

for the first time that a firm decision has been taken and the actual modalities worked out by the Government. I give below the salient features of the scheme:—

1. The size of the buffer stock will initially be 5 lakh tonnes, to be built out of the freesale sugar.
2. The stock will be kept sequestered with the sugar mills.
3. For the buffer quantity of stock 100 percent of credit will be provided by banks.
4. In addition, mills will be compensated for holding the buffer stock by providing to them holding cost and also interest actuals at 19½ percent of quarterly average of tariff value with effect from 1-10-82.
5. It is proposed that in consultation with the Reserve Bank of India, modalities would be worked out to ensure that additional credit is kept in separate account for utilising it towards payment of cane price arrears.
6. In making the scheme self-financing, it has been decided that the Acts governing the Development Cess and the Cess Fund for sugar be suitably amended to cover the scheme by raising the present level of cess from Rs. 5 per quintal to Rs. 15 per quintal of the sugar produced.

I am confident that the Hon. Members will welcome the scheme (SOME HON. MEMBERS: No, no.) as the first step towards eliminating the sharp cyclical fluctuations witnessed in the sugarcane and sugar economy all too frequently in the past. I am equally confident that ultimately such stabilization will be in the long term interest of both the consumer and the cane grower.

श्री अटल बिहारी वाजपेयी (नई दिल्ली) : सभापति महोदय, उचित दर की दुकानों पर गेहूं का दाम बढ़ाने का कोई अर्चित्य नहीं है ।

सभापति महोदय : ठीक है, आप इस के लिये नोटिस दीजिये ।

श्री अटल बिहारी वाजपेयी : नोटिस हम दे रहे हैं ।

(व्यवधान)

MR. CHAIRMAN: Please. All those Members who want to raise the matter may give due notice for discussion.

17.30 hrs.

HALF-AN-HOUR DISCUSSION

REPORT OF WORKING GROUP IN ERADICATION OF LEPROSY

SHRI HARINATHA MISRA (Darbhanga): Mr. Chairman, Sir, I shall try to be very brief and raise only some of the most important and relevant issues.

Last year, on the 6th of May, while addressing the 34th World Health Assembly at Geneva, our illustrious Prime Minister, *inter alia*, declared:—

"Leprosy is prevalent in some 53 countries. If this problem is not scientifically and vigorously attacked right now, it will spread and be with us for long. The time has come to utilise better health education, better health technology and immunological advances to launch a global campaign to eradicate leprosy from the earth within the next twenty years."

obviously, her observations had been directed to the 53 leprosy affected countries of the entire world. But situated as she has been, she could take

[Shri Harinatha Misra]

effective steps in the sphere of eradication only in her own country.

In this connection, it may be mentioned that our country, unfortunately, for us all, has been harbouring at least 35 lakhs of patients that is, one-third of the entire leprosy patients in the whole world.

The importance and significance she attached to the issue would be clear in that the Government of India on the 8th July, 1981, that is to say, only after a couple of months since the Geneva Declaration appointed a Working Group on the Eradication of Leprosy headed by Dr. M. S. Swaminathan, consisting of a number of eminent leprologists and renowned social workers. Some of the eminent leprologists were:—

1. Dr. V. Ramalingaswamy,
Director General,
Indian Council of Medical Research, New Delhi.
2. Dr. R. H. Thangaraj,
Secretary General, Leprosy Mission, New Delhi.
3. Dr. C. G. S. Iyer,
Emeritus Medical Scientist, Central Leprosy Training and Research Institute, Chingleputtu.
4. Dr. B. R. Chatterjee,
Director, Coordinated H.E.P. Project Field Research Station, Jhalda, District Purulia.
5. Dr. Nityanand, Director, Central Drug Research Institute, Lucknow.
6. Dr. K. V. Desikan, Director, Central Jalma Institute for Leprosy, Agra.
7. Dr. K. C. Das, Assistant Director-General (Leprosy) Directorate General of Health Services, New Delhi (Member Secretary).

