

delay in laying the Report mentioned at (a) above.

[Placed in Library. See No. LT-7076/74.]

(2) A copy of Notification No. G.S.R. 254(E) (Hindi and English versions) published in Gazette of India dated the 1st June, 1974, under sub-section (6) of section 3 of the Essential Commodities Act, 1955. [Placed in Library. See No. LT-7077/74.]

**MERCHANT SHIPPING RULES, 1974, SEAMEN'S PROVIDENT FUND (AMDT.) SCHEME, 1974 AND ANNUAL ACCOUNTS OF THE MORMUGAO PORT TRUST FOR 1972-73 UNDER MAJOR PORT TRUSTS Act, 1963**

**THE DEPUTY MINISTER IN THE MINISTRY OF SHIPPING AND TRANSPORT (SHRI PRANAB KUMAR MUKHERJEE):** I beg to lay on the Table—

- (1) A copy of the Merchant Shipping (Prevention of pollution of the Sea by Oil) Rules, 1974 (Hindi and English versions) published in Notification No. G.S.R. 516 in Gazette of India dated the 25th May, 1974, under sub-section (3) of section 458 of the Merchant Shipping Act, 1958. [Placed in Library. See No. LT-7078/74.]
- (2) A copy of the Seamen's Provident Fund (Amendment) Scheme, 1974 (Hindi and English versions) published in Notification No. G.S.R. 424 in Gazette of India dated the 27th April, 1974, under section 24 of the Seamen's Provident Fund Act, 1966. [Placed in Library. See No. LT-7079/74.]
- (3) A copy of the Annual Accounts of the Mormugao Port Trust for the year 1972-73 and the Audit Report

thereon (Hindi and English versions) under sub-section (2) of section 103 of the Major Port Trusts Act, 1963. [Placed in Library. See No. LT-7080/74.]

12.46 hrs.

# **CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE**

## **REPORTED SMALL-POX EPIDEMIC IN THE COUNTRY**

**DR. SARADISH ROY (Bolpur):** Sir, I call the attention of the Minister of Health and Family Planning to the following matter of urgent public importance and I request that he may make a statement thereon:

"The reported smallpox epidemic in the country particularly in Bihar taking a death toll of over thirty-six thousand human lives."

**THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH):** In the first quarter of 1973 there was a noticeable increase in the incidence of smallpox, particularly in the States of U.P., Bihar, West Bengal and Madhya Pradesh. An intensive smallpox eradication campaign was launched in July 1973 in consultation with W.H.O. The main emphasis was on these four endemic States which had been responsible for 94 per cent of the total cases, and the objective of the campaign was to undertake active search of smallpox cases followed by containment of the outbreaks. During 1973, 88,069 cases with 15,417 deaths were recorded. From 1st January to 14th July 1974, 1,46,034 smallpox cases with 23,095 deaths have been recorded from the various States and Union Territories. 96 per cent of these have been from Bihar, U.P., West Bengal and Assam; Bihar alone accounting for 65 per cent of the cases. The high incidence

[Dr. Karan Singh]

of smallpox in 1974 can be attributed to accumulated backlog of primary vaccination, the lingering superstition among sections of the people against vaccination, and the intensive active search which is being carried out throughout the country for unearthing undetected cases.

Under the intensive anti-smallpox campaign the State Governments, who are primarily responsible for the implementation of the health programmes, have mobilised health personnel and transport for the case-search operation. The Central Government have taken prompt measures to assist the State Health authorities to meet the current situation. The number of Surveillance Teams headed by senior Epidemiologists has been increased so far to 73 from 22 and containment Teams to 69 as against 15 working last year in the endemic States, in addition to the normal staff of the Smallpox Eradication Programme. A number of additional vehicles have also been provided to the teams to ensure mobility. Adequate quantities of vaccine, bifurcated needles and health education material have been supplied and sufficient quantities kept in reserve.

In regard to Bihar, all its 31 districts have been affected. It is estimated that there are about 4,000 active outbreaks. Latest reports, however, indicate that there is a downward trend in the incidence. The number of cases in May were 35,626 with 5,765 deaths, in June 14,971 with 2,679 deaths, and in the first week of July 2,342 with 539 deaths have been recorded. In addition to the normal health staff, 32 special surveillance teams headed by the Senior Epidemiologists and 29 containment teams have been deputed for work in Bihar. 55 vehicles have been provided by the W.H.O. and 30 vehicles are being sent to Bihar shortly. Adequate stocks of vaccine are being maintained at Patna and Ranchi. I visited Patna personally last week and had discussions with the State authorities.

My colleague Prof. A. K. Kisku has visited Orissa, West Bengal and Assam.

I share the deep concern of Hon. Members at the recent spurt in the incidence of smallpox. In a matter like this remedial measures will naturally take time to produce results, but it does appear that the special measures organised have started producing a favourable impact. We have, however, to continue to exercise vigilance and maintain intensity of efforts until the disease is completely under control. I have every hope that it will be possible to reduce the incidence to a great extent in the endemic States in the near future, and also to maintain our target of totally eradicating this terrible disease in the course of the Fifth Plan Period.

