

insensitive to the issue of those Indians, who have returned from another country. Some years ago, when some of the Indians have been sent back by the Government of Uganda, many of them were British citizens, the Government of Britain had taken very much interest in them and was very much sensitive to the issue. Here, these people who have been contributing to the foreign exchange earnings of our country - a majority of these 60,000 people belongs to the labour class — have been treated in a very shabby manner when they have been sent back.

As a matter of fact, there are more than 60,000 people, but the official figure is 60,000. Out of these 60,000 people 45 per cent come from Kerala, 23 per cent come from Andhra and the remaining people are from the rest of the country. I am told by no less a person than the Ambassador himself that out-passes have been issued to 45,000 people, and they have to come to India with these out-passes. There were also nationals of Philippines, Sri Lanka, Bangladesh, Pakistan among those who have been sent back, but their concerned Governments issued the passports without any difficulty so as to enable them to go back and obtain the jobs in UAE as legal immigrants, whereas our Government is dilly-dallying in issuing the passports. When the people applied for a passport on the basis of these out-passes, they are being asked to produce many certificates with the result these people are not able to go there to get the jobs which they have been doing. Our people are being denied the legal right. Why is the Government of India very much insensitive to this issue? The work done by our dynamic Ambassador deserves appreciation. It is only because of the Ambassador of India in UAE that the Government of UAE granted amnesty. The Kerala Government also approached the Central Government for some viable schemes to be implemented for the sake of these people. They have not been given any assistance, they have not been given any encouragement, and the External Affairs Ministry has not given the necessary clearance for getting the passport. This is a very serious issue and we are doing injustice to those people who have been earning foreign exchange for this country. They have also competed with the people of other countries in the job market. Our country is the main exporter of manpower to other countries. This manpower is one of the sources of income to this country. Therefore, I take this opportunity to draw the attention of the Government to this fact and request that expeditious be taken to solve the problem of our Indian people in the other countries.

MR. DEPUTY SPEAKER : The House stands adjourned for lunch to meet again at 14.05 PM.

13.05 hrs.

*The Lok Sabha then adjourned for Lunch till five minutes past Fourteen of the clock.*

14.15 hrs.

*The Lok Sabha re-assembled after Lunch at Fifteen Minutes past Fourteen of the clock.*

(Mr. Deputy-Speaker in the Chair)

(Interruptions)

[Translation]

SHRI NAWAL KISHORE RAI (Sitamarhi) : Mr. Deputy Speaker, Sir, thousands of women working as Anganwadi workers are staging dharna near Parliament Street. These poor women are being paid only Rs. 200/- p.m. since 1975. It is a meagre amount now-a-days. I had visited them before coming here. Thousands of women have taken part in the demonstration. I would be grateful if you kindly give instructions for regularising the services of these women and make them permanent Government servants.

(Interruptions)

MR. DEPUTY SPEAKER : You should give a notice in writing to this effect.

SHRI NAWAL KISHORE RAI : The whole House is unanimous on this issue.

MR. DEPUTY SPEAKER : You should give a written notice or raise it under some Rule.

SHRI NAWAL KISHORE RAI : I seek your protection as the whole House is unanimous on this issue.

MR. DEPUTY SPEAKER : You have your say now please sit down.

SHRI NAWAL KISHORE RAI : It would have been better if some instructions had been issued and action taken on it.

SHRI JAI PRAKASH AGARWAL (Chandni Chowk-Delhi) : Sir, the discussion on Calling Attention Motion should be changed into a discussion under Rule 193, otherwise we, the MPs from Delhi would not get a chance to speak.

MR. DEPUTY SPEAKER : It cannot be done.

SHRI JAI PRAKASH AGARWAL : The MPs from Delhi should be given a chance to speak. Shri Jagmohan is also present in the House.

SHRI JAI PRAKASH (Hisar) : Does your name appear in the list?

SHRI JAI PRAKASH AGARWAL : I have given a notice in writing.

14.17 hrs.

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

**Widespread dengue fever in Delhi, Haryana and other parts of the Country during October-November, 1996.**

[Translation]

SHRI JAGDAMBI PRASAD YADAV (Godda) : Sir, I would like to draw the attention of the Minister of Health

and Family Welfare to the following subject of urgent public importance and request him to make a statement in this regard.

"Situation arising from the death of many people due to widespread dengue fever in Delhi, Haryana and other parts of the country during October-November 1996 and steps taken by the Government in this regard"

[English]

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI) : The outbreak of dengue which mainly affected Delhi has been brought under control. As per information received upto 15.11.96, a total of 392 deaths in Delhi, 48 deaths in Haryana and 49 deaths in other parts of the country on account of suspected dengue/DHF have been reported. Dengue is caused by a Virus and is endemic in most countries of the tropics although Dengue outbreaks in India were a relatively less frequent occurrence. The disease is spread from the bite of an infected Aedes mosquito. This mosquito has specific breeding habits and is usually found as a domestic breeder in collars, pots, flower vases etc. inside and around houses.

The first suspected case of Dengue Haemorrhagic Fever during the current outbreak came to notice on 13.9.1996 in Delhi and immediately investigations were undertaken by agencies like National Institute of Communicable Diseases (NICD), National Malaria Eradication Programme (NMEP) and National Institute of Virology (NIV), Pune. Suspected cases of Dengue/DHF occurrence in Faridabad and Ludhiana came to notice in the middle of October, 1996.

Important measures taken by the Health agencies inter alia included :

1. Immediate establishment of systems for the daily reporting of cases and deaths from all major public and private hospitals. Two control rooms were established on 10.9.96 by the Directorate General of Health Services and National Malaria Eradication Programme
2. Alerting the State Governments and in particular Delhi, Haryana and Punjab of measures to be taken for detection of cases, anti-larval operations, fogging intensification of health education activities and clinical management of patients.
3. Augmentation of blood component separation facilities in major hospitals and the Indian Red Cross Society.
4. Augmentation of Bed capacity in all Central Government hospitals, AIIMS, and other hospitals in Delhi as patients from surrounding areas like Faridabad, Gurgaon, Ghaziabad, Noida, were reportedly using the

medical facilities, including the blood component separation facility available in Government hospitals in Delhi. All Hospitals were instructed not to refuse any patient and this was effectively monitored.

