

all the districts of the country. If not, by what time it will be done? My second question is whether it is a fact that the blood procured from the Blood Banks is of the poor people and in the absence of proper examination of the blood, AIDS is spreading day by day? What appropriate steps will the Government take to control it? To what extent the blood donation is being encouraged? I would like to say that it is not being encouraged. Blood donation is a great donation. What steps will be taken to encourage people to donate blood?

[English]

SHRIM.L.FOTEDAR: I would like to tell the hon. Member that 372 more districts will be covered where we will have blood-banks in the third phase starting from 1992-93. This year, up to the end of March, as I said earlier, we are going to have 84 more blood-banks. So far as the professional donors are concerned, they do not come under this category. Like the Government hospital, voluntary organisations and the other organisations come under this category. We are not going to accept any blood from any donor unless it is proved to be safe and HIV positive test is being done at every place.

SHRI A. CHARLES: Sir, the working of the blood-banks is very vital in saving the life of the patients struggling for life. They have to be carefully monitored and protected. There has been a shocking news item published just two weeks ago which states that there is a report of the World Health Organisation. That report says that by the end of 2000 A.D., 25 per cent of the people of this country will be affected by AIDS. One of the main reasons stated is that of indiscriminate supply of infected blood to the blood-banks. I would like to know from the hon. Minister whether effective steps will be taken for giving un-infected blood through the Government-managed blood-banks and the private blood-banks. I would also like to know whether the disposable syringes will be used for the massive immunisation programme. This is the other reason. I would like to know the reaction of the hon. Minister.

SHRI M.L.FOTEDAR: I must tell the hon. Member that we are conscious about the AIDS explosion that is taking place. That is why, we have prepared a comprehensive project for checking it. We are getting about Rs. 260 crores from the World Bank for different programmes. So far as testing is concerned, any donor, who gives blood in in any bank, we are making arrangements that HIV positive test should necessarily be done so that there is no infection and the infection does not spread to any other areas.

[Translation]

DR. LAXMINARAYAN PANDEYA: Mr. Speaker, Sir, I would like to submit to the hon. Minister that there are several medical institutions in the country functioning independently and blood banks have been set up to collect blood but they have not adequate equipments, means and proper scientific laboratories. Blood purchased from these blood banks cause many diseases. Have some norms been laid down which will have to be fulfilled by those institutes before they are made blood banks and if they don't fulfil those norms, the Government will not permit them to become blood bank and even if they are permitted, possibilities of spreading AIDS and other diseases will always be there. What is your opinion about it? I want assurance from the hon. Minister.

[English]

SHRIM.L.FOTEDAR: I have taken note of the suggestion made by the hon. Member.

New Drug for Treatment of Kala-Azar

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*368. SHRI V. SREENIVASA
PRASAD:
SHRI GEORGE FERNAN-
DES:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Health Organisation proposes to try in India a new drug for the

treatment of Kala-Azar which is more effective;

(b) if so, the details in this regard; and

(c) the reaction of the Government to this proposal?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D.K. THARADEVI SIDDARTHA): (a) to (c). A project for conducting clinical trials with Anti-Kala-azar drug amphotericin Blipid complex has been initiated in Patna Medical College and King Edward Memorial Hospital, Bombay with WHO support. The effectiveness and safety of the drug would be determined on the basis of these trials.

SHRI V. SREENIVASA PRASAD: Mr. Speaker, Sir, Kala-azar is a dangerous disease. It is also well-known as a killing fever and it is worse than malarai. In fact, millions of people were affected during per-second World War and also at a later stage. Our country did not have much resources to combat the menace of this virulent epidemic, at that period of time. Then, one Dr. U.N. Brahmachari, an ardent social worker of the country, invented the medicine based on Indian herbs and formulations to control the menace of Kala-azar.

Therefore, I would like to know from the hon. Minister whether the Government have any records and reference of the medicines formulated by late Dr. U.N. Brahmachari, for treatment of Kala-azar, which treated the countrymen during the pre-second World War period in this country.

MR. SPEAKER: If you have the information, you can give it. Otherwise you can collect it and give it.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M.L.FOTEDAR: I will collect it and send it to the hon. Member.

SHRI V. SREENIVASA PRASAD: The World Health Organization (WHO) has se-

lected three countries-India, Kenya and Sudan- for trial of a new Kala-azar drug and the Bristol Squib Pharmaceuticals Company had selected Patna as their trial zone in India.