DR. SARADISH ROY: I have listened to the statement made by the hon. Minister. I would like to point out that smallpox can be eradicated. Government has taken up the programme for the eradication of the disease since 1962, and after 12 years we have made a world record; in the incidence of smallpox in the world, our contribution is 80 per cent and Bihar contributes more than 60 per cent. While going into the details of the incidence of smallpox I have found that it is mostly the tribal and Scheduled Caste people who have been affected. The Minister's statement does not mention which category of people, whether tribal or Scheduled Caste or other people, were mostly affected, how far the programme of eradication of smallpox has been successful and whether the people who died did not have even primary vaccination. That is the point I want to be clear. It has not come all of a sudden. I can give the figures in respect of the last few years: in 1967 the incidence was to the extent of 83,940 cases; in 1968 the number of cases was 30,000; in 1969 the number came down to 19,139; in 1970 it was 12,341; in 1971 the number was 16,166; in 1972 it was 27,407; in the last year it was 87,509; last year the deaths were to the extent

of 15,348. Therefore, the incidence has increased during the last few years. Also the Public Accounts Committee in their Report have mentioned about the danger of the outbreak of small pox in our country. Not only that, the World Health Organisation also gave us a warning that there is a possibility of an epidemic of small pox in our country. The Public Accounts Committee in their 124th Report have stated:

"The Committee are indeed alarmed over the reports that there is a serious danger of outbreak of the disease in Uttar Pradesh, Bihar, Madhya Pradesh and West Bengal. The Committee have been informed that an intensive campaign was proposed to be undertaken during the months of September to December, 1973 in these States with a view to detecting and reducing substantially the smallpox endemic foci during the low incidence season to the extent that the programme will have a manageable number of remaining foci to deal with during 1974. The Committee are anxious that constant watch should be kept over the endemic States."

That is the observation made by the Public Accounts Committee. But the Minister has just now said that they have made intensive efforts to contain it and eradicate it. But, what have they done from September to December 1973 when the Public Accounts Committee of this Parliament has suggested that intensive steps should be taken. That they have not taken.

Regarding the Smallpox Eradication Programme this very committee also made certain observations. I want to quote some of them. The Committee observed:

"The Committee are thoroughly disappointed at the failure in the efficient implementation of the National Smallpox Eradication Programme which is very important for the nation's health. This programme which was launched in

January, 1962 and reorganized in 1969, is being implemented through Governments of the State and Union Territory with Central assistance. Upto 31st March, 1972, the Central Government paid Rs. 18.33 crores to the States for the implementation of the programme."

We have received gifts of vaccine worth Rs. 7.26 crores from other countries. It goes on to observe:

"It is a matter of great concern for the Committee that in spite of so much expenditure, India continues to be one of the endemic countries."

Sir, this menacing disease is not only prevalent in India but in other South-east Asian countries, specially, the tropical countries which are backward. But, in many countries, they have already eradicated this disease. For instance, in China which is a very big country, it was very much prevalent until the liberation and it has been completely eradicated now. But, in our country, after 27 years of Independence and 13 years of this programme under implementation, we are facing a calamity and we are now facing the recrudescence of this disease.

This very report also states:

"The Committee are strongly of the view that in view of the very unsatisfactory progress of the programme and its poor impact on the eradication of the disease from India, it is necessary that an independent and comprehensive assessment of the programme should be undertaken immediately in order to identify the deficiencies of the programme in the past and take necessary corrective measures without any delay. In the meantime the committee stress that eradication measures should be intensified with active cooperation of the State Governments."

I want to know, in spite of this report what steps have been taken so

[Dr. Saradish Roy.]

that this menace may not recur in this country.

Regarding primary vaccination, the most important thing is that if it had been given to our people, this disease could have been completely eradicated. But the programme of the Government has completely failed. The Public Accounts Committee in its report says regarding primary vaccination:

"There is a serious shortfall in the achievement of primary vaccinations. It is estimated that there was a backlog of 6.7 crores of people to be given primary vaccination upto 31st March 1969".

Then it says:

"Although vaccination units were reorganised in 1969 and instructions were issued that all efforts should be made to carry out 100 per cent successful primary vaccination in vulnerable age group 0-14 years and eliminate the existing backlog in primary vaccinations, the number of primary vaccinations given were only slightly more than the estimated births, with the result that the backlog was not cleared. The backlog has so far been brought down from 6.7 crores to 3.7 crores."

Though it is said on paper that so many lakhs of rupees have been spent on the programme, but in actual practice it is not implemented. It says that 3.7 crores of people are still left uncovered by the primary vaccination programme.