5. Government of NCT Delhi was supplied additional quantities of Pyrethrum Extract, Malathion and fogging machines. Government of Haryana was also supplied Malathion technical, Synthetic Pyrethroid and Fogging Machines. Government of Punjab was also supplied with Malathion technical and Fogging machine. These supplies were made over and above the normal supply being made under the Centrally sponsored Programmes of NMEP to the States.
6. I took review meetings on three occasions, one on the 9th October, 1996 where the Health Minister, Government of the NCT of Delhi had also participated and subsequently on the 15th October, 1996 and on the 21st October, 1996, specifically to review the dengue situation in Delhi and surrounding areas.
7. A high level Central Coordination Committee under the Chairmanship of the Union Health Secretary was set up to review the dengue situation in Delhi and to advise remedial action to be undertaken by the concerned agencies of the State Governments. This Committee met on a daily basis from the 16th October, 1996 to the 8th November, 1996.
8. Special teams of experts consisting of public health experts of NICD, medical experts and paediatricians from Central Government hospitals in Delhi were deputed to Faridabad and Gurgaon in Haryana, Ghaziabad and Meerut in Uttar Pradesh and Ludhiana in Punjab to assess the adequacy of vector control measures, case management, availability of platelets/plasma and availability of medicines and consumables and also to advise the concerned authorities for taking remedial action to contain the outbreak.
9. The Union Health Secretary took a meeting of all State Health Secretaries on the 24th October, 1996 specifically to review the situation of dengue/DHF in the entire country. The need for the States to undertake intensive vector control both for dengue and for malaria with a view to preventing the outbreak of these diseases was underlined. The States were asked to be ready with contingency plans to meet emergent situations in the respective States. All the

States were advised to depute teams of doctors to Delhi to sensitize them in the case management of dengue. The attention of the State Health Secretaries was drawn to the surveillance action plan on dengue which was circulated to them in August, 1995 by the NICD. All possible assistance by the Centre to the affected States was assured to them.

10. On my directions, centrifuge machines from Bombay meant for blood bank facilities for various States under the National AIDS Control Organisation were brought to Delhi, Faridabad, Ludhiana and Meerut. Besides augmenting blood component separation facilities in Delhi, which is very crucial for treatment of dengue/DHF patients such machines were asked to be kept in reserve for meeting any emergency situation in other States.
11. The Indian Red Cross Society, Delhi played a major role in providing platelets, plasma and whole blood to affected DHF patients. From the 26th September, 1996 to the 18th November, 1996, about 7500 units of platelets, 4871 units of plasma and 7105 units of red cells were supplied to DHF patients free of cost. The blood bank of IRCS, Delhi worked around the clock with additional medical and paramedical forces. Patients from Faridabad, Gurgaon, Ghaziabad and Noida were also supplied blood components by IRCS, Delhi. The All India Institute of Medical Sciences had supplied 857 units of platelets to patients in other hospitals besides issuing 1303 units of platelets to dengue patients admitted in AIIMS between the 22nd August, 1996 to the 21st November, 1996.
12. Community participation in preventing further outbreaks of the disease was arranged by involving local leaders, resident welfare associations of colonies, NGOs and other voluntary bodies like Indian Medical Association, Delhi Medical Association, Voluntary Health Association of India, etc. An effective mass awareness programme was launched through multi-media publicity campaign not only for the general public but also for private medical practitioners who normally give the first line of treatment of patients. The impact of this campaign was visible and immediate, resulting in a large number of admissions being reported in the hospitals, where due to appropriate symptomatic treatment and clinical management the mortality rate was arrested.

The hon. Prime Minister personally reviewed the situation by visiting major hospitals and making on the spot assessment of the patient care services in Delhi hospitals.

Reports have also been received about a large number of fever related deaths in the Mewat region of Haryana. These cases were due to malaria and low nutritional levels but not due to dengue. Adequate supplies of materials for vector control measures and anti-malarial drugs have been supplied to the Government of Haryana. I myself visited the Mewat region along with experts to review the situation on the 19th November, 1996. Subsequently, the Prime Minister made a special visit to the Mewat region on the 23rd November, 1996. Subsequently, the Prime Minister made a special visit to the Mewat region on the 23rd November, 1996 and has announced a package of relief measures to the Government of Haryana. Special teams of NMEP and NICD have been visiting the region almost without any gap and have been extending all assistance to the concerned health authorities in the State.

The Ministry is now preparing a contingency plan for vector borne diseases like malaria, *kala-azar* and dengue. A calendar of events and activities is under preparation for being provided to the State Governments on a State-wise basis, highlighting endemic areas and specific locations requiring attention from the points of view of prevention, spraying during transmission period and treatment. It is my endeavour to see that not only is this shared with the States, but in case we do not see adequate response from an individual State, the matter is raised well in time with the Health Secretaries, Chief Secretaries, Health Ministers and Chief Ministers so that at all times there is sufficient time for containment and corrective action to be taken by individual States. Public health and sanitation is a State subject under the Constitution but it is my deepest concern to see that we step up surveillance and do everything possible to curb the outbreak and spread of diseases by taking preventive action well in time.

[Translation]

SHRI JAGDAMBI PRASAD YADAV : Mr. Deputy Speaker, Sir, when any infectious disease outbreaks in India, we start tracing its roots as if it has broken out for the first time. The history of the world says that infectious diseases have been eradicated from the developing countries. But in our country infectious diseases outbreak on a large scale even after fifty years of independence and our Government suddenly become alert and think of doing something.

In developed countries, people die in accidents or due to cancer or heart attack but not due to infectious disease. The Government should tell us about the measures adopted during the last fifty years to check spread of this disease.

The hon'ble Minister has mentioned some points. Today we have Doordarshan. The Ministry of Health has a vast Public Education Department and it has several voluntary organisations associated with it. In what manner the Government have utilized their services?

I would like to quote the opinions of experts. The need of quoting their opinion has arisen because I want to know whether the Government has paid attention to it or not.