The Working Group constituted four Task Forces to conduct an in-depth study of the various zones in the field of leprosy.

These Task Forces obviously were to submit their report and recommendations to the Study Group.

The Group made an extensive tour of the entire country and took evidences from a large number of knowledgeable workers belonging to the different strata of the society. They studied the problem in depth from various angles and, finally, made up their mind and prepared their report and recommendations.

This report and the recommendations were published only after seven months since their appointment, that is to say, in February, 1982. Dr. Swaminathan presented a copy of the report and the recommendations to the Hon. Minister in-charge, Shri Shankaranand on the 7th of March this year and I happened to be present on the Occasion.

SHRI MOOL CHAND DAGA (Pali): The Hon. Minister is present in the House.

SHRI HARINATHA MISRA: I hope the Hon. Minister will reply to the points going to be raised by me.

SHRI HARINATHA MISRA: Never perhaps in human history such a weighty report on the eradication of leprosy, a joint endeavour of our eminent scientists and renowned social workers, at once theoretically sound and immensely practical, had been produced. And yet, what has been its fate in the hands of the Minister and his Ministry?

SHRI CHITTA BASU: What do you expect of him?

SHRI HARINATHA MISRA: Now 4 months and 14 days exactly have elapsed. All that the Hon. Minister said in reply is that the report and the recommendations happen to be under examination, as if prolonged examination, may be, meditation also, could perhaps be an adequate substitute for quick decisions and immediate action!

SHRI CHITTA BASU: Wait for 8 decades.

SHRI HARINATHA MISRA: Howsoever it be, considering the time at my disposal. I would like to raise only

three or four important issues in this connection.

More than three years ago in the year, 1979, the then Government of India entered into an agreement with SIDA (Swedish International Development Authority) according to which the latter was to supply adequate quantities of REFAMPICIAN and CLOFAZIMINE and such other up-to-date modern drugs for launching a crash multi-drug treatment campaign on an experimental basis in ten of the high endemic districts of the entire country. Subsequently this experiment was to be extended to the rest of the 200 high endemic districts in the country. Three years have elapsed, as I told you, since the agreement was signed. But what has been the performance? Only two of the districts, namely, Wardha and Purulia, have been touched and that also only last year. Seeing the wonderful speed at which the Health Minister and his Ministry have been proceeding, I feel that, if they continue to do so, at that speed, in all probability not in his life time, not in our lifetime, but perhaps in the life-time of this great, great grandsons, the whole country will be covered. It may only aided that at present the multi drug regimen of treatment is the only known method for preventing, cure and eradication.

Now I will come to yet another very important issue. Having been connected with the problem for decades now, I know, and every one concerned knows, that the brunt of the problem, namely, prevention, cure and eradication, has been borne by only the non-official organizations in our country. So far as the governmental machinery is concerned, it has failed miserably. The Study Group has this to say in this connection—and I quote:

"It is recommended that the voluntary institutions engaged in leprosy work be strengthened and their functioning made easier by timely release of grant money. Where appropriate, the employees under the

grant-in-aid schemes to voluntary institutions be paid salaries on par with their counterparts in government service (Chapter III). Government should make the necessary funds available for this purpose to voluntary organizations."

And yet, what is the present position? Almost four months have elapsed since the beginning of this financial year, and should my information be correct—there may be a few exceptions here and there—grants-in-aid money have not been released to the voluntary organizations. My report is that the conditions for their existence and functioning have been made more difficult ever since this recommendations of the Study Group was publicised. Is it the desire of the hon. Minister and his Ministry to strangle these voluntary organizations to unnatural deaths? This is my straight question.

Yet another point is this. As was only natural the Study Team has laid a great stress on interest in and understanding of the leprosy problem by both the students and the doctors. What happened to....

MR. CHAIRMAN: Please try to conclude.

SHRI HARINATHA MISRA: I will take three or four minutes more.

