

MR. SPEAKER : I have already discussed it.

(Interruptions)**

MR. SPEAKER : Whatever he says does not form part of the record.

(Interruptions)**

MR. SPEAKER : I think it was I who was serious about it.

(Interruptions)**

MR. SPEAKER : Nothing goes on record. Yes, Mr. Shastri.

12.20 hrs.

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

DEATH OF CHILDREN IN DELHI DUE TO GASTRO-ENTERITIS

श्री रामावतार शास्त्री (पटना) : अध्यक्ष महोदय, मैं अविलम्बनीय लोक महत्त्व के निम्नलिखित विषय की ओर स्वास्थ्य और परिवार कल्याण मन्त्री का ध्यान दिलाता हूँ और प्रार्थना करता हूँ कि वह इस बारे में एक वक्तव्य दें :—

“दिल्ली में आंत्रशोथ (गेस्ट्रो-एन्ट्राइटिस) के कारण अनेक बच्चों की मृत्यु होने के समाचार ।”

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : Mr. Speaker, Sir. Cases of gastro-enteritis and other diarrhoeal diseases occur every year. The incidence increases especially during the summer and monsoon months. Insanitary conditions and inadequate supply of

safe drinking water are usually the main factors contributing to the occurrence of such diseases. Malnutrition among the poorer sections of the society and lack of personal hygiene and health education increases the rate of mortality particularly among the children.

The Central Government had undertaken a centrally-sponsored National Cholera Control Programme from the beginning of the Fourth Five Year Plan. This programme has been implemented in all the endemic States. As a result of this, both morbidity and mortality on account of cholera has come down significantly. In order to cover diarrhoeal diseases, the Central Government has launched a National Diarrhoeal Diseases Control Programme in 1980. The salient features of the programme are :—

- (i) To impart short term training courses on oral rehydration therapy for medical, para-medical and other concerned personnel ;
- (ii) Distribution of health education material to the level of Auxiliary Nurse Midwives at the Primary Health Centres which will help in the treatment of diarrhoeal diseases in rural areas; and
- (iii) distribution of oral rehydration salt packets to health workers to treat such cases.

The Government is supplementing the efforts of State Government/ Union Territories in supplying of oral rehydration salt packets to treat dehydration from diarrhoeal diseases. This is aimed at significantly reducing the mortality.

National Institute of Communicable Diseases monitors the programme by carrying out epidemiological surveys in affected areas and notifies

[Shri B. Shankara Nand]

the concerned public health authorities for taking appropriate control measures.

So far as Delhi is concerned, the information available from major hospitals indicates that during the months of June and July this year, there has been decrease in the incidence and deaths due to gastroenteritis and cholera as compared to the corresponding period last year.

I would like to assure the House that the Government is always alert in such matters and will take all necessary steps to meet effectively any situation in this regard.

12.25 hrs.

[MR. DEPUTY SPEAKER *in the Chair*]

श्री रामावतार शास्त्री : उपाध्यक्ष महोदय, दिल्ली में 36 बच्चों की आन्त्र शोथ की बीमारी के कारण मृत्यु हो जाने पर सदन के सामने यह ध्यानाकर्षण प्रस्ताव लाया गया है। लेकिन अफसोस की बात है कि इस वक्तव्य में जो मंत्री जी ने अभी दिया कहीं भी इस बात की चर्चा नहीं है कि दिल्ली में 36 बच्चों की मृत्यु गैस्ट्रो एन्ट्राइटिस से हुई या नहीं। न इस सम्बन्ध में कुछ कहा गया न यह कहा गया कि किसी बच्चे की मृत्यु नहीं हुई गो कि इस ध्यानाकर्षण प्रस्ताव का मुख्य मुद्दा यही है। यह ध्यानाकर्षण प्रस्ताव 30 जुलाई को पेट्रियट में जो खबर निकली—36 डाई आफ गैस्ट्रो एन्ट्राइटिस के ऊपर ही लाया गया है लेकिन आप बिलकुल बच्चों की मृत्यु को पचा गए। तो पहली बात तो यह है कि मैं यह जानना चाहूंगा कि आप ने ऐसा क्यों किया? वास्तविकता क्या है? बच्चे मरे हैं या नहीं? यह बीमारी दिल्ली में बहुत बड़े पैमाने पर है। कहते हैं 80 प्रतिशत

