

I know the local problems. Nevertheless, on our side, I can assure him that we are quite keen to complete it as early as possible.

SHRI MUKUNDA MANDAL: My second supplementary. Only one minute, Sir.

A few days back, our Urban Development Minister, Shri Prasanna-sur visited Madras and there he found that the coaches for the Metro Railway were not upto satisfaction because there are no standing facilities and the ventilation system in the coaches is not good. In view of these recommendations of the Minister of Urban Development, what action is the Government going to take? Also, may I know whether the target date for the completion of the second phase is still uncertain following the objection of the Planning Commission and if so, the facts thereof—because the second phase is nearly 5 km. ... No, Sir, I will not take more time.

MR. SPEAKER: You have already taken 8 minutes on this question.

SHRI C. K. JAFFER SHARIEF: I have already said that the first phase of the project will be opened by 1984-85 and the entire project will be commissioned in 1986-87. There is no question of delay.

He was referring to his Urban Development Minister. I can tell the hon. Member and the House that the Chief Minister of the State is very much satisfied with the progress of the project that we have maintained.

MR. SPEAKER: Shri Nihal Singh ...

SOME HON. MEMBERS *rose.*

MR. SPEAKER: There is nothing much more in this question. ... We have already spent 8 minutes. ... No, please. Shri Nihal Singh.

SHRI KRISHNA CHANDRA HALDER: You are so unkind to Calcutta. ... (*Interruptions*).

MR. SPEAKER: Shri Arif Mohammad Khan.

News Item Captioned 'A Curable Disease made Incurable by Poverty'

*538. **SHRI ARIF MOHAMMAD KHAN:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to a news item in the Hindustan Times dated the 24th February, 1981 captioned 'A curable disease made incurable by poverty' which highlights the difficulties in admission of poor patients in the Rajen Babu T.B. Hospital; and

(b) If so, the action taken or proposed to be taken in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Yes, sir.

(b) The Rajen Babu T.B. Hospital is part of the T.B. Control Programme in the Union Territory of Delhi, in which a total of ten T.B. Clinics/T.B. Centres with a total bed strength of 1539 participate. With the use of potent anti-T.B. drugs, there is growing resort to T.B. treatment on domiciliary basis. Taken together, these facilities for inpatient and domiciliary treatment, would benefit an increasing number of poor T.B. patients.

SHRI ARIF MOHAMMAD KHAN: Sir, my question was whether Government's attention has been drawn to the difficulties which are faced by TV patients while seeking admission in Rajen Babu hospital. Apart from this T.B. hospital there is TB hospital in Kingsway Camp.

श्री रामावतार शास्त्री : नाम तो ठीक होना चाहिए। सरकार भी वही करती है। राजेन्द्र बाबू होना चाहिए। राजन बाबू कहां से आ गया ?

श्री आरिफ मोहम्मद खां : अगर माननीय रामावतार शास्त्री जी ने प्रश्न को पढ़ लिया होता तो अच्छा होता। किसी समाचार में यह नाम छपा था और उसका शीर्षक यह था। उस समाचार में राजन बाबू लिखा था। अगर रामावतार शास्त्री जी समाचारपत्र के सम्पादक होते तो वहां वह ठीक कर लिए होते तो दूसरी बात थी। लेकिन वृन्ध्यादी बात यह है कि क्षय रोग से जो लॉग ग्रस्त हैं— (व्यवधान) नाम का झगड़ा तय कर लें तो मैं सवाल करूंगा। मेरी दिलचस्पी टी०बी० पेशेंट्स में है नाम में नहीं। रामावतार शास्त्री जी की दिलचस्पी किस में है मुझे मालूम नहीं है।

श्री रामावतार शास्त्री : आप के नाम को बारिफ कर दें आरिफ की जगह तो क्या ठीक होगा ?

अध्यक्ष महोदय : अब आप इस को छोड़ें।

श्री आरिफ मोहम्मद खां : इस अस्पताल में या दूसरे टी०बी० अस्पतालों में जो रोगी जाते हैं और उन्हें जिन कठिनाइयों का सामना करना पड़ता है और जिस की तरफ इस समाचार में ध्यान दिलाया गया है, क्या सरकार ने उनकी इन समस्याओं पर विचार किया है ? इसके अतिरिक्त ऐसे शहरों में जहां टी०बी० पेशेंट्स ज्यादा हैं और वहां इस रोग के इलाज की कोई सुविधाएं नहीं हैं वहां ऐसी सुविधायें प्रदान करने पर सरकार विचार कर रही है ?

