

Fourteenth Loksabha**Session : 5****Date : 08-08-2005****Participants : Manoj Dr. K.S., Jagannath Dr. M., Chinta Mohan Dr., Deo Shri Bikram Keshari, Kumar Shri Shailendra, Ramdoss Dr. Anbumani**

Title : Discussion on point arising out of the answer given by the Minister of Health and Family welfare on 27.07.05 to starred question no. 42 regarding eradication of vector borne disease s.

18.32 hrs.

MR. CHAIRMAN : Now, we will take up Item No. 23, Half-an-hour Discussion.

Dr. Chinta Mohan.

DR. CHINTA MOHAN (TIRUPATI): Sir, I thank the Speaker and the Chairman for allowing this Half-an-hour Discussion today. In this Half-an-hour Discussion, we are going to discuss about the Malaria. Malaria is a worldwide phenomenon. Sir, 40 per cent of the people of the world are prone to Malaria. This is just not noticed today. It was noticed first in 1880. Today, in every thirty seconds, one child is dying of Malaria in the world. Every thirty seconds one small child is dying of Malaria today. Every year, on an average, 50 lakh people are dying in the world. In our country about 10 lakh people are dying due to Malaria and other fevers. Some are noticed and some are unnoticed. It is a very unfortunate situation. After 57 years of Independence, we are discussing about a disease – Malaria. Today, cosmonauts are sitting in the space station. Astronauts are going round the orbit but we are discussing about a small and little disease Malaria. What is the reason for this Malaria? It is a poor mosquito, a small and little mosquito. We are noticing them nowadays in Lok Sabha also. Not only in Paderu or in Bihar or in Delhi, we are noticing them nowadays in Lok Sabha also. This Malaria issue was discussed on 1st July, 1952 in the same Lok Sabha where first Health Minister Rajkumari Amrit Kaur replied for the debate and Dr. Jaisoorya from Andhra Pradesh, who was a Member of Lok Sabha at that time, raised this issue of Malaria. In 1953, Pandit Jawahar Lal Nehru brought a programme – National Malaria Control Programme on 1st of April, 1953.

MR. CHAIRMAN: It must be National Malaria Eradication Programme.

DR. CHINTA MOHAN : No, it is not eradication, Sir. That was a little later. On 1st April, 1958 the Programme was changed to National Malaria Eradication Programme. First it was National Malaria Control Programme and then later it became National Malaria Eradication Programme on 1st April, 1958. By 1st of April, 1958 this Malaria was totally controlled under the leadership of Pandit Jawahar Lal Nehru and the first Health Minister of this country, Rajkumari Amrit Kaur. At that time, there was an agreement like our Nuclear Agreement today, the Prime Minister went for an Agreement to US.

There was an agreement between India and the USA for the eradication of malaria. DDT was brought into India, the tablets were also imported and malaria was eradicated completely. It was the first achievement of Pandit Jawaharlal Nehru. In 1958, there was a big programme.

On 1 April, 1958, Panditji said in this House that we have totally eradicated malaria. Slowly, by 1976, when Shrimati Indira Gandhi was the Prime Minister, there was no malaria. A little later, there was a spurt in malaria. By 1991, malaria was totally under control. Afterwards, the deaths caused due to malaria have gone up.

18.36 hrs. (Shri Balasaheb Vikhe Patil *in the Chair*)

Now, the present UPA Government is trying to do its best to control this malaria. I am very happy and I praise the Ministry and the Minister sitting here that they are doing a very good work to control this one. How is this malaria coming? For the benefit of the House, my friend from Parvathipuram asked me: "What is this vector?" The word 'vector'-born disease is nothing but malaria, and diseases caused by small houseflies, lice, mosquitoes, etc. There are several types of mosquitoes. There is one mosquito – 'anopheles' by name. There are male and female mosquitoes. The male mosquito takes the nector of a flower. The female mosquito takes the blood of a human being or an animal. The anopheles mosquitoes are not of four varieties; there are 40 varieties of mosquitoes. Forty varieties of female anopheles mosquitoes are there. Out of that, 9 species are very dangerous. They are causing malaria. In the entire world, today every 30 seconds, one child is dying, and everyday, 3000 people are dying of malaria. In our own country, thousand people – noticed or unnoticed – are dying of malaria. I am not specifically saying whether it is in Bihar or Orissa or some other parts of the country but it is happening today.