दिल्ली की जनता जिस में बच्चे भी शामिल हैं, आन्त्र शोथ की इस बीमारी से पीड़ित हैं और इस के अलावा देश में हर साल 15 लाख बच्चे डायरिया का शिकार होते हैं। कलरा के भी शिकार हो रहे हैं। यह ठीक है कि हैजे की बीमारी में कमी है लेकिन अभी भी हैजे की बीमारी हमारे मुल्क में चल रही है। यह बीमारी दिल्ली के अलावा और शहरों में भी फैल रही है। जुलाई महीने की खबर है कि मध्य प्रदेश के देवास जिले के खटे गांव अस्पताल में मई, 1982 में चार व्यक्तियों की मृत्यु हुई और 42 व्यक्ति इस बीमारी के कारण अस्पताल में भर्ती हुए। मध्य प्रदेश के सिहोर जिले के सम्पूर्ण भाग में मई महीने में यह बीमारी फैली हुई थी और 15 व्यक्तियों की इस बीमारी से मृत्यु हुई। इसी प्रकार उत्तर प्रदेश के बरेली जिले में जुलाई, 1982 में यह बीमारी संक्रामक रूप से फैली हुई थी और वहां पर 17 व्यक्तियों की मृत्यु हुई। इसी प्रकार से देश के विभिन्न भागों में यह बीमारी फैल रही है। आंत्रशोथ बीमारी का उग्र रूप ही हैजे की बीमारी के नाम से पुकारा जाता है और इस तरह की बीमारी हमारे मुल्क में फैल रही है जिसके कुछ कारण भी हैं।

इस बीमारी के फैलने के कई कारण हैं, जैसाकि मंत्री जी ने भी जिक्र किया है। पीने के लिए शुद्ध जल न मिलने के कारण यह बीमारी फैलती है। अगर भास-पास गांव, गली, मोहल्ले और शहर में गन्दगी हो तो यह बीमारी फैलती है। खान-पान की चीजों में मिलावट होने से (जोकि आजकल बड़े पैमाने पर हो रही है) भी यह बीमारी फैलती है। जहां पर ज्यादा मक्खियां पैदा हों वहां भी यह बीमारी फैलती है। इसमें

यह भी कहा गया है कि बरसात और गर्मी के दिनों में यह बीमारी ज्यादा फैलती है। आंत्रशोथ की यही बीमारी प्रागे चलकर कालरा का रूप ले लेती है। यह बीमारी खास तौर से हमारे जैसे गरीब देश के लिए बहुत खतरनाक है। बच्चे तो किसी भी देश की भाशा होते हैं, उन्हीं पर देश का भविष्य निर्भर करता है। अगर बच्चे स्वस्थ होंगे तो समाज स्वस्थ होगा और उससे देश की प्रगति हो सकेगी। अस्वस्थ बच्चों से देश की प्रगति में बाधा आती है। इसलिए बच्चों की तरफ सरकार का और देश का विशेष रूप से ध्यान जाना चाहिए। उनमें इस प्रकार की बीमारी न फैले, इसके लिए विशेष कदम उठाए जाने चाहिए।

30 जुलाई के "पैट्रियट" में दो-तीन बातें बड़ी मार्क की कही गई हैं जिनकी तरफ मैं सरकार का ध्यान खींचना चाहता हूँ। मैं दो-तीन उद्धरण पढ़कर सुनाना चाहता हूँ :

"Hundreds of diarrhoea patients are flocking to the hospitals and private medical practitioners everyday. Safdarjung Hospital in South Delhi, according to doctors, receives over 100 patients with advanced stages of gastro-enteritis each day, about 90 per cent of them are children."

इससे इसकी भयंकरता का आभास होता है।

पानी की शुद्धता के बारे में एन डी एम सी ने क्या कहा है, वह भी आप सुन लीजिए।

"The NDMC health authorities squarely lay the blame for the spread of the disease on the doors of the Delhi Municipal Corporation's Water Supply and Sewage Disposal Undertaking. The charge

that the undertaking has been supplying 'semi-treated water' to the NDMC areas."

इससे आप अन्दाज लगा सकते हैं कि स्थिति क्या है? पानी शुद्ध करने के लिए आप उसमें कलोरीन डालते हैं। कलोरीन से गैस पैदा होती और दूसरी बीमारियाँ पैदा होती हैं। क्या आपके पास पानी शुद्ध करने के लिए कलोरीन के अलावा भी कोई दूसरी दवा है? यदि है, तो क्या आप उसका इस्तेमाल करेंगे?

तीसरा और आखिरी कोटेशन इस प्रकार है :

"Among the medicines, which are not available in the market, are 'Chlorostrep' and Enteroviform. The demand for 'saline water' which is, according to doctors, sheet-anchor in the cases of dehydration cases, has also gone up."

दवाइयाँ भी नहीं मिलती हैं। जैसाकि मुझे मालूम हुआ है कि सी०जी०एच०एस० डिस्पेंसरीज के अन्दर भी केवल यूनीजाइम मिलती है और कोई चीज नहीं मिलती है। क्या इस बीमारी की दवा केवल यूनीजाइम है या और कोई भी है? अगर है, तो जिन का मैंने नाम लिया है, इनकी सप्लाई अस्पतालों में क्यों नहीं की जाती है? आंत्रशोथ बीमारी को ठीक करने के लिए, कालरा की बीमारी को ठीक करने के लिए और दूसरी बीमारियों को ठीक करने के लिए आप उन दवाइयों की सप्लाई अस्पतालों में क्यों नहीं करते हैं? दवाइयों की सप्लाई ठीक प्रकार से हो, ताकि आम लोगों को दवाइयाँ मिल सकें, इसके लिए आप कौन से उपाय करना चाहते हैं?