[English]

In *India Today*, dated October 11, 1996, there is an article entitled 'Deadly Comeback' in which it is said:

"Virulent strains of old diseases sweep India even as new ones take root; drugs become increasingly ineffective and public health systems find it difficult to cope."

In the same article, Dr. Kalyan Banerjee says:

"We had better be scared. Apart from a resurgence of a range of old infections, new ones are breaking out."

According to Dr. K. K. Datta, Director, National Institute of Communicable Diseases:

"The microbial revolution is a deep-rooted, worldwide phenomenon, say experts. 'We are on the brink of a global crisis in infectious diseases. No country is safe from them,' warns the WHO. It does not help that India spends a paltry 1.5 per cent of its GDP on the health sector each year compared to 10 per cent in the West."

In the article it has been mentioned:

"New viruses can spread quickly. Till about a decade ago, many Indians hadn't even heard of HIV and AIDS. Today it's all over India."

In the same article, Dr. K. K. Datta further says:

"With no fool-proof surveillance or preventive measures, the graph will continue to climb."

[Translation]

You have given the figures about the dead. The dead are gone but we should think of those who are alive. I am quoting the opinions of experts so that it comes to your notice and further action could be taken on it.

[English]

In the same edition of *India Today*, in another article entitled 'Rising from the Ashes', it is mentioned:

"It's hardly surprising that virology research in the country isn't getting very far either. Cutting-edge research is anyway an absolute zero in India and this is particularly

true for research in infectious diseases," says Dr. Kanury Rao, Head of the Immunology Division of the International Centre for Genetic Engineering and Biotechnology in Delhi. Financial aid for research has only plunged in the past few years."

Another expert says:

"Doctors and health professionals across India believe solutions lie in having public health experts rather than bureaucrats at policy making levels. Also needed: rapid response units, the medical equivalent of commandoes that could swing into action to handle localised outbreaks and a strong network of disease surveillance units across the country. Delhi's dengue outbreak could have been at least reduced in intensity if the mosquitoes' population was checked."

[Translation]

MR. DEPUTY SPEAKER: Yadavji, today you are speaking in English. You give your opinion after quoting the opinions of experts.

SHRI JAGDAMBI PRASAD YADAV: I was quoting the opinions because everybody felt scared as the news about the outbreak of dengue emanated from newspapers. The press and electronic media came out with medical bulletins in which they gave information about the preventive measures in detail. I would not like to go into its details but would say that action should be taken as per the Indian Medical Tribune. I wanted to give one more suggestion.

[Translation]

MR. DEPUTY SPEAKER: What clarification do you want from the hon. Minister? Do you want to ask something?

[English]

SHRI JAGDAMBI PRASAD YADAV: I suggest that there should be an appropriate system with an early warning signal just like the weather forecasting.

[Translation]

It is very essential. The most essential thing to stop this disease was to meet the deficiency of blood. May be that the platelet machine is available at every place at present but at that time this machine was available only with Red Cross and AIIMS. One such machine was purchased by Safdarjung Hospital but not even a single bottle of blood could be processed by it and it was sent back stamping it as useless. I would like the Government look into the carelessness of the Department and Government to enquire into the matter as to why the machine was sent back without bringing it in use.

Mr. Deputy Speaker, Sir, Malaria eradication programme was launched in seventies and it was



claimed that Malaria had been totally eradicated. But it has once again erupted. Is it a system of eradicating malaria or was it eradicated temporarily? Would it be eradicated permanently? It was not that only Delhi came under the grip of Dengue but the entire country was affected by it not once but twice and the situation became out of control. Earlier, Dengue was noticed in Cuba and Thailand. We were baffled as to what to do in this case because Dengue is caused by virus and Malaria erupts due to parasite. To distinguish both the diseases we had to send the blood samples to Pune only then we came to know about Dengue. The Government as well as we should give priority to the work to be undertaken. It has been said that the Government supplied the facilities of analysing blood elements from All India Institute of Medical Sciences but it has not been stated as to what was the need at a particular point of time. Machines of AIIMS and Red Cross were not sufficient to fulfil the demand. Therefore, at that time everyone was scared of being a victim of Dengue.

Sir, Delhi has not been accorded full status of a State. There are DDA, NDMC and Railway Colonies in Delhi and lakhs of employees commute daily from other places. Nobody knows who is a disease carrier. The population of Delhi is more than one crore. Industrial Pollution is one of the factors responsible for disease. Industrial pollution and increase in garbage and pollution due to deforestation is also helping in eruption of the disease. The Government should also pay attention to it.

I would like to say something about the Government of Haryana. Just like Dengue spread in Delhi in the same way Malaria spread in Mewat. I do not want to explain as to how Haryana faced the situation and did everything in time because you yourself visited there. It imported machines, set up a committee for this purpose, invited experts and fumigation was done all around. For that purpose also, many machines were imported from Germany. But they have sought financial assistance to combat the disease. The State has sought Rs. 43.36 crore for national calamity relief, Rs. 11 crore have been sought from the Ministry of Health for paramedics and health-related measures and Rs. 20 crore have been sought from Planning Commission to convert the said measures into long term measures. The possibilities of spreading yellow fever are also there in the area. Some patients of this disease have been reported at some places and some have developed symptoms of it. Both the Dengue and the yellow fever have the similar symptoms. What steps the Government proposes to take to prevent the yellow fever from taking an alarming shape? We have seen that four five contagious diseases like Kalazar, Plague and dysentery become very common and serious in India. W.H.O. has assured to provide financial aid for this. Unless we compensate it and increase the financial aid, we cannot make the Ministry of Health efficient. Has the Government any programme or scheme to eradicate these contagious diseases? We

have signed an international treaty to provide health for all by the year 2000. How can we achieve this target when we cannot eradicate these contagious diseases from the country. I would like to say that the Ministry of Health of Central Government is not the Ministry of Health of any State. Ours is a vast country where one or other type of contagious diseases always spreads at any place. When the department of health could not control this disease in Delhi, what will happen in villages where there is no facility of treatment if it outbreaks there? What measures the Government propose to take to combat this situation?

MR. DEPUTY SPEAKER : Please conclude Mr. ex-Health Minister.

