

ON 31-12-1980 AND NOTIFICATION UNDER
DELHI SALES TAX ACT, 1975

THE DEPUTY MINISTER IN THE
MINISTRY OF FINANCE (SHRI
MAGANBHAI BAROT): I beg to lay
on the Table:

(1) A copy of the Amendment
(Hindi and English versions) to
Regulation 8 of the Reserve Bank
of India Employees' Provident Fund
Regulations, 1935, under sub-sec-
tion (4) of section 58 of the Reserve
Bank of India Act, 1934. [Placed
in Library. See No. LT-2410/81]

(2) A copy of the Report (Hindi
and English versions) on the work-
ing of the Deposit Insurance and
Credit Guarantee Corporation for
the year ended the 31st December,
1980, under sub-section (2) of sec-
tion 32 of the Deposit Insurance and
Credit Guarantee Corporation Act,
1961. [Placed in Library. See No.
LT-2411/81].

(3) A copy of Notification No. F.
4(34)/80-Fin.(G) (Hindi and Eng-
lish versions) published in Delhi
Gazette dated the 13th April, 1981
containing corrigendum to notifica-
tion of even number dated the 4th
December, 1980, under section 72 of
the Delhi Sales Tax Act, 1975.
[Placed in Library. See No. LT-
2412/81].

12.08 hrs.

PUBLIC ACCOUNTS COMMITTEE
FORTIETH REPORT

SHRI CHANDRAJIT YADAV
(Azamgarh): I beg to present the
Fortieth Report (Hindi and English
version) of the Public Accounts
Committee on Purchases and Stores
relating to the Ministry of Railways
(Railway Board).

12.08 hrs.

COMMITTEE ON PUBLIC UNDER-
TAKINGS

EIGHTEENTH REPORT AND MINUTES

SHRIMATI GEETA MUKHERJEE
(Banskura): I beg to present the
Eighteenth Report (Hindi and Eng-
lish versions) of the Committee on
Public Undertakings on Khetri Cop-
per Complex of Hindustan Copper
Limited and Minutes of the sittings
of the Committee relating thereto.

12.09 hrs.

COMMITTEE ON WELFARE OF
SCHEDULED CASTES AND
SCHEDULED TRIBES

NINTH AND TENTH REPORTS

SHRI R. F. BHOLE (Bombay
South Central): I beg to present the
following Reports (Hindi and English
versions) of the Committee on the
welfare of Scheduled Castes and
Scheduled Tribes:—

(i) Ninth Report on the Ministry
of Shipping and Transport—Reser-
vations for, and employment of,
Scheduled Castes and Scheduled
Tribes in the Hindustan Shipyard
Limited.

(ii) Tenth Report on the Minis-
try of Home Affairs—Socio-econo-
mic conditions of Scheduled Castes
and Scheduled Tribes in Goa,
Daman and Diu.

12.10 hrs.

RE. CALLING ATTENTION ON
PAYMENT OF BONUS TO
LIC EMPLOYEES

MR. DEPUTY-SPEAKER: Before
I take up the Calling attention, I have
to make some observations.

When Calling Attention regarding
payment of bonus to the employees

of Life Insurance Corporation included in the names of 4 Members in the List of Business for 23rd April, 1981 was taken up, Shri Bapusaheb Parulekar raised a point of order that notices of Calling Attention received upto the time of holding the ballot for determining the names of 5 members for inclusion in the List of Business, should be included in the ballot. He quoted Explanation (ii) to sub-rule (2) of Rule 197 and Direction 113B in support of his contention.

I have looked into the matter. I would draw the attention of Members to the announcements made by the Speaker on 6th December, 1977, and 20th November, 1978 regarding the procedure to be followed in respect of Calling Attention notices. I have seen that this procedure was laid down after consultation in the Rules Committee, Business Advisory Committee and at the meeting of Leaders of Parties and Groups.

The interpretation of the relevant rules has all along been that notices of Calling Attention received upto 10.00 hours on a day are placed before the Speaker on the same day for selection of a subject for Calling Attention to be included in the List of Business for the following day. Notices received after 10.00 hours are placed before the Speaker on the following day. Accordingly, all notices received upto 10.00 hours on a subject only are balloted on the day the Speaker selects a subject for Calling Attention for the following day.

This system has worked satisfactorily all these years and we may continue with it. If, however, Members still desire a change to be made in the procedure, it is open to them to give their suggestions with supporting arguments for consideration of the Rules Committee etc.

12.13 hrs.

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORT- ANCE

INCIDENCE OF KALA AZAR IN BIHAR

MR. DEPUTY-SPEAKER: Now, go to Calling Attention. Shri Hari-kesh Bahadur,

SHRI HARIKESH BAHADUR (Gorakhpur): Sir, 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:

"The reported death of a large number of persons in the villages of Bihar due to Kala Azar and the action taken by the Government with regard thereto."

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): Sir, Kala-Azar is a communicable disease spread by an insect commonly known as sand fly. In our country Bihar, particularly Northern Bihar, is endemic for Kala-Azar. The districts reporting the majority of cases in Bihar are Muzzafarpur, Vaishali, Samastipur, Sahasra, East Champaran, Bhagalpur, Monghyr, Begusarai and Purnea.

2. The State Health Department is responsible for the Kala-Azar control measures. Technical advice for this purpose is provided by the National Institute of Communicable Diseases, Delhi, who have a small Research Unit at Patna. The control measures involve detection of the cases by active surveillance and treatment. Where the incidence is high, the villages are sprayed with D.D.T. so as to interrupt the transmission of the disease. There are periodic meetings between the concerned officials of the Bihar Government and those of National Institute of Communicable Diseases, for a review of the control operations.