[श्री रामावतार शास्त्री]

खान-पान में मिलावट का जहां तक सम्बन्ध है, यह आपके विभाग से सम्बन्धित है या नहीं, यह मुझे मालूम नहीं है। अगर है, तो आप इसके बारे में क्या कार्यवाही करते हैं? गन्दगी का भी सवाल है। गन्दगी तो हमारे बस की बात नहीं है। यह जाहिर बात है कि गरीबों को खाना नहीं मिलता है और बीमारी जल्दी पैदा होती है, क्योंकि मूल बीमारी गरीबी है, जिसको दूर करने की आपकी क्षमता नहीं है। नाम भले ही गरीबी मिटाने का ले लीजिए, आप नाम लेंगे और आपको हक भी है, लेकिन आप दूर नहीं कर सकते हैं। वर्तमान व्यवस्था के कायम रहते हुए जो भी आप कर सकते हैं... (व्यवधान) ...सुना है कि कोई कलकत्ता में कालरा रिसर्च सेंटर है, जहां स्वास्थ्य सुधार के नाम पर सी० आई० ए० के लोग आकर सम्पर्क स्थापित रखते हैं। मैं मन्त्री महोदय से यह भी जानना चाहता हूँ कि क्या यह बात सच है कि सी० आई० ए० के वरिष्ठ अधिकारी, डा० कार्ल टेलर, यदाकदा चुपके से, उनके भारत प्रवेश पर रोक लगी हुई है, उसके बावजूद भी भारत आते हैं और कुछ चिकित्सा केन्द्रों का गुप्त निरीक्षण करते हैं? क्या उनका सम्बन्ध कालारा रिसर्च सेंटर कलकत्ता से भी है? इस बारे में आप कौन सी कार्यवाही करना चाहते हैं, ताकि कोई आदमी इस तरह से हमारे देश के अन्दर आकर और स्वास्थ्य केन्द्रों का सहारा लेकर हमारे देश के खिलाफ प्रचार न करे? मुझे उम्मीद है, मैंने जो सवाल उठाए हैं, उनका ठीक प्रकार से जवाब देंगे।

SHRI B. SHANKARANAND : The Hon. Member has travelled from Delhi, gone round Madhya Pradesh, Uttar Pradesh and landed himself in Calcutta with Dr. Carl Taylor. All these questions, I do not think, are relevant to the present Calling Attention.

SHRI RAMAVATAR SHASTRI : Do not say like that.

MR. DEPUTY-SPEAKER : He will reply to you.

SHRI B. SHANKARANAND : The question is about the gastro-enteritis cases in Delhi. It would be necessary for me to inform the House that in Delhi the gastro-enteritis cases or cholera cases are not on the increase, rather they are on the decrease as compared to last year's figures during the same period.

SHRI RAMAVATAR SHASTRI : Please say something about it.

MR. DEPUTY-SPEAKER : I do not know how you were behaving when you were young.

SHRI RAMAVATAR SHASTRI : I have always been like this—evergreen.

MR. DEPUTY-SPEAKER : Even at this age, you are very much impatient. I do not know how you were behaving when you were young.

SHRI RAMAVATAR SHASTRI : 61 is not an old age. I am ever green in fighting.

MR. DEPUTY-SPEAKER : That I know. I have great respect for the sacrifices you have made. We know you are a very good fighter.

SHRI B. SHANKARANAND : Since he has referred to the death of children, I will refer to the figures available from the children's hospital. In the Kalavathi Saran Children's Hospital the number of deaths during July has been 20, as against 33 during the same period last year. So, I can definitely say that the deaths have come down.

Then the Hon. Member referred to availability of drugs. There is

no shortage of drugs for the treatment of gastro-enteritis in the market, or in the CGHS or other dispensaries. It is not correct to say that the drugs are not available. May be one particular drug of a particular brand name may not be available, but drugs meant for the treatment of gastro-enteritis are freely available, more so the liquid form of drugs meant for the children.

The Hon. Member referred to the all India picture. Since gastro-enteritis is not a notifiable disease, such deaths have not been notified. It is, therefore, very difficult to collect information about the number of deaths due to gastro-enteritis. But cholera is a notifiable disease and we can give information about deaths due to cholera. The House would appreciate that the cholera control programme, which was started in the beginning of the Fourth Plan, and which has been converted into a viral disease control programme in 1980, in order to cover all viral diseases, had a great impact and it had brought down the deaths to very significantly low figures. I can supply the figures relating to cholera from 1963 onwards. In 1963 the number of cholera cases was 56,988 and deaths 20,309. As against that, in 1977 there were only 13,402 cases and only 677 deaths. Just compare the figure 677 deaths in 1977 with the figure of 20,309 in 1963. These figures show that the incidence of gastro-enteritis, cholera and other vital diseases have been brought down considerably by the national control programme we have undertaken.