Therefore, I would like to know from the hon. Minister the reason which influenced the Government's decision to allow World Health Organization to choose India as a trial ground for a medicine developed in U.S.A., when no trial was allowed to be conducted in U.S.A. itself. Why have they selected India for this experimental purpose?

SHRI M.L.FOTEDAR: Perhaps, the hon. Members wants to know about the amphotericin!

SHRI V. SREENIVASA PRASAD: No, Sir...

SHRI M.L.FOTEDAR: In case the hon. Member wants to know about the amphotericin, I will reply to it. So far as any other drug is concerned and why we are experimenting on that, there are two reasons. One reason is that it may be a cheap drug. The second reason is that Kala-azar disease is in India and people in some of the States are suffering because of this disease. And it is already a national problem in our country. If we do any experiment, I think, there should be no objection because some drugs are available and we are importing some drugs from outside. In case, new drugs are available at cheaper rates, and in case experiment is done successfully in India, I think, there should be no objection.

[Translation]

SHRI RAM NAGINA MISHRA: Mr. Speaker Sir, through you, I would like to know and make a submission also.

MR. SPEAKER: No submission, please ask your question.

SHRI RAM NAGINA MISHRA: I am asking the question and simultaneously making a submission also. Sir, this disease

has spread widely in Gorakhpur and Deoria and claimed thousands of lives. I had drawn the attention of the hon. Minister towards it and he had assured me to pay a visit to that area. Will the new medicines which are being invented to combat this disease be put to use in Gorakhpur and Deoria which are the worst affected areas.

SHRI M.L.FOTEDAR: I promise to the hon. Member that after the Parliament session is over I would visit Eastern U.P. in the first two months of the new year. I have sent the N.I.C's team there to take stock of the problem. The Government is prepared to extend as much help as could be possible for this.

SHRI RAM NAGINA MISHRA: I am talking of Gorakhpur and Deoria.

[English]

SHRI M.L.FOTEDAR: Gorakhpur, Deoria or Azamgarh, I will go to every place, where there is any such problem.

SHRI DIGVIJAYA SINGH: The incidence of Kala-Azar is because of a special kind of mosquito. What the hon. Minister has referred to is a line of treatment. Would the hon. Minister consider some kind of a biological control of mosquito, so that the incidence does not take place? The incidence has been maximum in Bihar. The hon. Minister has toured the affected areas throughout the State of Bihar. Would the hon. Minister give his reaction, whether the State Government did act responsibly in the matter or not?

MR.SPEAKER: I would rather restrict the Minister's travelling everywhere unless he developed immunity!

SHRI SOMNATH CHATTERJEE: Mosquitoes are afraid of ministers!

SHRI M.L.FOTEDAR: I share the human suffering. I have anxiety for them and I have become immune from any disease.

So far as Bihar is concerned, I don't want to make any adverse comment here. I have already said in the presence of the Chief Minister of Bihar that the arrangements by the Bihar Government were not adequate. Perhaps this could have been controlled.

SHRI HARI KISHORE SINGH: How did you assess the State Government?

SHRI M.L.FOTEDAR: The Chief Minister, frankly speaking, admitted that there was a lapse on the part of the State Government in controlling Kala-Azar. Then we decided to have some more thinking on the problem. I assured the Chief Minister of Bihar that DDT will be supplied to the State for spraying purpose on time. We had made an agreement that DDT will be supplied by the end of this month. You will be happy to know that whatever commitment we had made, we have fulfilled them.

The second commitment that we had made is that for the local indigenous drug we are going to reimburse. We have gone a step further and told the company to give us the drug and we will give the money to the company; but it is to be supplied free of cost to the Government of Bihar. It is for the Government of Bihar to use that drug to control this thing.

The Prime Minister has been very kind enough at that time to say that Pentamine Viles which is to be imported from outside should also be given free of cost to Bihar. I made that commitment also that it should be given free of cost to Bihar. We have fulfilled our commitment.

The Chief Minister of Bihar had made a public commitment before me on the first of October 1991 that this disease will be declared as a *notifiable* disease. He assured me that on the 2nd of October the Government will meet and take a decision. But, to my surprise and disappointment the Chief Minister has not responded favourably so far. I seek the indulgence of the House and the Members of Bihar to request the Chief

Minister of Bihar to declare it as a notifiable disease so that we will get the full information as to how many patients are there who are suffering from Kala-Azar disease, so that adequate arrangements could be made.

