORTY : I am equally concerned about the deaths.

MR. DEPUTY-SPEAKER : You are also sorry for the deaths.

SHRI SATYASADHAN CHAKRABORTY : We are also sorry.

The Health Minister of West Bengal is not present here. He is accusing the State Government by saying that patients are even denied admission into the hospitals. How can the hon. Minister answer that? He can only answer on behalf of the Central Government.

MR. DEPUTY-SPEAKER : I would only tell the hon. Member that there is no point of order. I am in the chair; I have been hearing what Mr. Mohanty said. What he said is in the proceedings. What he said was that all hospitals are full in West Bengal. He has never charged the West Bengal Government of inefficiency or anything...

SHRI SATYASADHAN CHAKRABORTY : He has charged it.

MR. DEPUTY-SPEAKER : You can go through the proceedings. He has not said it.

I think Shri Brajamohan Mohanty has not made any charge against the Government of West Bengal and, therefore Shri Brajamohan Mohanty can continue with his speech. If you have made any such charge, as has been pointed out by Shri Satyasadhan Chakraborty, I would request you not to make any allegation against any State Government.

PROF. K. K. TEWARY (Buxur) : I am on a point of order.

MR. DEPUTY-SPEAKER : Please listen to me. What is your point?

(Interruptions)

PROF. K. K. TEWARY : Since this motion is specifically of West Bengal where an epidemic has spread, this portion also deals with such places where there is no incidence of this disease. While making the statement and putting the question, the Member is referring to the number of beds and other facilities which are available and so on. That cannot be a point of dispute and no Member should become hysterical and try to obstruct the proceedings of the House.

MR. DEPUTY-SPEAKER : You please look to the Call Attention motion. I do not know whether the Member has made any allegations. Let us avoid making any allegation. Shri Brajamohan Mohanty has not made any allegation I have listened to the proceedings.

SHRI SATYASADHAN CHAKRABORTY : I did not challenge the Member when he was saying that West Bengal is deficient. You should not have said that.

PROF. K. K. TEWARY : You kindly amend your expression.

MR. DEPUTY-SPEAKER : I have seen the proceedings. Shri Brajamohan Mohanty said that there is no room for patients in the hospitals in West Bengal as all the rooms and beds in hospitals are filled with patients to the full and that all the patients in the hospitals in West Bengal are suffering only from this desentery disease. Shri Brajamohan Mohanty has never said anything about the Government of West Bengal or about the Minister of Health of the Government of West Bengal. I make it very clear from the Chair. If Shri Brajamohan Mohanty made any allegation against the Government of West Bengal, you can always point out and I will go through the record and we will not allow it on the record.

SHRI SATYASADHAN CHAKRABORTY : You should have said it earlier.

MR. DEPUTY-SPEAKER : I said it earlier. You do not know.

The Minister of state in the Ministry of Home Affairs.

SHRI P. VENKATASUBBAIAH : Does it apply only to West Bengal or to any other State Government ?

MR. DEPUTY-SPEAKER : Not only in regard to West Bengal but also in regard to any State if whatever said is not according to the rules, we will remove it, from the proceedings of the House.

PROF. K. K. TEWARY : This ruling of yours will apply to all the States consistently. Shri Satyasadhan Chakraborty while speaking makes very critical references to all the State Governments.

Therefore, you should follow this policy towards all States. You are duty-bound to follow this practice in respect of all the States.

MR. DEPUTY-SPEAKER : No allegation of defamatory nature has been made.

SHRI P. VENKATASUBBAIAH : I thought you made this special provision for West Bengal only.

MR. DEPUTY-SPEAKER : If hon. Members put their questions in accordance with the rules, these troubles would not arise and the Chair would not be placed in such an inconvenient position. I would make an appeal to all the Members that they should put their questions in accordance with the rules always.

If the Members want to elicit some information, have 193 discussion. But this is not discussion under Rule 193. The Members should not quote any speech this side. Hereafter, let us see. It is good that this, discussion took place and this point is made clear today.

SHRI BRAJAMOHAN MOHANTY : When people are dying of dysentery in West Bengal streets, if we indulge in politics in this House, it would be the greatest tragedy in the political life of this country and history and posterity will judge us accordingly.

I had put to the hon. Minister, the question whether the Institute of Cholera and Ent etc. Diseases, Calcutta has reported that this epidemic is spreading so fast that it may spread to other States but this question has not been adequately answered.

I would also request the hon. Minister to exercise his good offices to persuade Shri Jyoti Basu, the Chief Minister of West

Bengal, to cancel his forthcoming courtesy visit to China in view of the threat posed to the lives of all the people of West Bengal by the spread of dysentery. Our actions should be subordinated to the needs of the people, not only of the people of West Bengal but to the people of the country as a whole. This epidemic is going to spread throughout the length and breadth of this whole country if unchecked. What positive steps are being taken to contain the epidemic and to prevent its spreading to the neighbouring States. I also wanted to know. It is reported that it is not curable and no medicine is there to counteract and only such broad measures like health education measures against it and supply of adequate and pure drinking water has to be made. I want to know what specific measures are being taken to contain this disease. Not only that I would also like to know whether the Government of West Bengal is also claiming that it has been contained and that has abated. But as a matter of fact, the reports indicate otherwise. Will the Minister impress upon the West Bengal Government that they should not take the matter lightly and take all serious steps to contain the disease ?

You know the experience of the Bengal famine where 15 lakhs people died. Nobody could know. I want that that should not be repeated because of the negligence we find to-day. That is one aspect .. (*Interruptions*) You may play with the lives of the people. I would also invite the attention of the hon. Minister to Gujarat. There the disease is spreading-not this disease. According to press reports it is Hepatitis and that is spreading in the hospital itself. It is reported that the infection starts from the hospital itself. Medicines have been sent but they are of no use. The reports indicate that the junior doctors were infected. It started from the hospitals. It is said that the syringe was not clean and various other aspects are there. I would request that the Minister should take it up and do something so that it does not spread. It is reported that it is due 'to doctors' lack of responsibility that the disease is spreading and 300 people have died out of it.

About jaundice in Gujarat, the report is silent, but I am told 11 doctors suffered and died on account of jaundice. But no answer is there.

SHRI B. SHANKARANAND : I gave the figures of the incidence and deaths as received by our Ministry upto 28th April, 1984. They are : the total number of cases is 15,542 and deaths 808. As per the information available from the West Bengal Government the position to-day is that the total number of cases is 20,780 and the deaths are 911. It does show that there are more cases and more deaths also.

The disease is prevailing in almost all the districts of West Bengal except Darjeeling. And the worst-affected districts are the 24 Parganas, Howrah, Malda, Hooghly, Nadia, Murshidabad, Midnapore, Jalpaiguri and Cooch-Bihar.

The National Institute of Cholera and Enteric Diseases which is an institute of the Indian Council of Medical Research has gone into the matter of investigation of the disease and they have investigated and all the details have been found out and measures have been recommended to the State Government. The report of this team of the institute indicates that the cases were due to Bacillary dysentery. Organisms isolated from the stool and water samples collected during the investigation were found to be *Shigella dysenteriae*. The spread of the disease has been person to person transmission due to poor sanitation facilities, indiscriminate defaecation and improper disposal of faecal excreta of patients. This was further facilitated by acute scarcity of both drinking and domestic water supplies leading to further deterioration of the personal hygiene.

The team which went into the investigation has also suggested certain control measures to the Government of West Bengal and these measures consist of intensive health education campaign, chlorination, of community and domestic water supplies, personal hygiene, washing hands after defaecation and before eating food, proper disposal of human faeces, fly control etc. In affected cases, generalised use of antibiotics is likely to be ineffective and selective use should be made of those antibiotics to which the organism is susceptible. The use of oral dehydration fluid with glucose of salt mixture should be encouraged in those cases associated with dehydration.