The Hon. Member then referred to food adulteration. It is a fact that food adulteration does create problems, but I do not know whether it creates problems of gastro-enteritis. All the same, we have been taking steps to see that such people do not make easy money at the cost of the health of the people by taking to food adulteration.

Then he referred to poverty. It is true that death rate due to gastro-enteritis is more in poor children because of under-nourishment. If an undernourished child suffers from gastro-enteritis and the parents due to ignorance do not feed the child, it succumbs to the illness due to dehydration. And dehydration takes place quickly when feeding is stopped and further, the child is mal-nourished. So, this is the reason why it occurs amongst poor children. So, health education is essential. To prevent this, we can say that the research in this field has given hopes for us even to treat poor people and people living in rural areas. The oral rehydration therapy which consists of a small packet, which contains salt and glucose, chloride, sodium bicarbonate and potassium chloride. In short, this small packet contains glucose and salt and this packet is made available through ANM (Auxiliary Nurse Midwives), village guides and all the village level workers. These are distributed through them and we are supplementing the State activities in this regard and this simple treatment, very cheap treatment, can save many deaths amongst the poor.

Regarding the Institute at Calcutta.....

SHRI RAMAVATAR SHASTRI :
Regarding chlorine what do you say ?

MR. DEPUTY-SPEAKER: Water.

SHRI B. SHANKARANAND :
Sir, he is under the impression that Chlorine creates gases and leads to gastro-enteritis, which is not correct.

SHRI RAMAVATAR SHASTRI :
I have not said that but it leads to that. But it gives some trouble.

SHRI B. SHANKARANAND :
It does not give any trouble. You take out the fear from your mind.

MR. DEPUTY-SPEAKER : Has it given any trouble to you ?

SHRI RAMAVATAR SHASTRI : Yes, to me and to so many people.

SHRI B. SHANKARANAND : I do not think. This is the first time that I am hearing.

MR. DEPUTY-SPEAKER: Then, send him to the doctor immediately.

SHRI B. SHANKARANAND : Whether it was chlorine or something else, I do not know.

SHRI RAMAVATAR SHASTRI : Can you substitute that ?

SHRI B. SHANKARANAND : Sir, regarding the National Institute of Cholera and Enteric diseases, Calcutta, about which the Hon. Member, spoke, the National Institute of Cholera and Enteric diseases, Calcutta, is a permanent institution under the Director General, Indian Council of National Research. This Institute has been established as a cholera research centre initially.

The objectives of the Institute are to study etiological and epidemiological aspects of cholera and other diarrhoeal diseases, to develop improved treatment procedures and to train professionals engaged in diarrhoeal disease control programmes.

Sir, we have seen that due to the working and functioning of this Institute, I can just enumerate without taking much of the time of the House what is done, as below.

1. Promotion of oral rehydration with chorosol—it is a packet. The medicine containing salt and glucose is named as chorosol. It is an oral rehydration salt packet. It costs very little so that it is within the reach of the poor man.

2. The institute has demonstrated feasibility of its use in the field conditions to reduce mortality among diarrhoea patients.

3. Field trials of different cholera vaccines for their relative efficacy were undertaken.

4. For the first time vibriopara-haemoliticus associated gastro enteritis was demonstrated.

5. Cholera carrier status in the community was established.

6. The role of enteric viruses in the causation of diarrhoea is being elucidated.

7. Training programmes have been developed and conducted in the diagnosis, management and control of diarrhoeal diseases for the professionals in the country and outside.

Sir, the Hon. Member referred to one Mr. Carl Taylor. Mr. Carl Taylor has nothing to do with this Institution, either with management, functioning, planning or programme. If the Hon. Member has any information about Mr. Carl Taylor's secret activities, let him pass it on to me and I will take action.

SHRI RAMAVATAR SHASTRI : Yes, I will pass it on.

MR. DEPUTY-SPEAKER : Now, Shri Sudhir Kumar Giri. You are beginning at 12.50

(Interruptions)

MR. DEPUTY-SPEAKER: I want to give you more time when important Bills come. It is not for my sake that I am asking you to finish quickly. The Industrial Disputes Bill is coming. Don't you want more time ? Therefore, I am requesting them.