He has to fulfil other commitments. The list is there. The State Government has not been able to fulfil any of the commitments to have the infrastructure ready for implementing the decisions taken at the joint meeting between me and the Chief Minister, between the Health Secretary and the State Chief Secretary.

[Translation]

SHRI RAM VILAS PASWAN: Mr. Speaker Sir, there was no Kala-Azar before 1977. I had raised this issue in this House when I was on the other side. I am thankful to Raj Narainji for this who was the Health Minister at that time and is no more now. At that time, we had tried to prevent Kala-Azar to some extent with the help of the W.H.O. Later on, the Government was no serious about it which resulted in the growth of Kala-Azar. As Digvijayee Singhji has rightly said thousands of persons have fallen victim of Kala-Azar. The hon. Minister had a meeting with the Health Minister of Bihar and held talks with him. I was also present in that meeting. I can appreciate his feelings that he is worried for this. He has visited Bihar in this connection. The patients are dying in the midst of allegations and counter allegations of both the Governments. I understand that allegations and counter allegations would not serve any purpose. It is the responsibility of the Central Government also to see how to eradicate the disease. I would like to know that during the last two years... (Interruptions) I am making a very important submission. I am not saying anything uncalled for... (Interruptions) Do you understand anything or not? I want to put a question directly to the Government whether it knows as to how many people have died of Kala-Azar in Bihar during the last two years and what assistance the Central Government has provided to the state Government to check the spread of Kala-Azar so that not

only the patient could be helped but also the disease could be eradicated.

SHRI M.L.FOTEDAR: Mr. Speaker, Sir, I do not want to level any allegation against any Government.

[English]

I am stating the facts, as they are. Whatever may be the fact, I do not want to hide them from Parliament. The hon. Member knows for himself that when the Health Minister of Bihar met me in his presence, she admitted the failure of the State Government. Shri Pawan, I think you will agree with me that she has admitted in your presence and said that there was a failure of the State Government.

[Translation]

MR. SPEAKER: What is the number of victims and what help has been given?

[English]

SHRI M.L.FOTEDAR: According to the information received, the number of cases reported is, 44,432. The reason why I said that it should be declare as notifiable disease is this, that it gives an authority to every person in the village to report this case even to the quack, even to the doctor. Under law, they can report. These are only the cases reported; but there may be more cases. During this year, the number of deaths is 652. In 1990, the number of cases reported is 54,480 and the number of deaths is 589. In 1989, the number of cases reported is 30,903 and the number of deaths is 477.

All that we have to do is that, in the months of February-March, we have to do effective spraying in those areas which become endemic due to Kala-Azar; then second spraying has to be done during April-May, so that the sand-fly is killed by spraying. Once the sand-fly gets killed, then there will be no Kala-Azar. So far as the treatment is concerned, we have told the State Government that whatever may be the cost, we

are going to give that; but they must provide the necessary things to implement them.

[*Translation*]

SHRIMATI KRISHNA SAHI: Mr. Speaker, Sir, when the hon. Minister visited Bihar and went round the hospitals, he had said that those were stagger houses. His statement that the hospitals of Bihar were as good as slaughter house had appeared in some sections of the press. Many people have lost their lives due to Kala-Azar. I challenge that he is giving fictitious figures. Will the Government conduct an enquiry into it and submit its report here within one month? The number of deaths is ten times more than the figures he has given... (*Interruptions*): The number of people affected is also ten times more than the figures he has given. The funds that were released have been distributed among the officers of Bihar towards their salaries. Will he hold an enquiry into it.... (*Interruptions*)...

MR. SPEAKER: Since the number of deaths is much more, will you conduct an enquiry into it?

... (*Interruptions*)...

SHRIMATI KRISHNA SAHI: Will he give a report after the enquiry or not?

[*English*]

SHRI M.L.FOTEDAR: Sir, she asked whether I have said that some of the hospitals in Bihar are just like slums. I need not repeat what I have already said in the presence of the Chief Minister. So, I need not say here. But she says whether any enquiry would held into the matter?

[*Translation*]

Prior to the enquiry, it is very necessary to check the spread of the disease. We will hold an enquiry thereafter.