#### 13.00 hrs.

It is found that most of the people affected had no primary vaccination. Regarding the incidence of smallpox, it is curious to note that while the incidence has increased the production of vaccine has come down. The production target was 156 million doses. The achievement has been 132 million

doses in 1972-73 and 123 in 1973-74. The production has come down. This is what I want to point out. While the P.A.C. and the W.H.O. have been stressing that the production of vaccine should go up, this has actually come down. This is the position here. Government day in and day out comes with statements to the effect that they are doing this thing and that thing. We are doing so much propaganda for family planning programmes. This scheme has failed for so many reasons. I want to point out what the P.A.C. has stated in its report. It says: "In some States vaccination and re-vaccination is compulsory. In other States primary and revaccination is compulsory when Epidemic Diseases Act is enforced and the outbreak is anticipated. Proper publicity for gaining public acceptance of the vaccination is also necessary in consultation with the Information and Broadcasting Ministry." There is no co-operation between the Information and Broadcasting Ministry and the Ministry of Health and Family Planning. I want to know what percentage of scheduled caste and scheduled tribe people are affected. There is this figure of 23,000 which has been given out. I want to know the break up of this figure. What efforts have been made by the Government to rehabilitate people turned blind due to this disease. What steps the Government have taken in this regard? Lastly I want to know whether the Government have taken any steps to see that those cases are isolated so that the disease does not spread among other people and timely action taken to control it.

DR. KARAN SINGH: Sir, the hon. Member has raised a large number of pertinent questions. I would like to deal with them one by one. What he has said is true that there is huge backlog in respect of primary vaccination. I agree with him and it is in a way a matter of shame that while some other countries have eradicated smallpox completely in India we have not been able to do it. The

whole problem is this. Primary vaccination has not been fully done. For that there are a number of reasons. We have given the vaccination; we have given the people. In some cases the vaccinators have not been appointed. There are tribal areas which are sometimes badly affected. I do not have the break up as to how many tribals or scheduled castes are affected and so on. Of course it is true that the tribal areas are more vulnerable for two reasons. One is they live in certain areas which are difficult to get at. Secondly, the vaccination programme in those tribal areas are not so satisfactory for various reasons. Smallpox can be eradicated in this country only if every man, woman and child is vaccinated. That should be our aim. All efforts must be made in this regard to see that any superstition in this regard is overcome even by legislation and by force.

Otherwise, we will not be able to solve this problem. The hon. Member mentioned the earlier figures and said that there has been a rise. I have also very clearly stated that. I would, however, like to make one point. The earlier figures that we had were somewhat misleading. Here is the W.H.O. publication, 1972. I may tell you what it says. It says:—

“Surveys conducted since 1967 suggest that less than five per cent of the cases have been reported.”

This is not only for India but for the rest of the world also. So, the point I am making is that it is very likely that in fact the deaths from smallpox over the last year have also been really very much more than those that we have had. This is the point I should make.

श्री नयू लिये (बांका): यह बिलकुल सही बात है। इसीलिये मैं बता रहा हूँ।

DR. KARAN SINGH:

Even today. I must take the House into confidence that although the

accounting is much better and our procedures are much better, I cannot vouch that the numbers are not higher than that. I must be frank that these are the figures that I have got and it is likely that today it may even be higher. But, our sincere and genuine efforts are to gear up the machinery, to gear up the State Governments and to impress upon them the necessity to give this a top priority. It is for this reason that I have personally gone round. The hon. Member has evidently got some wrong figures regarding the dose of vaccine. In fact, the production in vaccine has gone up. It is expected to go up to 156 million doses this year whereas uptill 1973, we were importing vaccine from the Soviet Union. In 1974 we became fully self sufficient in that. There is no shortage of vaccine. In 1974-75 it is going up to 156 million doses.

DR. SARADISH ROY: Last year the production was less.

DR. KARAN SINGH: We were importing some because the production was less. Now, we are not importing any more; we are producing it ourselves.

There are two other points that he has made. Firstly his question was about isolating the small-pox cases. Small-pox disease is passed on from person to person by infection. For that reason, the strategy is that wherever the smallpox takes place, not only the house itself is fully vaccinated but the first thirty houses in the area are also vaccinated. And then the entire village is vaccinated. Our strategy is two-fold. On the one hand, Dr. Roy will appreciate it that where the epidemic takes place, we are sending our surveillance team first to study where the epidemic takes place. And then the containment team does the vaccination. Along with that we are also undertaking the general programme of vaccinating everybody. I sincerely

[Dr. Karan Singh]

hope that no hon. Member of Parliament is unvaccinated because, if anybody remains unvaccinated today, there is a real danger of contacting the disease. Therefore, I would strongly urge on that.

It is true that the P.A.C. warned us. Then we started our intensive drive in July 1973. I must admit that the implementation of the programme over the last twelve years has left a great deal to be desired. I am not denying that. We are now taking up the programme as I have said already and I am hopeful we shall bring it under control.