SHRI SUDHIR GIRI (Contai): At the outset I should say that the Hon. Minister is very much amiable in nature and more so in concealing the real fact in the country. He has pointed out that the incidence of these diseases viz.,

diarrhoea and gastro-enteritis, is on the decline in Delhi. But I am of a different opinion. It has been reported in a section of the press that the incidence of these diseases is on the increase. The figures have been obtained from the hospital authorities. It has been reported in the press that the hospital authorities and some doctors in charge of different departments have refused to speak out officially. Why is the Minister trying to conceal the facts from the public? What are the reasons of these diseases? These are :

1. Insanitary environmental condition.
2. Lack of safe drinking water.
3. Malnutrition.
4. Lack of personal health and hygienic education.

On this account the Planning Commission has also provided funds. I quote from the Plan document as to how it has been evaluated by the Planning Commission. It has been pointed out in Chapter 22 that stress will be laid on, among other things—

“Intensification of the control/eradication of communicable diseases especially Malaria and Small-pox, diarrhoea, gastro-enteritis.

The Minimum Needs Programme was the main instrument through which health infra-structure in the rural areas was expanded and further strengthened to ensure primary health care to the rural population.

The outlays earmarked for this programme were considered almost a prior charge on the Plan budget for medical and public health of the States. The facilities available in selected rural dispensaries were expanded to provide preventive and promotive

health care facilities by adding the necessary health components. These functioned as subsidiary health centres. The following table shows the number of sub-centres,.....”

In another part, it has been stated :

“An investment on health is investment on man and on improving the quality of his life. It is, therefore, well recognised that health has to be viewed in its totality, as a part of the strategy of human resources development. Horizontal and vertical linkages have to be established among all the inter-related programmes like protected water supply, environmental sanitation and hygiene, nutrition, education, family planning and maternity and child welfare.”

“...Horizontal and vertical linkages have to be established among all the inter-related programmes like *protected water supply*, environmental sanitation and hygiene, nutrition, education, family planning and maternity and child welfare. Only with such linkages can the benefits of various programmes be optimised. An attack on the problem of diseases cannot be entirely successful unless it is accompanied by an attack on poverty itself which is the main cause of it. For this reason, the Sixth Plan assigns a high priority to programmes of promotion of gainful employment, eradication of poverty, population control and meeting the basic human needs as integral components of the Human Resources Development Programme.”

Sir, I lay stress on “protected water supply” as is mentioned above.

Sir, the statement is hidden from these things. It was the duty on the part of the Central Government as well as on the part of the State

[Shri Sudhir Kumar Giri]

Governments also to eradicate poverty to remove all sorts of diseases and to take all measures to cure and prevent these diseases. Such diseases are very rampant amongst the poor people, especially amongst those who live below the poverty line. And the Government has totally failed in this regard. That is why, the Hon. Minister is trying to conceal the facts. Though the incidence of these diseases is on the increase in Delhi, he says that the incidence of these diseases is on the decline. I would, therefore, request the Hon. Minister to clear our doubts by stating the real facts.

It has been stated in para 6 of his statement :

“I would like to assure the House that the Government is always alert in such matters and will take all necessary steps to meet effectively any situation in this regard.”

In para 3, the Hon. Minister says :

“The Government is supplementing the efforts of State Government/Union Territories in supplying of oral rehydration salt packets to treat dehydration from diarrhoeal diseases. This is aimed at significantly reducing the mortality.”

In the background of all these things, I would like to put questions to the Hon. Minister :

(a) What is the quantity of oral re-hydration salt packets which the Government of India has supplied up to this time this year and what is the all India figure of patients suffering from these diseases in the country ?

(b) Is the Delhi Municipal Corporation supplying “semi-treated” water to NDMC area, as reported in the Press ?

I want a clear answer from the Hon. Minister on these points.

SHRI B. SHANKARANAND :
Sir, the Hon. Member has read out the Plan Document and it is true and I have already stated in my statement that this is due to the shortages of safe drinking water and other unhygienic conditions and insanitary conditions. I have never denied the facts. If the Hon. Member is under the impression that I am suppressing the facts, I do not agree with him. I am not suppressing the facts. The cases and the figures that have been reported to us by the various major hospitals in Delhi, go to show that this disease both in terms of morbidity and mortality is decreasing. That is what I have said.

13 hrs.

Now, I want to tell the House that gastro-enteritis is not a notifiable disease so that we can have authentic data about this disease and about its morbidity and mortality. But about cholera, certainly, we have the data. Even according to the available figures about this disease, the all-India figures of the cases and deaths due to diarrhoeal diseases, in the year 1976, are 73,66,563 cases and 9,978 deaths. As against this, in 1980, the figures are 53,57,271 cases and 7,114 deaths. If you compare these figures, if I go on quoting-year-wise figures, these will show that the incidence is definitely decreasing and deaths have also come down very significantly.