SHRI JAGDAMBI PRASAD YADAV : I would like to mention 3-4 more points. If the facility of blood platelets provided to Delhi is not provided to States and some areas, will the Government propose to supply it from Delhi to the places or areas where the Dengue or yellow fever spreads? Therefore I urge upon the Government to arrange to provide this machine to all major states immediately and make such arrangements so that contagious diseases may not spread in any state. It should also arrange for its assistance and there should be an expert committee for its constant vigilance so that our country may not come in the grip of these contagious diseases and it should also be eradicated like chicken-pox. In this context I would like to know as to whether there is any scheme under the consideration of the Government to eradicate these contagious diseases.

[English]

\*SHRI HARADHAN ROY (Asansol) : Hon. Deputy Speaker Sir, I shall speak in Bengali. Despite the fact that Delhi is the capital of India, the dreadful dengue fever took such a severe toll here. The outbreak of dengue was so alarming in the capital itself. If it can be so severe in a city like Delhi, we cannot imagine the plight of other people of other places. As per information furnished by the Minister, the number of people who lost their lives due to dengue is 392 in Delhi, 48 in Haryana and 49 in other parts of the country. In Delhi itself the casualties are 392. Now if we try to locate the most affected area we will find it to be vastly populated and congested area where the inhabitants happen to be the poorer sections of society. Even percentage-wise the number will denote that most of the victims belonged to the poor class of the society. Dengue fever is generally associated with high fever, severe headache, body pain and blood vomiting, loose motions, urine with blood. The sad part is that even before the fever is detected many patients die. It has happened this time also. If the situation became so uncontrollable in a place like Delhi, what would be the plight of other people in other parts of India. Thousands

\* Translation of the speech originally delivered in Bangla

of people die every year in Haryana, Rajasthan, Assam, North-East due to malaria. Dengue is caused by bite of mosquito\*. It is not only dengue, but malaria filaria, yellow fever, kala azar, encephalitis, etc. are also caused by mosquito. Thousands of people become the victims of these diseases every year. The responsibility to combat these epidemics has to be a joint responsibility, because however big a State machinery might be it is not possible to face the challenge alone. The Centre and the State must share responsibility. It is so unfortunate that detection of dengue took so much of time. If the detection and treatment of the disease take so much time in a place like Delhi, what will be the situation in other parts of the country. I stay near Ram Manohar Lohia Hospital. Fogging machine has been used there. Has this step been taken in other areas also? Since mosquito carries the disease, has any campaign been launched in the whole country so as to stop the breeding of mosquito. At least I do not have any information in this direction. In the past there used to be DDT spray for every area once or twice in a month. At least it used to be there too in our childhood. But what preventive measures have been taken to stop the breeding of mosquito.

MR. DEPUTY SPEAKER : Mr. Roy, what clarifications do you want?

SHRI HARADHAN ROY : I am coming to that.

MR. DEPUTY SPEAKER : It would have been better if you had given notice in advance that you will speak in Bengali.

SHRI HARADHAN ROY : Yes, I have sent the notice in advance. How can I speak in Bengali without giving a notice?

MR. DEPUTY SPEAKER : Any way, the arrangement has now been made. You may please seek clarification.

SHRI HARADHAN ROY : The interpretation is coming.

MR. DEPUTY SPEAKER : It has been arranged now.

SHRI HARADHAN ROY : It is not my mistake. I had given the notice in advance.

MR. DEPUTY SPEAKER : You have to seek a clarification and not to make a speech.

SHRI HARADHAN ROY : Sir, the clarification that I want to seek is that thousands of people die annually due to outbreak of malaria, yellow fever, phileria and other diseases. It is only after the outbreak of disease and when it turns epidemic then only the Government become conscious and start functioning. But I would like to know from the Government what preventive measures they are going to take to combat these diseases so as to stop them forever. They must take some effective steps to reduce the mortality rate. The strange thing about dengue is that it is caused by mosquito biting during day time. Generally mosquito like dark room and attack their prey during night. But

dengue is spread from the bite of an infected aedes mosquito. Unlike other mosquitos they breed in clear stagnant water of coolers, pots, water tanks, etc. They are the domestic breeders and spread the disease. Now I would like to know what preventive measures have been taken to stop spread of the disease? Moreover when the patient suffers from dengue, the detection cannot be performed here. The blood sample has to be sent to Pune and then only it is possible to detect the disease. This has happened in Delhi. Now my question is whether a country-wide publicity campaign will be launched so as to make even people from remote area conscious that dengue is caused by this particular type of mosquito. An effective mass awareness programme must be launched through multi-media to make people who died due to dengue. Moreover, this particular mosquito bites during day time. People who can afford may use mosquito net during night but most of the people below the poverty line cannot even earn their livelihood properly. How can they afford to purchase mosquito net for each and every member of the family? The suggestion to use mosquito net is easy to make. But in a country like ours where large number of people are below poverty line cannot afford such luxury. They do not have proper room to stay so there is no question of stagnant water. But they are the victims of all types of diseases. So it is the responsibility of the Government to provide them help, assistance and proper guidance.

Though I am speaking in Bengali, I am drawing the attention of the Minister. A strong preventive measure must be taken to stop such epidemics.

MR. DEPUTY SPEAKER : Please do not repeat.

SHRI HARADHAN ROY : Sir, I am not repeating anything. I am saying that we cannot even provide drinking water to our people and we are campaigning for cleanliness drive. The Delhi Government have been advising people to keep the surroundings clean. But these mosquitos breed in clean water of cooler, water tank, pot, etc. which are found among affluent people. The disease has spread from there to the slums where people do not have even thatched huts. They are the worst sufferers. Delhi Government have claimed to deploy about 5500 people and again 500 people for cleanliness drive. But what about other machinery like fogging etc. Until and unless we have full machinery and materials to combat the situation, it is not possible to achieve any fruitful result. So the Centre and the State must work jointly to stop the spread of diseases like malaria, yellow fever, dengue, encephalitis on war-footing. I would like to know from the Minister whether the Government propose to take some preventive measures to stop this kind of epidemic. Thank you.

