

12.31 hrs.

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

ERADICATION OF LEPROSY

SHRI HARINATHA MISRA (Dar-banga): I call the attention of the Minister of HEALTH to the following matter of urgent public importance and request that he may make a statement thereon:

"The reported desire of the Government to eradicate leprosy from the country within 15—20 years, and the programme of action chalked out for achieving the desired objective.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI NIHAR RANJAN LASKAR): Sir, the Prime Minister's emphasis on the eradication of leprosy on a time-bound basis forms the broad basis for the Government's antileprosy effort. The on-going programmes have been reinforced for the attainment of this objective on the following lines:—

(1) The Sixth Plan outlay for anti-leprosy effort amounting to Rs. 40 crores entails a substantial step-up from the sum of Rs. 18.10 crores spent on this programme in the Fifth Plan period.

(2) From 1st April, 1979, the anti-leprosy programme had been converted from a 100% centrally financed programme to a 50% centrally sponsored one. This did set the programme back. In the context of the Prime Minister's emphasis, the programme has been put back to the basis of 100% centrally sponsored scheme from 1-4-81. This fact has been communicated to the State Governments who have also been advised as to the annual tar-

gets to be achieved by them. The change in the funding pattern is expected to provide a substantial boost to the implementation of the programme.

(3) Chemotherapy based on dapsone continue to be the mainstay for primary treatment of leprosy. In recognition of this fact, steps have been taken to augment dapsone production in the country. Additional production capacity has been licensed and is under implementation. Steps have also been taken to set up capacity for the indigenous manufacture of another anti-leprotic drug called Clofazimine.

(4) A major recent advance in the chemotherapy of leprosy in hyper-endemic areas is the adoption of the multi-drug regimen, involving the use of Rifampicin and Clofazimine followed by a combination of DDS, INH and Thiacetazone for a year. Under an agreement with the Swedish International Development Agency to be implemented through the World Health Organisation, action is under way to introduce multi-drug regimen during the current financial year in two hyper-endemic districts, with the objective of interrupting the transmission of the disease effectively and making the bulk of the cases non-infective within a short period. During the Sixth Five-Year Plan period, ten hyper-endemic districts in all would be covered under this programme.

(5) Active research work is under way at the Medical Research Centre, Bombay, the All India Institute of Medical Sciences, New Delhi and the G. B. Pant Hospital, New Delhi, under the overall guidance of the Indian Council of Medical Research and with the support of the World Health Organization, for the development of a vaccine for leprosy. The establishment of the National Institute of Immunology

under the Department of Science and Technology will give a further fillip to this research work. The development of a vaccine for leprosy acquires added importance in the context of the objective of leprosy eradication on a time-bound basis and limitations of chemotherapy based on currently available drugs. Hence on-going research work. In this field will receive further impetus.

(6) The voluntary sector has conventionally played an important role in the campaign against leprosy. Steps have been initiated to reinforce the activities of this sector, particularly in terms of better grants-in-aid support to the voluntary organisations under the Survey, Education and Treatment Scheme. Already, the grant-in-aid disbursed in 1980-81, amounting to Rs. 31 lakhs, was a sizable step-up over Rs. 20 lakhs disbursed in each of the three preceding years. This trend will be further strengthened in the coming years.

(7) Apart from the voluntary organisations whose activities are partly supported by grants-in-aid provided by the Government, there are a number of important voluntary agencies, who contribute significantly to the National Leprosy Control Programme on the strength entirely of their own resources. The activities of these organisations have been dovetailed with the National Leprosy Control Programme, so as to conserve scarce resources for optimum results. In this context, arrangements have been entered into with the Damien Foundation, the German Leprosy Relief Association and the Swiss Emmaus Institution whereby they could expand their current efforts in the National Leprosy Control Programme, by taking up new areas for extension work and by augmenting the training facilities.

(8) Training of the State Leprosy Officers and other medical/para-

medical personnel working in the field of leprosy, both under the Government and the voluntary sector, is of critical importance and a series of workshops have been organised to bring to our specialists, the most up-to-date knowledge regarding latest developments. One such workshop has already been held at NIMHANS, Bangalore, and others are being held at CLTRI, Chingleput, JALNA, Agra, Gandhi Memorial Leprosy Foundation, Wardha and Sheffield Leprosy Research and Training Centre, Karigr. Emphasis is also being paid on the training of medical personnel and para-medical workers employed in National Leprosy Control Programme at State headquarters and zonal, district and unit levels, in order to equip them better to serve the needs of the programme.

(9) The targets which have been embodied in the Sixth Plan envisage, that by the end of the period, all the endemic areas of the country would be covered under the National Leprosy Control Programme. The perspective upto 2000 A.D. provides for 100 per cent case detection and treatment by 1990 and an achievement of not less than 80 per cent of the disease arrested cases out of the cases so detected. This has been perceived in the context of the available chemotherapeutic instruments. The availability of a potent vaccine would hasten the strainment of eradication of leprosy.

In view of the continued presence in prevalent social attitudes of stigma against leprosy, the problems of leprosy control and eventual eradication are enormous. The challenge presented by these obstacles has also been the mainspring of both voluntary and governmental endeavours in this field, I have indicated the new initiatives which have been mobilised for reinforcing our leprosy control activities in the context of the Prime Minister's emphasis. I

seek the cooperation of all sections of this House and of those devoted to the task of removing leprosy from our country in the arduous efforts that are required to eradicate this dreaded disease.

12.35 hrs.

(Mr. Deputy-Speaker in the Chair)

SHRI HARINATHA MISRA: Sir, I have listened to the Minister's statement with the care it deserves. But before dealing with it elaborately, I would make a brief mention of the background in which the issue of eradication of leprosy from the face of our country is sought to be discussed.

In India, about 15 per cent of the world population lives. But so far as the leper population is concerned, out of 11 million in the world, 3.5 million, roughly one-third of the entire leper population, live in India. It is true that planned efforts for the control, cure and eradication of the disease began to be made as early as 1955. But due to some reason or the other no appreciable progress appears to have been made during this long period and the problem remains more or less as it had been when the planned efforts were started.

Now I come to the various points which have been mentioned by the Minister in his statement. Towards the end of his statement he says:

"In view of the continued presence in prevalent social attitudes of stigma against leprosy, the problems of leprosy control and eventual eradication are enormous."

I agree that more or less this statement is true. Leprosy is generally considered to be a curse from the Almighty and lepers are generally treated as untouchables by the society. But fate and circumstances had wanted it and I was connected with this issue about three decades ago. On the basis of past experience I make bold to say that there is

perhaps a stronger sense of stigma and untouchability—among the doctors generally; and still stronger in Government institutions and Government Departments. I would like to elucidate my points.