सभापति महोदय : आधे घंटे की चर्चा है और उसका आधा समय आप को दे दिया गया है । अभी चार और सदस्यों ने प्रश्न करने हैं और मंत्री महोदय को सब का जवाब देना है ।

श्री हरिनाथ मिश्र : जैसा आप कहें । मैं बैठ जाता हूँ ।

श्री अटल बिहारी वाजपेयी (नई दिल्ली) : मंत्री महोदय थोड़ा ही जवाब देंगे ।

श्री हरिनाथ मिश्र : मैंने देखा है कि इस में बीस-बीस मिनट तक दिये गये हैं, मैं 17-18 मिनट में खत्म कर दूंगा।

May I know what happened to the report and the recommendations of the Mukopadhyaya Committee. For aught I know, this committee report and recommendations had been circulated by the All India Medical Council in the year 1979 it has remained a mere pious wish and almost a dead letter—whatever the Minister may say or may not say?

I will now come to the last point. Towards the end, I will only quote one sentence from the Study Group report:

"It will be helpful if the Lok Sabha and Rajya Sabha and State legislatures adopt a resolution on the national resolve for the eradication of leprosy through a blend of human, economic and medical action".

Since this scourge of leprosy has proved to be almost intractable during the last 3000 years or so, generally it is believed that, unless and until a well-thought out plan for eradication is taken up by the entire nation with all the available resources—mental, moral, material and physical, eradication of this fell disease within the foreseeable future will be a well-nigh impossible task.

I have already referred to the keen interest being taken by our Prime Minister and the leader of our country in this matter. The ground is ready for aught I know. The tools and appliances and almost the entire know-how are in our possession. And what can be the more representative institution of the teeming millions of our country than this Lok Sabha and the Rajya

Sabha and various legislatures of the States? May I know why the hon. Minister has not at least cared to put on the Table of this House a copy of the report, let alone initiating a discussion and allowing the members to have their say on the various aspects of the report's recommendations.

The sands of time are running fast. Mr. Minister, I think only two alternatives are open before you. Either take quick decisions and plunge yourself, with all the resources you can command, in order to implement the recommendations of the Group and thus earn the eternal gratitude of millions of our unfortunate brothers and sisters foresaken by fate and society. This will also earn for you... Only one minute more I will have finished.

SHRI MOOL CHAND DAGA: You have said enough. You have given enough dose to the Minister and he will not sleep tonight.

SHRI HARINATHA MISRA: You will thereby be earning not only the goodwill but the blessings of not only the present generation but generations yet unborn, or, you may continue to function in your usual manner laughing at and unhesitatingly dismissing howsoever serious a matter and howsoever apt the solution offered. In this way, I have no doubt that you are bound to go down in history as so many others have left the scene, entirely unwept, unhonoured and unsung.

MR. CHAIRMAN: Now, the Minister.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): Mr. Chairman, Sir, I must think Shri Harinatha Misra in attracting the attention of the nation through this House about the gravity of the problem for tackling the leprosy, the dreaded disease. Only a few days ago, on 8th July 1982, he has put this very question in this House.

SHRI HARINATHA MISRA: I was a special invitee.

SHRI B. SHANKARANAND: You were a special invitee and you know the report. Perhaps, I thought you could have appreciated the recommendations of the Committee to see whether they do deserve the consideration of the Government and whether they require the coordinated approach of the various Ministries and not only of the Health Ministry. Perhaps, I thought that you knew much better than the rest of the Members who do not know the recommendations in the report. At least, I would never expect this question from the hon. Shri Mishra because he knows the recommendations of the report.