The Government of West Bengal has requested the Central Government and as

per the request we have supplied 15.6 lakhs tablets of halozone till 30th April, 1984 and an additional 2 lakhs tablets were despatched yesterday and perhaps they might have reached them. 1.43 lakhs of oral dehydration packets have also been supplied to the West Bengal Government and by 30th April, 1983 an additional 1 lakhs packets have been made available to the West Bengal Government as per their request. The West Bengal Government have said that they are taking action and control measures were suggested by us and the supplies which were requested for by the West Bengal Government have been made available to them and we are very serious about the containment and control of the disease because the hon. Member has raised a doubt that it might spread to other districts. It is just possible because the disease is prevailing in almost all the districts of West Bengal.

Regarding jaundice that is prevailing in Gujarat, it is prevailing in the hospital because it is from there it starts through injections or an injury caused to the body by way of injection, cuts or any other things. We have taken steps to concede to the request made by the Gujarat Government and gammaGlobulin injections have been made available and also regarding the vaccine necessary arrangements made. We have also permitted the Gujarat Government to import vaccine as they have suggested and we hope that the Gujarat government will take necessary steps to see that the disease is contained.

SHRI BRAJAMOHAN MOHANTY: I had requested the hon. Minister just to avail of the good offices of Shri Satyasadhan Chakraborty to persuade Shri Jyoti Basu not to go to China.

MR. DEPUTY-SPEAKER : That is all right.

SHRI M. RAM GOPAL REDDY (Nizamabad) : We will do that.

MR. DEPUTY-SPEAKER : Shri Rajesh Kumar Singh.

राजेश कुमार सिंह (फिरोजाबाद): माध्यम में इनके वक्तव्य से ही शुरू करता हूँ। आपने बताया है कि "मलेरिया के प्रकोप में काफी कमी हुई है। जनवरी से मार्च, 1983 के बीच मलेरिया के 55450 रोगियों के मुकाबले 1984 को

इसी अवधि में इस रोग से 47063 व्यक्ति ग्रस्त हुए हैं।

मान्यवर, मेरे पास यह भारत सरकार द्वारा प्रकाशित हेल्थ संबंधी आंकड़े हैं। इसमें जो आंकड़े दिए गए हैं उनको देखने से मंत्री महोदय स्वयं कन्फ्यूज हो जाएंगे। पता नहीं मंत्री महोदय को फिगर्स कहां से मिलते हैं। इसमें आप देखेंगे कि 1960 में 39115 लोग ग्रस्त हुए। 1970 में 69417 लोग ग्रस्त हुए। 1980 में 28 लाख 96 हजार लोग ग्रस्त हुए और 207 लोगों की मृत्यु हुई। 1981 में 2679795 लोग ग्रस्त हुए और 170 लोगों की मृत्यु हुई और 1982 में 2160447 लोग ग्रस्त हुए और 172 लोगों की मृत्यु हुई है।

इसी तरह एक प्रश्न के जवाब में इन्होंने बताया है।

"Statement referred to in parts (a) to (c) in reply to the Lok Sabha Starred Question No. 448 for 22-12-1983.

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"During the current year up to 31-11-83, 11.57 million malaria cases have been reported against 16.13 million reported during the corresponding period in 1982."

अगर इन तीनों आंकड़ों को देख लिया जाए तो मंत्री महोदय स्वयं कन्फ्यूज हो जाएंगे। आप ही बताइए कि कौन से आंकड़े सही हैं। ऐसा लगता है कि मंत्री महोदय को अधिकारियों से ही आंकड़े प्राप्त होते हैं। और कोई तरीका है भी नहीं। वे जो रिपोर्ट दे देते हैं, वही मान ली जाती है। दिल्ली के बारे में आप कहेंगे कि मलेरिया का प्रकोप कम है। लेकिन दिल्ली के बारे में भी खासतौर पर यमुना पार क्षेत्र से मलेरिया फैलने की बहुत खबरें आती रहती हैं। इसके अलावा और भी शिकायतें आती रहती हैं। बिहार से शिकायतें आती हैं, उत्तर प्रदेश से आती हैं। एक जगह तो अखबार में यह आया कि अधिकारी कहते हैं कि अगर हम मान लेंगे तो मुश्किल पैदा हो जाएगी। उसका सर्वेक्षण कराना होगा। उसकी रिपोर्ट तैयार करानी

पड़ेगी। और हम मलेरिया उन्मूलन की बात कह चुके हैं। इसलिए इस तरह की रिपोर्ट भेज दी जाती है। इसलिए यह बहुत गंभीर मामला है। लाखों लोग मलेरिया से ग्रस्त हैं।

13 hrs.

चेचक के बारे में आपने कहा है कि मई 1975 में इसका पूर्ण उन्मूलन हो चुका है। मैं आपका ध्यान बिलाना चाहता हूँ कि गोरखपुर, देवरिया बस्ती, लखनऊ में करीबन 40 बच्चे चेचक के शिकार हुए हैं और उनकी मृत्यु हुई है। आप यह कह कर छुटकारा पा जाएंगे कि राज्य सरकार ने हमें रिपोर्ट नहीं भेजी है। राज्य सरकार की बहुत बड़ी जिम्मेदारी है। अभी भीलवाड़ा, जोधपुर में भी प्रकोप है। बिहार के मुख्यमंत्री ने तो स्वीकार किया है कि यहां स्माल पाक्स, छोटी चेचक जिसको खसरा कहते हैं, उसका प्रकोप शुरू हो गया है। आप कहते हैं कि हमने इसका उन्मूलन कर दिया है। कैसे आपने उन्मूलन कर दिया है। चम्पारण से बहुत शिकायतें आ रही हैं। डिसेंट्री की बात हो रही थी। बंगाल में आपने कहा कि 808 लोगों की मृत्यु के बारे में उल्लेख किया है। करीब 15542 लोग इससे पीड़ित हैं। आपने यह भी बताया है कि हैलोजन टैबलेट इसके लिए सप्लाई की गई हैं।

मुझे जो फिगर्स मिले हैं, वह मैं आपको बता रहा हूँ। डिसेंट्री से 69,29475 लोग पीड़ित हुए और 3335 मरे। इसी तरह से कालरा से भी 4679 लोग पीड़ित हुए और 217 मरे। यह फीगर्स मेरे नहीं हैं। आपकी पुस्तिका के फीगर्स हैं। आपकी एनुएल रिपोर्ट में अगर गड़बड़ होती है तो आपको इसे गंभीरता से लेना चाहिए। इसी तरह जान्बिस से 71 लोग अहमदाबाद में और एक इजंन के करीब बिहार में बले गए। रक्त पेचिश तो बिहार में भी फैलती जा रही है। इसे रोकने का प्रयास करना चाहिए। माननीय मंत्री जी से अनुरोध करूंगा कि वे अपनी ही रिपोर्ट को देख लें। आपने कहा है कि सन् दो हजार इसवी तक सबका स्वास्थ्य ठीक हो जायेगा। वह कैसे होगा ?