**श्री भूल चन्द डागा (पाली) :** अध्यक्ष महोदय, यह स्वास्थ्य विभाग का निकला हुआ जो बुलेटिन है उसी को मैं उद्धृत कर रहा हूँ। उस में कहा है :

“राष्ट्र को अपने बच्चों से ही ताकत मिलती है और वह इसी बात से आका जाता है कि वह अपने बच्चों के लिए क्या करता है।”

आप कहते हैं कि मुस्कराती हुई कलियां और महकते हुए फूल, ये कलियां फूल भी नहीं बन पातीं, ये फूल सुगन्धि भी नहीं बिखेर पाते उससे पहले ही उनको कौन तोड़ लेता है? ये कलियां फूल नहीं बन पाती हैं, फूल सुगन्धि बिखेर नहीं पाते हैं इसके लिए जिम्मेदार कौन है? यह प्रकृति का प्रकोप कहा जाएगा या अपराध-जगत में कोई इस के लिये दोषी है? दोषी इसका किसको कहा जायेगा? यह कह देना कि अन्ध विश्वास में लोग रहते हैं या यह कहना कि पिछड़े हुए इलाके हैं तो इसके लिये दोषी कौन है? जो आदमी पिछड़ा हुआ है वह क्यों है? आज

25 साल की आजादी के बाद भी अगर कोई स्वास्थ्य मंत्री यह भाषण दे कि प्रकृति का प्रकोप बिहार में ही है लेकिन यह सारे अखबार वाले कहते हैं पंजाब में भी हरयाना में भी दिल्ली में भी सभी जगह यह चीज है और कहीं पर कैपिटल इनकम ज्यादा है कहीं पिछड़े हुए लोग हैं तो उसके लिए जिम्मेदार कौन है? आप मेहरबानी करके बतलाइये—आदिवासी लोगों में कितने इस रोग के शिकार हुए? मुसहर जाति के कितने लोग शिकार हुए? हजारों बच्चे मर गये कितनी माताओं की गोद खाली हो गई—इसका जिम्मेदार कौन है?

मैं पूछना चाहता हूँ—आप पटना गये कौन कौन सी गन्दी गलियों को देखने आए गये? संभल परगना और नवादा परगना—जहाँ से हमारे श्री शंकर दयाल सिंह और सुखदेव वर्मा जी आते हैं—उन परगनों में हजारों बच्चों की मृत्यु हुई है। मैं 1974 की बात नहीं कह रहा हूँ मैं पूछना चाहता हूँ 1971 के बाद उन परगनों में क्या क्या काम हुआ? आज जब काल एटेंशन आ गया और वहाँ हजारों बच्चे मर गये तब सरकार इस तरह का जवाब दे रही है लेकिन उसके पहले आपने क्या क्या कदम उठाये देश में इस बात की जिम्मेदारी लेने के लिये कौन तैयार है? 25 सालों में वहाँ की गन्दगी और भूखमरी को दूर करने के लिए आपने क्या किया? आज कितने ऐसे लोग हैं जो साधन न होने के कारण स्वास्थ्य नियमों का पालन नहीं कर सकते, ऐसे लोगों के लिये आपने कितनी धनराशि मुर्कारर की है।

आपने इस साल 23 करोड़ 4 लाख रुपया रखा है—किस काम के लिये ? स्माल-पाक्स के लिये, मलेरिया के लिये, कोलेरा के लिये, लेकिन इसमें बिहार के लिये कितना पैसा दिया है, किस किस प्रान्त के लिये कितना पैसा मुक़र्रर किया है, कितना स्टाफ़ पर खर्च होता है और कितना दवाइयों पर खर्च होता है ?

बिहार के स्वास्थ्य विभाग के मंत्री और उनके कर्मचारी, आप के वहाँ जाने पहलें, कितनी बार संचाल और नवादा ज़िलों में गये, उन में से किन किन को दोषी ठहराया गया और कितने दोषी लोगों को दण्ड दिया गया ? जिन बच्चों की मृत्यु हुई है उन में से कितने ऐसे थे जिनको टीके लग चुके थे, क्या आपके पास इसके आंकड़े हैं ? इन बच्चों के मरने का कारण क्या है ? क्या वे बच्चे मरे हैं जिनको टीके लग चुके थे या वे मरे हैं जिनको दोबारा टीके लगे थे । बिहार में कोई ऐसा कानून है या नहीं कि जिसने टीके नहीं लगवाये उसको सज़ा पाने का अधिकार है ? यदि ऐसा कानून है तो कितनों का चालान किया गया ?

अध्यक्ष जी, यहाँ गन्दी बस्तियों का जिक्र किया गया है, किन्तु मैं आप को बतलाना चाहता हूँ कि जिन बच्चों की मौतें चेचक के प्रकोप से हुई हैं, यह प्रकोप नहीं है, हमारी ग़ल्ती है । कोई कहता है कि यह महामारी है, कोई अन्धविश्वास की झाड़ में उत्तर देना चाहते हैं, लेकिन वास्तविकता यह है

जो गरीब इलाके में पैदा हुए हैं उन्हें जीने का हक़ नहीं है, वे अभावग्रस्त लोग ही बीमार हुए हैं । हमने उन इलाकों को पिछड़े इलाके इसीलिये घोषित किया था कि उनकी तरफ़ विशेष ध्यान दिया जायेगा, आपके स्वास्थ्य विभाग को उन इलाकों पर ज्यादा पैसा खर्च करना चाहिये था, लेकिन ऐसा नहीं हुआ । मैं चाहता हूँ कि आप मेरे इन प्रश्नों का उत्तर दें ।