[Shri B. Shankara Nand]

3. On the basis of Press Reports that there were deaths in certain villages of Purnea District either due to starvation or due to Kala-Azar, the Epidemiologist of the Patna Unit of N.I.C.D., visited the affected villages of Purnea District for on-the-spot verification. Dr. Alam has reported that the affected villages are in the jurisdiction of Araria Primary Health Centre, and upto 18th of April, 1981, eight villages under this Primary Health Centre viz. Chikani, Bohganwar, Paktola, Rampur Kudarkatti, Kamal Daha, Rajokhar, Bairgachi and Sahasmal, have been found to be affected. In these villages, a total of 444 cases have been detected and there have been two deaths in Chikani Village only. When contacted the Assistant Director (Kala-Azar) of Bihar Government confirmed this figure.

4. From the foregoing, it would appear that the Press Reports ascribing a large number of deaths to Kala-Azar are exaggerated. Nevertheless, the concerned State Government officials have been advised to adopt the following measures to control the situation:—

(i) A thorough search for Kala-Azar cases should be conducted in the whole of Purnea District.

(ii) The Araria-Sub-Division and the Purnea Sadar Sub-Division should be intensively sprayed with D.D.T.

(iii) The Medical Officers-in-charge of all the concerned P.H.Cs. should report on a regular weekly basis to the District Headquarters, for proper follow-up, even if there is 'nil' incidence.

SHRI HARIKESH BAHADUR: Sir, it is most unfortunate that whenever there is any epidemic thousands of people die in this country and these people are mostly belonging to the weaker sections of the society as

they do not have facilities to provide medicines, etc. Government is talking a lot about the weaker sections and of providing facilities to them but, in fact, Government has been a total failure in this respect.

Sir, in the list of names of districts which have been mentioned by the hon. Minister in his statement I find that the name of Katihar district is not mentioned while there have been reports of some cases of Kalazar from Katihar district as well. Therefore, this matter should be verified.

Sir, there are various other points in this statement about which I have to say a few words, namely, spraying of DDT. I do not know whether doctors have examined the effect of DDT on the insects of Kalazar. I find whenever there is any epidemic immediately DDT is sprayed. It has got adverse effects also. If there is no necessity of spraying DDT then this should be stopped. I would like this matter should be looked into.

Sir, it has been stated by the hon. Minister that only 444 cases have been detected but, in fact, the Mukhiya of that village has told a Reporter that more than 5,000 people are affected due to Kalazar only in Katihar, Hazaribagh, Kishanganj and several other-districts mentioned by the hon. Minister in his statement. I would like to say that previously when this news appeared in the Press it was said that there have been several deaths in Bihar due to Kalazar and starvation. The point to be verified is whether there are really deaths due to starvation. Earlier there was also a news that a person died of starvation in Rohtas district and in Andhra Pradesh also people died of starvation. It should be got verified. I think that there are deaths due to starvation and Government has been ineffective in providing food at least to the weaker sections of our society. At the same time, I would like to say that one Project Executive Officer in Bihar,

Shri S. Rehman, has informed that within 15 days 261 persons died. If an officer of the State Government says like this then this is a matter of serious concern and should be looked into about its correctness. Further, that officer has also said that most of the victims were children.

Sir, if there is any epidemic of this kind we find the main victims are children. When Encephalitis spread in Eastern U.P. region it was said that more than thousand people died and most of them were children. Similarly, in this case of Kalazar also we find that most of them are children.

Sir, one Mukhiya told that more than 5,000 people were affected and also said that the information was given to Bloc Development Officer but no action was taken. He did not arrange any medicine for the suffering people and did not arrange food especially for the weaker sections about whom once Mr. Laskar said there was one scheme 'Health for All', that is, Government is going to pay more attention to the weaker sections. Sir, if Government is sincere in paying attention to the weaker sections then this problem must be solved and where they are facing this tragedy they must be helped in a proper way and adequate manner. The Government machinery did not provide any help. The Lions Club people helped. It was reported by that mukhiya of that particular town. A doctor told all these things to a Press Reporter and he said that since medicines were not available and doctors were not available it became difficult to save the lives of people,—it was not only difficult, but it was impossible. So, this kind of a thing was stated by these people. In Bihar, it is said that more than 2,000 posts of Doctors are vacant. In the hospitals doctors are not available. If doctors are not available, nobody is

going to attend to the public. Therefore, these posts must be filled up. I would like to say one thing more. In Bihar also it is reported that in many of the district hospitals electricity is not provided for more than 2 hours in a day. If this is the situation then many of the problems cannot be solved. Many of the patients cannot be provided with proper treatment. There is one slogan that the weaker section of society will be helped. That has to be seen not only in this respect but in other respects also. But I am specifically talking about the medicines etc. now. They are not being given proper treatment anywhere in the country. It is not the situation in Bihar alone. It is the situation in U.P. It is the situation in other parts of the country. Doctors are not available in the Primary Health Centres. Medicines are not available. Therefore, the Government must try to evolve a comprehensive policy to solve this problem so that our PHCs may be provided with doctors, medicines, etc. I would like to ask the hon. Minister whether any steps are being taken by the Central Government to solve this problem. May I know whether the Central Government is sending any study team of doctors to look into this problem? May I know whether the Central Government is going to provide medicines and other aids to the people who are suffering? May I know whether any vaccine is going to be prepared? Is there any research which is conducted to prepare any such vaccine to stop or to prevent this particular disease? May I know whether any efforts or arrangements are being made to provide medicines, vitamins, drugs and food for the weaker sections of the society who are suffering there?

SHRI B. SHANKARANAND: Sir, Kala Azar is a disease which is not caused by starvation or for want of food. This is a disease caused by a protozoa known as *Leishmania Donovanii*. As I said, in common parlance,

[Shri B. Shankara Nand]

we say 'sand-fly'. It is the vector which transmits the disease from man to man, because this is a communicable disease. So, the starvation deaths have no relevance with Kala Azar. It is a different issue altogether.

श्री डी० पी० दादव : (मुंगेर) :
कालाजार होगा, भूखा रहेगा तो जल्दी मर जायेगा ।

SHRI B. SHANKARANAND: Kala Azar can affect a man who eats the whole day. It has nothing to do with starvation.