In the month of December last, in a Memorandum to the Prime Minister, I had suggested certain steps to be taken immediately for the control and eradication of leprosy. One of the suggestions was—

"Inclusion of sufficient components of teaching in diagnosis, pathology, treatment and epidemiology of leprosy in Undergraduate medical curriculum".

The Government in their answer to Unstarred Question No. 3237 on 12-3-1981 replied:

"The Medical Council of India has been requested to take needed action."

This matter, quite naturally, had to be referred to the Indian Medical Council. After two weeks, without probably any consideration by the Council, in reply to another Starred Question No. 553, dated 26th March, 1981, the Government, *inter alia*, said:

"As per the recommendations of the Medical Council of India on Undergraduate Medical Education, the period of posting in the Dermatology, Venereology and Leprosy is one month. Leprosy is also being taught in the Department of Medicine and Community Medicine also. The training in Community Medicine starts from the very beginning of the MBBS course and is imparted right upto the internship training. During this training, every efforts is made to expose the students to diagnosis, prevention and cure of leprosy cases also."

Now, you will see that the answers contradict each other. Both

[Shri Harinatha Misra]

the answers have come from the Health Department. Are we to believe that, as in a true disciple of Jesus Christ, the left hand of the Minister does not know what the right has done. How can both the answers be correct? I know it for a fact that the lessons imparted in the Undergraduate course of Medical Education in our country are most perfunctory. It used to contain only six lectures in the entire course, on "skin diseases including leprosy." May be, here and there, some slight improvement might have taken place in individual colleges. But it is not so as a general rule even now. Would the hon. Minister take up his challenge and explain the position elaborately to the satisfaction of the House?

Then, again as I pointed out at the very outset, the Government institutions, that is to say hospitals run by the Central Government as also by the State Governments, have been treating leprosy cases as, more or less, "untouchables". Here, in support of my contention, I would read out a question that I had put on March 12, 1981 and the answer thereto. The question and answer there, to are reproduced:

"Question:

(a) whether it is a fact that leprosy cases are not being treated in Government hospitals either run by the Centre or State Governments;

(b) if so, the reasons and justifications for the same; and

(c) if not, what is the actual position and the number of cases being treated in Government hospitals at present, State-wise?

Answer:

(a) No, Sir. However, some general hospitals are not treating leprosy cases.

(b) Reasons for certain general hospitals not treating leprosy cases

are partly due to fear of public objection and partly to leprosy patients being reluctant to come to such places for fear of ostracisation by other patients."

(c) The exact number of patients treated in such hospitals is not readily available, but about 2.69 million cases are taking treatment in different general and special leprosy centres both Government and voluntary in the country and 32,655 in-door beds are available for leprosy patients.

May I know the reason why the information regarding the exact number of patients who are being treated in Government hospitals is eluding the grasp and is beyond the knowledge of the Union Government especially now when medical education is a concurrent subject?

If I remember right, I put a similar question last year and the reply was "the information is being collected". God only knows how long this never-ending search will continue and when the process will end!

I would like to put some straight questions. There are highly contagious cases of cholera, smallpox, plague and T. B. and they are being readily admitted into the General Hospital of the Government, each in separate wards, of course, and are treated well. But why this reluctance to admit deserving leprosy cases and to treat them well, of course in a separate ward. In the circumstances, I am forced to come to the conclusion that in the Government machinery itself and in the doctors themselves there is a stronger sense of untouchability with regard to leprosy patients than in the people in general.

Now I will read out an extract from the Minister's statement page 3 column 6 regarding voluntary organisations:—

"The voluntary sector has conventionally played an important role in the campaign against leprosy. Steps have been initiated to reinforce the activities of this sector, particularly in terms of

better grants-in-aid support to the voluntary organisations under the Survey, Education and Treatment Scheme."

Is it correct? I will give an example.

MR. DEPUTY-SPEAKER: I think you are coming to the last point.

SHRI HARINATHA MISRA: I am coming to the last point but you will agree that this issue is concerning the lowest of the low.

MR. DEPUTY-SPEAKER: Mr. Harinatha Misra is on the Panel of Chairmen also.

SHRI HARINATHA MISRA: The issue relating to the lowest of the low is being discussed for the first time, if I remember right and, therefore, I would appeal to you to be a little generous. I am quite conscious of my responsibility.

MR. DEPUTY-SPEAKER: Do you want me to suspend the rule? I find that 15 minutes have been allotted to you.

SHRI HARINATHA MISRA: I will try to be brief.

Only a week ago, a reply was given to my Starred Question. My Question was:

"(a) Whether it is a fact that the policy of the Central Government is to encourage participation of suitable voluntary organisations in the leprosy voluntary S.E.T. (Survey, Education and Treatment) Centre grants-in-aid scheme;

(b) if so, what are the comparable rates of monthly emoluments of different categories of full-time and fully trained voluntary workers with that of Government scales in the beginning and after ten years of work; and

(c) if there are disparities, when Government propose to remove them?"

I would not try to read the reply, but would put only certain supplementaries through which it would be clear what the reply has been like. From the reply it is clear that the

Government are sticking to their policy, consistent policy of discriminating against voluntary organisations and voluntary workers. (Interruptions) May I know why the voluntary workers, with the same qualifications, with the same training, are discriminated against as compared to Government workers? There is provision for D.A., Additional D.A. pension, gratuity, etc., etc. for workers in the field of leprosy so far as Government run institutions are concerned but such workers, doctors, etc, as happen to be the employees of voluntary organisations do not have any such benefit.

Again, the other day the Minister admitted that the grants-in-aid for about 29 voluntary organisations were last released for the year 1979-80; that is to say, for 13 months, these organisations have not been paid anything—I can quote the figures. For 13 months, they have not been paid even a single pie by the Government . . .

SHRI GEORGE FERNANDES (Muzaffarpur): This is the 'Government that works'!

SHRI HARINATHA MISRA: We saw what happened in the earlier Government also, the entire grants in aid, at least in the State of Bihar, was allowed to lapse successively for years.

Now, Sir, to put a straight question to the Minister, what are the employees to do? Many of them have their families, daughters and sons to be educated and particularly, daughters to be married. Are they to go on working on empty stomachs? And what are the office-bearers to do? Are they supposed to be millionaires and multi-millionaires who would go on paying emoluments to the employees and make provision for diet and medicine to be given and administered to the leprosy patients, both outdoor and indoor patients? These are the straight questions which I would like to ask the Minister to answer. . .

MR. DEPUTY-SPEAKER: Too long a question.