Regarding the Plan provision, as I have said, it is due to non-supply of safe drinking water and, as the House is aware, we are a signatory to the U. N. Resolution to provide the basic minimum facilities of water and sanitation to all our people during the decade 1981-90. For this, we have undertaken various schemes. One is the Urban Water Supply Scheme. Under it, we have to cover 100 per cent population. Then, there is the Rural Water Supply Scheme. There also, we have to cover 100 per cent population. Under the Urban

Sanitation Scheme, we have to cover overall 80 per cent population and under the Rural Sanitation Scheme, we have to cover 25 per cent overall population. This requires a financial investment of Rs. 14,600 crores. A provision of Rs. 3,900 crores has been made in the Sixth Plan. The provision is likely to be further increased in the Seventh Plan. However, even this will not provide 100 per cent coverage to the urban and rural population.

Regarding poverty and other things, it is not only the poverty; it is the ignorance also. And that is what makes the poor man's child die. Now, it is a question of health education. We have to educate the people that there is oral rehydration salt packet available at a cheaper rate and it is easily available in all the villages through the Auxiliary Nurses, Village Health Guides and all the health personnel. Only the people should know that this salt packet is available and this is helpful in reducing the morbidity and mortality.

I can say and I am proud to say that the National Diarrhoeal Diseases Control Programme which has been started in 1980 will definitely further reduce the figures of incidence and deaths to a great extent. Once the people come to know that such a cheap medicine Chorosal is available at a cheap rate, I think, we will bring down the incidence of this disease.

He wanted State-wise figures. I can give State-wise figures. This is in addition to the States and Union Territories. The Central Government is distributing these oral rehydration salt packets to all the States. May I read out the names of all the States?

MR. DEPUTY SPEAKER: You can give the total in respect of all the States.

SHRI B. SHANKARANAND: As I said, the incidence cases and deaths are coming down.

I think that with the cooperation of the people—because it is the people who should cooperate in this regard—to spread the news, to educate the people and specially educate the parents of the child because it is ignorance that makes the mother not to feed the child when it is suffering from diarrhoea with an impression that, if it is fed further, the disease will increase—it is not so—we have to educate the mother also that we have to feed the child and that if it is breast feeding, it should be continued and if it is some other food, it should also be continued along with Chorosal, then it will be possible to bring down definitely the incident.

13.07 hours

The Lok Sabha adjourned for Lunch till five minutes past Fourteen of the clock.

The Lok Sabha reassembled after lunch at eight minutes past fourteen of the clock.

[MR. DEPUTY SPEAKER *in the Chair*]

CALLING ATTENTION TO
MATTER OF URGENT PUBLIC
IMPORTANCE—(Contd.)

DEATH OF CHILDREN IN DELHI
DUE TO GASTRO-ENTERITIS

(Interruptions)**

MR. DEPUTY-SPEAKER: Don't record anything. This is not the proper way. You give it in writing to me. I have told you umpteen times. This is not proper. I am sorry. Mr. P. K. Kodiyan. Only Calling-Attention will go on record. Don't record anything other than what Mr. Kodiyan says.

(Interruptions)**

MR. DEPUTY-SPEAKER: If Hon. Members take less time, then

we can utilise that time for the Industrial Disputes (Amendment) Bill which is considered to be a very important Bill.

SHRI P. K. KODIYAN (Adoor): I am not going to make a long speech.

MR. DEPUTY-SPEAKER : I know, you follow the rules.

SHRI P. K. KODIYAN : The Hon. Minister should have given a simple reply to the simple question which was raised through this Calling-Attention. The question was about deaths of children due to gastro-enteritis in Delhi. The Hon. Minister has confused the matter by giving the figures of cholera deaths and he has stated that these deaths had declined compared to the figures of last year.

I do not want to enter into an argument with the Hon. Minister about these figures. But that is not the main question. The main question is that this kind of infectious disease occurs every year in Delhi. I am not referring to other areas in the country but only to Delhi in particular. The Hon. Minister has assured in the last paragraph of his statement—he has assured the House—that the Government is always alert in such matters and will take all necessary steps to meet effectively any situation in this regard.

Now everybody will agree that polluted water supply, particularly, the drinking water is the main cause of these water-borne diseases like diarrhoea, gastroenteritis—jaundice, etc. Now every year it so happens in Delhi that one area or the other is supplied impure water—either contaminated water or not properly treated water is supplied.

Now, the NDMC itself complains that the water supplied by the Delhi Municipal Corporation in certain areas was defective and was

not properly treated—and this happens every year. The area may change from time to time. If the Hon. Minister is so alert in such matters and will take all necessary steps to meet effectively any situation in this regard, what has he been doing in regard to the correction of deficiencies in the supply of drinking water in Delhi? What had he done during this period to persuade the Delhi Water Supply and Sewage Undertaking to supply everywhere in the city proper drinking water?.....

MR. DEPUTY - SPEAKER : Please put your question, [Mr. Kодиyan.

SHRI P. K. KODIYAN : This is the question.....

DR. KRUPASINDHU BHOI (Sambalpur) : It is a repetition, Sir.