MR. DEPUTY-SPEAKER: It can affect even Mr. Harikesh Bahadur.

SHRI B. SHANKARANAND: Definitely. (Interruptions)

MR. DEPUTY-SPEAKER: That is why he has brought this Calling Attention.

SHRI B. SHANKARANAND: This is a communicable disease. We have to see that there is an interruption of such a thing being carried from one person to another. And that is done only by this method, that is, to kill the vector, to kill the sand-fly. That can only be done by DDT spraying and by no other method. The second thing which the hon. Member said was this, that the deaths of several persons who have been treated were due to this Kala Azar. Sir, these matters have been verified not only by our officers in the Central Health Ministry but also by the officers of the Bihar Health Department. The deaths are only two. And I said that the Press has unnecessarily exaggerated the figures.

श्री राम विलास पासवान (हर्जपुर) :
इसका परिच्छेद कब से क्या का है ?

SHRI B. SHANKARANAND: This disease does not cause death within a short period. The patient may suffer for years, even 2 to 4 years.

श्री राम विलास पासवान: हमारे क्षेत्र के जयपुर में मर्दा जी ने कहा था कि झकले वैशाली जिले में 2 हजार लोग मरे हैं ।

MR. DEPUTY-SPEAKER: Mr. Paswan, this is Calling Attention. You may please write to the hon. Minister.

SHRI B. SHANKARANAND: I am replying to the hon. Member who has put the question.

SHRI RAM VILAS PASWAN: Vaishali which comes under my constituency has also been mentioned in the Statement and there 2000 people have died. I can challenge it.

MR. DEPUTY-SPEAKER: He will furnish information on that.

SHRI B. SHANKARANAND: He can challenge anything. I have no quarrel with him.

MR. DEPUTY-SPEAKER: Now, he has to reply to Mr. Harikesh Bahadur.

SHRI B. SHANKARANAND: As I said, Sir, there are deaths due to many reasons. But now today the Calling Attention is with regard to deaths caused by Kala Azar. So I have to reply only to that point and not for the deaths which are caused due to other reasons. The hon. Member said that the Village Mukhya told him that so many houses were affected and many people died. Then he also mentioned the name of a project officer. They are not medical authorities who can say that these deaths are caused due to Kala Azar. They cannot say that the deaths are due to Kala Azar. It can be authoritatively said only after it is detected. As far as the detection figures are concerned, I gave the figure in the main reply, that is, two deaths have occurred.

Now, he spoke about the shortage of medicines and doctors. As far as I can say, there is no shortage of medicines and there is no shortage of

DDT. The question of spraying DDT is of course a relevant point. I will definitely talk to the Bihar Health authorities. One thing I can say is that the Central Health Ministry officers belonging to the National Institute of Communicable Diseases are having frequent dialogues, discussions, etc. with the Bihar Health authorities and they are providing necessary technical advice. We have already trained about 600 doctors in Bihar to treat the patients suffering from this kind of disease. So, we are providing DDT, providing training, technical advice and we are having constant dialogues with the Bihar authorities to deal with this problem.

SHRI BAPUSAHEB PARULEKAR (Ratnagiri): Mr. Deputy-Speaker, Sir, the statement mentions that 'Kala Azar' is a communicable disease spread by the insect known as sand fly and efforts are being made for spraying DDT to kill these flies. In the entire statement I do not find how this disease is to be treated when a person is infected. Killing of sand flies by spraying of DDT will not solve the problem, especially when it is a communicable disease, according to him. It will be necessary to know the seriousness of this problem because the State Health Minister has said on the floor of this House that in the year 1978, in 6 months, from January to June end, in Bihar, 21,751 persons were detected suffering from Kala Azar and there were 32 deaths. This was again repeated in the year 1979 and in 1980. Therefore, the Government will have to seriously consider as to why these areas are more sensitive and prone to Kala Azar, especially, Bihar. Now, in view of the answers given by the Minister of State on the floor of this House, I expected that there would be something new in the Statement. But I do not find anything new. In 1976, it was said that this was restricted to the area of Bihar. It is now spreading to all other States including your State, Mr. Deputy-Speaker, Sir. In the year 1978, the States which were affected, as I find from

the Statement of the hon. Minister on record, are: West Bengal—62 in sixth months. The flies have come here also to the Capital place. Meghalaya—7; Uttar Pradesh—9; and Tamil Nadu—72. This is the position. Therefore, as this particular disease was spreading in other States, though it was mainly a State subject, the Government of India decided to assist the State Government. This is what was stated in reply to the question and I quote:

"However, when there was a risk of the disease becoming an inter-State problem, the Central Government provided assistance for its control."

This was a reply given by the hon. Health Minister on the floor of the House in 1978. I, therefore, had expected from the hon. Minister some more details about the assistance given by the Central Government to the State Governments. In view of this, I would like to know whether a survey team for Kala Azar has been set up by the Ministry of Health. I find from the records that a survey team was appointed to study this problem in areas excluding Bihar. I do not understand the wisdom of this. In reply to an Unstarred Question No. 418 on 13th March, 1980, Shri Laskar stated:

"A survey team for Kala Azar has been set up at National Malaria Eradication Programme headquarters to assess the extent of Kala Azar problems in States other than Bihar."

You will find that this serious problem has been continuously there in Bihar, but the Central Government has appointed a team to make a survey in other areas except Bihar. I would like to know the reasons why the State of Bihar was excluded from the survey when the disease is more concentrated in Bihar.

Secondly, there is no reference to this particular survey team in the

[Shri Bapusaheb Parulekar]

statement of the hon. Minister. He has, however, referred to some other institution. I would like to know whether this survey team has conducted a survey. If so, what is the result of this particular survey and what are the suggestions made? Have the suggestions been implemented and will the hon. Minister place the report of the survey team on the Table of the House?