Sir, he is trying to make a point as though the Health Ministry is not at all caring for this work. For that, he is quoting the dates about the constitution of the Working Group, its submission of the report and Government's consideration of the report as if the Government is not doing anything concerning this. Perhaps, I do not want to comment on his observations except by disclosing the facts to the House. Sir, it was a Working Group constituted on the 8th of July, 1981. They submitted the report on 12th March, 1982. As usual, when a report is submitted, the Government has to get it examined by an Empowered Committee. That Empowered Committee was constituted on the 29th March, 1982 and, within two weeks of the submission of the report by the Working Group, Government constituted that Empowered Committee. I think the House will see that there has not been any undue delay. The Empowered Committee's report was the quickest, I should say, so far as I know of many of our Committees. They submitted the report. This Committee had only three sittings— one on the 8th July, 1982 and the others on the 14th April and 26th April, 1982. They finalised their plan of action on the recommendations of this Working Group by the end of May, 1982. Since these recommendations constitute wide ranging activities of the Government involving various Ministries, amongst them, if I can say, is that the

Working Group has envisaged constitution of some National Leprosy Control Commission and constitution of a National Leprosy Eradication Board and similar bodies, in high endemic stage, for systematic detection of cases, supplementary drug care, incentive for medical officers and para-medical workers engaged in this task for their continued retention, intensive training, repeal and replacement of Indian Leprosy Act, augmenting research centres evolving anti-leprosy vaccine, nationwide mass education campaign, strengthening of the organisational set up, aiding efforts to voluntary agencies engaged in this field, steps for attaining self-sufficiency in drugs and the last, but not the least, measures for social and rehabilitation of these people. This involves action not only at the hand of the Health Ministry but also action at the hands of the State Governments, Finance Ministry, Planning Commission and the Cabinet. Various proposals have to be examined. Sir, I quote the question asked by Shri Mishra on 8th July and my reply thereto:

“Will the Minister of Health and Family Planning be pleased to state:

(a) the date when the Report of the Working Group on the Eradication of Leprosy was handed over by the Group-Chairman, Dr. M. S. Swaminathan to the Minister of Health; and

(b) the likely date when Government will place the report on the Table of the House and initiate a discussion thereon?”

My answer was:

“(a) and (b) The Report of the Working Group on Eradication of Leprosy was submitted to Government on 12th March, 1982. The Report is under Government's examination.”

The Empowered Committee has finalised its scrutiny of the recommendations of the Report. Line of action

[Shri B. Shankaranand]

has been envisaged and I have to go to the Cabinet for various actions that I want to take in this regard. I do not think we have committed any delay in this regard. Perhaps Shri Harinatha Mishra, I do not say he is alleging that Health Ministry is sleeping but he is blind to the actions Health Ministry is taking. It was quite uncharitable on his part that in his enthusiasm and way of expounding the cause of leprosy that he went far beyond the limits of charitable criticism and said that Health Ministry is not at all serious. Perhaps he should have known the work we have done by way of national leprosy control programme. That would have convinced him that we are not only waiting for the recommendations of this Committee but also we have been doing work and the achievements will show that by now the leprosy control programme has established up to March 1981—382 leprosy control units; 6,595 survey, education and treatment centres; 430 urban leprosy centres and 35 voluntary centres covering a population of 320 million in leprosy endemic areas. Out of the 3.2 million cases in the country about 2.4 million cases have been detected of which 2.2 million cases have been put under treatment. This number is not constant because in each year two to three lakh new cases are detected and about two lakh every year either get discharged or cured. So, the number is not constant. I will quote some figures to show what we have achieved in two months of 1982-83.

SHRI MOOL CHAND DAGA: We want you to lay the Report on the Table of the House.

SHRI B. SHANKARANAND: Sir, if I want to place the Report on the Table of the House I must also show what action I have taken on the recommendations. A mere report is not laid, otherwise the Members will ask what action has been taken. Senior Members know that this is the procedure.

18.00 hrs.

Regarding the targets achieved during 1982-83, I have got these figures upto June, 1982. I am giving this information on the basis of the achievement so far.

Regarding the Leprosy Control Units the target was 4. We have achieved one already. Regarding Up-gradation of L.C.U.s. the target was 2. We have already achieved one. Regarding the Survey Education and Training Centres the target was 50 and we have achieved 5. Regarding the non-medical supervisors, the target was 80. We have achieved 23. Regarding Urban Leprosy Centres, the target was 12. All the 12 have been established. We have achieved this target. The Leprosy Training Centre target is one and we are in the process of establishing this very shortly. Regarding the Upgradation of Urban Leprosy Centres, the target was 10 and we have achieved 4. I am talking about this year's programme. Regarding the Upgradation of Leprosy Training Centres the target was 5 and we have already achieved 2. Regarding the upgradation of District Leprosy Centres, the target was 20. We have achieved 3. This is the achievement made in two months. (Interruptions).