[Translation]

SHRI SURENDER SINGH (Bhiwani) : Mr. Deputy Speaker, Sir, so far as dengue, malaria and other related

diseases are concerned, all these diseases have badly affected Haryana. If you think about its reasons, you will have to draw your attention towards the last session. During the last session the hon'ble Members of Rajasthan and Haryana had stated that this epidemic had spread due to heavy rains occurred on 23rd, 24th and 25th June. This heavy rain had occurred on 23rd, 24th June in the Mewat region of Haryana and its adjoining areas of Rajasthan. Such heavy rains were never recorded there in the past.

Mr. Deputy Speaker, Sir, if you see the yearly record of rain, you will find that this torrential rain has broken all the previous records. I would like to tell you that 568 m.m. rains were recorded in Ferozpur Jhirka, in Mewat area, within a night. Similarly, 300 millimeter, 265 and 205 millimeter rains were recorded in Noonh, Nagina and Punhana respectively. 204 millimeter rain was recorded in Tavroo. If you work out the average of rain in that area during the entire year, it comes to 400 millimeter to 500 millimeter.

Mr. Deputy Speaker, Sir, when this epidemic spread there, higher officials of the Ministry of Health and Family Welfare had visited the Mewat region. Our hon'ble Health Minister had also taken stock of the situation. After visiting entire Mewat region, the officials gave some suggestions and our Health Minister realised that this epidemic had spread there due to floods which come in Rajasthan as a result thereof two dams in Rawali and Kameda were broken and some of its water entered into Haryana. Besides this, the water of Haryana also did not have any outlet as the area was surrounded by Arawli hills.

Mr. Deputy Speaker, Sir, 37 thousands acres of land was submerged in water due to which a loss of around Rs. 30-40 crore was suffered at that time. The Government of Haryana had imported 160 fogging machines to protect the people from disease and 10 mounted vehicles had been spraying in 6 blocks continuously. This disease could be controlled only after making efforts by our 37 Para-Medical teams day and night.

Mr. Deputy Speaker, Sir, the Government of Haryana have limited resources. The day when our Government took over the charge, we had a deficit and around Rs. 3.75 crore. The concerned Minister is present here. Keeping in view the backwardness of this region, our Government had set up a 'Mewat Development Board' for which provision in the budget never exceeded Rs. 4.5 crore.

MR. DEPUTY SPEAKER : You tell about malaria.

SHRI SURENDER SINGH : I am telling about malaria itself. Keeping all these things in mind, the Government have earmarked Rs. 17 crore for Mewat Development Board this year. Our Health Department has also spent Rs. 7 crore within a month to control this disease.

Through you, I would like to know from the hon'ble Health Minister whether the Central Government is considering any comprehensive plan to meet the situation created by any natural calamity, be it floods or drought and for the cleanliness of villages and cities? Besides this, whether the Government will introduce any insurance scheme for the people of those areas where such disease has spread so that the Central Government itself spend the money meant for the purpose? The people living in the areas like Mewat are physically very weak. Their haemoglobin is between 2 to 6. Whether the Central Government will implement employment insurance scheme for the youth of all 6 blocks of Mewat? Whether any other scheme is under consideration of the Government to raise the low nutrition level? A demand for the construction of Mewat canal was made to the Prime Minister during the visit there. I would like to know from the hon'ble Minister as to whether the Government will undertake construction work of Mewat canal during the Ninth Five Year Plan? If the Central Government is going to include this work in this plan, whether the entire expenditure will be borne by the Central Government and if it is not taking this responsibility in its hands, whether it will provide financial assistance to the State Government for construction of this canal?

MR. DEPUTY SPEAKER : How have you connected the construction of canal with the malaria?

SHRI SURENDER SINGH : Mr. Deputy Speaker, Sir, all these diseases have spread due to stagnation of water in that area. Water will be pumped out of Mewat region through lift irrigation scheme  
...(Interruptions)

MR. DEPUTY SPEAKER : There is no commentary. Only those Members can speak who have given notices for calling Attention Motions and whose names have appeared in the list.

PROF. AJIT KUMAR MEHTA (Samastipur) : Mr. Deputy Speaker, Sir, it seems that we have become very insensitive so far as death is concerned, be any party in power in the country. When any big incident takes place, a discussion is held in the House but after discussion, nothing is being done. I can remember that during sixth and seventh five year plan, 'Kalazar' had spread in Bihar.

15.00 hrs.

Discussions were held several times in this regard but in spite of that Bihar is still suffering from kalazar and medicines are not being made available there.

[English]

As per Parkinson's Law on Committee-ology, there will be some sittings, there will be a loud report and the matter will be dropped.

[Translation]

And after that all matters are dropped. It seems that here also position is same. I am talking of 'Kalazar' so that you may not say that I am talking about dengue. He has mentioned it in his statement. I have come to know from the newspapers that World Health Organisation had warned the Government of India, on 4th September itself that dengue can spread here. A news regarding death due to dengue appeared in the newspapers on 13 September. It is said that the Government had made all preparations to deal with the situation.

15.01 hrs.

(Shri Chitta Basu in the Chair)

A circular was sent to all the Members of Parliament by Directorate General of Health Services which read :

[English]

The DHF and DSS carry high mortality rate because in both these conditions the platelet count becomes very low and measures to resuscitate them is by giving them I.V. Fluids and platelet concentrate."

[Translation]

Had we made all preparations we would have come to know that in such a situation platelet concentrate would be required. In the Red Cross, there used to be a requirement of 5-6 unit platelet concentrate per day but during the period of dengue this requirement increased upto 200-250 unit and platelet concentrate was not available in those places. The Government had set up five blood bank zones out of which in AIIMS only arrangement were made to separate platelet concentrate. As a result thereof, patients of dengue had to purchase platelet concentrate from the black market at the rate of Rs. 2100 to 2800 per unit. Had the Government made full arrangements, this situation would not have come.

I would like to draw your attention towards a report of 'Times of India' published on 22.10.96 in which the hon'ble Prime Minister had stated that information was given for making preparations in this regard. He said

[English]

Prevention by alerting people in time responded (brought some response from) some journalists. They were referring to a World Health Organisation warning to the Union Health Ministry.