The other question which again, in my humble submission, is an important question, is about the steps that have to be taken after the infection. The hon. Minister again in March, 1980 has gone on record to say that the World Health Organization had made a gift in order to meet this particular problem. The gift was of 12,000 bottles of 100 m.l. each (liquid) and 20,000 ampules of 200 mg. each (dry powder) of Pentamidine. You will be surprised to know that these 12,000 bottles of 100 m.l. (liquid) each never came to the country, and out of 20,000 ampules of 200 mg. each, only 4000 ampules were received. I would like to know if the received quantity was diverted to Bihar. In this connection, I quote the answer to the question that was given by the hon. Minister on 13th March, 1980:

"A total of 12 000 bottles of 100 m.l. each (liquid) and 20,000 ampules of 200 mg. each (dry powder) of Pentamidine was given by WHO as gift, out of which only 4000 ampules of 200 mg. each of Pentamidine (dry powder) were received during 1978-79."

Nothing was mentioned of the 12,000 bottles and the remaining 16,000 ampules.

I would like to know whether this gift given to meet this particular Kala Azar diseased was received by the Government, and whether after the receipt, this medicine was distributed. If this was not received from

the WHO, has the Government taken any steps to get this particular gift?

If this is the medicine which could meet this calamity, apart from this gift, has the Government decided to import some more quantity? If the import is not possible, would the Government think of indigenous manufacture of this particular medicine? I was surprised to see this answer which the Hon. Minister has given. He has said manufacturing of Pentamidine is not considered necessary in India. Why? If this is the medicine which can treat this particular disease and when 32 people died while 22,000 people were affected and also when this disease is spreading in other parts of the country, I do not understand the wisdom of the Government is not taking a decision to manufacture it. I would, therefore, through you, like to ask the Hon. Minister to reply to all these five pertinent questions which I have asked because one of the questions on Survey team was referred to by my Hon. Colleague. Mr. Harikesh Bahadur and the Hon. Minister did not even touch on that particular matter.

SHRI B. SHANKARANAND: Sir, the Hon. Member in his observation has complained, I should say, as if the Government of India is neglecting Bihar instead of controlling Kala Azar. I can inform the House that the National Institute of Communicable Diseases, which is at Delhi, is exclusively looking to the problems of Kala Azar in Bihar. So, it is not that we are neglecting, but on the other hand we are taking more care of Bihar in order to deal with this problem of Kala Azar. He has said that he is worried about the survey. Sir, the Survey was done. Survey teams were sent. And it was done in 1979 and 1980 also, wherever this has cropped up and attention of the Government of India is drawn by the Bihar authorities. It is only due to the work of the Survey team that we have come to know that these are the areas, particularly in Northern Bihar,

that this Kala Azar has caused a dark shadow, Sir, during the course of eradication of malaria in the country, we had a very big programme of DDT spray. Wherever we took up this spraying, along with the mosquitoes, these sand flies also died. The population of vector which carries the disease was also reduced.

While dealing with this problem, the main strategy for the interruption of transmission of disease had two aspects in view. One was to reduce the vector population, to reduce the sandflies which carry the disease, and the other was Chemotherapy treatment of the patients. From both these angles this disease is tackled. This is the reason why in spite of such a large number of patients suffering from this disease, till mid-April, 1981 only two deaths had been reported. The hon. Member should be satisfied that we have taken all necessary care to prevent the spread of this disease and to treat the patients.

SHRI BAPUSAHEB PARULEKAR:

What about Pentamidine gifted by WHO?

SHRI B. SHANKARANAND: Sir, the necessary information is not with me now. But I will take into consideration his suggestions.

श्री तारिक अनवर (कटिहार) :

डिप्टी स्पीकर महोदय, सब से पहले तो मैं मंत्री जी का ध्यान उन के बयान की ओर ले जाना चाहता हूँ, जिस में उन्होंने बिहार के कई जिलों के नाम लिये हैं, लेकिन उन में कटिहार जिले को छोड़ दिया है, जब कि कटिहार जिला, जहाँ तक मैं समझता हूँ, इस प्रकोप से सब से अधिक प्रभावित है। उस जिले की सूचना अभी तक मंत्री महोदय के पास नहीं है, यह बड़े दुख की बात है।

अभी जैसा कि मंत्री महोदय ने बतलाया— हमारी स्टेट गवर्नमेन्ट की ओर से, बिहार सरकार की ओर से, इस पर ध्यान दिया जा रहा है, इस के विरुद्ध कदम उठाये जा रहे हैं—मैं इसे उचित नहीं समझता हूँ। अगर इस का बिहार सरकार पर छोड़ दिया गया, वहाँ के स्वास्थ्य विभाग का जैसा काम है, अगर उन पर भरोसा करके वहाँ के लोगों को छोड़ दिया गया तो हम इस बड़ी बीमारी के प्रकोप से वहाँ के लोगों को, खास कर उत्तर बिहार के लोगों को बचा नहीं सकेंगे। इसलिए मेरा यह कहना है और मेरी मांग है भारत सरकार से और हमारे स्वास्थ्य मंत्री जी से कि अविलम्ब जितनी जल्दी हो सके, एक टीम केन्द्र की तरफ से अच्छे डाक्टरों की दवाइयों के साथ और दूसरी सारी चीजों के साथ वहाँ पर जाए और अविलम्ब इस बारे में कार्यवाही करे और उन की देखभाल करे। अभी इस प्रकार से आप वहाँ के लोगों को बचा सकते हैं। वहाँ पर जो डाक्टरों की हालत है, दवाइयों की हालत है, उस पर भरोसा करके इस चीज को नहीं छोड़ा जा सकता। अभी मंत्री जी ने जो यह कहा कि हम बिहार सरकार के स्वास्थ्य विभाग से डाइलोग कर रहे हैं, बातचीत कर रहे हैं, तो मेरा कहना यह है कि सिर्फ बातचीत से ही इस समस्या का समाधान नहीं हो सकता बल्कि वहाँ पर अच्छे डाक्टरों की एक टीम भेजी जानी चाहिए, ताकि वह जो इस बीमारी की जड़ है, उस पर कार्यवाही कर के काबू पा सके।