आप देखेंगे तो पता चलेगा कि हिन्दुस्तान में हर साल डेढ़-दो करोड़ लोग बीमार होते हैं। यदि 62 करोड़ की आबादी हो तो कितने परिवार के सदस्य बीमार हुये? इसके लिए आप क्या कारगर उपाय करेंगे? मेरा ख्याल है कि सन् दो हजार तक तो आप जवाब देने लायक भी नहीं होंगे। सरकार बीमारियों की दवाई तो दे सकती है लेकिन बीमारी पैदा न हो, इस के लिए कभी प्रयास नहीं करती। अगर ऐसा प्रयास हो जाए तो आपको दोष-धूप नहीं करनी पड़ेगी। उसके लिए सफाई और शिक्षा आदि जैसे कई फैक्टर्स हैं कुछ और भी हो सकते हैं। यह चीजें ऐसी हैं, जो सामूहिक बनकर बीमारियों को फैलाती हैं। 1950 में 35 करोड़ की दवाईयों इस देश के अन्दर बनती थी। आज 1500 करोड़ की दवाईयां इस देश के अन्दर बन रही हैं। जीवन-मरण, आवश्यक और गैर-जरूरी किस्म की दवाईयां बनती हैं। इस वर्ष 1260 करोड़ के करीब की दवाई बनी हैं जिनमें 350 करोड़ की आवश्यक दवाईयां हैं। ऐसी दवाईयां भी बनाई गई हैं जिनकी कोई आवश्यकता नहीं है, जैसे-विटामिन सी की गोणियां बना रहे हैं। जड़ टीके की जरूरत पड़ती है तो वह नहीं मिलता है। लाइफ सेविंग ड्रग्स भी बाजार में उपलब्ध नहीं हैं। सरकार को इस नीति को बदलना होगा। जिन दवाओं पर सम्पन्न देशों में प्रतिबन्ध लग गया है, वहीं खुले-आम अन्तराष्ट्रीय बड़ी कंपनियां उन दवाओं को बेच रही हैं।

मान्यवर, आपका जो फेरा फौरेन एक्सचेंज रेगुलेशन एक्ट है, उसके सामने सरकार ने घुटने टेक दिए हैं। छूट के कारण, यहां का काफी पैसा बाहर ले जाया जा रहा है। मैं आपसे अनुरोध करना चाहता हूं कि हमारे यहां कई दवाएं जरूरी मानी गई हैं, लेकिन उन्हें बनाने के सम्बन्ध में सरकार ने नियमों में कंट्रोल किया हुआ है। जबकि गैर जरूरी दवाओं पर रोक नहीं है। इसलिए दवा बनाने वाली बहुत सी कंपनियां धीरे धीरे जरूरी दवाओं का उत्पादन कम करती जा रही हैं कभी वे इसके लिए अपनी इकाईयों में मजदूरों की हड़ताल का बहाना करती

हैं, कभी कुछ और कारण बताती हैं। मैंने एक बार पहले भी कहा था, और यहां आपने भी बताया है कि राम मनोहर लोहिया अस्पताल में बच्चों के टीके उपलब्ध नहीं हैं। खसरे के टीके उपलब्ध नहीं हैं, क्योंकि उनका आयात विदेश से किया जाना है। यदि राम मनोहर लोहिया जैसे बड़े अस्पताल में यह जरूरी टीके उपलब्ध नहीं हैं तो मेरे छोटे से गांव के अस्पताल में वह कैसे उपलब्ध होगा। मान्यवर हिन्दुस्तान का यह दुर्भाग्य है कि 16 करोड़ की गहरी आबादी पर लगभग 5500 अस्पताल हैं जबकि 50 करोड़ की ग्रामीण आबादी पर लगभग इतने ही प्राइमरी हेल्थ सेंटर हैं। यदि आप ग्रामीण जनसंख्या को देखेंगे तो गायद उनकी रिपोर्ट भी मंत्री जी के पास न आती हो।

अंतिम प्रश्न मैं मंत्री जी से कहना चाहूंगा कि वैसे तो हमारे मोहंती साहब बड़े नाराज हो रहे थे, लेकिन सरकार को भी देखना चाहिए कि हमारा दवाएं बनाने वाली फैक्ट्रियों में आज कल टैल्कम पावडर और केश घोलने वाले शैम्पू ज्यादा मात्रा में बनाये जा रहे हैं और उनसे ये कंपनियां बहुत मुनाफा अर्जित कर रही हैं। मैं जानता हूं, आप कहेंगे कि यह ड्रग्स का मामला है और इस मंत्रालय के अंतर्गत नहीं आता। लेकिन यदि देश के लोगों का स्वास्थ्य इसी तरह बिगड़ता गया और आपकी कंपनियां इसी तरह उत्पादन करती गईं तो हम शायद 2000 तक उसका कंट्रोल न कर पायें। मैं अंतिम प्रश्न मंत्री महोदय से यह जानना चाहता हूं कि क्या वे इस प्रकार के उत्पादन को नियंत्रित करके जीवन-मरण की या दूसरी दवाओं के उत्पादन को बढ़ाने के लिए आवश्यक कदम उठायेंगे तथा प्रतिबन्धित दवाओं के उत्पादन को रोकने का प्रयास करेंगे या नहीं।

SHRI B. SHANKARANAND: The Hon. Member, while making his observations on various aspects of the disease, has tried to quote certain figures of the rumours of small pox cases. We have been able to eradicate small pox in this country in 1975. From the globe itself we have been able to erad-

cate it in 1975 itself. This is not the first time that the hon. Member is referring to rumours of small pox cases. Rumours have been carried in this country in the past; all these have been gone into in details. Studies have been made. Investigations have been carried out from all angles. It has been established—and I would like to make it clear to the House—that there has not been even a single case of small pox in this country. If at all any such cases have been referred to the hon. Member, they are only rumours. They do not indicate that there is actually any case of small pox.

The hon. Member also referred to the meeting of officers from West Bengal Government with our people. He wanted to know whether the required tablets of Halogen were supplied.

MR. DEPUTY-SPEAKER : He said, they wanted 5 crore tablets and you were good enough to supply one crore.

SHRI B. SHANKARANAND : We have promised them about whatever amount of tablets needed by West Bengal Government. It is for the West Bengal Government to lift them from our Medical Stores Depot.

MR. DEPUTY-SPEAKER : Mr. Rajesh Kumar Singh, through you, the message should go there.

SHRI RAJESH KUMAR SINGH : I will send the message.

MR. DEPUTY-SPEAKER : You can send it through Mr. Satyasadhan Chakraborty.

SHRI B. SHANKARANAND : The hon. Member also referred to certain aspects of drug manufacture, availability of drugs, certain lapses in this regard and so on. He also said that 'life-saving drugs' should be made available to the people within their power of purchase. I certainly agree with him. I also agree that drugs which are not useful, which are not efficacious, should not find their place in the market. But manufacturing of drugs, as he himself has said, is not with our Ministry. If he wants, he can direct this question to the Minister of Chemicals and Fertilisers and he will be able to throw some light on this. Now the hon. Member has said that there is no small pox vaccine available in the market and it needs my attention. I will certainly look into that.

SHRI G.M. BANATWALLA (Ponnani): Mr. Deputy-Speaker, Sir, the outbreak of this epidemic in various parts of our State is most agonising tragedy because we find that the outbreak of the epidemic could have been prevented. Now, we find a general pattern in various States with respects to the outbreak of the diseases. In the first instance, we find that contaminated water and deplorable sanitary conditions play havoc with the public health. This has to be taken care of and without trying to cast aspersions, I may put a few examples before you. In Calcutta the main cause is the polluted Hooghly River where excessive industrial and municipal wastes are thrown into the river, water filtration plant is located at a point where toxic effluents are discharged into the river. Further, it is very shocking that Water and Sewage pipes run parallel and there are innumerable undetected leakages.

Similarly, we find in Gujarat, wherever this outbreak of disease happens, what you call the 'killer jaundice', the virus responsible for Hepatitis-B can only be carried and transmitted through human excrete which must contaminate drinking water in order that jaundice is caused. Now, this shows the deplorable state of affairs with respect to water supply and sanitation and how the contamination is responsible for all these things. The Indian Institute of Virology, Pune, had warned that water pipes have become porous and water supply contaminated because at many places the leaking gutters have come in contact with the porous drinking water pipes. Therefore, we must emphasise upon this tragic aspect of the entire situation that contaminated water and deplorable sanitation conditions have played havoc with the public health, must therefore emphasise that extensive de-contamination and sanitation drives be launched on high priority basis. Now, without going into the technicalities, we would like to know from the Government as to what type of assistance, as to what type of activity is carried on with respect to this vital aspect concerning public health.

Another point that we find in general pattern with respect to outbreak of epidemics is the general apathy of the authorities responsible for maintenance of public health. In Rajasthan, we are told that the situation had so deteriorated that a writ peti-

tion came up before the Supreme Court, alleging that hundreds and thousands of deaths were taking place in Rajasthan and something must be done. And then the Supreme Court had to give directions to the State Government to take every caution and every step in this matter of great importance.