We had held a meeting on September 9 and sent guidelines to all States on September 14. Shailja Chandra, Union Joint Secretary (Health) intervened."

[Translation]

The hon'ble Prime Minister had mentioned about it in the Press Conference. If you see at its next para, you will be more surprised.

[English]

"While stressing the disease was eminently preventable with timely measures the World Health Organisation on October 15 underscored the need for strengthening the surveillance system in the country. The Union Health Secretary, Shri P.P. Chauhan had then said, 'I am not aware of it'."

[Translation]

It means that he had made such statement about the warning given by World Health Organisation. Therefore, it seems that the claim of the Government that all preparations had been made is not justified. On the contrary, they took it casually and closed the subject. In such a situation, the hon'ble Minister has said in his statement that a permanent system is being evolved to deal with such situations.

In Bihar, in my constituency, Kalazar is a problem about which the hon'ble Minister has made a mention. In antimonial drugs, Pentadin is available for kalazar and if it does not give relief, I think that Fungigen is given, which is perhaps imported. There is a shortage of these medicines in the market due to which patients of Kalazar die a slow death. I would like to know from the hon'ble Minister as to whether he will give state-wise details of amount to be spent to meet the situation created by such infectious diseases? What arrangements have been made to face the kalazar, especially in Bihar? I would like to know whether arrangements have been made to import those medicines according to requirement which are not available, or not and if not, the time by which such arrangements would be made by the Government?

DR. ASIM BALA (Navadwip): Mr Chairman, Sir, Dengue is a very severe disease that occurred in Delhi. The main vector is mosquito.

Malaria, Kala azar and Dengue are mainly mosquito-borne diseases. In the ancient time, kala azar is the dangerous disease and it had effected mostly the rural poor. Since after inception of Independence, in the middle of this country, there was some reduction in the occurrence of the mosquito-borne diseases like kala-azar. But during the last five years, even you can say during the last ten years, the mosquito-borne diseases have increased like anything. The Government is not taking proper preventive measures in preventing these three diseases, especially Dengue.

Just as everybody jumps into the railway compartment as soon as the train arrives, only after the arrival of the disease the Government starts taking



precautionary measures and before these precautionary measures become effective, subsequently a number of lives are lost.

In the main Ring Road of Delhi, just near the Safdarjung hospital, you will find stagnation of water and even within the hospital you will find stagnation of water, where mosquitoes breed like anything. If this is the condition even in the hospital, then how can we expect the poor people in the remote corner of the village to get proper medical facilities to prevent this disease? I think, whatever statistics that the Government has mentioned here are only average figures.

Some of the private hospitals have not given any information. The Government is not taking their number. The number of affected people will be more. I would like to tell the Minister that a good infrastructure facility for preventing the disease would be necessary, whether it is in the Central Government or in the State Governments. Especially in Delhi, in the last 3-4 years, the breeding of mosquito has increased like anything. So I also request that they should take preventive measures to eradicate the mosquitoes.

On the last occasion there was a unique example when the Australian cricket team commented about this. That was a very famous instance. They have commented that they would not play again in Delhi. Such is the situation. If the Australian cricket team comments that means that it will be seen internationally and everywhere.

Moreover, Delhi is the capital of India. If we find dengue, *kala-azar* and of plagues in Delhi, then what will be the image of our country? We are about 95 crores of people living in India. We are a very vast country. We are proud of our country. But internationally our health problem is such that it will be compared to even underdeveloped country. So my suggestion to the Ministry is that a mass education, mass awareness programme should be launched all over the country, specially in slum areas where most of the people are living and they do not know about hygiene. They do not know what to do after this kind of disease.

MR. CHAIRMAN : Please put some questions to him.

DR. ASIM BALA : Yes, Sir, I am putting some questions to him. So it is the duty of the Government or whatever it is, whether it is NGO or other form of agencies, to go to the slum areas.

SHRI SANAT MEHTA (Surendra Nagar) : In every sentence, if you put 'what and why', it will become automatically a question.

DR. ASIM BALA : It should be a house to house awareness programme. A vigorous form of training programme and a vigorous form of awareness programme should be taken up by this Government. The number of medical or paramedical experts available are also less in comparison to our population. That is

why, we should see the proper manning through the paramedical staff people or medical institutions so that they would work properly.

It is the case of Delhi only. But in the surroundings of Delhi and other State capitals also, the effect of the mosquito is increasing. So it is our national programme. It is not only in Delhi but also in other parts of the country. So a very deep thought should be given to this matter.

I request the Government to take proper steps so that in future this dengue will not occur again. Thank you, Sir.

MR. CHAIRMAN : Hon. Minister please.

[Translation]

SHRI JAI PRAKASH AGARWAL : Mr. Chairman, Sir, I would like to make a request. Please listen to me. I would like to say that yesterday, the hon'ble Speaker had allowed three four extra Members to speak during Calling Attention. If you allow for half-a-minute, Shri Jagmohan ji and me... (Interruptions)

[English]

I will take only half a minute.

[Translation]

VAIDYA DAU DAYAL JOSHI (Kota) : I shall be highly grateful.

SHRI JAI PRAKASH AGARWAL : Yesterday, the hon'ble Speaker had allowed such Members to speak during Calling Attention whose names were not there is the list.

[English]

MR. CHAIRMAN : Please resume your seat.

[Translation]

If he had allowed, that is a different thing.

SHRI JAI PRAKASH AGARWAL : I am in my seat but allow me to speak. I will ask only one question.

[English]

MR. CHAIRMAN : Please resume your seat. Let me explain. As a matter of fact, yesterday I had to agree and I was a little liberal. I wanted that the hon. Members should have some opportunity to express their, what I would say, views within a very short period of time.

Every Member knows that the rule does not provide any Member to intervene except those whose names are there after being balloted. Therefore, that rule is to be followed. Yesterday, I mentioned it. Anyway, there should not be any precedent for that and if you quote that thing today, then it will be wrong and it will put me in a wrong position. Therefore, I want to say that nobody can speak except those whose names are there.

(Interruptions)



MR. CHAIRMAN : It is my ruling.