MR. CHAIRMAN: The hon. Minister may kindly resume his seat. Now, I shall have to take the sense of the House because time has to be extended. I think that if the House agrees, we can extend the time by fifteen minutes so that this discussion can be concluded.

HON. MEMBERS: Yes.

MR. CHAIRMAN: All right. Time is extended by fifteen minutes. (Interruptions).

श्री राम विलास पासवान (हाजीपुर) : 15 मिनट में कैसे होगा ?

सभापति महोदय : इस से ज्यादा नहीं ।

श्री राम विलास पासवान : 15 मिनट तो मंत्री जी अभी और ले लेंगे।

सभापति महोदय : नहीं, वे अभी खत्म कर रहे हैं। दूसरे माननीय सदस्य भी सिर्फ सवाल ही पूछेंगे।

SHRI B. SHANKARANAND: I only wish that the House should have a further opportunity to discuss this report when it comes before the House with the recommendations and action taken by Government on those recommendations. I think that the House will have further scope for discussion of this report. Now, I do not think that I should take up the time of the House. I can only say that we are not only waiting for the recommendations of the Working Group but we are constantly continuing, strengthening and expanding these Leprosy Control Programmes as I have already pointed out.

MR. CHAIRMAN: Shri Mool Chand Daga.

श्री मूलचन्द डागा (पाली) : सभापति जी, विज्ञान ने यह साबित कर दिया है कि मलेरिया, चेचक जैसे रोग दुनिया से खत्म किये जा सकते हैं, वैसे ही कुष्ठ रोग भी खत्म किया जा सकता है। तो आप यह तबलायें कि यह कुष्ठ रोग हिन्दुस्तान में कब तक खत्म कर दिया जाएगा ? क्या आप ने कोई इस के लिए योजना बना ली है। एक प्रश्न तो मेरा यह है।

दूसरे क्वेश्चन का उत्तर यह दीजिए कि मैं ने आप से एक प्रश्न पूछा था और उस का उत्तर आप ने जुलाई 1980 में यह दिया था :

The number of leprosy patients in the country as on 31st. May, 1980 is not exactly known. No Census for leprosy patients has been undertaken in the country so far.

आप यह बताइए कि जितने कुष्ठ रोगी हैं, उन का सेंसस आप ने अभी करवाया है या नहीं, कितने वालंट्री आर्गेनाइजेशन इस काम में लगे हुए हैं और कितनी आर्थिक सहायता आप उन को देते हैं और किस ढंग से ? महात्मा गांधी जी ने इस पर बहुत ज्यादा वजन दिया था कि इस रोग को खत्म किया जाए और कुष्ठ रोगियों की उन्होंने सेवा की थी। समाज का जो अन्याय कुष्ठ रोगियों के साथ होता है, उन को बसाने के लिए और मनुष्य के नाते उन को सामाजिक और नागरिक अधिकार दिलाने के लिए आप कब तक कोशिश कर लेंगे और यह जो रिपोर्ट है, इस पर अपनी रिकमेंडेशन पूरी तरह करने के बाद, कब तक इस को आप सदन की मेज पर रख देंगे।

सभापति महोदय : बहुत अच्छा, डागा जी। आप ने बहुत थोड़े में क्वेश्चन्स पूछे हैं। श्री दिलीप सिंह भूरिया।

श्री नवल किशोर शर्मा (दौसा) : यह काम्पलीमेंट किस बात के लिए ?

सभापति महोदय : बहुत प्वाइन्ट और मुक्तसर प्रश्न इन्होंने पूछे हैं।

श्री नवल किशोर शर्मा : ये तो ब्रीफ और मुक्तसर ही बोलते हैं।

MR. CHAIRMAN: Please put your question. The Minister will reply in the end.