SHRI P. K. KODIYAN : There is no repetition.

I would like to ask another question.....

MR. DEPUTY - SPEAKER : Shastriji has been already affected.

SHRI P. K. KODIYAN : Now it is reported that most of the patients, especially children, who were brought to the hospital, were brought almost at the last stage when the disease has developed in a very acute form. There are a number of maternity and child-welfare centres in the city which are supposed to periodically check up infants and expectant mothers, advise them and also give necessary doses of preventive medicines. I do not know what these maternity and child welfare centres have been doing.....

MR. DEPUTY - SPEAKER : Please put your question. You can ask him.

SHRI P. K. KODIYAN : What are these centres doing? They are supposed to have a periodical check-up.

Then, Sir, my last question is arising out of the Hon. Minister's reply. He was repeatedly mentioning about ignorance of the people and the necessity for the people's co-operation in fighting these diseases. Here I agree. But, in the entire scheme of health services, one important aspect is lacking and that aspect is that there is a startling non-enrolment of people in the various health care schemes. Government has drawn out the great strategy of Health-Care Scheme that is to be included in the Sixth Five Year Plan. But, that also is not sought to be implemented with the cooperation of the people, with the involvement of the people.

What concrete steps is the Government taking in order to involve the people?

MR. DEPUTY-SPEAKER : Now you can reply.

SHRI B. SHANKARANAND : Sir, I have replied to the major part of his questions previously regarding health education and other matters. So, I need not repeat them. His question is : What is the government doing with the increased incidence of deaths. I have already quoted the statistical figures and said that, on the other hand, the cases of deaths are decreasing. This is because of our efforts. The incidence of the deaths has not increased. He also said that I have not given the gastro-enteritis figures: I have given the figures for the cholera cases only. Perhaps, the Hon. Member has not heard when I gave the figures of the diarrhoeal diseases also.

MR. DEPUTY-SPEAKER : Shri Madhukar. Put your straight questions because sufficient background has been prepared by all the other three Hon. Members. You can now put your straight questions.

श्री कमला मिश्र मधुकर (मोतीहारी) :
उपाध्यक्ष महोदय, हमारे माननीय मन्त्री जी का नाम है शंकर और शंकर के एक तीसरा नेत्र भी था। तो बच्चों की बीमारियों को दूर करने में वह थर्ड आई कहाँ चली गई हैं? इनके राज्य में 37 मिलियन बच्चे अण्डरनरिश्ड हैं। उनको पूरा भोजन नहीं मिलता है। करीब 15 लाख ऐसे बच्चे हैं जो डायरिया से मरते हैं और दस लाख बच्चे ऐसे हैं जिनको वर्षगांठ मनाने का भी मौका नहीं मिलता है। आपने कहा है कि जल-प्रदूषण से भी बीमारी पैदा होती है। आपने उनको यह तक नहीं बताया है कि पानी को उबाल कर पिलायें तो उस बीमारी की रोक-थाम के लिए आराम होता है। इस संदर्भ में मैं आप से कुछ सवाल पूछना चाहता हूँ—(क) ग्रामीण जनता की आंत्रशोथ की बीमारी को रोकने के लिए संयम की शिक्षा किस हद तक दी जाती है और इसकी कौन सी व्यवस्था की है? रोहाइज़ेशन के लिए साल्ट और ग्लूकोज कितनी मात्रा में दिया जाता है और हेल्थ सेंटर को कितनी मात्रा में दिया जाता है तथा ग्राम जनता में इसका प्रचार है या नहीं है? (ख) ऐसे कार्यक्रमों की समय-समय पर समीक्षा होती है या नहीं होती है? आपने केवल एलोपैथी की बात की है.... जब कि देश में अन्य सिस्टम्स भी हैं, जैसे आयुर्वेद, यूनानी, सिद्ध, होम्योपैथी। इस मेडिकल सिस्टम्स के अन्दर इन बीमारियों

[श्री कमला मिश्र मधुकर]

के लिए प्रभावकारी दवायें हैं या नहीं हैं ? यदि हैं, तो क्या वे दवायें हेल्थ सैन्टर्स में दी जाती हैं या नहीं दी जाती हैं ? यदि नहीं दी जाती हैं तो उस के क्या कारण हैं ? यदि दवायें नहीं हैं तो उन सिस्टम्ज में कोई शोध कार्य हो रहा है या नहीं हो रहा है ? आप जानते हैं कि ऐलोपैथिक दवायें बहुत मंहगी हैं । आज भी गांवों की ग्राम जनता वैद्यों के यहां या होम्योपैथिक डाक्टरों के यहां जाती हैं । इसलिये क्या आप इन सिस्टम्ज को प्रोत्साहित करने जा रहे हैं या नहीं जा रहे हैं ताकि ऐसी संक्रामक बीमारियां जो बड़े पैमाने पर होती हैं, इन सिस्टम्ज के द्वारा उनको रोका जा सके तथा इन सिस्टम्ज का विकास करके बीमारियों को भी फैलने से रोका जा सके । ऐलोपैथिक दवाइयां मंहगी होने के कारण उन का प्रचार करने के बावजूद भी ग्राम जनता के लिये उनका खरीद पाना सम्भव नहीं है ।