In Delhi we find that there are a number of cases of malaria. The hon. Minister claims that there is a decrease, but despite the decrease that.. is claimed and for which we give him the necessary credit, we find that the number of instances is 47063. It is considerable. What is happening with respect to preventive measures? It is a fact that the fogging machines that the New Delhi Municipal Committee or the Municipal Corporation have are inadequate? Is it a fact that most of these machines are out of order? Is it a fact that fogging, if carried out, is done only in selected VIP areas to the neglect of thickly populated colonies? These are the points to which attention has to be given.

There is also a conflict between the New Delhi Municipal Committee and the Delhi Municipal Corporation. We find that they blame each other. The New Delhi Municipal Committee says that the water supplied by the Corporation is contaminated; the corporation, on other hand, says that despite the fact good water is supplied, it comes into touch with the tubewell water here and it gets contaminated. This controversy must be sorted out and we should know what the facts are.

In West Bengal, we find that the National Institute of Cholera and other diseases, is reported to have warned the Government there long ago that the drinking water samples taken from several districts had dysentery bacteria, but no preventive measures were taken in this regard. Let the Government enlighten us on this particular point. We understand that such was the apathy of the authorities in West Bengal that the primary health centres and district hospitals and others did not have the requisite medicine etc., when the epidemic really broke out. This is a very deplorable state of affairs and must be taken serious note of.

In Gujarat also we find the apathy on the part of the administration and the authorities responsible for non-availability of

antigens to cure the killer jaundice. Such acute was the non-availability of these antigens that the medicos threatened to stop work. Then only some action, though inadequate, was taken. This Honse must be enlightened on this topic.

I would also like to put a few specific question to the Government and I would request the hon. Minister to give pointed replies to these irrespective of any consideration. Here, it is the question of human lives and thousands have been killed. Is it or is it not a fact that the National Institute of Cholera and other diseases had warned the West Bengal Government of the outbreak of the epidemic?

If so, when was this warning given? Has it come to the knowledge of the Union Government whether adequate steps were taken pursuant to this warning and had our Government given any warning to the Government of West Bengal with respect to the outbreak of epidemic? If so, what action was taken

Sir, I would like to know—when did the first incident take place in West Bengal, of this particular virus? Is it or is it not a conclusion of our Government here that there was apathy on the part of the administration in West Bengal, despite warnings? Let us have all the facts, so that we are able to improve the situation further.

We should also be enlightened on certain other points. Just now, the hon. Minister has said that Central assistance was given to the West Bengal Government. When did the West Bengal Government ask for Central Government assistance? I had also asked—when did the first incident take place? I have also asked whether any warning had been given. Now, to connect all these, I may ask this question. When was the Central Assistance called for by the West Bengal Government and whether was that assistance promptly given or there was any delay?

The Central Government have said that it is for the State Government to lift the tablets. What does that mean? Does it mean that the Central assistance has been provided and the West Bengal Government has delayed in lifting the tablets? Are we to understand that in this matter of great importance, affecting lives of people in West Bengal, the State Government has failed to act? We must be specifically told whether

the State Government has shown any delay or any failure or any apathy in lifting the tablets. I do not further understand what you mean by lifting of tablets. Can't you rush these tablets there? However, these are matters for you to let us know in all detail.

Now, our experts say that the virus has not yet been controlled in West Bengal, whereas West Bengal Government claim that the situation is well under control and it has been contained. What is the actual position?

If I have heard correctly, the hon. Minister has said that there is a danger of this virus now affecting the neighbouring States. This is a very serious matter. Here, certain constitutional responsibility has also come up. I may refer to Item 29 in the Concurrent List with respect to epidemics which may spread outside one State and affect other States also. There is certain responsibility of the Union. Article 73(1) (a) extends the executive power of the Union to the States in these respects. Then, Article 257(1) empowers the Union Government to give specific instructions to the State Government in this particular matter. I would, therefore, like to know from the hon. Minister that when the situation has taken such a serious turn, that even when the neighbouring States are threatened, then invoking the powers under these various Articles (which I have not read out due to shortage of time), whether specific instructions have been given to the West Bengal Government?

If so, what are those specific instructions? If those specific instructions are not properly carried out to the satisfaction of all, will the Central Government take up appropriate measures under the Constitution?

It must be said that the epidemics are unfortunately manmade. The role that our Union Government plays, is very limited. In this statement, the hon. Minister gives a very poor picture of the role that the Union Government can play in the entire question of public health. We are told—I quote:

“Central assistance and guidance is available...” and further:

“...However, whenever there is any outbreak of a disease in an epidemic form and there are requests for Central assistance, or where there is a danger of such

disease spreading to other States, the Union Government renders the required assistance.”

So, you bring yourself into the picture only when an epidemic breaks out, and when assistance is sought. Otherwise, you can continue to slumber and snore.

SHRI M. RAM GOPAL REDDY : Where?

SHRI G. M. BANATWALLA : Here in Parliament, or in the Department here. I am talking about the Central Government. I ask whether a greater and a more active role will be played by our hon. Minister with respect to public health. (*Interruptions*) If you feel so disturbed, I will conclude. When we discuss human problems, you are disturbed. It is something fantastic.

SHRI B. SHANKARANAND : The hon. Member has asked whether we have given any specific instructions to the West Bengal Government for containing the disease. I have already replied to this, while replying to another hon. Member's question, viz., what instructions have been given, or what suggestions have been made by the team of the National Institute of Cholera and Enteric Diseases, which went into the investigation of this disease.

I have also given figures which have been given to us by the West Bengal Government about the number of cases, and of deaths also. The hon. Member alleges that the Central Government, according to him, comes into the picture only when there is a danger of spread of the disease to any other State, or there is an outburst of the disease in an epidemic form. Let not the hon. Member forget that the health aspect of the country is not limited only to these few diseases, which are communicable ones. Only last year, we have passed the National Health Policy. There was a good deal of debate on various issues. The role of Central Government in the matter of public health in this country has been discussed, and deliberated upon in detail. So, it is not that the Central Government snores and slumbers, in the absence of any epidemic or outbreak of any disease. Health is, of course, a State subject under the Constitution. But still we have been assisting, monitoring and helping in all matters of health—diseases and their control.

We have laid emphasis not only on the curative aspect of the disease but also on the preventive aspect of the disease and the promotive aspect of health. So, it will not be correct to say that we are not at all serious about the health problems of the country.

About lifting of tablets, there is a medical store depot in Calcutta and medicines are delivered from that depot to the State Governments including the West Bengal Government, whenever they need such medicines for curative or preventive purpose.

As regards advance warning about the outbreak of the disease, according to the information available with me, I should say that a team from the National Institute, Calcutta, investigated the outbreak of the disease in West Bengal on 26th and 29th March, 1984. The first case that was reported was on 27th February and it was an adult male. Now, on the study of the various cases which have now been quoted, is the final disease is more prevalent among the children between the age group of 1 and 3; and the deaths also occur among the children. The preventative aspect of it is the care for the personal hygiene and environment sanitary conditions. Personal hygiene cannot be bought and sold; it is a personal effort of any individual that one should take care of it. Of course, when there are leakages in the water pipe and the sewage pipe, perhaps the government has to take necessary action to see that such leakages are stopped and there is no scope of any contamination between the two so that we can take necessary steps to stop such things and prevent further spread of the disease. But mainly the personal hygiene and sanitary conditions are the basic things which can be taught to the people through health education and they are the most important things. Along with these, if we can ensure safe drinking water to the people, perhaps the disease can be contained very effectively.

SHRI G.M. BANATWALLA : Unless the connected answers are given, the picture does not come. When the disease really broke out over there, the district hospital and the primary health centre were woefully deficient in these medicines. When did they ask for central assistance because only then we would be able to have a picture of the situation ?

MR. DEPUTY-SPEAKER : I do not know whether he has got this information.

SHRI B. SHANKARANAND : The West Bengal Government requested us to supply the tablets immediately and we made the supply. There had not been any delay.