(Interruptions)

[Translation]

SHRI JAI PRAKASH AGARWAL : Mr. Chairman, Sir, I would like to put only one question...(Interruptions)

VAIDYA DAU DAYAL JOSHI : I would like to ask only one thing from the hon'ble Minister as to whether there is any medicine available in Allopathy for the treatment of dengue. If so what is its name? ... (Interruptions)

[English]

MR. CHAIRMAN : Hon. Member should understand what he is saying.

(Interruptions)

MR. CHAIRMAN : Please resume your seat. You cannot continue to speak when the Chairman is on his legs.

(Interruptions)

[Translation]

SHRI JAI PRAKASH AGARWAL : When you had allowed others earlier, why are you not allowing me now to speak?... (Interruptions)

[English]

MR. CHAIRMAN : Then, I will have to say that nothing is to be recorded.

(Interruptions)

MR. CHAIRMAN : Nothing is to go on record.

(Interruptions)

MR. CHAIRMAN : I think, you are a senior Member and you are not a fresher.

(Interruptions)

MR. CHAIRMAN : Anyway, nothing shall go on record.

(Interruptions)

MR. CHAIRMAN : I can only say that it is not proper. It is not proper at all. Mr. Minister, please.

(Interruptions)

[Translation]

SHRI RAMASHRAYA PRASAD SINGH (Jahanabad): I am on a point of order. This is the highest place. You are facing such situation because you yourself break rules. If you had not allowed other Members earlier you would not have faced such a situation. Please keep it in mind. Sometimes you accede to the request of certain Members and sometimes you do not accede to.

\* Not Recorded.

[English]

MR. CHAIRMAN : That is all right. I have taken note of your suggestion.

SHRI SALEEM IQBAL SHERVANI : Mr. Chairman, Sir, even though five Members have spoken on the dengue and malaria situation that was prevailing in the country, I fully understand the anxiety and the concern which each and every Member has been expressing. The issue is not that dengue deaths have taken place in Delhi or that malaria deaths have taken place in Haryana or that kala-azar deaths are taking place in Bihar, the point which should really concern all of us is that even if one death takes place and if that can be avoided, what have we been doing and why have we not been reacting well in time to counter such a thing?

Today, some of the hon. Members have expressed their view that whenever there is an emergency on us, we start reacting, but what do we do or what actions do we propose to take to ensure that such emergencies do not come on us? When I took over as the Health Minister, this was the first serious emergency that came during my tenure and this was my reaction also that why could we not have prevented it. I sat down with the officials of my Ministry and I said that we have a pattern, we have a season for certain diseases that come, so, why can we not work backwards four or five months, take a calendar, take the help of the State Government, send a letter to the State Health Secretaries and say: "Look, four months from now, this disease is going to come. What actions do you propose to take, what help you want from us and what steps have you been taking, please let us know." If we do not get a response within fifteen days, I shall take up the matter with the Health Minister of that particular State, if I shall do not get a response, I shall take up the matter with the Chief Minister of that State and if I still do not get a response, I shall take up the matter with the hon. Prime Minister and inform him that this is what I am doing, so that in future we are able to take steps and counter such emergencies from taking place.

Regarding this particular aspect, a lot of Members have expressed their concern about the management. This is not a question of any political game where I have to try to score a point or someone else has to try to score a point because people have died and the Delhi Government did take a lot of steps.

I was constantly in touch with the Delhi Health Minister. We formed committees and in the daily meeting which the Union Health Secretary was conducting, the Principal Secretary (Health), Delhi used to be there, the NDMC Chairman used to be there and all Delhi bodies which could monitor the situation, used to be there. What they had done the previous day was discussed, what steps they have to take in future were discussed and what actions they could take for controlling this disease were discussed. So, from that point of view, I have no complaints in the matter. We did tackle the

situation and because of the media coverage, we were able to do it. I would like to inform the House that according to our statistics, about 85 per cent of the deaths took place in the first 24 to 48 hours.

[Translation]

SHRI JAI PRAKASH AGARWAL : A meeting was conducted in the room and he said it before you. But the ground reality is somewhat different...(Interruptions)

[English]

SHRI SALEEM IQBAL SHERVANI : That may be there but I am just saying what I am aware of. We found that in the first 24 to 48 hours, 85 per cent of the deaths took place and we said that we should create media awareness and we should try to tell the people about the steps to be taken by them. One must understand that dengue was not a disease which was in the slums or which was in the poorer sections of the society. The dengue mosquito was breeding in coolers, in flower-pots and in clean stranded water. Government has a responsibility. There is no denying that responsibility. The Government must live up to its responsibility. But even the people have a responsibility towards themselves, towards their own health conditions and towards their family health conditions. It is not possible for the Government to reach everyone's house and clean it for them.

That is why, I am taking this step of having a health awareness where we can take certain measures. We have been very successful in our First Polio Immunisation Programme where we had checked up about 11 crore children within a period of one week. So, with the infrastructure available with us, we are going to take steps by which we can create some health awareness and where the people can also look towards their own responsibility in respect of health system and their prevailing health condition in their own environment.

Regarding Mawat, I had visited that area. The hon. Member Shri Jayaprakash also had accompanied me. The Health Minister of Haryana was there and all the health officials were there. The people whom I met were not disgruntled with the steps that were taken. But the question that they were raising was as to why these steps were not taken much earlier. They asked as to why this situation was allowed to come about. We, on our part, sent teams after teams. I even wrote to the Chief Minister of Haryana giving him certain suggestions that I had in my mind and how he could distribute the teams and start looking into the problems of this area.

One of the major problems for the suffering of the people in Mewat is malnutrition. The haemoglobin level was very low among the people and we are taking some steps regarding that. The hon. Prime Minister also had visited Mewat and he made some announcements. The de-watering of the submerged area in Mewat region has to be completed quickly and the

Government is acting on it. We have also provided Rs. 400/- per acre as input supply for nearly 40,000 acres of land there which will be to the tune of about Rs. 1.60 crore. All the short term loans of the cultivators whose crops have been damaged will be rescheduled. Then, HUDCO will provide up to Rs. 30 crore as assistance in respect of 12,000 to 15,000 houses which had been destroyed or damaged. The Ministry of Health, Government of India will supply all the insecticides, fogging machines, drugs etc., and we will intensify our anti-malaria activities. A proposal has been submitted for Rs. 11 crore by the Government of Haryana...(Interruptions)

[Translation]

But "HUDCO" will provide this assistance only in the form of a loan.