डा० कर्ण सिंह : : अध्यक्ष महोदय, माननीय सदस्य का यह कहना मैं ठीक मानता हूँ कि इस महामारी का सब से बड़ा कारण यह है कि अभी तक जो गरीब हैं, गन्दी गलियों में रहते हैं, वहाँ उनके रहने का जो स्तर है, वास्तविक है, वह उनके स्वास्थ्य के लिये अनुकूल नहीं है । जहाँ तक चेचक का प्रश्न है—मूल वस्तु में उसके तीन कारण बतलाये हैं । सब से पहला कारण यह बतलाया है कि वैक्सीनेशन का वैक-लोग हो गया है । आप जानते हैं, अध्यक्ष महोदय, पहले वैक्सीनेशन के बाद री-वैक्सीनेशन 3 से 5 वर्ष के अन्दर न किया जाये तो पहले वैक्सीनेशन का महत्त्व जाता रहता है । दुर्भाग्य से वैक्सीनेशन और री-वैक्सीनेशन का कार्यक्रम जैसे चलना चाहिये, वैसे चला, लेकिन फिर भी बहुत से इलाके रह गये । ट्राइबल एरियाज़ में, विशेषकर बिहार के सिंहभूमि ज़िले में, इसका बहुत प्रकोप रहा । यह भी ठीक है कि जहाँ ट्राइबल्स रहते हैं वहाँ इसका प्रकोप ज्यादा है, मैं बिहार गया तो मुझे बतलाया गया कि उनकी ओर से विशेष ध्यान दिया गया है और दिया जा रहा है । इस रोग से

[डा० कर्ण सिंह]

बच्चे ही नहीं बड़े भी ग्रसित हो रहे हैं। मैं तो यह चाहता हूँ कि भारतवर्ष में जो भी बच्चा पैदा हो, उसके लिये चेचक का वैक्सीनेशन अनिवार्य कर दिया जाय। अब तो डाक्टर यह भी कहते हैं कि बच्चा पैदा होने के 10-15 दिन के अन्दर भी वैक्सीनेशन हो सकता है। पहले यह विचार था कि वैक्सीनेशन एक वर्ष के बाद करना चाहिये, लेकिन अब मुझे यह बतलाया गया है—मैंने डब्ल्यू० एच० ओ० वालां में पूछा था—कि अस्पताल में ही पहले 10 दिनों में वैक्सीनेशन करवा दिया जाय तो ज्यादा लाभ हो सकता है। इससे रीएक्शन कम होता है और जो प्रोटेक्शन है वह ज्यादा होगी।

इस में कोई सन्देह नहीं कि कुछ राज्यों ने इस सम्बन्ध में अच्छा काम किया है.....

श्री रामसहाय पाण्डे (राजमहाराज)। आप यह बताइये कि जिम्मेदारी किसकी है।

डा० कर्ण सिंह : नेशनल स्माल पाक्स कैंम्पेन एक नेशनल-कैम्पेन है, हम इस को चलाते हैं लेकिन इसके इम्प्लीमेंटेशन की जिम्मेदारी राज्य सरकारों की है। कुछ राज्यों ने इस सम्बन्ध में बहुत अच्छा काम किया है, विशेषकर दक्षिण के राज्यों ने। मैं उन को बधाई देता हूँ—दक्षिण में करीब करीब चेचक खत्म कर दी गई है। मध्य प्रदेश में भी चेचक के बीमारों की संख्या काफी थी, लेकिन मध्य प्रदेश सरकार ने विशेष ध्यान दे कर उस संख्या को नीचे कर दिया है। दुर्भाग्य से बिहार में ही इस का सब से अधिक प्रकोप है। उड़ीसा और वेस्ट बंगाल में जो कैसेज हुए हैं, उन का भी यह कहना है कि अधिकतर जो कैसेज हुए वे बिहार से आये हैं क्योंकि वे बिहार के साथ लगते हैं। इस लिए हम बिहार की तरफ विशेष ध्यान दे रहे हैं।

हम, ने वहाँ जा कर उन के स्वास्थ्य मंत्री से अनुरोध किया और उस के बाद उन के स्वास्थ्य मंत्री ने रेडियों से और दूसरे साधनों से लोगों को कहा कि वे चेचक का टीका अवश्य लगवायें। इस वक्त हमारा बहुत अधिक ध्यान बिहार पर है, यदि हमने स्थिति को सम्भाल लिया तो मुझे आशा है कि यह चीज कंट्रोल हो जाएगी।.....

श्री अटल बिहारी वाजपेयी (खालियर) : लेकिन बिहार में सम्भालना मुश्किल है।

श्री मूल चन्द डागा : अध्यक्ष महोदय, मेरे प्रश्नों के उत्तर नहीं दिये गये? वहाँ कौन स्वास्थ्य मंत्री है?