SHRI G.M. BANATWALLA : When that aid asked for ?

MR. DEPUTY-SPEAKER : Whatever information he has got he has furnished.

SHRI G.M. BANATWALLA : There is no reason why he should try to come to the rescue of Shri Satyasadhan Chakraborty. He will keep quiet. Let him answer it.

MR. DEPUTY-SPEAKER : Whatever information he has got, he has given it. Shri Ram Gopal Reddy.

SHRI M. RAM GOPAL REDDY : Mr. Deputy-Speaker, now we are not here to score a point in the debate. Mr. Banatwalla is trying to score a point in the debate. We are all ashamed of the spread of this disease in this country. It will affect our prestige internationally. When our prestige internationally comes down, the Tourism Department will suffer. To avoid it should be the aim of our Government. I am particular that this should be contained in West Bengal and it should be completely eradicated from every nook and corner of the country, including West Bengal.

(स्ववधान)...

सब मुनो, समझो ओर सीखी ।

MR. DEPUTY-SPEAKER : He makes the shortest speech and puts the shortest question.

SHRI M. RAM GOPAL REDDY : Today I am going to make a lengthy speech.

MR. DEPUTY-SPEAKER : I can not allow that.

SHRI M. RAM GOPAL REDDY : Now, I really pity this Minister. He has to look after the health of 70 crores of people and every year this figure is being added up by another one crore and 60 lakhs of persons and that also with compound interest it is going ahead, and I really pity him, how he looks after them.

In Russia—we were there—in a house only two or three or four persons stay. A fifth man cannot stay. If he stays, the house owner is prosecuted. Here in our country in a small house, we find that twenty persons stay. When more than two people stay together, or when two children sleep, one sleeps on one side and another sleeps on the other side, and the bad smell passes on from one child to another. What I have been saying is, create boy should put his feet in one way and the second boy should put his head on the other side so that the bad smell passed on to each other, and the diseases will not spread.

As the Minister has correctly stated, there should be education, as to how to keep up good health and not only is this the duty of the Government and the Government officers, it is the duty of the political workers also. When we make speeches here, why not devote at least a few minutes for this subject? Whenever I speak on any subject, I speak about this also. In Calcutta this problem of Oxygen is acute.

Oxygen is becoming less and less day by day and even the Police constables in many other countries like Japan and other countries, feel it and polluted oxygen is taken. So one should avoid pollution. Water is in scarcity. Six hundred rivers flow all over the country. Even the drinking water that is supplied is barely enough for drinking purposes for the huge population. Now, I want to know, how to eradicate these evils. We have to provide clean houses to people. If we do not check the increase in population what will happen to this country?

Nobody is thinking about it. I want the Hon. Minister to take action to control population. The other day, I was aghast to see that.....(Interruptions).

MR. DEPUTY-SPEAKER : Do you believe in family planning or not?

SHRI M. RAM GOPAL REDDY : Yes, I have only two children; my children have got three and one. We are all aware of it. We have got a big house.

I want to tell the Minister that unless and until there is some population control these diseases cannot be controlled. Otherwise, the spread of the diseases cannot be controlled. In Calcutta one crore and 60 lakhs are there; in Bombay city slums are increasing. And the Minister has spoken about the Gujarat Government also.

Earlier, there were not many deaths due to jaundice. But this time the jaundice is killing several people. In Gujarat 300 people have died and we are ashamed of it. This is an all-India problem. This is not particularly confined to West Bengal. Mr. Jyoti Basu is now going to China. As our Prime Minister, Shrimati Indira Gandhi, has cut short her visit two countries, similarly, whether Mr. Jyoti Basu is going to do that sort of gesture? This is a simple question which my friend, Mr. Mohanty, had asked. For that half-an-hour shouting was not necessary. Prof. Chakraborty, who is so vocal and so knowledge, can also say something and advise his Chief Minister that this is the feeling in the country and pressure in Parliament that if Jyoti Basu cannot cut short his visit, let him reduce his stay in China. The epidemic does not give advance intimation. And like weather forecasting, the Minister cannot give any information about outbreak of, epidemics. That is why, when the epidemic breaks out, it must be fought out on war footing. We should not go on attacking each other. When the Minister keeps medicine in Calcutta itself, is it not the responsibility of the State Government to immediately draw the medicine from there? For that what was the actual delay? By what time the medicine reached there and by what time delivery was taken by the State Government from there?

SHRI B. SHANKARNANAD : I must thank the hon. Member for his efforts to attract the attention of the House to the problem of population explosion.

SHRI INDERJIT GUPTA (Basirhat) : Do you agree with his 'popular' suggestion that the people should sleep with head on one side and legs on the other.

SHRI B. SHANKARANAND : This the hon. Members can very well understand in terms of health and medical treatment. How we sleep, on which side the head and legs should be there, that is not the concern of the health Ministry.

The hon. Member has asked as Mr. Banatwalla did about the request of the West Bengal Government for supply of tablets. On 20th of April, the Director General of Health Services himself went to Calcutta to enquire about the problem. After having discussions with the State Government officials when he asked whether they had enough stock of tablets, they said that

they would inform their requirements. On 24th April, they requested us to supply Halozone tablets. On 25th of April we sent a communication that the requested medicines may be supplied. I have given in my main speech as to how much quantity we have supplied, 15.6 lakh Halozone tablets were made available on 30th of April and additional 2 lakh tablets were to reach yesterday. 1.43 lakh packets of oral rehydration have been supplied by 30.4.84 and additional one lakh packets were to reach yesterday. This is what we have done. Jaundice is not only the Gujarat problem, but it can be seen in any part of the country. I can be seen in any part of the country but not in a form of outbreak or in an epidemic form. However, these are the diarrhoeal diseases and these can only be controlled if we can provide safe drinking water to the people and if people maintain their personal hygiene and sanitary conditions.

श्री राम विलास पासवान (हाजीपुर)

उपाध्यक्ष महोदय, यह बहुत ही महत्वपूर्ण प्रश्न है लेकिन इस महत्वपूर्ण प्रश्न को बिल्कुल सीमित कर के रख दिया गया है। मैं मंत्री महोदय को याद दिलाना चाहूंगा कि इस सदन में बहुत बार इस प्रश्न पर चर्चा हो चुकी है। जहां तक हेल्थ का मामला है, मैंने इसके बारे में नोटिस दिया था कि सरकार इसके बारे में अधिक से अधिक दिलचस्पी ले। जब मैंने सरकार का ध्यान आकषित किया था तो सरकार ने यह नारा दिया था कि सन् दो हजार तक हेल्थ फार आल। लेकिन मुझे यह कहने में जरा भी संकोच नहीं है कि अगर ऐसे ही चलता रहा तो हेल्थ फार आल की बजाए डिजीजिज एण्ड डिसएबिलिटी फार आल हो जाएगा।

यह मैं क्यों कह रहा हूं? इसके पीछे तक है। मैंने जो क्वेश्चन यहां पूछे थे और उनके जवाब मैं सरकार ने जो आंकड़े दिये हैं उनसे मुझे ऐसा लगता है। सरकार ने अपने जवाब में बताया था कि इस देश में दो करोड़ लोग टी०बी० से बीमार हैं। 68 करोड़ की जनसंख्या है उसमें दो करोड़ लोग टी०बी० से पीड़ित हैं। मार्च 1984 के प्रश्नोत्तर में यह दिया गया है

और यह भी दिया गया है कि प्रतिवर्ष पांच लाख लोग टी०बी० से मरते हैं। अंधों की संख्या को अगर देखा जाए तो मालूम होगा कि इस देश में एक करोड़ अंधे हैं। 70 करोड़ की जनसंख्या में दो करोड़ टी०बी० से पीड़ित और एक करोड़ अंधे लोग हैं। हमारे देश में 40 लाख लोग कुष्ठ रोगी हैं जो संख्या दुनिया की एक-चौथाई है। हिन्दुस्तान के कुष्ठ रोगियों में 50 परसेंट कुष्ठ रोगी अकेले तमिलनाडु और आंध्र प्रदेश में हैं। रामगोपाल रेड्डी जी अभी बंटे थे, वे अब चले गए हैं, उन्हें बताना चाहता था कि तमिलनाडु और आंध्रप्रदेश में हिन्दुस्तान के 50 परसेंट कुष्ठ रोगी हैं। क्या एक करोड़ अंधे और दो करोड़ टी०बी० से पीड़ित लोग सब पश्चिम बंगाल में ही है? देश के दूसरे भागों में भी है। यह कोई मामूली मामला नहीं है। हमारे पास में इंडियन एक्सप्रेस की कटिंग है जिसमें कहा गया है—

“Maximum under-nourished people in India

India has the highest number of under-nourished people in the world-201 million citizens-according to the recent United States' Food and Agriculture Organisation's estimate.”