श्री दिलीप सिंह भूरिया (झाबुआ) : मैं भी डागा साहब की तरह कुछ प्वाइन्ट्स ही मंत्री जी से पूछना चाहूंगा। हमारे देश के अंदर और हमारी समाज में, भारतीय समाज में यह एक कलंक है। चाहे धर्मशाला हो, चाहे रेलवे स्टेशन

[श्री दिलीप सिंह भूरिया]

हो और चाहे बस स्टेशन हो, सब जगहों पर ये अपना पेट भरने के लिए भीख मांगने आते हैं। मैं मंत्री जी से पूछना चाहता हूँ कि क्या शासन ने उन के खाने की, पीने की और ठहरने की तथा उनके लिए दवाइयों की कोई व्यवस्था की है और यदि नहीं तो शासन इस की व्यवस्था कब तक करेगा ? और कब तक करेंगे ?

इस रोग से पीड़ित सब से ज्यादा गरीब लोग, आदिवासी, हरिजन गांवों की गन्दी बस्तियों में रहते हैं। उनके पास खाने-पीने का साधन नहीं है। उनका ब्लड तक खराब हो जाता है। गांवों में यह रिवाज है कि ऐसे आदमियों को मार दिया जाता है और जिंदा मार दिया जाता है। जिंदा दफन कर दिया जाता है, गाड़ दिया जाता है। ऐसे आदमी के जीने के वास्ते आप क्या कोई कानून बनायेंगे जिससे कि वह जिंदा रह सके ? क्या आप उसको पूरी सुरक्षा की गारन्टी देंगे ?

आप डिस्ट्रिक्ट लेवल पर ऐसी व्यवस्था कीजिए जिससे कि ऐसे लोगों की खाने-पीने की पूरी व्यवस्था हो सके। क्या आप ऐसी व्यवस्था करेंगे ? यह मैं पूछना चाहता हूँ।

श्री रामावतार शास्त्री (पटना) :
सभापति जी, 35 लाख लोग कुष्ठ रोग से पीड़ित हमारे देश में हैं। ऐसा कहा जाता है। आज के ट्रिब्यून में एक रिपोर्ट छपी है जिसका शीर्षक है—
“Vaccine from leprosy germs of patients”.

यह उसके बारे में है कि मद्रास के वीरोलोजिस्ट डा वीराराघवन डम

पर रिसर्च कर रहे हैं। वे हैड आफ द वीरोलोजी यूनिट, अड्यार है। मैं यह जानना चाहता हूँ कि क्या इस रिपोर्ट की तरफ सरकार का ध्यान गया है कि वहां के डा वीराराघवन रोगियों के कीड़ों से दवा निकालने के लिए रिसर्च कर रहे हैं ? क्या इसकी जानकारी आपको है ? अगर है तो आप उस पर कौन-सी कार्यवाही करना चाहते हैं।

अभी भी हमारे देश में हजारों रोगी चारों तरफ घूमते-फिरते मिलते हैं और यह रोग बड़ा ही संक्रामक है। छूआछूत से यह रोग दूसरों को भी हो जाता है। ये रोगी दर-दर मारे नहीं फिरे, क्या सरकार ऐसी कोई व्यवस्था करने के बारे में सोचती है जिस से कि उन्हें इधर-उधर न घूमना पड़े ?

आखिरी बात यह है कि आपने कुष्ठ रोगियों की चिकित्सा के लिए किन-किन राज्यों में अस्पताल की व्यवस्था की है, अपनी तरफ से या राज्य सरकारों की तरफ से ? अस्पतालों में तो ऐसे रोगियों की भर्ती नहीं होती है। अगर कोई इस तरह की व्यवस्था की है तो वह क्या है ?