SHRI HARINATHA MISRA: Now, Sir . . .

MR. DEPUTY-SPEAKER: I thought you have finished. You have taken more time.

SHRI HARINATHA MISRA: Now, Sir, again I have considered the case . . .

SHRI JANARDHANA POOLJARY (Mangalore): When he is in the Chair, he talks about the rules and other things. Now he is himself flouting the rules.

SHRI P. K. KODIYAN (Adoor): He is not in the Chair now.

MR. DEPUTY-SPEAKER: He is going to conclude. He has understood.

SHRI HARINATHA MISRA: About their own employees, the employees working under the Government of India but working in the field of leprosy, I know it for a fact that at various levels workers who have been working for 5 years or 7 years or even 10 years continue to be temporary. What is this due to? Have you any apprehension that you may also be temporary and, therefore, all your employees should be kept temporary? Is that the reason?

SHRI GEORGE FERNANDES: He is casual.

SHRI HARINATHA MISRA: In his speech he has referred to . . .

MR. DEPUTY-SPEAKER: Now you have got to conclude.

SHRI HARINATHA MISRA: Now he has referred to the Swedish International Development Authority (SIDA). An agreement has been reached with the said SIDA by the Government of India as early as 1979. A regular Scrutiny and Guiding Committee under the Chairmanship of Dr. Sushila Nayar went into the entire thing. The SIDA offered to supply Rifampicin regularly and in adequate quantity—according to my information. This is one of the latest medicines that they would like the

Government to use. Further, they offered to supply vehicles as also fuel for running them. In addition they offered to give the TA and DA etc to the medical personnel who would be administering the drug. You referred to clause 6 of the agreement. May I know if it is not a fact that this offer remains more or less on paper and the Swedish Authority is sadly disappointed with the response they have been getting from the Government of India particularly the Health Ministry? Is it not a fact? One word more and I would have finished.

At the very threshold of his public life in South Africa in 1908 Mahatma Gandhi had declared that India continued to be a slave country because of the ill-treatment meted out to her leper population and the Britishers ruled over the empire because of the blessings of these physical lepers. And towards the fag end of his life while moving in the riot-torn Noakhali district of Bangla Desh he declared. "If there was to be favouritism, he would single out the physical lepers. The lepers were an answer to the crimes of the society. If the moral lepers would ban themselves, then the physical lepers would soon be extinct."

Earlier, Swami Vivekananda had said:

"You cannot help others unless God so wish. Service to the sick, lowly, oppressed and the lepers is service to God. They are your brothers and sisters".

Examples of the utterances from saints and savants, philosophers and scholars are galore. But, never in Indian history, may in the history of the world, the Ruler, the Prime Minister or the President, had taken such a bold, imaginative and wise decision, with far-reaching consequences, as has been taken by our Prime Minister, Shrimati Indira Gandhi, in respect of such a huge number of the lowliest of the low—namely, the

determination of the Government to eradicate leprosy lock stock and barrel within a period of 15 to 20 years. The scourge has been with us for thousands of years and had been so far intractable.

Now, Sir, my hope is that each one of us, all sections of our society, in our country, transcending the barriers of caste and community, region or religion and irrespective of party affiliations, will lend their helping hand in achieving this objective.

नत्वहं कामिय राज्य
न विद्याम् नपुनर्भवम्
कामये दुःखतप्तानाम्
प्राणिनामात्ति नाशनम् ॥

"I do not want any earthly kingdom. I do not want any learning. I do not want salvation. What I hanker after is to get an opportunity to serve suffering humanity."

SHRI NIHAR RANJAN LASKAR: Sir, at the outset, I must say I am thankful to the hon. Member, Shri Misra Ji, not only because he has given many suggestions to us, to the Government but because he is also a recognised worker in the leprosy field. He himself has stated that for three decades, he was working among the lepers.

SHRI HARINATHA MISRA: Not in an official capacity.

SHRI NIHAR RANJAN LASKAR: We have to learn many things from him because experience in this sort of work counts much more than anything else. That is why I take his last point first. He was mentioning about the voluntary organisations.

Leprosy, as you know, Sir, is not like other diseases like small-pox, cholera etc. But, I have answered in this very House before also that leprosy patients do not come forward in the initial stage. In spite of that, we have taken steps and I shall come to that a little later. Before, that, I would like to come to the voluntary

aspect of it. Shri Misra had been taking that problem upon himself for the last so many years. Because of the peculiar nature of this disease, the voluntary effort in the field of leprosy is very important. This is also a recognised fact. Therefore, we are giving more and more encouragement to the voluntary organisations and other workers who will come forth and take advantage of the Government help. He was speaking about the voluntary organisations. I have answered in this House that there are 29 voluntary organisations which are getting help from Government. Money is not a question here. A lot of money is there. We have also a lot of money in our hands to give to these voluntary organisations. The only thing is that there are certain norms to give Government grants. They have to go to the State Governments because we cannot give money though we have money, to help the voluntary organisations unless and until they fulfil the norms. They have to go to State Governments. We are in a position to give them money. But, there is difficulty. Many of the States, in spite of our repeated requests to them to expedite matters, have failed. So, there are some difficulties in giving grants to the voluntary organisations in time.

One other aspect, as he himself mentioned, is about the salary of our doctors. As I have said earlier also, there are no set pay-scales for the voluntary organisation staff. Many of the workers there do not have the educational qualifications and meet the age requirements that the Government has prescribed. The conditions of Service are totally different from the discipline of Government service and they cannot be placed on the same footing even though they work in the same field. Sometimes they come and work for half a day. In spite of that we are trying to increase the pay scales of the voluntary organisations doctors. In 1969 the pay-scale was only Rs. 500. In 1976 we have increased it to Rs. 800 and in 1979 it was again increased to

[Shri Nihar Rajan Laskar]

Rs. 1,000. We are going to lay more emphasis on doctors, non-medical supervisor, laboratory technicians and para-medical workers.

13 hrs.

One further point that the hon. Member has made is about the Act. The States have been several times advised to repeal this Act. It is the State Governments who have to do it. In spite of our repeated requests to them no State Government has repealed this Act so far but none-the-less it is not being enforced in many States.

At the end I can only say that the hon. Member has put forth many valuable suggestions. They have been well taken and we will see how they can be implemented.

MR. DEPUTY-SPEAKER: We adjourn for lunch to meet at 1405 hours.

The Lok Sabha adjourned till five minutes past Fourteen of the Clock.

The Lok Sabha re-assembled after Lunch at ten minutes past Fourteen of the Clock.