तात्पर्य यह है कि मेल-न्यूट्रीशियन का तो अलग मामला है, उनके अलावा 6 करोड़ लोग ऐसे हैं जो मेंटल और फिजिकल रूप से हेण्डो-केण्ड या विकलांग हैं। 20 करोड़ लांग मेल-न्यूट्रीशियन से पीड़ित हैं। जिस देश में दो करोड़ लोग टी०बी० से पीड़ित हों एक करोड़ लोग अंधे हों छः करोड़ लोग मेंटल और फिजिकल रूप से विकलांग हों और बीस करोड़ मेल-न्यूट्रीशियन से पीड़ित हों, उस देश में आप कैसे दो हजार तक हेल्थ फार आल दे सकेंगे।

इसी सदन में 8 मार्च, 1984 के प्रश्नोत्तर में मंत्री महोदय ने बताया था कि इस देश में दो लाख से अधिक बच्चे टिटनेस से पीड़ित हैं।

8 मार्च, 1984 के प्रश्नोत्तर में ही मंत्री महोदय ने बताया था कि इस देश में 50 लाख लोग मलेरिया से पीड़ित हैं। इस उत्तर में उन्होंने दो साल के आंकड़े दिए हैं—1982 में 19 लाख, 87 हजार, 015 लोग और 1983 में 16 लाख 77 हजार लोग मलेरिया से पीड़ित हुए। जैसा कि मैंने बताया कि 50 लाख से अधिक लोग मलेरिया से पीड़ित हैं, कैंसर के रोगियों का इनके पास आंकड़े नहीं हैं। जानकारी हुई है कि भोला पासवान शास्त्री भी कैंसर से पीड़ित हैं। यह बीमारी फैल रही है।

श्री बगाइतकर जी का भी पता लगा कि वे कैंसर से पीड़ित थे। आज ऐसा कोई परिवार नहीं बचा है जहां यह रोग न हो। आज जब टी बी पर उसके लक्षण बताए जाते हैं तो लोगों को शंका होती है कि कहीं हमें भी यह रोग तो नहीं है। इस तरह से इस बीमारी का प्रकोप हो रहा है। इसके बावजूद अभी तक सरकार इसको नोटिसिएबल डिजीज नहीं मान रही है। इसी प्रकार एस टी डी जिसको गुप्त रोग भी कहते हैं, सरकार ने अपने जवाब में बताया है कि पिछले चार वर्षों में 25 लाख से अधिक लोगों ने इनके लिए अपना नाम दर्ज कराया है। जबकि लोग इस बीमारी को बताना नहीं चाहते हैं। रिकार्ड में नहीं लाना चाहते हैं। इसी प्रकार कासाजर, मंकी फीवर, ब्रेन फीवर, डेंगू, पेचिस, खसरा, इन सब की शिकायतें आ रही हैं। एक हैपीटाइटिस-बी इन्फेक्शन है जिससे लाखों लोग पीड़ित हैं। हजारों लोग मर रहे हैं। इसलिए सारे आंकड़ों को देखा जाए तो मुश्किल से 5 परसेंट लोग बचेगे जिनके पास बीमारी नहीं है। 95 परसेंट लोग बीमारी से ग्रस्त हैं। अगर ऐसा ही चलता रहा तो मैं समझता हूँ कि 2000 तक हिन्दुस्तान में कोई आदमी ऐसा नहीं बचेगा जो निरोग हो।

मलेरिया के संबंध में अभी मेरे साथी बता रहे थे। मैंने पहले भी यहां पर कहा था कि जो सरकार मच्छर को नहीं मार सकती है वह और क्या काम करा सकती। बाकी जगह की बात तो छोड़ दीजिए, दिल्ली में ही इसकी क्या

हालत है। पिछले दो सालों से यहां पर मलेरिया बढ़ रहा है। इसका सबसे बड़ा कारण क्या हो रहा है। हरिकेश बहादुर अभी महीने से सफर कर रहे थे।

It taking the name of Harikesh Bahadur unparliamentary ?

MR. DEPUTY-SPEAKER : I will go through the records.

श्री राम बिलास पासवान : दिल्ली में मलेरिया का क्या कारण हुआ है। आपने सीकड़ों फाइव स्टार होटल्स अपने लोगों को खुलवा दिए। जहां भी आपको खाली जगह मिली सरकारी पैसा लगाया गया। इसमें यह नहीं देखा गया कि कहां इसके सामने नाला आ रहा है या वहां इसका क्या असर होगा। हम राजेन्द्र-प्रसाद रोड पर रहते हैं। शास्त्री भवन के सामने स्थित है। वहां आगे का नाला और पीछे का नाला हमेशा बन्द रहता है। पानी आता रहता है। सी पी डब्ल्यू डी वाले कहते हैं कि एन डी एम सी का काम है और ये कहते हैं कि सी पी डब्ल्यू डी वालों का काम है। कभी भी इससे महामारी फैल सकती है कभी जल्दबाजी में गढ़ा नाला पीने के पानी वाले पाइप से जोड़ देंगे तो महामारी फैल जाएगी। आपकी दिल्ली में यह हो रहा है।

MR. DEPUTY-SPEAKER : Now, you will speak a few words about the epidemics also.

SHRI RAM VILAS PASWAN : I am talking about the epidemics. I don't know whether you are following Hindi or not.

MR. DEPUTY-SPEAKER : I am following. I am saying you concentrate on that.

श्री राम बिलास पासवान : मैं मलेरिया के बारे में कह रहा था। भयंकर तरीके से दिल्ली में मच्छर फैल रहा है। दूसरे राज्यों की बात तो आप छोड़ दीजिए।

जब मैं 1977 में यहां आया था तो काला-जर के सम्बन्ध में मामला उठाया था। मैंने कहा था कि हमारे हाजीपुर में दो हजार से अधिक लोग इस बीमारी से मरे हैं। उस समय राज-

नारायण जी स्वास्थ्य मंत्री थे। उन्होंने कहा कि 9 लोग मरे हैं। मैंने चैलेंज किया और कहा कि ठीक से जांच कराइये। पटना के डायरेक्टर की रिपोर्ट आई कि 250 लोग मरे हैं। मैंने फिर चैलेंज किया और कहा कि मैं सही नहीं हुआ तो रिजाइन कर दूंगा अन्यथा आप रिजाइन कर दीजिए। उसके बाद दिल्ली के लोग वहां गए और उन्होंने कहा कि एक हजार से अधिक लोग मरे हैं। फिर मैंने चैलेंज किया। तब जमदग्नी प्रसाद यादव जी जो राज्य मंत्री थे, वह वहां गए। उन्होंने बताया कि दो हजार के करीब लोग मरे हैं। मैंने फिर कहा कि ढाई हजार से अधिक लोग मरे हैं। डब्ल्यू एच ओ के लोग वहां गए और उन्होंने कहा कि ढाई हजार से अधिक लोग मरे हैं। ...