डा० कर्ण सिंह : वहाँ अनेकों स्वास्थ्य मंत्री रहे हैं, हर एक के बारे में तो मैं नहीं कह सकता।

श्री मधु सिन्घे : अध्यक्ष महोदय, मुझे इस बात का अफसोस है कि इस प्रश्न को केन्द्रीय सरकार द्वारा जितनी गम्भीरता के साथ लिया जाना चाहिए था, उतनी गम्भीरता से नहीं लिया जा रहा है। कुछ साल पहले पश्चिमी जर्मनी में चेचक का एक केस हुआ तो इतना तहलका मच गया था कि मंत्रिमंडल के इस्तीफे तक की नौबत आ गई थी, लेकिन यहाँ 35-36 हजार लोग—हमारी जानकारी के अनुसार—मर चुके हैं, लेकिन हमारे मंत्री महोदय ने क्या किया? वे पटना गए, अफसरों से बातचीत कर के लौटते हुए हवाई जहाज से वापस आ गए। उन को बिहार का साधन दौरा कर के देखना चाहिए था कि वर्ल्ड हेल्थ आर्गानिजेशन के नेतृत्व में वहाँ कैसा काम हो रहा है और उन को किन दिक्कतों का सामना करना पड़ रहा है। मैं स्वयं इन दिनों तीन चार जिलों का दौरा



कर चुका हूँ, जहाँ इस बिमारी का प्रकोप बहुत बड़ी मात्रा में है। मैंने मुंबेर, भागलपुर, संभाल परगना और छोटा नागपुर का दौरा किया। मैंने भी वर्ल्ड हेल्थ ऑर्गेनिजेशन के लोगों से बात की। उन्होंने मुझसे यह कहा कि सब से बड़ी दिक्कत यह है कि वहाँ सुपरस्टीशन ज्यादा है। आप ने भी इस का उल्लेख किया है। लोग ऐसा मानते हैं कि यह माता का प्रसाद है। दूसरे-लोगों को इस बात का पता नहीं है कि यह रोग किसी वायरस के कारण होता है। वर्ल्ड हेल्थ ऑर्गेनिजेशन के लोगों ने मुझ से कहा कि आप लोग अपनी सभाओं में छात्रों से, नीजवानों से, जनता से क्यों नहीं कहते कि वे टीके लगवायें। इस लिए मैं मंत्री महोदय को सब से पहला सुझाव यह देना चाहता हूँ कि बिहार की सरकार आज एक ही काम कर रही है इस लिए दूसरे कामों की ओर उन का ध्यान नहीं है। वह अपना सारा पैसा पुलिस फोर्स को तैनात करने के ऊपर खर्च कर रही है, सारा ध्यान उनका छात्रों के ऊपर लाठी चार्ज करने पर और गोली चलाने पर केन्द्रित हो गया है। आपने स्वयं कहा है कि बिहार की सरकार इस में सबसे ज्यादा दोषी है। आप राजनीतिक और आर्थिक कारणों को छोड़ दें। आप सिर्फ इस बात को ले कर कि 35 हजार लोगों की जानें चली गई हैं बिहार सरकार के खिलाफ कार्रवाई करें। डब्ल्यू एच ओ के लोगों ने मुझे ये आंकड़े दिए हैं कि दुनिया में कुल जितने स्माल पाक्स के केस होते हैं अकेले बिहार में उसके पचास प्रतिशत होते हैं। पूरी दुनिया के पचास प्रतिशत बिहार में हैं ये मुझे डब्ल्यू एच ओ के लोगों ने ताजा आंकड़े दिए हैं। वे लोग फील्ड

में जा कर काम करते हैं, उन के पास सही जानकारी होती है। इसलिए मैं आप से कहना चाहता हूँ कि क्या आप मेरे इस सुझाव पर विचार करेंगे कि अगर और कोई कारण नहीं तो इसी कारण को ले कर बिहार की सरकार को आज बरखास्त कर दिया जाए, विधान सभा को भंग कर दिया जाए, कोलेजों और विश्वविद्यालयों को जबरदस्ती खोलने का जो प्रयास चल रहा है, उसको बन्द दिया जाए? जयप्रकाश जी का आप आह्वान करें। छात्रों की यह जो सेना है इस सेना का इस्तेमाल एक साल के लिए अगर पढ़ाई में न करके स्माल पाक्स को खत्म करने के लिए किया जाएगा तो कोई नुकसान नहीं होगा। छात्र इस स्थिति में हैं कि इसको समाप्त करने में आपकी मदद कर सकें क्योंकि वे विज्ञान का अध्ययन करते हैं। वे जानते हैं कि यह वायरस से होता है और लोगों में जो सुपरस्टीशन है उसको खत्म करने का काम वे कर सकते हैं। प्रशासन नहीं कर सकता है क्योंकि उसके ऊपर लोगों का घोर अविश्वास है, उसने कोई भी अच्छा काम नहीं किया है। लोग प्रशासन से भाग रहे हैं। बिहार में हत्याकांड का सिलसिला एक तो सरकार के द्वारा और दूसरे स्माल पाक्स के चलते हो रहा है इसको खत्म करने के लिए आप मेरे इस सुझाव पर गम्भीरता से विचार करें।