[SHRI GULSHER AHMED in the Chair]

COMMITTEE ON PUBLIC UNDERTAKINGS

TWENTY-THIRD AND TWENTY-FOURTH REPORTS

SHRI BANSI LAL (Bhiwani): I beg to present the following Reports (Hindi and English versions) of the Committee on Public Undertakings:—

(i) Twenty-third Report on Steel Authority of India Ltd.—Import of Steel and Minutes of sittings of the Committee relating thereto.

(ii) Twenty-fourth Report on Industrial Development Bank of India and Minutes of sittings of the Committee relating thereto.

MR. CHAIRMAN: Now, we go to Calling Attention. Mr. Bapusaheb

Parulekar. He is not here. Then, Shri Harish Chandra Singh Rawat.

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

—Contd.

ERADICATION OF LEPROSY—Contd.

भी हरोश चन्द्र सिंह गवत (श्र मोड़ा) - अधिष्ठाता जी, कुष्ठ रोग एक चिन्तापूर्ण मानवीय समस्या है और दुख की बात है कि इस प्रकार के रोगियों को चाहे हम स्वीकार करें या न करें जनता में उनको घृणा की दृष्टि से देखा जाता है जिससे उनमें हीनता की भावना पैदा होती है और यह भावना रोग से ज्यादा उनके लिये नुकसानदेह है। मैं मानता हूँ कि इस रोग के उन्मूलनार्थ न तो पैसे की कमी है और न इच्छाशक्ति की कमी है और न हमारे विशेषज्ञों की कमी है। लेकिन सवाल इस बात का है कि इस रोग के विषय में जो आमक धारणाएँ हैं उनका कैसे उन्मूलन किया जाये ? इस संदर्भ में हमारी जा स्वैच्छिक संस्थायें हैं और समाजसेवी संस्थायें हैं वह बड़ा महत्वपूर्ण रोल अदा कर सकती हैं। लेकिन आपने इन स्वैच्छिक संगठनों के लिये केवल 31 लाख रु० का इस वर्ष प्रावधान किया है। हमारे यहाँ भी एक कुष्ठ रोग आश्रम है और वहाँ के रोगियों को केवल 12 रु० सरकार की ओर से मिलता है, शेष समाज सेवी संस्थाएँ पैदा करती हैं। लेकिन उसके बावजूद भी रोगियों को वह उतना नहीं दे पाती हैं जितना कि उनको मिलना चाहिये। तो क्या आप इस शान्त को बढ़ाने पर विचार करेंगे ?

इस संदर्भ में दूसरी बात यह है कि जो प्रान्त धारणाएँ हैं, जैसे रोगी होता है और वह ठीक भी हो जाता है तो उसके पुनर्वास की समस्या पैदा होती है कि वह क्या रोजगार करे। और इस सम्बन्ध में कोई ऐस रोजगार इस तरह के रोगियों को

नहीं मिल पाता है। इस संदर्भ में कुष्ठ निवारण संघ और कई और संगठन हैं उन्होंने आपको एक ज्ञापन दिया है। क्या आप उस ज्ञापन के विभिन्न पहलुओं पर विचार करेंगे ?

जिस तरीके से टी० बी० की बीमारी है इसके सदर्थ में कोई सेन्ट्रल या स्टेट लेजिस्लेशन नहीं है। मगर कुष्ठ रोग के संदर्भ में एक सेन्ट्रल लेजिस्लेशन है और इसके तहत इस तरह के रोगियों के पुनर्वास में बड़ा व्यवधान पैदा होता है। तो मेरा आपसे अनुरोध है कि इस लेजिस्लेशन के सदर्थ में क्या आप कोई पुनर्विचार करेंगे इसको समाप्त करने के लिए या इसमें किसी तरह का कोई संशोधन करने के लिए ?

इसमें कई ऐसे उपायों को जिक्र किया गया है आपकी तरफ से क्या सरकार ने जैसे 1978-79 में ग्रान्ट कम हो गई थी, उसमें ग्रान्तों का भी शेयर होता था और वह अपना शेयर प्रॉपली नहीं देते थे उसको आपने स्वीकार किया है, आपने केन्द्र से ही ग्रान्ट देने की बात की है। ..

सभापति महोदय : माननीय सदस्य चेयर की तरफ नहीं देखते हैं, इधर ही देख रहे हैं। इधर देखिये। असल में मैं मंत्री जी को ज्यादा कन्विन्स करना चाहता था।

सभापति महोदय : मेरे भ्रू कीजिय तो ज्यादा कन्विन्स होंगे।

श्री हरीश चन्द्र सिंह रावत : अब मैं आपके यू कहूंगा।

कुष्ठ रोगियों की संख्या सन् 1952 में जहाँ 15 लाख थी, वह 1971 में 32 लाख हो गई और अब 1980 में यह 40 लाख से भी ऊपर है। क्या आप समझते

हैं कि जो पैसा छठी पंचवर्षीय योजना में इसके लिये प्रोवाइड किया है वह एडीक्व है, जब कि रोगियों की संख्या बढ़ती जा रही है ?

चर्म रोग के संदर्भ में एक सर्वेक्षण के अनुसार देश में चर्म रोग के रोगियों का भी प्रतिशत बढ़ा है जो कि चर्मरोग का शिकार हुए हैं। हमारे देश की पापुलेशन का बहुत बड़ा भाग किसी न किसी रूप में इससे प्रभावित है। इन पहलुओं को देखते हुए हमारा मंत्री जी से निवेदन है और प्रश्न है कि पंचवर्षीय योजना में इसके लिये ग्रान्ट का जो प्रावधान किया है, इसको बढ़ाया जाये।

हमारे देश के अन्दर करीब 100, 150 ऐसे स्वयंसेवी संगठन हैं।

1983 में कुष्ठ रोग के बारे में एक अंतर्राष्ट्रीय सम्मेलन भारत में हो रहा है। क्या सरकार इस तरह के सारे संगठनों के प्रतिनिधियों को पहले बुलाकर उनसे विभिन्न पहलुओं पर विचार करेगी और इस अन्तर्राष्ट्रीय सेमिनार में कुछ ऐसे सुझाव रखेगी जिससे दूसरे कट्रीज ज्यादा प्रभावित हों ? हमको लीडिंग रोल अदा करना है, क्या भारत सरकार इस सम्बन्ध में लीडिंग रोल अदा करेगी। मैं समझता हूँ कि मंत्री महोदय इस समस्या पर उदारतापूर्वक विचार करेंगे।

SHRI NIHAR RANJAN LASKAR:
Mr. Chairman, Sir, I am grateful to my friend, Shri Rawat, for bringing out some of the aspects concerning leprosy programmes in our country. His first point was about the ignorance amongst the people as far as this disease is concerned. I admit, it is a fact. People have some wrong notions about leprosy. It is, therefore, necessary that basic information should be provided to our people that it is not a dreaded disease provided it is detected at an early stage; it can be cured at

[Shri Nihar Ranjan Laskar.]

that stage. The man after cure can again be just like you and me. We have, therefore, taken care of the educational part of it. That is why, we are seeking the assistance of the voluntary organizations also.