SHRI JAI PRAKASH (Hissar) : HUDCO will give this assistance only when the hon'ble Prime Minister arise for it...(Interruptions)

[English]

SHRI SALEEM IQBAL SHERVANI : I will offer a clarification regarding that. We are also planning to give iron tablets to all the children who have low nutrition level and low haemoglobin level to improve their health. The six blocks in Mewat will be included in the Employment Assurance Scheme this year itself which has not been done so far. As Shri Surender Singh has said, the headquarters of Mewat Development Board - they have put in a lot of money there - has to be shifted either to Nagina or Nuh so that the people can easily have their problems looked into. We have also been told that a senior officer will be designated by the Government of Haryana to coordinate, supervise and review the activities of all development departments. All vacancies of Government services, specially relating to health, education, welfare etc. should be filled up. He mentioned about Mewat Canal Scheme. It has to be re-examined and the proposal is that it should be included in the Ninth Five Year Plan starting from March next year, so that we can look into the scheme and act on it. One of the senior officers of the Ministry of Health, Shrimati Shailaja Chandra has been asked to visit that area, also to monitor these decisions and to keep a close watch on what is happening there...(Interruptions)

I have just mentioned and it will be coming up. Before I conclude, I would like to say that I share the concern of the House and that is why, I have drawn up this Action Plan to ensure that any death that can be avoided is avoided.

[Translation]

SHRI JAI PRAKASH AGARWAL : Is there any fogging machine available in Delhi? I would like to know as to when and how many machines were imported? Still there is an acute shortage of fogging machines in Delhi. I do not know. Whether these

machines have been sent to some other places or the Government of Delhi has kept them unused...*(Interruptions)*

VAIDYA DAU DAYAL JOSHI : Why are you after the fogging machines?...*(Interruptions)*

SHRI JAI PRAKASH AGARWAL : The nursing homes of Delhi have prepared bills of Rs. twenty to twenty five thousand and handed over to the patients. Whether any restriction has been put on these nursing homes?...*(Interruptions)*

*[English]*

MR. CHAIRMAN : Hon. Minister, please continue your reply to the points already made.

*(Interruptions)*

SHRI SALEEM IQBAL SHERWANI : Sir, the Delhi Government has 17 fogging machines...*(Interruptions)*

*[Translation]*

VAIDYA DAU DAYAL JOSHI : Please stop use of fogging machines because use of such machines creates breathing problems. Some incidents of suffocation have come to notice in Jaipur. As a result thereof, the prestige of the State Government has been lowered. Why are you insisting on the fogging machine...*(Interruptions)*

SHRI JAI PRAKASH AGARWAL : Sir, it has been stated that some money has been taken from Chief Minister's Relief Fund during this period. I would like to ascertain the veracity of this statement...*(Interruptions)*

VAIDYA DAU DAYAL JOSHI : A peculiar type of incense was burnt in Surat during the period when plague hit there. This kind of incense should be produced in a huge quantity and sent to Jaipur also. Fogging machine cannot kill the mosquito. This disease is not curable in Allopathy. Allopathy is totally failure...*(Interruptions)*

*[English]*

MR. CHAIRMAN : Are you yielding Mr. Minister?

*(Interruptions)*

MR. CHAIRMAN : There is a general rule that nobody should be allowed to speak without the consent of the Speaker.

SHRI SALEEM IQBAL SHERWANI : Sir, before I conclude I wish to cover one point raised regarding the yellow fever. I would like to clarify that we are fully aware of it. The movement of yellow fever starts from Africa to India. We have also intensified our steps for surveillance at airport and at sea ports. But till today there is no reported case of yellow fever in our country which does not mean that we should become complacent. We are doing all the possible surveillance that can be done.

In the end, I would like to say that Members have been concerned and so have I; in fact, the whole country

has been concerned. I am calling a Health Ministers' Conference...*(Interruptions)*

MR. CHAIRMAN : He is not yielding.

SHRI SALEEM IQBAL SHERWANI : I am calling a Health Ministers' Conference in January. I think it is on 8th, 9th and 10th of January, 1997, where we are going to work on the monitoring and on the advance warning system to ensure in the best possible way how we can prevent this disease from taking place.

MR. CHAIRMAN : Now, we shall turn to Item No. 10 - Matters Under Rule 377.

Shri Kashi Ram Rana.

15.34 hrs.

### MATTERS UNDER RULE 377

- (i) **Need to Convert the Existing Low Power T.V. Transmitter in Surat, Gujarat into a High Powered Transmitter**

*[English]*

SHRI KASHI RAM RANA (Surat) : At present Surat city, having a population of more than 25 lakhs and spread over approximately 300 kms. area, has 100 watt low power T.V. Relay Station. It was planned to convert Surat L.P.T. into 10 Kilo Watt H.P.T. long ago. But this has not been done so far. A major portion of Surat city and Surat district remains uncovered by T.V. transmission since the L.P.T.V. Relay Station at Surat has a range of about 20 Kms. only. Because of very poor reception and performance, a number of T.V. owners as well as viewers of community T.V. sets are catching foreign T.V. programme specially the programmes of Pakistan and Gulf countries.

The H.P.T. at Surat is required to be commissioned immediately. I urge upon the Union Government to take effective remedial measures for converting Surat L.P. T.V. Relay Station into an H.P.T. as soon as possible.

- (ii) **Need for Immediate Repair of National Highway No. 28 and 28a between Tamkuhi Road and Raksaul in Bihar**

*[Translation]*

DR. M.P. JAISWAL (Bettiah) : Mr. Chairman, Sir, the portion of National Highway No. 28 and 28A falling in Bihar which extends between Tamkuhi Road and Raksaul and Bauauni has been in a dilapidated condition as a result of which hundreds of vehicles either turn turtle or remains stranded in a damaged condition. Road construction Department of the Bihar Government does not repair this National Highway, whereas the portion of this National Highway, No. 28 falling in U.P. has been in a perfect condition.