दूसरी बात जो मुझे कहनी है, वह यह है कि यह बीमारी काफी दिनों से चली आ रही है और अभी तक इस के ऊपर जो कार्यवाही होनी चाहिए थी, वह नहीं हो पाई है। सन् 1977 में भी इस सदन में, मंत्री जी ने जवाब

[श्री तारिक अनवर]

दिया था और उस समय जनता पार्टी की सरकार थी कि करीब 200 से ऊपर लोगों की मृत्यु इस काला आजार बीमारी से हो गई थी और आज जो मंत्री जी ने बयान दिया है और उस में जो मरने वालों की संख्या दी है, हम उस से सहमत नहीं हैं। मैं उस क्षेत्र से आता हूँ, मैं कटिहार जिले से आता हूँ और मुझे जो जानकारी है और जो सूचना मिली है, वह यह है कि कटिहार जिले में ही इस से अधिक संख्या इस काला आजार बीमारी से मरने वालों की है। इस बारे में बिहार सरकार के जो प्रोजेक्ट अफसर हैं, उन्होंने अपनी रिपोर्ट दी है और जो खबरें अखबारों में निकली हैं, उन में इस बीमारी से मरने वालों की संख्या 261 केवल कटिहार जिले की है। मैं यह नहीं कहता कि 261 का जो फीगर है, वह बिल्कुल सही है लेकिन यह बात जरूर सही है कि काफ़ी लोग इस से प्रभावित हैं और इस बीमारी के प्रकोप को समाप्त करने के लिए अगर केन्द्रीय सरकार ने अविश्वस्य उचित कदम नहीं उठाए, तो यह बीमारी दिन प्रति दिन बढ़ती जाएगी और इस बीमारी को केवल बातचीत के द्वारा नहीं खत्म कर सकते। अगर इस में थोड़ी ढिलाई दिखाई गई, तो यह बीमारी पूरे बिहार में फैल जाएगी और फिर इस पर कंट्रोल पाना मुश्किल हो जाएगा।

इस के अलावा मैं यह कहना चाहूंगा कि बिहार के अन्दर डिस्ट्रिक्ट अस्पतालों को जो हालत है, वह बहुत खराब है। और जगहों पर भी ऐसा होगा लेकिन बिहार के डिस्ट्रिक्ट अस्पतालों के अन्दर बिजली की समस्या है। जैसा हमारे दूसरे साथियों ने भी कहा कि वहाँ पर न दवाईयाँ हैं, न पानी है और न दूसरी जो आवश्यक चीजें हैं वे एबेलएबिल हैं, जिस की वजह से वहाँ के लोग बहुत ही

चिन्तित हैं।

आख़िर में मैं स्वास्थ्य मंत्री जी से यही कहूंगा कि इन सब चीजों के बारे में आप कार्यवाही करें और यहाँ से अच्छे डाक्टरों की एक टीम भेजें, जो वहाँ का पूरी जानकारी कर के उचित कार्यवाही करें।

SHRI B. SHANKARANAND: The hon. Member has not asked any new question in this case, except that he has repeated things, and has demanded that the Centre should send its team immediately, to deal with the problem. Of course, he has said that Kati-har district has not been mentioned. Certainly, I will look into the matter, as the problem exists in Katihar. It will be immediately looked into by the authorities concerned, and we will take necessary steps to look into the problem.

(व्यवधान) आप पटना में जाकर देखिये।

SHRI D. P. YADAV: You should give special assistance to the State of Bihar out of the Plan funds.

(व्यवधान) आप पटना में जाकर देखिये

SHRI B. SHANKARANAND: Regarding the supply of electricity and other things, it is not the job of the Health Ministry to supply electricity to the Bihar Government. Regarding conditions in the district hospitals, it is really a question that we should look into. We will do whatever is possible, and whatever is necessary. We will talk to the Bihar Government on this matter.

श्री हरीश चन्द्र सिंह रावत : (अल्मोड़ा)

उपाध्यक्ष जी, मंत्री महोदय ने जो जवाब दिया है, वह संभवतः सही हो कि काल - आजार से मरने वालों की संख्या जो प्रेस में आयी है बढ़ा-चढ़ा कर आयी हो। लेकिन इसमें कोई संदेह नहीं है कि बिहार में इस बीमारी का प्रकोप पहले ही से काफ़ी रहा है और इस समय भी वहाँ इस बीमारी का जबर्दस्त प्रकोप है। हमारे साथी तारिक अनवर जी की कांस्टीब्युएन्सी के लोग आये थे और उन लोगों ने वहाँ का चित्र

हमारे सामने रखा था कि किस तरह से वहाँ यह बीमारी फैली हुई है। इस सब को देख कर ऐसा लगता है कि जो इसके बारे में विवरण बताया गया है वह अधूरा है, पूर्ण नहीं है। मरने वालों को संख्या और इस बीमारी के प्रकोप के बारे में बयान में कहा गया है उनके बारे में भी मुझे संदेह है।

पोछे, 5-5-78 को हमारे राम विलास पासवान जो ने, जो इस समय विपक्ष के सदस्य हैं, भी इस मामले को उठाया था। उस समय भी माननीय मंत्री जो से कमीशन ऐसा ही उत्तर दिलवा दिया गया था। उस समय से अब तक इस संदर्भ में इस बीमारी के बारे में क्या क्या कार्य हुए, कितना इसका कंट्रोल हुआ, इस संदर्भ में छिपाने की क्या बात हो सकती है और छिपाने की कोशिश भी क्यों हो ? इस सम्बन्ध में हमारी कितनी असफलता रही है, उनके सम्बन्ध में तथ्यों को क्यों नहीं प्रकट किया जाता ? यह एक माननीय समस्या है। हम यह समझते हैं कि इसके निराकरण के लिए सरकार को कारगर कदम उठाने चाहिए जिससे कि इस बीमारी पर रोक लग सके।