The second point raised by the hon. Member is with regard to the rehabilitation of these people, once they are cured. Rehabilitation of such people does not concern our Ministry; it concerns the Ministry of Education and Social Welfare. Of course, we would forward his suggestions to them, so that they can work on that.

As regards legislation concerning leprosy, I have already answered it. Initially, there was a central legislation, but ultimately it was given to the States. Now, it is upto the State Governments to repeal the Act. In spite of the repeated requests, none of the State has come forward for repeal of the Act so far.

It is not being put into effect; it is in the cold storage.

Regarding Plan provision, I would give you the details for the years 1979-80 and 1980-81. This programme during the Janata Government regime was on a 50:50 basis. As you know, whereas we are in a position to give 50 per cent of our share, some of the State Governments were not willing to part with their share of 50 per cent. Now, we have reverted to the original position. Our beloved Prime Minister has given a call to eradicate leprosy within 20 years. We are now having in the current year 100 per cent. Centrally sponsored schemes. The amount that was sanctioned during the 4th Plan period was only Rs. 5 crores. During the 5th Plan period, it was increased to Rs. 18 crores. During the current Plan, we have a plan provision of Rs. 40 crores. So, finance is not the problem. We have already increased it. If more finance is necessary, we will see that it is made available.

The last point my friend has mentioned is about the international conference which is going to be held during 1983 viz. whether we will consult all the voluntary organizations. This is a good suggestion. We will consult all the voluntary organizations, so that the conference can be a success.

श्री मुल चन्द डागा (पाली) : सभापति महोदय, हम अपने बड़े देश में महलों जलियों और बाजारों में कुष्ठ रोगियों को अपने छोटे-छोटे बच्चों के साथ घूमते हुए, और ब्या की भीख मांगते हुए, देखते हैं। लेकिन मैं समझता हूँ कि उन लोगों को हमारी सहानुभूति की आवश्यकता नहीं है। अभी पहले वक्ता ने कहा कि स्वामी विवेकानन्द ने कहा था कि दीन, अनाथ और अग्रग आपके भगवान हैं। मैं उनकी बात को सराहना करता हूँ।

इस बारे में एक डाक्टर ने लिखा है :-

"In changing our attitude towards leprosy patients we will not be obliging anybody. We will be doing it only to make the environment safe for us, which is in our interest."

मंत्री महोदय ने यह बड़ी अच्छी बात कही है कि सरकार छठी प्लान में कुष्ठ रोग के उन्मूलन के लिए 40 करोड़ रुपये खर्च करेगी। मगर मैं यह जानना चाहता हूँ कि क्या आज तक कुष्ठ-रोगियों की कोई जन-गणना, सन्सस, हुई है या नहीं। सरकार ने यह कभी नहीं बताया है कि हमारे देश में कुष्ठ रोगियों की संख्या क्या है। एक जर्मन रिक्लिफ़ एसोसिएशन ने आन्ध्र प्रदेश

का अंशग करके बताया कि किसी पंचायत में एक हजार के पीछे 2.6 कुष्ठ-रोगी हैं, किसी पंचायत में एक हजार के पीछे 68.9 हैं और किसी पंचायत में एक हजार के पीछे 140 हैं ।

24 जुलाई, 1980 को एक प्रश्न के उत्तर में सरकार की ओर से बताया गया था :—

“The number of leprosy patients in the country as on 31st May 1980 is not exactly known.....”

“No census for the leprosy patients has been undertaken so far.....”

“The exact number of leprosy homes operating in the country is not known.....”

इस उत्तर को देखते हुए मैं जानता बाहता हूँ कि सरकार कब तक कुष्ठ रोगियों की जन-गणना करवायेगी । दूसरे, जो कुष्ठ रोगी जगह जगह घूमते हैं, क्या उनको बसाने के लिए अलग अलग स्थान बनाए जायेंगे । और उनको उनके बच्चों से अलग कर दिया जाएगा ताकि जो छोटे बच्चे हैं जो हिन्दुस्तान की भावी आशा बनने वाले हैं उनको अलग करके कहीं अलग रखा जाय ? आप कहते हैं कि यह तो पुनर्वास का काम है । मेरा यह कहना है कि कोआडिसेशन आपस में होना चाहिए । यह उत्तर दे देने से संतोष नहीं हो सकता ।

कुष्ठ रोगियों को एक जगह बसाया जाय, उनके खाने पीने आदि की व्यवस्था की जाय इसके लिए सरकार ने कोई योजना बनाई है ? क्या उनके बच्चों को उनसे अलग रखा जाएगा या उन बच्चों को उनके साथ ही रहने

दिया जाएगा ताकि वह भी कुष्ठ रोग के शिकार न बन जायें ?

लेडी समझ में एक यह नहीं आया कि हम इतनी धनराशि खर्च करते हैं, उस में त्रिष्व स्वास्थ्य संगठन आप को बराबर हेतप देता है, उसने 1978-79 में 18 लाख 46 हजार रुपया, 79-80 में 25 लाख 98 हजार रुपया, और 80-81 में 27 लाख 44 हजार रुपया आप को दिया है और आपने जो खर्च किया है टोटल एमाउंट वह है 1977-78 में 586.71 लाख रुपया, 78-79 में 767.25 लाख रुपया और 79-80 में 241.82 लाख रुपया, यह कैसे हो गया ? आप ने पहले तो 1978-79 में 767.25 लाख रुपया खर्च किया है और 79-80 में 241.82 लाख ही खर्च किया है ? यह कैसे हुआ ? हम बार बार कह रहे हैं कि कुष्ठ रोगियों की संख्या बढ़ रही है और धन राशि आप की कम खर्च हो रही है ।

अब आप यह बताइए कि जो स्वैच्छिक संस्थाएँ हैं इनका क्या रजिस्ट्रेशन होना जरूरी है ? किस आधार पर आप इनको आर्थिक सहायता देते हैं ? क्या आधार है जिन पर आप यह तय करते हैं कि इन को यह देना है ? क्या इन संस्थाओं का कभी मूल्यांकन या आडिट हुआ है या नहीं हुआ है और आप ने इन संस्थाओं के लिए क्या क्राइटीरिया रखा है जिनको आर्थिक सहायता दें ? आर्थिक सहायता देते के बारे में आप ने एक बड़ी बात बता दी कि हम 40 करोड़ की धनराशि देंगे । आप का रेडियों भी कहेगा कि 40 करोड़ की धनराशि लस्कर साहब ने देने की बात कही । मैं पूछना चाहता हूँ कि छठी पंचवर्षीय