SHRI B. SHANKARANAND :
Sir, I would like to give the bed capacity available in various hospitals for

T.B. patients in Delhi. The Rajen Babu T.B. hospital has bed capacity of 1130; ChestClinic, Kilokari 55; Chest Clinic, Narela 22. Besides these there are voluntary organisations in Delhi, namely, Lala Ram Sarup Hospital with bed capacity of 306 ; New Delhi T.B. Centre 15 and Rama-krishna Mission Hospital has a bed capacity of 55. The total comes to 1,539. Sir, it is not as though every T.B. patient requires indoor treatment. About 92 to 95% of the patients can be treated at their residence which is called domiciliary type of treatment. Only serious types of cases, about 5 per cent or a little over 5 per cent are treated as indoor patients. So, Sir, the bed capacity today is satisfactory and there is a system whereby the serious patients are admitted.

AN. HON. MEMBER : What is the criteria ?

SHRI B. SHANKARANAND : The criterion is seriousness. The news item which appeared in the paper said about Rajen Babu Hospital which is in Delhi and I gave the information relating to Delhi.

SHRI ARIF MOHAMMAD KHAN: This is a very serious question. The Minister should give a broad-based reply and he should not confine his reply to Delhi. मैं अभी दावार इसको

उठा चुका हूँ पिछले दो हफ्ते में। यह बीमारी मेरे क्षेत्र में बहुत ज्यादा है, मेरे क्षेत्र कानपुर में सबसे ज्यादा टी०बी० पेशेंट्स हैं और कुछ मॉडर्न तो ऐसे हैं जहाँ एक भी घर ऐसा नहीं है जिसके अन्दर टी०बी० पेशेंट न हों। मंत्री जी ने जो जवाब दिया है उससे पूरी तरह मुतमईन होते हुए भी यह कहूंगा कृपया इस समाचार के साथ जो फोटो छपा है जिसमें अस्पताल के बाहर यह मरीज जगह न मिलने के कारण जमीन पर लेटा हुआ है, कई दिन से इस और कृपया ध्यान करें...। (व्यवधान)

मेरी नीयत टी०बी० पेशेंट्स की मदद करने की है, आपकी नीयत है मिनिस्टर के जुमले को पकड़ने की। मेरा

कहना यह है कि क्या आप इस बात पर विचार करेंगे कि अपने साधनों का समय प्रस्त रोगियों के लिए ज्यादा इस्तेमाल किया जाए। पिछले सालों का सर्वे कराया जाय कि कितने मरीज इस लायक थे जिन्हें अस्पताल में भर्ती किया जाना चाहिए था, लेकिन जगह की कमी होने के कारण उन्हें भर्ती नहीं किया जा सका, क्या आप इसका सर्वे करावेंगे। यही बुनियादी प्रश्न है क्योंकि जगह नहीं मिलती है टी० बी० के मरीजों को।

दूसरे यह कि ऐसे शहरों में जहां पर इस मज की शिकायत ज्यादा है और वहां पर सुविधाएँ नहीं हैं, क्या उन शहरों का सर्वे करावेंगे कि उनमें कुल कितने टी० बी० पैजेंट्स हैं और वहां पर क्या सुविधाएँ हैं? और उसके बाद पिछले 4, 5 साल से जो इस रोग से ग्रस्त रोगी हैं उनका कुल नम्बर निकाल कर उसके अनुसार आने वाले सालों में ऐसे अस्पतालों की सुविधा करावेंगे?

अध्यक्ष महोदय : यह तो माननीय जाकर शरीर वाले उबल हेडेड ट्रेन हो गई।

श्री मनोराम बागड़ी : अध्यक्ष जी, लक्षाल प्रच्छा है, इसका जवाब देना चाहिए मंत्री महोदय को।

अध्यक्ष महोदय : दे रहे हैं जवान।

SHRI B. SHANKARANAND : His question was with reference to the hospital in Delhi and I thought it Better to give the information as far as Delhi is concerned. Now he is asking about other places.

MR. SPEAKER : It is just a suggestion; just assure him.