आपकी सरकार ने तय किया है कि सन् 2000 तक "सब के लिये स्वास्थ्य" योजना लागू होगी । क्या आज की स्थिति में उस लक्ष्य को प्राप्त करना सम्भव होगा तथा यह बीमारी किन वर्ग के लोगों में फैलती है—क्या एफ्लूएन्ट सोसायटी में ज्यादा फैलती है या गरीब लोगों में ज्यादा फैलती है ?

SHRI B. SHANKARANAND : Sir, I know the House is keen to discuss the next Bill ..

MR. DEPUTY-SPEAKER : But that does not mean you need not reply to all the points. You must reply to all the points.

SHRI B. SHANKARANAND : That is what I wanted. Sir, firstly he referred to the oral rehydration

salt packets. He asked the question and himself gave the reply. We have been distributing these oral rehydration salt packets through village health workers, auxiliary nurse midwives and Primary Health Centres. In 1981 there were about 5,325 Primary Health Centres and 51,804 sub-centres. All these units are provided with oral rehydration salt packets.

श्री कमला मिश्र मधुकर : प्रत्येक सेन्टर को कितने पैकेट्स दिये जाते हैं ?

श्री रामावतार शास्त्री : देहातों में दवाइयां नहीं हैं ।

SHRI B. SHANKARANAND : Here the question of supply and demand operates. As much as required by them it is supplied. There is no fixed quota. At the moment 10 packets are given to each village health guide. (*Interruptions*) We are thinking of increasing it to 20 packets. Whenever there is more demand we will see that it is met with. I have already referred to National Diarrhoeal Diseases Control Programme which we started in 1980. I need not repeat it. In addition to the health guides we have supplied about 70 lakh packets to rural areas during 1981-82.

Regarding Indian system of medicine I do not deny that there is any such medicine; there may be medicines and they are available. But at the moment we are giving to our poor people these cheap drugs and medicines like oral rehydration salt packets. That will solve the problem.

SHRI AJIT KUMAR SAHA (Vishnupur) : Due to Gastro-enteritis and other diarrhoeal diseases hundreds of children die every year in this country. Children are the fathers of the future nation. There is a saying 'Health is Wealth'. The Minister has admitted in his state-

ment that due to insanitary condition and inadequate supply of safe drinking water and mal-nutrition all these diseases occur. Even after 35 years of Independence now we cannot supply safe drinking water to our people : what to talk of nutrition? In our total budget, only 3 to 5 per cent is spent for the health of millions of people of our country. All this shows how the health of the poor people of the country is being neglected.

I want to ask a pointed question :

May I know whether the money allotted for the Ministry of Health is adequate?

Secondly, which are the areas in Delhi where the deaths of the children occur due to Gastro-enteritis?

The Minister has said in his statement that he is supplying them oral rehydration salt packets. Besides this, what arrangements are made by Government for supplying medicines like antibiotics?

Then, my last question is this :

What are the measures which have been taken by the Government to educate the people for taking the necessary precautionary measures in respect of these diseases?

MR. DEPUTY-SPEAKER : Now the Minister can reply to his very pointed questions.

SHRI B. SHANKARANAND : I have already replied as to what the financial provision of the 6th plan is, in regard to all these things. I have already given the figures. I need not repeat them once again.

SHRI SUNIL MAITRA (Calcutta North East) : The question is,

whether it is considered to be adequate by you.

SHRI B. SHANKARANAND : It is a relative term. I say, I need more budget ; that does not mean that the present budget is not at all enough. The Hon. Member asked whether the present budget is enough or not. The Hon. Member knows and the House knows how we are going to the Planning Commission every now and then and due to our efforts we have got many schemes sanctioned. For example, regarding our village health guide scheme, we have got 100 per cent guides. Regarding our TB control also, we are trying to get 100 per cent. So, we are going to the Planning Commission every now and then to see that we get more health control programmes in order to attend to the health needs of our people. So, these efforts are going on.

SHRI AJIT KUMAR SAHA : What about supply of antibiotics?

SHRI B. SHANKARANAND : Antibiotics are very costly ; we are giving cheaper drugs like oral rehydration salt packets.

14.30 hrs.

MERCHANT SHIPPING (AMENDMENT) BILL*

THE MINISTER OF SHIPPING AND TRANSPORT (SHRI VEERENDRA PATIL) : I beg to move for leave to introduce a Bill further to amend the Merchant Shipping Act, 1958.