(व्यवधान)

प्रो० मधु दण्डवते (राजापुर) : जैसे-जैसे आप चैलेंज करते रहे, वैसे-वैसे ज्यादा लोग मरते रहे।

श्री राम विलास पासवान : मैं नहीं समझता हूँ कि सरकार में ऐसी कोई कैपेसिटी है। शंकरानन्द जी के पास जो रिपोर्ट आ जायेगी, बस वही ब्रह्मा की लकीर है। 1978 में युद्ध स्तर पर बिहार में कालाजार को रोकने के लिए काम किया गया। वह रुक तो गया लेकिन उसका फालो-अप एक्शन नहीं हो सका। इसी प्रकार से 1965 से 1970 के बीच में इस देश से मलेरिया खत्म हो चुका था। जो छिड़काव का कार्यक्रम होता है, वह सरकार ने नहीं किया। बिहार में अब फिर कालाजार बढ़ रहा है। सीतामढ़ी जिले में खसरपुर, पोस्ट दातन-पिपरा, थाना-सोन-बरसा गांव की सूची मेरे पास है, जहां पर 70 लोग मरे हैं। हमारा, वैशाली जिला हाजीपुर भयंकर चपेट में है। इसी तरह से मुंशेर, पूर्णिया, पटना, रोहतास, भोजपुर, भागलपुर और नालन्दा जिले भी इसकी चपेट में हैं। दो हजार ईसवी आते-आते किसी की हेल्थ सुरक्षित नहीं रहेगी। इसका कारण यह है कि प्रथम पंचवर्षीय योजना में बजट का पांच परसेंट हेल्थ पर रखा था, अब उसको घटा

कर दो परसेंट पर ले आए हैं। इसकी बढ़ाकर दस परसेंट करना चाहिए था जबकि दो परसेंट कर दिया गया है। मैंने आंकड़े निकालकर देखे हैं। प्रत्येक आदमी पर चार ६० सालाना पड़ता है एक नया पैसा प्रति व्यक्ति पर हेल्थ बजट का जाता है। इसका मतलब है कि इनके हाथ में कोई चाबुक की छड़ी है जिसको घुमाकर दो हजार ईसवी तक हेल्थ फार आल कर देंगे।

MR. DEPUTY-SPEAKER : Please conclude. It cannot be a general discussion.

SHRI RAM VILAS PASVAN : Sir, I am raising a very important question.

MR. DEPUTY-SPEAKER : Do you expect a reply from the Minister for all the issues you are raising ? Calling Attention is specially to call the attention of the Government.

SHRI RAM VILAS PASVAN : Regarding what ?

MR. DEPUTY SPEAKER : You must only deal with epidemics.

14 hrs.

SHRI RAM VILAS PASVAN : I am concluding in a few minutes, Sir.

जो बजट आपने दिया है, उसका 80 परसेंट शहरी क्षेत्र में जहां बीस परसेंट पापुलेशन है, वहां बीस परसेंट खर्च होता है ग्रामीण क्षेत्र में जहां 80 परसेंट पापुलेशन है। सरकार ने कबूल किया है कि गांव में जो खर्चा होता है, वह सिर्फ कागज पर रहता है। This is for rural medical care on paper.

यदि आप अपनी रिपोर्ट को देखें, रूरल मैडिकल केयर के सम्बन्ध में कहा है—

Most of the facilities for the rural health care established during the current year exist on paper only according to the official report received by the Ministry.

यह गवर्नमेंट की रिपोर्ट है और मैंने इसी सदन में यह मामला उठाया था कि आपके यहां कितने डाक्टरों बेरोजगार हैं। साथ में मैंने यह भी पूछा था कि कितने अस्पतालों में डाक्टर नहीं हैं। सरकार ने उसका जवाब देते हुए बताया कि 1982 के अन्त तक 18494 मैडिकल प्रेजु-

एड्स बेरोजगार हैं तथा विभिन्न सरकारी अस्पतालों में 4454 पोस्टमॉर्टम डॉक्टर की खाली हैं। एक तरफ तो डॉक्टरों में बेरोजगारी है, दूसरी तरफ उनकी पोस्टमॉर्टम खाली पड़ी हैं और तीसरी तरफ देश में महामारी फैल रही है। जिसके लिए आपके पास डॉक्टरों की कमी है। इस लिए सबसे पहले मैं सरकार से पूछना चाहता हूँ कि अभी जिस कोर्ट की रिट का हवाला हमारे लैन्ड साथी बनानेवाला ने दिया, क्योंकि हेल्थ की जिम्मेदारी संविधान के अनुसार केन्द्र और राज्य सरकारों पर आती है, यदि किसी आदमी को कोई रोग होता है तो जैसे सरकार फमल बीमा योजना की व्यवस्था लागू करने की सोच रही रही है, लाइफ इन्श्योरेंस बीमा लागू है, उसी तरह का बीमा हेल्थ के लिए भी किया जाएगा और उसका मुआवजा लोगों को मिलेगा या नहीं। दूसरा प्रश्न—Health care should be declared as a fundamental right to every citizen. क्या होगा या नहीं मैं प्रश्न के रूप में आपसे पूछना चाहता हूँ। तीसरे, 8 जून को आल इण्डिया जूनियर डॉक्टर्स एसोसिएशन की ओर से नेशनल बाइक प्रोटेस्ट होने जा रही है, उनकी एक माँग यह है कि हेल्थ को फण्डामेंटल राइट घोषित किया जाए। चौथे, जिस तरह दिल्ली में प्राइवेट प्रैक्टिस बन्द है, क्या सरकार देश के दूसरे स्थानों पर भी उसे बन्द करने जा रही है या नहीं। प्राइवेट प्रैक्टिस की वजह से हमारे अस्पतालों में जो भी दवाएँ सप्लाई की जाती हैं उनका शत-प्रतिशत उपयोग डॉक्टरों के घर पर किया जाता है और लोग अस्पताल की बजाए डॉक्टरों के घरों में जाकर इलाज करवाना पसन्द करते हैं। पाँचवें, क्या सरकार देश में नेशनल हेल्थ सर्विस इंट्रोड्यूस करने जा रही है या नहीं। क्योंकि जब तक हम इसको इंट्रोड्यूस नहीं करेंगे, तब तक इस बीमारी का इलाज सम्भव नहीं है। इलाहाबाद हाई कोर्ट ने 1983 में एक जजमेंट दिया था जिसमें कहा गया था कि यू पी में प्राइवेट प्रैक्टिस बन्द होनी चाहिए। उसके बाद नेशनल हेल्थ सर्विस योजना लागू करने के सम्बन्ध में सरकार का कहना था कि हम इस विषय पर गम्भीरतापूर्वक सोच रहे हैं।

क्या अब सरकार उसको पूर्णतया बन्द करने जा रही है या नहीं? यदि इसके लिए सरकार का करना यह हो कि हमें कुछ एक्सट्रा पैसा देना पड़ेगा, डॉक्टरों को नॉन प्रैक्टिसिंग एलाउन्स देना होगा तो वह सरकार को देना चाहिए। जैसे ला एन्ड आर्डर को मेन्टेन करने के लिए हम पुनिस रखते हैं फौज की आवश्यकता को देखते हुए फौज रखी जाती है, उसके लिए सरकार खर्चा करती है, उसी तरह लोगों को हेल्थ सुविधाएँ प्रदान करने के लिए यदि सरकार को कुछ एक्सट्रा खर्च करना पड़ता है तो उसको करना चाहिए। अन्त में मैं सरकार से पूछना चाहता हूँ कि क्या हेल्थ को कन्करेंट लिस्ट में शामिल किया जाएगा या नहीं? इसके साथ मैं कुछ रोग को भी इसमें शामिल करना चाहता हूँ, जिसके सम्बन्ध में मैंने नियम 377 के अन्तर्गत अलग से भी चर्चा उठाने के लिए दिया है। इस देश में लाखों की संख्या में कुछ रोगी विद्यमान हैं। जैसे तो हमारे यहाँ लिप्रोसी ऐक्ट 1898 बना हुआ है, लेकिन कुछ राज्य सरकारों ने उसे अभी तक रिपील नहीं किया है। हमारे राष्ट्रपति और प्रधान मंत्री भी जब विभिन्न इन्टर-नेशनल लिप्रोसी सेमिनारों में जाते हैं तो इसके बारे में कहते हैं हमारे मंत्री जी भी कहते हैं कि सरकार ने लिप्रोसी ऐक्ट को खत्म कर दिया है लेकिन बाकी राज्य सरकारों ने अभी तक उसको जारी रखा है। उसका नतीजा यह हो रहा है कि उनको न तो बोट देने का अधिकार प्राप्त है, न वे नौकरी कर सकते हैं और न उन्हें रोजगार पाने का अधिकार है। दिल्ली में सैकड़ों की संख्या में ऐसे लोग हैं जो भुगर्गी-भोपड़ी में रहते हैं। जैसे आपने भिक्षा निवृत्ति ऐक्ट बनाया हुआ है जिसके तहत उनको कामधंधा करने से रोक दिया गया है। लेकिन दूसरी तरफ सरकार की ओर से भोजन की कोई व्यवस्था नहीं की गई है। मैं कहना चाहता हूँ कि जब यह ब्यूरे-बल डिजीज है तो उसको फिर भी 1898 के ऐक्ट में रखना मानवता के प्रति अन्याय है। इसलिए मैं चाहूँगा कि जिन चार-पाँच प्वाइंट्स को मैंने राष्ट्रीय दृष्टिकोण को ध्यान में रखते