सभापति जी, एक बात ऐसी है जो कि संभवतः आप के नालिज में भी आई हो और सरकार के ध्यान में भी लायी गई हो कि जो स्वयं सेवी संस्थाएं हैं जो उनकी सेवा करती हैं, कहीं-कहीं उनके कार्यक्रम के बारे में कई शिकायतें मिली हैं ? अगर मिली हैं तो क्या उनको ठीक करने के लिए आप कोई प्रयास कर रहे हैं और क्या प्रयास कर रहे हैं ?

श्री राम विलास पांडवान (हाजीपुर) :
सभापति महोदय, मैं मंत्री महोदय का जवाब देख रहा था। उसमें उन्होंने

बताया है कि ये कुष्ठ रोगी आंध्र प्रदेश में 5 लाख से अधिक, बिहार में डेढ़ लाख से अधिक, कर्नाटक में सवा लाख से अधिक, उड़ीसा में डेढ़ लाख से अधिक, तमिलनाडु में साढ़े चार लाख, उत्तर प्रदेश में पौने तीन लाख हैं। जो गरीब राज्य माने जाते हैं और जहां गरीबी है वहां इनकी संख्या अधिक है और हरियाणा, पंजाब जैसे राज्यों में इनकी संख्या कम है।

यह बात सही हो सकती है कि यह बीमारी वंश परंपरागत चल सकती है, लेकिन सरकार ने इस रोग के जन्म के बारे में पता लगाने की क्या कोशिश की है ?

सब से अहम सवाल है कि आज जहां चले जाइए वहीं कुष्ठ रोगी दिखाई देते हैं किसी भी तीर्थ स्थान में चले जाइए, लक्ष्मन झूला, ऋषिकेश, सब जगह हजारों की संख्या में कुष्ठ रोगी पड़े रहते हैं। ऐसी परिस्थिति में एक तरफ तो सरकार कहती है कि सारी व्यवस्था की जा रही है अभी मंत्री महोदय ने भी बताया कि इतने इन्स्टीट्यूशंस चल रहे हैं, दवा-दारू का इंतजाम किया गया है, तो फिर ये जो कुंज मेले से लेकर ऋषिकेश तक जो कुष्ठ रोगी बैठे हैं, क्या ये शौकिया बैठे हैं।

इसलिए मैं सरकार से जानना चाहता हूं, जैसा कि आपने ही बताया है कि 35 लाख कुष्ठ रोगी हैं, इनके रहने और दवा-दारू के लिए आप क्या कर रहे हैं ? उस परिस्थिति में जब कि इसका विरोध करने वाला हिन्दुस्तान में एक व्यक्ति भी नहीं होगा। आपने वर्किंग ग्रुप रिपोर्ट बना लिया, इंपावर कमेटी बना ली, कमेटी ने रिपोर्ट दे दी जो कैबिनेट में गई, वहां से सुपर कैबिनेट में जाएगी और वहां से पता नहीं कहाँ जाएगी। ऐसी परि-

स्थितियों में उन रोगियों के लिए इतना डिले किया जा रहा है। क्या सरकार बताने में सक्षम है जैसा कि एक माननीय सदस्य ने भी पूछा है कि रोड पर कुष्ठ रोगी नजर न आए, इसके लिए क्या व्यवस्था की जा रही है। उनके रहने, दवा-दारू की व्यवस्था के बारे में क्या यह सरकार बताने में सक्षम है ? गोली मत मारिए, कहीं ऐसा न हो कि रोड पर नजर न आए, इसलिए गोली ही मार दो। ये जो सब जगह बिखरे फिर रहे हैं, उनके पुनर्वास की व्यवस्था दवा-दारू की व्यवस्था सरकार कब तक कर लेगी।

एक प्रश्न मेरा और है कि ये जो कुष्ठ रोगी हैं, इनकी पीढ़ी तो इस रोग से ग्रस्त हो गई, लेकिन इनके जो बच्चे हैं, उनके लिए सरकार क्या व्यवस्था कर रही है, क्योंकि यह जरूरी नहीं कि उसका बच्चा भी कुष्ठ रोगी हो। उसके लिए सरकार क्या व्यवस्था करेगी ? क्या उसके भविष्य के लिए यह सरकार कुछ करने जा रही है ? क्या अच्छे से अच्छे स्कूल में उसकी शिक्षा व्यवस्था की जाएगी ?