दिल्ली का जो हमारा राष्ट्रीय संचारी रोग संस्थान है, उसको जिन प्रांतों में शाखाएं हैं उनको आप अफेक्टिव बनाइये। उत्तर प्रदेश में भी मस्तिष्क के ज्वर की एक बीमारी हुई थी और कई व्यक्तियोंको वह ज्वर हुआ था। उसके बारे में बाद में निकाला गया कि इस तरह से इलाज करें, उस तरह से इलाज करें। लेकिन कई लोग उससे काल कलवित हो गये। आप अपने संस्थान से कहिये कि वह ऐसे एरियाज को छांटे जहाँ ऐसे प्रकोप होते हैं और उनके लिए कोई रास्ता निकाले जिससे कि उस बीमारी को चेक किया जा सके और वह फैल न सके। बीमारी के फैलने से पहले ही इस संस्थान को कोई वेक्सीन आदि प्रोवाइड करने चाहिए जिससे कि लोग इस बीमारी के प्रकोप से बच सकें।

सरकार को यह भी देखना चाहिए कि ऐसे रोगों की दवाइयां पर्याप्त मात्रा में अस्पतालों आदि में उपलब्ध हों। वहाँ के अस्पतालों में, इस रोग की पेन्टामाइसीन जो दवाई है, वह प्राप्त नहीं है। वहाँ पर राज्य सरकार के कर्मचारी इस दवा के अभाव में रोगियों के लिए कोई व्यवस्था नहीं कर पा रहे हैं। कम से कम ऐसी दवाओं को उपलब्ध कराने की जिम्मेदारी तो केन्द्रीय स्वास्थ्य मंत्रालय को लेनी चाहिए और जल्दी से जल्दी अस्पतालों को ऐसी दवाइयां उपलब्ध करानी चाहिए।

मुझे तो काला-आजार मलेरिया का बड़ा हुआ रोग लगता है। मलेरिया के मच्छरों को मारने में आपकी डी०डी०टी जो पहले मलेरिया के मच्छरों को फैलने से रोकने और उन्हें मारने में काफी प्रभावी थी, अब निष्प्रभावी होती जा रही है। इस पर भी आप कुछ करिये कि यह प्रभावी हो सके और मलेरिया के रोग की रोकथाम हो सके। यही मेरा निवेदन है।

SHRI B. SHANKARANAND: Sir, the hon. member has said that the information that I have supplied to the House is incorrect which is not correct at all—the information that I have received from the Bihar Government. The information which I have received from the Bihar Government officials and which is corroborated by my own officials in the NICD. that information I have given to the House. Why should I suppress the facts? I am not going to gain anything. On the other hand, if there are facts, they should be given to the House; and I should take the help and cooperation from all sections of the society, because it is only with the involvement of the society that I can deal with the spread of this disease, not without their cooperation. So, there is no question of suppressing any fact. (Interruptions) Nobody is interested in suppressing the facts in this case. Then there is a complaint regarding the stock of medicine. I have

[Shri B. Shankaranand]

the information that the Bihar Government had informed us that they have enough stock of medicine. They have enough stocks.

SHRI RAM VILAS PASWAN:
Pentamidine?

SHRI B. SHANKARANAND: They have enough stocks in their hands. About the effectiveness of D.D.T., certain malaria vectors have developed resistance so far as D.D.T. is concerned, but today the question is not regarding malaria. It is regarding Kala Azar and we have been taking effective steps by way of a constant dialogue and discussion with the Bihar Government to provide the necessary assistance, training and technical advice and supply of D. D. T. to the State. Under these circumstances, we have taken all the steps that are necessary in order to control the disease.

MR. DEPUTY-SPEAKER: Shri Zainul Basher.

श्री जैनुल बशर (गाजीपुर) : माननीय उपाध्यक्ष जी, अभी मंत्री महोदय ने इस बात का खंडन किया कि वे जो इन्फर्मेशन दे रहे हैं वह इन्फर्मेशन सही नहीं है, लेकिन मैं यह कहना चाहता हूँ कि जो इन्फर्मेशन मंत्री जी को मिली है—वह सही नहीं है। यह बात इसी से सुन्नित है कि कटिहार में काला-आजार का बहुत प्रकोप है और सबसे अधिक मौतें कटिहार जिले में ही हुई हैं—लेकिन कटिहार जिले का स्टेटमेंट में कोई जिक्र नहीं है। मंत्री जी इसको देखेंगे—जैसा कि उन्होंने कहा है।

उपाध्यक्ष जी, स्वास्थ्य-अधिकारियों की यह टैंडेंसी है—यता नहीं क्यों है, उनको क्या फायदा होता है, लेकिन यह टैंडेंसी है कि जब भी इस प्रकार के प्रकोपों में लोग मरते हैं, चाहे मस्तिष्क उदर से—बाहे काला-आजार से, चाहे और कोई एपिडमिक हो, उनके फिगर हमेशा बढ़ा कर और कम कर के बताए जाते हैं। मेरा

अंश तजुर्बा है और मैं समझता हूँ कि बहुत से माननीय सदस्यों का भी तजुर्बा होगा कि स्वास्थ्य अधिकारियों का ध्यान किसी प्रकोप की तरफ तब जाता है जब 20-25 आदमी मर चुके होते हैं। 20-30 आदमी जब मर जाते हैं तब उनका ध्यान जाता है, 2-4-10 तक तो उनका ध्यान जाता ही नहीं है। मंत्री महोदय ने कहा कि 2 मरे हैं और अखबार में निकला है कि 125 मरे हैं। अब यह फिगर 2 और 125 के बीच में कहीं होगी—तो यह जो सूचना मंत्री जी को दी गई है, यह सही नहीं है।