SHRI B. SHANKARANAND : He is concerned about Kanpur. There is already a fully equipped District T.B. Centre at Kanpur.

SHRI BAPUSAHEB PARULE KAR : In his reply to the supplementary question the Minister said that serious patients would be about 5 percent or more, who are admitted in hospitals. I would like to ask him one question. Is it a fact or not that in the fortnight prior to 19th March, 1981, no streptomycin was available in the hospital and the patients were told that they should themselves purchase them outside. These people were not in a position to purchase them outside. The entire treatment was neglected.

अध्यक्ष महोदय : एक अगर कर दें तो भी कार्क है।

SHRI BAPUSAHEB PARULE-KAR : Special food has to be given to them; meat has to be given to them twice a week. For food, the amount is debited in the account books but nothing is being supplied to them. In Rajen Babu hospital, these amounts are debited in the accounts registers, but these things are not supplied to the patients. The same is the case with fruit.

SHRI B. SHANKARANAND : As far as supply of streptomycin medicine for injection purposes is concerned, I may point out that it is not in short supply.

SHRI BAPUSAHEB PARULE-KAR : I have referred to the period prior to 19th March, 1981.

SHRI B. SHANKARANAND : I am telling you today's position. This medicine is not in short supply now.

MR. SPEAKER : He is asking about the short supply of that particular medicine during a specific period.

SHRI B. SHANKARANAND : I do not have that particular information. Then regarding food which the hon. Member has asked, I may state that I do not have the information at the moment.

DR. A. KALANIDHI : The hon. Minister has just now said that the patients who are serious are given admission to T.B. hospitals. But I would like to draw the attention of the Government to the fact that in Tamil Nadu, the T.B. patients who are very serious are not given admission in the TB Sanatorium, Tambaram. The Medical Superintendent of that hospital tore off the recommendation letters given to the TB patients by the MLAs and MPs. I would like to know whether the hon. Minister would kindly look into this matter.

SHRI B. SHANKARANAND : The hon. Member is asking something which is beyond the purview of this question. If he is asking a question about anything particular, I won't be able to answer that.

U.S. Arms and Economic Aid to Pakistan

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*539. **SHRI R.L. BHATIA :**
SHRI S.M. KRISHNA :

Will the Minister of **EXTERNAL AFFAIRS** be pleased to state :

(a) whether his attention has been drawn to the news item under the heading "PINDI SEEKS Two billion U.S. military, economic aid," appearing in the Indian Express, New Delhi dated the 3rd March, 1981; and

(b) if so, his reaction, thereto ?

THE MINISTER OF EXTENAL AFFAIRS (SHRI P.V. NARASIMHA RAO): (a) Yes, Sir.

(b) Government of India have repeatedly conveyed to the Government of United States in the strongest terms that further massive supply of arms to Pakistan, which has considerably strengthened its defence forces in the last few years, would have a destabilising effect on our region.

MR. SPEAKER : We had a full discussion yesterday on this question. I think there is no need for asking any further question on this subject.

SHRI R.L. BHATIA : Sir, Pakistan which wants to modernise its forces is likely to get F-16-79 war planes, tanks, guns and air to air missiles. Now, the pea-nut aid has become a banana size aid. The argument which Pakistan gives for acquisition of these arms is first to meet the threat from the Afghanistan frontier, second, neutralise the acquisition of arms by India and third, to defend Saudi Arabia in times of emergency. May I know from the hon. Minister whether this large size acquisition of arms by Pakistan does or does not upset the process of normalisation between India and Pakistan ?

SHRI P.V. NARASIMHA RAO: I have already said that this results in a serious setback to the process of normalisation. That is a comprehensive statement which includes all the aspects referred to by the hon. Member.

SHRI R.L. BHATIA : Before admission to the Non-Aligned Conference Pakistan gave some assurance with regard to military pacts and military build up by the global powers and the role of Pakistan as an independent nation towards global strategies of big powers. If so, may I know whether Pakistan is going to fulfil the role as described by Mr. Haig that they are going to build up the countries with arms right from Pakistan to Egypt ? May I know whether Pakistan which has given assurances to the non-aligned movement is not going back on those assurances ?

SHRI P.V. NARASIMHA RAO: It is true that in General Haig's statement, Pakistan has been clubbed with other countries, but from Pakistan, we have, if anything, had a denial of the report that Pakistan