[श्री मूल चन्द डागा]

योजना में यह जो 40 करोड़ आप देंगे उसमें एक साल का कितना एमाउंट हुआ ? दूसरे, आप कुष्ठ-रोगियों को खुद अपनी तरफ से अस्पताल चला कर ठीक करेंगे या स्वयं सेवी संस्थाओं पर ही निर्भर करेंगे ? क्या गवर्नमेंट इन कुष्ठ-रोगियों को ले कर अपनी तरफ से उनका रोग-निवारण करने का कोई प्रयत्न करेगी या उन्हीं संस्थाओं पर ही निर्भर करेगी ?

महात्मा गांधी जी कुष्ठ रोगियों का खुद इलाज करते थे । हमारे मंत्री जी भी करते होंगे । गांधी जी ने खुद उनका इलाज किया था । आप यह बतला दीजिए कि हिन्दुस्तान में जो आप का स्वास्थ्य विभाग है उसके द्वारा कितने कुष्ठ रोगियों को आप ने इस रोग से मुक्ति दिलायी है और इसके मुक्त करके उन को रोजगार में लगा दिया है ? यह आप बताने की कृपा कीजिए ।

यह जो नेशनल लेप्रोसी बोर्ड है उन्होंने तो कहा था 1891 का जो ऐक्ट है इसके सम्बंध में कि उसको खत्म कर दीजिए, उन्होंने इसके लिए सिफारिश कर दी है, तो क्या आप ने इसको खत्म कर दिया है या नहीं किया ? अगर किया तो कब रिपील किया और पार्लियामेंट में वह रिपील ऐक्ट कब आया ।

एक बात में यह जानना चाहता हूँ कि कब तक आप इस कुष्ठ रोग को हिन्दुस्तान से विदा कर देंगे ? क्या आप का टारगेट है ? छठी पंच वर्षीय योजना में कितने कुष्ठ रोगियों को आप कुष्ठ रोग से मुक्त कर देंगे और कितनों का आप पुनर्वास कर देंगे ? इससे कब सदा के लिए हमें मुक्ति मिल जायगी ? ये मेरे कुछ प्रश्न हैं जिनका उत्तर आना चाहिए ।

SHRI NIHAR RANJAN LASKAR:
About the first question, regarding census of leprosy patients in our country and anywhere in the world, it is not possible to have a regular census of the exact number of leprosy patients. In our country, the rough estimate is that there are about 32 to 35 lakhs of affected leprosy patients now. This is a rough estimate. (Interruptions).

MR. CHAIRMAN: Do not look at him.

SHRI NIHAR RANJAN LASKAR:
The second point is about the repeal of the law. I have repeatedly stated in this House and it is up to the State Governments to repeal it. We have requested them and advised them several times to repeal this Act. But no State has repealed so far. It is not possible for us to do anything. They have put it in cold storage.

SHRI MOOL CHAND DAGA:
When the Act is in force why should it not be repealed? It will remain in force if it is not repealed.

SHRI NIHAR RANJAN LASKAR:
We cannot do it. The State Governments have to take action. We have been requesting them, several times.

श्री मूल चन्द डागा : आपने स्टेट गवर्नमेंट्स से कितनी बार प्रार्थना की है यह जरा बताइये ?

सभापति महोदय : आप राजस्थान सरकार से खुद भी बात कर सकते हैं !

श्री मूल चन्द डागा : मुझे तो पता नहीं है कि कब इन्होंने राजस्थान सरकार को लिखा है । यह तो सेन्ट्रल ऐक्ट है, इसको आप ही रिपील कर दीजिए । आप ला डिपार्टमेंट में से कह दीजिए कि इसको रिपील करने की कार्यवाही की जाए ।

SHRI NIHAR RANJAN LASKAR:
I do not like to.... (Interruptions).

MR. CHAIRMAN: Do not look at him. If you look at him you will be in trouble. You look at me.

SHRI NIHAR RANJAN LASKAR: The Government of Rajasthan—one thing I had talked about this Act earlier also and I must tell the House—the State Government of Rajasthan is silent about it also. We are trying to talk to them and tell them what they should do about it.

I have already stated in my main answer that we have been mobilising our efforts for leprosy control activity, especially in the context of our Prime Minister's emphasis on it. We have already changed the schemes from 50:50 per cent basis to hundred per cent centrally sponsored scheme for giving Central aid. The production of the basic drug, Dapsone has been stepped up to meet the basic needs of the leprosy treatment programme.

Thirdly, the States have been requested to upgrade the status of the leprosy-officers so that they have a status and they can do their work more honestly and efficiently. More and more grants are being released to all voluntary organisations in this respect more voluntary organisations will be helped, which fulfil the criteria. We are eager to give them more money. There is no problem about it. I would request the hon. Member to... (*Interruptions*)

SHRI MOOL CHAND DAGA: I simply want an answer to my specific question. I have heard his general speech.

MR. CHAIRMAN: He is giving the answers to you.

SHRI MOOL CHAND DAGA: If you say that these are the answers, well and good. What I have asked is, when will it be eliminated?

MR. CHAIRMAN: Nobody can say that. You are asking for something impossible.

SHRI NIHAR RANJAN LASKAR: Our aim is to eradicate it by 2000 A.D. But we cannot definitely say. We cannot say it.