मैं मंत्री जी से निवेदन करना चाहता हूँ कि वे अपने विभाग से, दिल्ली से एक टीम वहाँ पर भेजें जो कि फिर से जांच करे और सही पता लगाए। क्योंकि बीमारी तो नेचुरल चीज है। गांवों में अभी स्वास्थ्य के बारे में नैट-वर्क इतना डेवलप नहीं हो पाया है कि हम इन सब बीमारियों पर काबू पा लें, इसलिए इसमें कोई अक्षमता नहीं है, लेकिन जब एक घटना हो गई है तो उसको रोकना हम सब का कर्तव्य है—सरकार का कर्तव्य है, चाहे सेंट्रल गवर्नमेंट हो, चाहे स्टेट-गवर्नमेंट हो।

इसलिए मैं मंत्री जी से निवेदन करना चाहता हूँ और उनसे पूछना भी चाहता हूँ कि क्या वे कोई ऐसी सेंट्रल-टीम उन जिलों में, जो जिले काला-आजार से प्रभावित हैं, उनमें भेजेंगे, जिससे स्थिति का सही पता चल सके और उसकी रोक-थाम के उपाय किए जा सकें। केवल दो मौतें हुई हैं, यह सोचकर हम चुप बैठ जाएं और वहाँ पर लोग मरते रहे तो यह बात ठीक नहीं है।

एक बात और है। कहीं टेक्नीकैलिटीज में तो आप उलझ कर नहीं रह गए हैं? आपने रिपोर्ट दी है दो आदमी काला आजार से मरे हैं और चार पांच सौ केसिस डिटेक्ट हुए हैं। कहीं आपके अधिकारियों ने यह रिपोर्ट तो नहीं दे दी कि काला आजार से दो मरे हैं और बाकी केसिस की उन्होंने परवाह ही न की हो? बाकी लोग किसी और कारण से मरे हों और उन्होंने

बताया ही न हो? 125 की तो खबर है। कहीं कोई दूसरी बीमारी तो नहीं फैली है जो इससे मिलती जुलती हो और उससे वे मरे हों? चूंकि कालिग एटेंशन काला आजार पर है इस लिए इसकी ही बात उन्होंने की हो और बाकी को अलग हटा दिया हो? और किसी बीमारी के वे शिकार हुए हैं इसकी रिपोर्ट आपको उन्होंने दी है? अबबारों में निकला है कि स्टारवेशन के अभाव और भी इसके बहुत से कारण होते हैं। मैं डाक्टर नहीं हूँ और मंत्री जी भी शायद डाक्टर नहीं हैं। उनकी इडवाइस दी गई है कि आदमी दिन भर भी खाए तब भी काला आजार उनको हो सकता है। हमारे देश में 48 परसेंट आदमी गरीबी की रेखा के नीचे रहते हैं। वे अंडर फीड हैं। पूरा भोजन, पूरी कैलोरीज उनको नहीं मिलती है। इस रास्ते भी तरह तरह की बीमारियों के हमले का निशाना बन सकते हैं, तब तरह की बीमारियां उनको दबोच सकती हैं। जब आदमी का जिस्म कमजोर होता है तो उनको तरह-तरह की बीमारियां लग जाती हैं। हो सकता है काला आजार न लगा हो; लेकिन और कई इस प्रकार की दूसरी बीमारियां भी जो अंडरफीड होता है, कमजोर होता है, किसी विटामिन की जिस के शरीर में कमी होती है, उसको लग सकती है। कहीं ऐसी कोई बीमारी तो वहां नहीं फैली है? चूंकि कालिग एटेंशन काला आजार पर है इस वास्ते इसी तक आपने इसको सीमित रखा हो और बाकी की चीज को टाल दिया हो, कहीं ऐसी बात तो नहीं है? इसका भी पता लगाने के लिए मंत्री जी को सैंडल टीम भेजनी चाहिये। कटिहार के माननीय सदस्य की सूचना है कि बहुत से आदमी मर चुके हैं। प्रोजेक्ट आफिसर ने यह बताया कि 265 आदमी मरे हैं। अबबारों में भी यही निकला है। मंत्री जी ने दो को फिगर दी है। मेरा खयाल है कि टैक्नोकैलिटी में यह फंसा गए हैं। मैं चाहता हूँ कि इसके बारे में भी पता लगाया जाना चाहिये।

कुछ भाग बनाया आजार से हमारे देश के समस्त समस्त पीड़ित हो रहे हैं। इसी प्रकार

से और भी बीमारियां होती रहती हैं। उत्तर प्रदेश, पूर्वी उत्तर प्रदेश, पश्चिमी बिहार, पहाड़ी इलाकों में मस्तिष्क का उ्वर जैसी बीमारियां भी होती रहती हैं, तो तीन साल के बाद इनका हमला होता रहता है। कानपुर में टी बी के बहुत लोग शिकार हैं। और भी देश के बहुत से भाग होंगे जहां पर दो तीन साल में या एक साल के बाद इस प्रकार की बीमारियां बराबर होती रहती हों। उनकी रोकथाम के क्या कोई परमानेंट उपाय किए जाते हैं या नहीं, मुस्तकिल उपाय किए जा रहे हैं या नहीं? जब बीमारी फैल गई, आदमी मरने लग गए, तब दवा और डाक्टरी सहायता उनके पास भेज दी गई और उसके बाद जब कुछ रोकथाम उन बीमारी की हो गई तो सारी सहायता वहां से चली आई, कहीं ऐसी बात तो नहीं है? ऐसे इलाकों के लिए कोई परमानेंट व्यवस्था है या नहीं है? अगर नहीं है तो आगे परमानेंट व्यवस्था करने के लिए मंत्री जी कुछ सोच रहे हैं?

SHRI B. SHANKARANAND: What the hon. member has asked, I have already supplied the necessary information. Regarding Katihar, I have already said that we will look into the matter. But he wants me to take steps regarding all the deaths besides Kala Azar also.

SHRI JAINUL BASHER: Yes; you are the Health Minister.

13.00 hrs.

SHRI B. SHANKARANAND: The hon. Member should know that kala azar is not the only cause for death but there are many other causes also. But at the moment, I am concerned with Kala Azar only.