अंत में मैं जानना चाहता हूं कि क्या सरकार द्वारा, जो दवाई दी जा रही है, वह अनइफेक्टिव है, इसका पता लगाने की कोशिश की गई है ? क्योंकि जो कुष्ठरोगी हैं, उन पर दवाई इफेक्टिव साबित नहीं हो रही है।

इन सब बातों की जानकारी मैं मंत्री महोदय से चाहता हूं।

SHRI B. SHANKARANAND: Mr. Chairman, Sir, Shri Daga has asked about the census of these people. It is common knowledge for all of us that whether in urban areas or in rural areas, it is very difficult to detect

[Shri B. Shankaranand]

the leprosy patients, because the person who is initially suffering from leprosy feels so wretched of the fact that if he disclosed that he is suffering from leprosy, he will be treated as an untouchable and he will be excommunicated from the society. This fear and attitude to the disease makes it very difficult to detect leprosy.

MR. CHAIRMAN: The question is whether any census of these people has been made.

SHRI B. SHANKARANAND: How can you make a census unless somebody tells you? You cannot see things with your own eyes. (Interruptions).

SHRI ATAL BIHARI VAJPAYEE: Not in all cases.

MR. CHAIRMAN: Has any attempt been made or not?

SHRI B. SHANKARANAND: There cannot be any attempt in the senses if you say.... (Interruptions).

SHRI ATAL BIHARI VAJPAYEE: I do not agree.... (Interruptions).

SHRI B. SHANKARANAND: I am talking of the Census. (Interruptions) I am talking of the census. Mr. Chairman please listen to me.

MR. CHAIRMAN: Mr. Minister, please take your seat. Your Ministry has replied in this House and they have quoted the figures even in this House. So, on what basis those figures were made available?

SHRI B. SHANKARANAND: That is what I am telling you, Sir, and you are not listening to me. You are asking about census and I say census has not been done. Those figures are based on the sample survey. There is a lot of difference between census and sample survey. Those figures are based on the sample survey. That is what I am telling you.

SHRI ATAL BIHARI VAJPAYEE:

If you can have sample survey, why can't you have census?

SHRI B. SHANKARANAND: Let the Hon. Member help us by educating the people to come forth openly saying that they are suffering from Leprosy. Then it will be very easy to detect the lepers.

Now, he has asked about the hospitals, the number of leprosy units and institutions of various kinds established or functioning upto 31st March, 1982. They are as under:

Leprosy Homes and hospitals in the country are 300; Leprosy control units are 385; survey education and treatment centres are 6,795; urban leprosy centres are 549; Reconstructive Surgery units are 72; District Leprosy Units are 149; Leprosy Training Centres are 42; temporary hospitalisation of wards of leprosy patients—235; regional leprosy units—2; Central institutions for research and training in leprosy—2; voluntary leprosy organisations—45; international agencies engaged in the leprosy work are 8. These are the facts which are taking care of the treatment and rehabilitation of the leprosy patients.

Now, Sir, while the Prime Minister addressed the World Health Assembly last year, she gave a call to the entire world—not only with reference to India, but the other countries, more than 50 countries which are endemic for this disease—that we should make all efforts to eradicate this disease by the turn of the century i.e. by the year 2000 A.D. This is what we hope to do about it.

Sir, now we have resorted to multi-arrangement treatment of such patients. Dapsone was earlier given to the patients. In some cases the patients had become resistant to this. We have now found that the patients are treated very quickly, within a short period by the drug called Rifampicin. That drug is being made available to

the patients. The WHO are helping us with this medicine and we hope with the cooperation of the society and the leaders of the society we can eradicate this disease by the turn of the Century. That is all I have to say.

18.20 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Tuesday, July, 27 1982/Sravana 5, 1904 (Saka).