श्रीमती ऊषा प्रकाश चौधरी
(अमरावती) : माननीय सभापति जी, आज इस सदन में एक महत्वपूर्ण सामाजिक समस्या पर चर्चा हो रही है। हम लोगों ने दुनियां को एक उजाड़ वस्ती, उपेक्षित वस्ती की और आप सब का ध्यान दिलाने की कोशिश की है :

हमारे नेता, राष्ट्रपिता महात्मा गांधी ने राजकीय स्वतंत्रता के साथ-साथ समाज में जो पिछड़े हुए लोग हैं, चाहे दलित हों, आदिवासी हों, और चाहे कुष्ठ रोगी हों, उनके उत्थान के लिए आगे कदम बढ़ाया था। स्वतंत्रता के बाद मेरी तो यही भावना है कि हमारे शासन ने इतनी सारी पंचवर्षीय योजना बनाई, बजट में प्रावधान किया और उपेक्षित लोगों के लिए काम करने की कोशिश की, लेकिन मालूमात के अनुसार जब हमारा देश स्वतंत्र हुआ, तब यहाँ कुष्ठ रोगियों की संख्या दस लाख थी और आज 40 लाख तक बढ़ गई है। इसका कारण क्या है? जैसा कि मैं समझती हूँ, आज सामाजिक प्रश्न राजनीतिक रंग लेते हैं। राजनीतिक पार्टी, राजनीतिक दल उसको उठाते हैं, उसकी तरफ हम लोगों को ज्यादा गंभीरता से ध्यान दें। भाग्य से यह कुष्ठ रोगियों की समस्या ऐसी समस्या नहीं बन पाई है, जो कि सामाजिक समस्या बन कर हमारे सामने खड़ी रहे, इसलिए उसमें आज भी बहुत सारी कठिनाइयों हमें दिखाई देती हैं।

इस देश में दिन प्रति दिन कुष्ठ रोगी बढ़ रहे हैं। आन्ध्र और तमिलनाडु, ये दोनों राज्य सब से ज्यादा कुष्ठ रोगियों से पीड़ित राज्य माने जाते

[श्रीसखी उषा प्रकाश त्रिधारी]

हैं, जहाँ आंध्र में या तमिलनाडू में 7 लाख, 83 लाख कुण्ट रोगी हैं, वहाँ सिर्फ 57 हास्पिटलस हैं जो उनके लिए काम करते हैं। मुझे मालूम है, शासन एक दम से इस हालत को निभाने के लिए कुछ नहीं कर सकती है। इसलिए मैं सरकार से कहना चाहती हूँ कि जिला परिषद के जो अस्पताल हैं या नगर परिषद के जो अस्पताल हैं या शासकीय जो अस्पताल हैं, उनमें कोई कुण्ट रोगियों के उपचार के लिए अलग से प्रभावकारी डिपार्टमेंट खोलना चाहिए। आज इन कुण्ट रोगों के निवारण के लिए कुछ भी अलग से प्लान बनाने की जरूरत है।

मैं मंत्री महोदय से एक सवाल और पूछना चाहती हूँ कि बढ़ते हुए कुण्ट रोगियों के लिए वजट में हमने बहुत ज्यादा प्रावधान किया है और इसके लिए बहुत सारी कॉमिश्नों को चुकीं हैं। फिर भी क्या यह बात सच है कि 1977-78 में कुण्ट रोगियों के निर्मूलन के लिए 7 करोड़ रुपया खर्च किया गया, 1978-79 में सात करोड़ ६० खर्च हुए और 1979-80 में 3 करोड़ 99 लाख ६० खर्च हुए। एक तरफ तो कुण्ट रोगियों की संख्या बढ़ रही है और दूसरी तरफ से सरकार उन पर खर्च होने वाली राशि को कम करती जा रही है, इसलिए इस संबंध में मंत्री महोदय को बताना चाहिए कि इसका क्या कारण है ?

मैं मंत्री महोदय से नम्रतापूर्वक निवेदन करना चाहती हूँ कि यहाँ पर काफी सारे मामले उठाए गए और हमारे संसद् भाइयों ने भी अपने विचार प्रकट किए, लेकिन जो पुनर्वास का सवाल उठाया गया है, उसके बारे में कहना चाहती हूँ। मेरा निर्वाचन क्षेत्र अमरावती

है। अमरावती में मुख्य महात्मा गांधी जी के साथी शिवाजीराव पटवर्धन जी ने तपोवन संस्था में कुण्ट रोगियों के लिए बहुत काम किया। हमारे विदभ में आनन्दवन में बाबा आमेट काम कर रहे हैं। वहाँ हम देखते हैं कि पुनर्वास की प्रॉब्लम है। कोई भी उपेक्षित व्यक्ति हो या समाज हो, उसके जीवन में दो प्रॉब्लम होते हैं। एक तो सामाजिक अन्याय दूर होना चाहिए। समाज में एक नागरिक का सम्मान उसको मिलना चाहिए और दूसरे उपेक्षित व्यक्ति के लिए जो प्रॉब्लम है, वह वह है आर्थिक सहायता। उसके स्वावलम्बन के लिए, निर्भरता के लिए और अत्मवल के लिए उसको आर्थिक सहायता की जरूरत है। हम यह भी देखते हैं तो कुण्ट रोगी तपोवन से ठीक होकर निकलते हैं और बाहर आते हैं तो समाज में उनका मान्यता नहीं मिलती है। घर वाले भी उनकी तरफ नहीं देखते हैं। आश्रम वाले बोलते हैं कि आप ठीक हो चुके हैं और बाहर जाइए, लेकिन समाज में उनको तरफ अच्छी नजर से नहीं देखा जाता है। खासकर मैं महिलाओं के बारे में कहती हूँ। यदि कोई महिला तपोवन से बाहर निकलती है, तो स्त्री के लिए ऐसा वातावरण है कि उसके लिए मायका के दरवाजे भी बन्द रहते हैं, और ससुराल के दरवाजे भी बन्द रहते हैं लेकिन जब कोई आदमी बाहर निकलता है, चाहे वह कैसा भी हो, वदमाश हो और शराबी हो, चाहे कुण्ट रोगी भी हो, जैसी की हमारे देश की संस्कृति है, उसके लिए घर के दरवाजे खुले रहेंगे, घर उसका ही रहता है। इसलिए वे महिलाएँ जो वहाँ से निकलती हैं, वे सोचती हैं कि हम कुण्ट रोगी थे, बीमार थे तब भीक तो मांग सकते थे। अभी समाज भी स्वीकार नहीं करता कि कोई उद्योग के लिए साधन हैं। उनके परिवार

के लोग भी उन से रिश्ते तौड़े डालते हैं। हमें इसलिए सोचना चाहिए कि उनको भी समाज में उचित स्थान मिले। कुछ आश्रम में कुछ शादियां भी होती हैं, उनके घर बसाये जाते हैं, बड़े अच्छे परिवार हैं और वहां जो बच्चे पैदा होते हैं, उन बच्चों को कोई कुष्ठ रोग नहीं रहता है। ऐसे कई बच्चे हैं, जो आश्रम के स्कूलों में पढ़ते हैं, जो यह पूछते हैं कि हमारे लिए कौन सी दुनियां बनाई है? हमारे लिये शिक्षा की कोई व्यवस्था करो, हम कुष्ठ रोगी बच्चे नहीं हैं, लेकिन आगे हमें कुष्ठ रोग जिन्दगी में नहीं होना चाहिये मैं जानना चाहती हूं कि शासन ने उन बच्चों के लिये कोई खास व्यवस्था की है? यदि की है तो वह क्या है?