हुए उठाया है, सरकार उन पर गम्भीरतापूर्वक विचार करे और इन सभी प्रश्नों का उत्तर ठीक से दे।

MR. DEPUTY-SPEAKER : I congratulate you, Mr. Paswan. You very carefully throughout avoided West Bengal.

SHRI RAM VILAS PASWAN : It is not the problem of West Bengal only. It is national problem.

SHRI G.M. BANATWALLA : He did not repeat.

MR. DEPUTY-SPEAKER : Yes, I agree with you. He did not want to repeat.

SHRI B. SHANKARANAND : Mr. Deputy Speaker, Sir, the hon. Member has quoted various figures of people suffering from various diseases in the country. And he has said that almost all the people of this country are suffering from one disease or the other. I do not know whether I can say this is an example or whether there can be any better example to say that even the Members of parliament who are having a little good conditions, reasonably good conditions of living also need medical facilities at their door-steps. Also medicines are required even for people like Members of Parliament who have got reasonably good living conditions. They want medicines. That means, they are also suffering from one disease or other. Or it may be ailment, some sort of sickness—minor ailment or major ailment.

SHRI HARIKESH BAHADUR (Gorakhpur) : What about the Minister ?

SHRI B. SHANKARANAND : I am also a Member of Parliament.

So, it is no use saying that so many people are suffering from this disease or so many crores of people are suffering from that disease. It is a matter of fact. We are not going to argue against that. The question is, how can we solve the health problem of the people of this country ? And the hon. Member has said that there are enough doctors available but there are primary health centres where there is no doctor. This is also a fact. But regarding the number which he has quoted, I do not agree with the figures he has quoted. It is also a fact that a few primary health centres and sub-centres, ...

SHRI RAM VILAS PASWAN : This is your answer. It is not my answer. The figures are given in your answer.

SHRI B. SHANKARANAND : I am saying that I am not denying the fact. (Interruptions) The hon. Minister has raised various issues about various diseases. Perhaps, these were all raised when the document on health policy was discussed in the House. The call-attention motion is limited to certain things. Unfortunately, this call-attention motion has been clubbed with so many diseases where no justifiable discussion or satisfactory discussion can take place on any particular point or any particular disease.

SHRI HARIKESH BAHADUR : We want a thorough discussion on various diseases. Please make a request to the chair.
14.07 hrs.

SHRI F.H. MOHSIN *in the chair.*

SHRI B. SHANKARANAND : I also want that such things should be discussed on the floor of the House so that the attention of the people is drawn to these problems because our main emphasis in the Health policy is "People's participation" and laying more emphasis on preventive and protective health policy. These are fundamentals to which we have placed the National Health Policy and this House was gracious enough to pass the Health policy. Perhaps, as the House knows and the country knows that the New 20-point programme of the Prime Minister—points No. 13, 14 and 15—lays more emphasis on it. Especially, point 14 says that these diseases like leprosy, TB, blindness have to be contained and controlled and therefore various eradication programmes have been undertaken by the Government. That is why, we are now thinking in a new way as to eradicate the diseases which our common men are suffering. For that, special schemes and programmes have been chalked out and the targets have been fixed. I should say that I appreciate the views expressed by the hon. Member that the allocation for Health in the Budget has gone down over the years. Naturally, we have to cut short our programmes and schemes to that extent. In the meantime, the population has doubled. But the allocation for Health in the Budget has gone down. I would request People's Participation and help in solving the health Problems in the country.

SHRI RAM VILAS PASWAN : How ?

SHRI B. SHANKARANAND : I have replied to that aspect earlier. This can be again debated and discussed. I would request the hon.- Members to help in solving these health Problems by educating the people whom they represent.

श्री राम विलास पासवान : सभापति महोदय, मैंने जो प्रश्न पूछे हैं, उनमें से एक का भी जवाब मंत्री जी ने नहीं किया है। वह बड़े होंशियार हैं।

मैंने प्रश्न पूछा था कि क्या सरकार इस मुआवजे के सम्बन्ध में विचार कर रही है? यदि कोई उसके कारण रोगी है, आपने उसको दवाई नहीं दी कोई मेजर नहीं दिया तो क्या सरकार हेल्थ की फंडामेंटल राइट में जोड़ने जा रही है या नहीं? क्या सरकार प्राइवेट प्रैक्टिस को बन्द करने जा रही है या नहीं, राज्य सरकारों को लिखा है या नहीं? नेशनल हेल्थ सर्विस इन्टीग्रियुम करने जा रही है या नहीं और हेल्थ को कान्फरेंट लिस्ट में शामिल करने जा रही है या नहीं? किसी एक बात का भी जवाब इन्होंने नहीं दिया।

SHRI B. SHANKARANAND : Though the questions asked by the hon. Member are not quite relevant to the Calling Attention motion, I still say that all deaths cannot be compensated because deaths can occur on account of various reasons. This is not the policy of the Government to compensate every death...

SHRI AJIT KUMAR MEHTA : (Samastipur) : Some deaths may be compensated.

SHRI B. SHANKARANAND : There are some deaths which are compensated; accident deaths are compensated.

SHRI RAM VILAS PASWAN : Accidents are not diseases.

I am talking about deaths due to diseases.

SHRI B. SHANKARANAND : These cannot be compensated.

The health schemes can be provided as, for example, the CGHS Scheme. They are compensatory in one sense that we are providing medicines.

SHRI RAM VILAS PASWAN : That covers only 5 per cent of the population.

SHRI B. SHANKARANAND : We are covering the rural population by primary health centres.

Health is a fundamental right. This right is dependant on duties also. This fundamental right cannot be absolute without the duties of the people who are demanding it.

As regards private practice, it has been the considered opinion of all the State and Union Territory Governments. We have passed a resolution about it in the Conference of Health Ministers last year that there should not be any private practice. The State Governments have agreed to this.

SHRI RAM VILAS PASWAN : But they are not doing anything.

MR. CHAIRMAN : Health is a State subject. What can he do ?

SHRI B. SHANKARANAND : Regarding constitution amendment, the hon. Member has suggested that health should be made a Concurrent subject. It is for the House to take a view. At the moment, the State Governments are responsible for health.

As regards the repeal of the Leprosy Act, we have written to all the Chief Ministers and the authorities of State Governments to repeal the Leprosy Act which is outdated and derogatory to the human dignity itself. We have taken enough steps to convince the State Governments to take necessary action in the matter.

14,15 hrs.

BUSINESS ADVISORY COMMITTEE Sixty-Second Report

The deputy Minister in the Department of Sports, in the Ministry of Works and Housing and in the Department of Parliamentary Affairs (SHRI MALLIKARJUN) :