डब्ल्यू एच ओ के लोगों ने मुझे बार बार यह कहा है कि स्माल पाक्स किसी को भी हो सकता है। बाद में मैंने उन से पूछा कि जिन लोगों के शरीर में रिजिस्टेंस की शक्ति कम है क्या उन लोगों में स्माल पाक्स का प्रकोप जल्दी

[श्री मधु लिमये]

और बड़े पैमाने पर नहीं होता है उन्होंने इस बात को सही बताया। मैं आपके ध्यान में लाना चाहता हूँ कि जब लू चलती है तो सब से ज्यादा लोग गया और बिहार में मरते हैं। जब कोल्ड वेव आती है तो वही लोग अधिक मरते हैं। स्माल पाक्स से भी वही सब से ज्यादा मरते हैं। डब्ल्यू एच ओ ने 1968 में स्माल पाक्स के ऊपर जो किताब लिखी है उस में उन्होंने यह कहा है :

"In India a sharp increase in the number of cases was observed beginning late in 1966 and extending into 1967."

आप जानते हैं कि बिहार में 1966 के अन्त में घोर अकाल पड़ा और लोगों की स्थिति बहुत खराब हो गई थी। इन्होंने खुद कहा है कि 1966 के अन्त में बड़े पैमाने पर स्माल पाक्स से लोग मरने लगे। मैं आपकी जानकारी के लिए कहना चाहता हूँ कि बिहार में चावल का दाम 3 रुपये 50 पैसे और 3 रुपये 75 पैसे किलो हो गया है। लोगों को खाने को चालल नहीं मिल रहा है। यह भी बहुत बड़ा कारण है कि बड़े पैमाने पर लोग स्माल पाक्स से मर रहे हैं। मेरा दूसरा सुझाव यह है कि आप बिहार की जनता को राहत पहुंचाने के लिए उनकी रिजिस्ट्रेस, उनका स्टेमिना बढ़ाने के लिए वहां अनाज ज्यादा भेजें और अपने साथियों के ऊपर दबाव डाल कर स्माल पाक्स का जो प्रकोप है इसको खत्म करवाएं। यह दैवी नहीं है प्राकृति नहीं है। यह सरकार की जिम्मेदारी है सरकार का निकम्मापन है। आप इसके बारे में अपना मत बनाएं।

**डा० कर्णसिंह :** माननीय सदस्य ने स्पष्टीकरण तो कुछ नहीं मांगा लेकिन कुछ सुझाव दिए हैं। मैं दो तीन बातें कहना चाहता

हूँ। ऐसी बात नहीं है कि गम्भीरता से हम लोग इसको देखते नहीं हैं। पिछले वर्ष से और विशेषकर इस वर्ष के आरम्भ से इसके सम्बन्ध में हम बहुत चिन्तित रहे हैं। मैं स्वयं चाहे नहीं गया लेकिन हमारे जितने विशेषज्ञ हैं वे सारे भारतवर्ष में घूम रहे हैं, सम्पर्क हमारा राज्य सरकारों के साथ है, डब्ल्यू एच ओ के रिप्रिजेंटेटिव्स के साथ है। जो अप्रैल में यहां सेंट्रल काउंसिल आफ हेल्थ की मीटिंग हुई थी और जिस में सभी राज्यों के स्वास्थ्य मंत्रियों ने भाग लिया था तब हमने उन से विशेषकर इसके बारे में अनुरोध किया था और इसकी ओर ध्यान दिलाया था और एक रेजोल्यूशन भी उस में उन्होंने पास किया था। इस तरह से जितना भी यत्न हो सकता है हम कर रहे हैं।

एक सुझाव माननीय सदस्य ने बिहार के सम्बन्ध में दिया है। वहां जदोजहद चल रही है और पुनिस आदि का भी जिक्र उन्होंने किया है। मुझे लगता है कि वहां जो संघर्ष चल रहा है, अशान्ति है अगर बजाए इसके कि वह विधान सभा के विरुद्ध हो, उसको भंग कराने के लिए हो, वह चेचक के विषय होता तो आज शायद हम सभी को उससे लाभ होता। मैं जय प्रकाश जी का बहुत आदर करता हूँ। मैं आज भी यह सुझाव देना चाहता हूँ, और करबद्ध प्रार्थना उन से करना चाहता हूँ कि विधान सभा को छोड़ अगर चेचक के पछे बे पड़ जाए तो शायद हमें भी लाभ होगा और उनको भी होगा।

**श्री मधु लिमये :** सारे विश्वविद्यालय बन्द करने की बात मेने कही है।

छात्रों की सेना का इस्तेमाल किया जाए, क्या इसके लिए आप तैयार हैं।

**डा० कर्ण सिंह :** अवकाश के वक्त।

SHRIMATI BIBHA GHOSH GOSWAMI (Nabadwip): There are no two opinions that this Government has miserably failed in controlling small pox, let alone eradication. Why is it that in spite of the warning given earlier by the WHO and in spite of the small-pox eradication programme all these years, in April 1973 there were more than 87,000 cases of small-pox in which more than 1,500 people died and then again in 1974 more than 1,15,000 cases of small-pox in which more than 17,000 people died? Why is it that the Government did not cope with the situation?