Regarding the information and discrepancy in the information supplied by the press and other officers, I have already replied to the main question. I can only say that there is a unit of the National Institute of Communicable Diseases in Patna itself. Dr. Alam who is an epidemiologist of the

[Shri B. Shankara Nand]

Patna Unit, visited all these areas. He is an authority on this and he can tell which death has occurred due to Kala Azar. On his report which has been corroborated by the Bihar authorities... (Interruptions)

I do not know whether to depend on the press report regarding this thing. It needs investigation. But the Health authorities have found out that the figures given by the press are exaggerated.

SHRI BAPUSAHEB PARULEKAR:

I want to know from the hon. Minister whether he will lay on the Table the information which he has not got now, regarding pentamidine drug gifted by WHO.

SHRI B. SHANKARANAND: I only said that I will look into the matter. There is no question of laying it on the Table. You have given me some suggestions. I will look into that.

13.06 hrs.

**STATEMENT RE: NEW INCENTIVES
FOR PAPER AND TYRE
INDUSTRIES**

**THE MINISTER OF STATE IN
THE MINISTRY OF INDUSTRY
(SHRI CHARANJIT CHANANA):**
Sir, in the last few years the Paper Industry has become a subject of serious concern to Government, when the country faced an acute shortage of all kinds of paper and more particularly, the common varieties of writing and printing paper. It had become necessary to import writing and printing paper for the general public as well as for meeting Government requirements. While the demand for paper is continuously on the increase and the need for planned development of the industry is widely acknowledged, sufficient investment has not been forthcoming in the last few years. It is for this reason, Government had taken up the setting up of large integrated pulp and paper plants in the public sector, in Nagaland and Assam. It is estimated that the demand for paper

would reach a level of more than 15 lakh tonnes by 1984-85 and the capacity required would be of the order of 20 lakh tonnes. The public sector projects being implemented by the Hindustan Paper Corporation, would partly meet the gap. A number of small paper mills based on secondary raw materials and involving low investment are also being taken up by smaller entrepreneurs. However, having regard to the fact that the Paper Industry is capital intensive and has a long gestation period, it is necessary to look ahead and plan for future growth. Government have announced a package of measures to encourage the utilisation of bagasse for paper making which includes complete exemption from excise duty for writing and printing paper manufactured with the use of bagasse to the extent of 75 per cent in the furnish. We are also engaged in working out a planned programme for raising industry-oriented plantations for growing suitable species of pulpable timbers. The existing paper mills have, by and large, been established a number of years ago and the need for modernisation of the industry is being felt keenly. Government are examining the problems of the industry with a view to frame suitable policy measures to assist the industry in a phased programme of modernisation and renovation.

Apart from these various steps which I have briefly outlined, Government have decided that it is necessary to offer substantial incentives to attract investment to the industry. It has been decided, in consultation with Ministry of Finance, that writing and printing paper manufactured by new large integrated pulp and paper mills making paper out of bamboo and other wood pulp, which commence or have commenced clearance of such paper for the first time during the period from 1st April, 1979, to 31st March, 1984, would be granted excise duty concession to the extent of 50 per cent of the rates of excise duty applicable on such paper. This concession would be available for an initial period of 5 years from the date

of first clearance of such paper. The total amount of concession to a paper plant under this scheme would however be limited to 30 per cent of the initial investment made on plant and machinery installed therein so that no unit may derive undue benefit. This substantial concession which is in line with Government's policy of promoting industrial growth, will, I hope generate interest among intending entrepreneurs to come up with new proposals for investment in the Paper Industry.

I now come to Tyre Industry. In 1976, Government had announced a Scheme for Excise Duty Relief for Tyre and Tube Manufacturing Industry for achieving higher levels of production. The duty relief was given in the form of exemption from excise duty to the extent of 25 per cent of the duty leviable on clearances in excess of base clearance with reference to base periods. This Scheme was discontinued on 14th July, 1978, and was replaced by a new Scheme. The main features of the new Scheme were as follows:—

(i) Tyre units were divided into two categories namely, those established before 1st April, 1976, and those established after that date. For the pre-1976 units, excise duty relief at 12.5 per cent of the duty leviable was provided, while for the post-1976 units, the relief was at 25 per cent.

(ii) The excise relief was admissible upto a level of 75 per cent of the licensed capacity. Only those tyre units were eligible for excise relief whose licensed or installed capacity did not exceed 5 lakh tyres and tubes.

The new Scheme introduced in July, 1978, was continued upto March, 1980, but was not extended during the year 1980-81. The whole question of giving excise relief to tyre industry has been reviewed. It is felt that it is necessary to formulate an

excise duty relief scheme for tyre units as a means to neutralise the comparatively higher capital cost of the newer plants as well as to encourage fresh investment in this industry. Accordingly, an excise duty relief scheme for the tyre industry has been formulated in consultation with Ministry of Finance, the salient features of which are that units which commenced or would commence clearance of tyres on or after 1-4-1976 but before 1-4-1984 would be eligible to the benefit of the new excise duty relief scheme for tyres for a period of five years, from the date of first excise clearances of tyres from the respective units. The excise duty relief would be at the rate of 25 per cent of the duty leviable and would be admissible upto a level of 75 per cent of the initial licensed capacity during each financial year. The period for which these units might have enjoyed the benefit of excise duty exemption under the 1976 and 1978 schemes will, however, be taken into consideration in computing the period of five years. The total duty relief under this scheme including the relief, if any, earned under the earlier schemes, will be subject to a ceiling of 30 per cent of the initial investment on plant and machinery installed in respective unit so that no tyre unit may get undue financial advantage.

The statutory Excise notifications giving effect to these decisions will be issued shortly and copies of the same will be placed on the Table of the House in due course.

13.10 hrs.

INCOME-TAX (AMENDMENT)
BILL*

THE MINISTER OF FINANCE
(SHRI R. VENKATARAMAN): I beg
to move for leave to introduce a Bill
further to amend the Income-tax Act,
1961.

*Published in Gazette of India Extraordinary, Part II Section 2, dated 24-4-1981.