मैं निवेदन करना चाहती हूं कि अस्पतालों की संख्या बढ़ाने या दवाखानों की सुधियां में थोड़ा संशोधन करने से कुष्ठ रोग की समस्या हल नहीं होगी। मैं ऐसा विश्वास करती हूं—जैसे किन्हीं भी समस्या को हल करने के लिये आर्थिक सहायता की जरूरत होती है, वैसे ही उनके लिये सामाजिक माहौल तैयार करने की जरूरत है। यह दुर्भाग्य की बात है कि जो हमारी शिक्षा पद्धति है, शिक्षा प्रसार की मशीनरी है, टी० वी० आकाशवाणी या चित्रपट हैं—इनके जरिये प्रचार करने या सामाजिक वातावरण तैयार करने का प्रयास नहीं किया जाता। यदि ऐसे प्रचार की व्यवस्था की जाये कि जनता को पता लग सके कि कुष्ठ रोग कैसे होता है, कैसे बढ़ सकता है, इसके प्रसार को रोकने के लिये हमें क्या सावधानी बतानी चाहिए तो इससे कुष्ठ रोग को रोकने में सहायता मिलगी, साथ ही रोगियों के प्रति एक मानवीय दृष्टिकोण तैयार करने का वातावरण बनेगा। इसलिये मेरा सुझाव है कि आप अपने टी० वी०, आकाशवाणी

से ऐसे कार्यक्रम प्रसारित करें तथा आनन्दबने तपोवन जैसी सेवाभावी संस्थाओं का प्रचार करें, जिससे हमारे मन में ऐसी सेवा के लिये भावना बने।

हमारी नेता श्रीमती इन्दिरा गांधी जी के शासन ने निर्णय लिया है कि चन्द दिनों में जैसे मलेरिया और देवी (स्माल-पावर) जैसे रोगों को हटाया गया है, वैसे ही कुष्ठ रोग को भी देश से हटा देंगे। इसके लिये मैं शासन को धन्यवाद देती हूं। मैं महाराष्ट्र की रहने वाली हूं। हम देखते हैं कि बम्बई में बाहर से लाखों कुष्ठ रोगी हर साल आते हैं, इसीलिये मैंने यहाँ पर यह चिन्ता व्यक्त की है।

SHRI NIHAR RANJAN LASKAR
The hon. Member has raised some very valid points and given very valuable suggestions. We will try to take note of them and try to implement them, if feasible.

One specific point raised was about the increase in the number of leprosy patients in the country. Outwardly it looks so. But, in fact, the reason is different. The increase in number is due to the more effective steps taken to detect them. Since we are having a more effective programme, more and more cases are coming to our knowledge. Secondly, it is also due to the increase in the area covered under the scheme. Now more and more areas are being covered under the leprosy programme. Therefore, outwardly it looks as though there is an increase in the number. It is only because of the increase in the area covered and more and more detection it looks that the number is rapidly increasing.

The hon. Member referred to some State and said that the leprosy patients are not treated in the jilla parishad hospitals. I can inform the hon. Member that in Tamil Nadu the leprosy patients are treated in district

[Shri Nihar Ranjan Lasbar]

and taluk hospitals. So, this programme is there. Towards the end of her speech, she referred to Maharashtra. We are giving special attention to those areas in the States where it is widely prevalent.

A reference was made to the amount spent on this programme. As I have already mentioned, because of the insistence on the 50:50 sharing basis, the whole programme suffered. That is why our Prime Minister made a statement that leprosy has to be ended in our country by a specific period. So, we have now reverted to the Centrally-sponsored scheme, where cent per cent money will be advanced from the Centre. We hope that after following this scheme things will definitely improve.

14.45 hrs.

STATEMENT CORRECTING CERTAIN INFORMATION GIVEN DURING REPLY TO DISCUSSION ON DEMANDS FOR GRANTS RELATING TO MINISTRY OF HOME AFFAIRS

गृह मंत्री (श्री जैल सिंह): सभापति महोदय, 21 अप्रैल, 1981 को लोक सभा में इस मंत्रालय की अनुदान मांगों पर वृहस का उत्तर देते समय मैंने अनजाने में कहा था कि :—

“मैं आपसे प्रार्थना करूंगा कि जब हमारे मुल्क में पुलिस का नम्बर 1.2 प्रति एक हजार है—जेनरली 0.8 प्रति एक हजार से लेकर, अगर नामालूड और केन्ल को गिने, तो 12.8 प्रति एक हजार हो जाता है।

श्री मनोराम बागडी (हिमाचल) : मेरा क्वेश्चन आफ आर्डर है। मंत्री जी किस बात पर बोल रहे हैं, क्या कह रहे हैं ?

सभापति महोदय : आपने सुना नहीं। जो जंगल हाऊस में दिया गया था, कुछ गलत हो गया था, उसको सही कर रहे हैं।

गृह मंत्रालय तथा संसदीय कार्य विभाग में राज्य मंत्री (श्री पी० बेंकट-सुब्बैया) : बागडी जी, आज के आर्डर पेपर में यह है।

श्री मनोराम बागडी : मैंने पढ़ा और मैं जानता हूँ। यह साफ्टीकरण इन को बोलने से पहले करना चाहिए था कि किस पर बोल रहे हैं। इस में अगर लिखा है, तो फिर क्यों बोल रहे हैं, ये लिख कर भेज देते।

श्री जैल सिंह : मैं तो चाहता था कि पढ़ दूँ। यह भेजा हुआ है, कहिये तो खत्म कर दूँ। .. (व्यवधान) ...

“यह बेरिगेशन स्टेटो की है। लेकिन केरल को इस बात का मान है कि वहाँ पुलिस एक हजार के पीछे 12.8 है। जो मेम्बर पुलिस के नम्बर की चिन्ता करते हैं, शायद वे मेम्बर भी सोकाल्ड प्रॉप्रेसिव ग्रुप के हैं, और उन्होंने यह नहीं सोचा कि जहाँ पर सी० पी० आई० (एम०) का राज है, वहाँ पुलिस का नम्बर सबसे ज्यादा है।”

उक्त उत्तर के स्थान पर :

“मैं आपसे प्रार्थना करूंगा कि अब हमारे मुल्क में पुलिस का नम्बर 1.2 प्रति एक हजार है—जेनरली 0.8 प्रति एक हजार से लेकर 12.8 प्रति एक हजार हो जाता है। यह बेरिगेशन स्टेटो की है।”

पढ़ा जाए।