The Public Accounts Committee in their 124th Report says at so many places that they have been thoroughly disappointed with the performance of the Government. It is stated on page 29:

"While the Committee appreciate that the above difficulties in the successful implementation of the Smallpox Eradication were due to insufficient attention being paid to the programme by the State Governments in spite of the Central assistance, the Committee are strongly of the view that the Central Government who pay grants and guide the programme cannot absolve themselves of the responsibility for the failure of the programme."

They say again:

"The Committee are strongly of the view that in view of the very unsatisfactory progress of the programme and its poor impact on eradication of the disease from India, it is necessary that an independent and comprehensive assessment of the programme should be undertaken immediately...."

They add:

"This shows utter neglect and disregard on the part of Central Health authorities which the Committee deprecate."

I want to know from the hon. Minister how this has happened. Then, referring to the assessment, the Committee say:

"The Committee are strongly of the view that in view of the very unsatisfactory progress of the programme and its poor impact on eradication of the disease from India, it is necessary that an independent and comprehensive assessment of the programme should be undertaken immediately in order to identify the deficiencies of the programme in the past and take necessary corrective measures without any delay."

Even though this point has been mentioned earlier, no reply has been given on this. I want to know when this immediate assessment is going to be made. Then, the PAC wanted a time-bound programme during the Fifth Plan. What has happened to that plan?

One thing more about assessment and I have done. The population-wise calculation does not give us a true picture of the situation. Unless the population-wise calculation is made to show actually what classes of people are affected more, what sections of people are affected more, whether it is middle-class people or poor people, you cannot have a true picture of the situation. There are educated people, half-educated people and uneducated people. There is urban population, semi-urban population and rural population. We should know amongst whom the incidence is more. Without that, all these figures, all these statistics, will have no meaning.

There is a mention in the statement that there is superstition to a large extent amongst the people. The superstition is there because of socio-economic causes. What are they doing about that? What steps are they going to take against that?

[Shrimati Bibha Ghosh Goswami]

So many cases have not been reported still now. I want to know from the hon. Minister what they are going to do to make the statistics to give a real picture of the situation.

There is a difference between paper work and real field work. The most important thing is how and when they are going to have total eradication of smallpox.

DR. KARAN SINGH: As I have tried to point out in my original statement and in reply to earlier clarifications, the main reason why the smallpox campaign has not fully succeeded so far is the backlog in primary vaccination. I said it clearly. I gave the reasons for that. The programme has been going now for about 12 years. But nevertheless, we have not been able to gear up the machinery to cover everybody in the country, particularly those people belonging to more far-flung areas, less accessible areas and more economically vulnerable sections of the society. Therefore, it is clear that that is where we have got to give attention.

There are four separate inputs, finance, vaccine, personnel and transport, required to make it successful. On each of the four fronts, we are seeing that the necessary inputs are given.

As regards the question of statistics and their interpretation, education-wise, urban-wise, rural-wise, etc. it is certainly valid. But I would submit for the consideration of the hon. lady Member that at a time when the epidemic is in a very virulent form, our main energy has got to be directed towards bring the outbreak under control and towards actually meeting the situation. The details with regard to statistical analysis, the economic and linguistic break-up and all that will also come. That will take a little time. At present, it is a fire-fighting situation. We have got to meet it.

Then, the hon. lady Member raised the question about time-bound programme. As I mentioned in my statement, we still stick to the target of total eradication of smallpox during the Fifth Plan.

As regards the superstition, as to what can be done to get rid of superstition, it is not something that can be got rid of through a legislation. The superstition will go only when education spreads, when public opinion is created. In fact, I would appeal to the hon. Members of Parliament irrespective of all party affiliations, to help us in this process, wherever they go, to create an awareness and the importance of total immunisation and vaccination. I am sure, if M.P.s and MLAs all over the country help us in that, the superstition to which I referred will go quicker than otherwise.

13.00 hrs.

#### STATEMENT RE. UNDERGROUND NUCLEAR EXPLOSION EXPERIMENT.

THE PRIME MINISTER, MINISTER OF ATOMIC ENERGY, MINISTER OF ELECTRONICS AND MINISTER OF SPACE (SHRIMATI INDIRA GANDHI): Honourable Members are aware that at 08-05 hours on May 18, 1974 our Atomic Energy Commission successfully carried out an underground nuclear explosion experiment at a depth of more than 100 metres in the Rajasthan desert. This experiment was part of the research and development work which the Atomic Energy Commission has been carrying on in pursuance of our national objective of harnessing atomic energy for peaceful purposes.

Honourable Members may recall that on November 15, 1972, I had stated in the Lok Sabha that "The Atomic Energy Commission is studying conditions under which peaceful nuclear explosions carried out underground could be economic benefit to