SHRI NITISH KUMAR: Mr. Speaker, Sir, in response to the long reply given by the

hon. Minister, I challenge the figures he has given about the number of the victims of the Kala-Azar. The hon. Minister has said that the Central Government is prepared to give every help. He has said neither the State Government has necessary infrastructure nor has it placed its demand. During 1982-83, an action programme was prepared by the action group of the Planning Commission. Dr. Harcharan Singh was its co-ordinator. He had prepared separate action programme for Kala-Azar in respect of affected States viz. Bihar, West Bengal and Uttar Pradesh. A provision of Rs. 10 crore had been made in the said programme to provide medicines to people affected by Kala-Azar in Bihar... (*Interruptions*)... This disease has been spreading widely since 1980.

[*English*]

MR. SPEAKER: Please come to the question now.

[*Translation*]

SHRI NITISH KUMAR: The action consisted of officers from Planning Commission. It was not implemented. (*Interruptions*) I want to put the facts before the House that it was neglected. Now the situation is that there are patients in lakhs. How much Pentamin is available for the patients who are already hospitalised and how much has been provided to Bihar after importing? (*Interruptions*) How much D.D.T. and Pentamin are being provided for eradication of Kala-Azar... (*Interruptions*)

SHRI M.L.FOTEDAR: Infrastructure is to be provided to the State Government. At some places there are doctors and at some places there are compounders (*Interruptions*) Do not worry, I will satisfy you. They required 28400 metric tonnes which we have since sent. It is to be sprayed in the month of February and March. I would like to know this much only from the Bihar Government: whether it has declared it as a notified disease or not. The second question is about S.S.G. (*Interruptions*) This we would give them by 31st March, 1992. We are prepared

to give them more if they needed but they should activate their Government.

[English]

Kaundinya Wildlife Sanctuary

*369. SHRI MAHASAMUDRAM GNANENDRA REDDY: Will the Minister of ENVIRONMENT AND FORESTS be pleased to state:

(a) whether the Government propose to include the Kaundinya Wildlife Sanctuary in the Project for conservation of elephant population;

(b) if so, the details thereof; and

(c) the steps so far taken to restore the degraded habit of elephants?

THE MINISTER OF STATE OF THE MINISTRY OF ENVIRONMENT AND FORESTS (SHRI KAMAL NATH): (a) to (c). A Statement is laid on the Table of the House.

STATEMENT

(a) and (b). The elephant population in Kaundinya Wildlife Sanctuary is a part of the larger elephant population of the proposed Nilgiri-Eastern Ghat elephant reserve under 'Project Elephant'. While finalising the details of the areas to be included in the above reserve, the question of inclusion in the Kaundinya area will also receive due consideration.

(c) The steps proposed to be taken under the 'Project Elephant' for restoring the degradation in elephant habitats are:-

- (i) conservation and protection of the habitats of viable elephant populations through reduction of biotic pressures and plantation of suitable species;
- (ii) restoration of traditional corridors linking the parts of the habitats which were being used by the ele-

phants for their migrant in the past;

- (iii) reduction in dependence of people on forests and securing improvement in their living standards through eco-development activities; and
- (iv) mitigation of man-elephant conflicts and ensuring people cooperation in conservation measures.

SHRI MAHASAMUDRAM GNANENDRA REDDY: Mr. Speaker, Sir, I want to know from the Hon. Minister whether there is any provision in the centrally sponsored scheme for providing assistance for State Governments for payment of compensation to the victims of elephant menace.

If so, the details thereof by stating its amount and criterion for fixing up such an amount, etc;

And if not, the reasons therefor.

SHRI KAMAL NATH: There is a scheme for providing compensation to victims of those who are attacked by wild elephants and a certain amount have been paid in this regard. Compensation which had been paid in 1989-90 was Rs. 1,01,000 and in 1990-91, Rs. 38,960 has been paid. The Andhra Pradesh Government pays Rs. 10,000 for the kith and kin of those who have been killed by elephants and Rs. 2,90,000 have already been paid by the Andhra Pradesh Government as compensation.

SHRI MAHASAMUDRAM GNANENDRA REDDY: I would like to know whether the Government have taken up short term and long term measures to control different types of depredations caused by elephant herds especially in Chittoor district of Andhra Pradesh so far. If so, I would like to know the details thereof taking into account the methods adopted, measures undertaken to stop migration from the forests of Tamil Nadu and Karnataka to Andhra Pradesh, attempts made for restoration to traditional elephant habitat, etc.