As I said, in 1953, Pandit Jawaharlal Nehru brought a programme which eradicated malaria. Why is it now happening? In spite of 57 years of Independence – and we are entering into the 58th year – why is it happening? I have gone specifically into this problem. The problem is of the 'budget'. Last year, they have given Rs. 1800 for health. The road from Delhi to Gurgaon costs Rs. 1800 crore but for the entire country for health, they have given Rs. 1800 crore. What can the hon. Health Minister do with this Rs. 1800 crore? What amount of infrastructure can he produce with this? What new infrastructure can he bring in? I am perplexed with this. 'Budget' is the problem. But the main problem is of 'planning'.

I would like to say a little about this 'planning' and the 'Planning Commission'. When the Planning Commission was first formed in 1952, there were stalwarts in the Planning Commission like Pandit Jawaharlal Nehru, Shri Gulzari Lal Nanda, Shri Chintamani Deshmukh and Shri Krishnamachari. These kinds of people were there as Members in the Planning Commission. They used to plan for the whole country; they used to allocate funds; they used to eradicate many things; they used to stop the diseases; and they developed infrastructure. Today, unfortunately or fortunately, we have the members whose names we do not know. Many members are there. Many of them do not have any substance. Today, the Planning Commission has become a Planning Commission for rehabilitating people – people who have not been able to get elected to this House. They get some rehabilitation, go and sit there and get some status and chair. They are the people sitting in the Planning Commission and they are trying to plan for this country.

Now, I would like to say a word about these officers and advisors of the Planning Commission. They are the advisors who are not able to get the Secretaryship in the Government of India. Out of frustration, they go and sit there in the Planning Commission. There is a clash of interest between the Planning Commission and the Ministry.

The clash is there because he could not become Secretary, Health and he always fights with the Secretary. If the Secretary sends some proposals, the Advisor or the Principal Advisor, sitting in the Planning commission, says 'no'. I know because I have personal acquaintance with the Planning Commission. I have seen them working with my eyes. They delay the whole thing and the entire planning process is going to futz. Our budget allocations are not coming properly. What can the Health Ministry do with this sum of Rs.1800 crore? How can they control diseases?

Coming to the temples of health, AIIMS like hospitals are called "Temples of Health." The previous Government brought in this programme to upgrade seven hospitals to the level of All India Institute of Medical Sciences and seven new hospitals to start at places like Patna, Ranchi. These are very important places where these hospitals are going to be started. The Planning Commission has approved it, later on the EFC approved it and the Ministry of Health also approved it. Then it went to the Cabinet Committee. I would request the hon. Health Minister to put serious efforts to see that this programme is immediately approved by the competent authorities because people above poverty line, who are in the middle class, are those who get this disease. They are becoming sick and when they are becoming sick they are slipping below poverty line. I would request the hon. Minister to take full interest to see that this is cleared, at least, within another 15-20 days' time.

Coming to the rural health, we have six lakh villages in this country. We have 23,000 primary health centres. The primary health centres do not have doctors. What is the reason for this? Why the doctors do not sit in the primary health centres? I have seriously gone into it. To my mind, it appears that the entire blame goes to the Medical Council of India. The Medical Council of India was also discussed on 1st July 1952. The view that I am giving about it today was the same view that was delivered in 1952.

The Medical Council of India has become a non-democratic organisation. Though this is an elected body, it has become an undemocratic organisation. With all humility, I call the Medical Council of India as the Mafia Council of India! The other day, I saw the hon. Minister of Health standing here and all the Members sitting here were attacking him with questions. The poor hon. Health Minister was not able to reply. I understood his plight. The reason is that there is a big mafia working. For the benefit of this august House, I wanted to say a few words about the Medical Council of India. This has never been discussed in the Parliament.

MR. CHAIRMAN : Kindly come to the point. The hon. Finance Minister is also here and we have to take other business also. There are other Members who wish to speak.

DR. CHINTA MOHAN : Sir, this is Half-an-Hour Discussion and I am raising very important points.

MR. CHAIRMAN: I agree, but please put specific questions. The MCI and other Central organisations are not the issues.

DR. CHINTA MOHAN : Sir, there are seven members in the Medical Council of India. They are the people who have become more or less undemocratic people and they are looting this country. The hon. Finance Minister has gone out, he should have been here. He is all the time trying to reach poor and small people to pay the tax. These are the people having thousands of crores of rupees. Each person of this Council has got crores of rupees and they are misusing the authority.

MR. CHAIRMAN: All the hon. Health Ministers are very competent to control them. So, you kindly conclude because if you expand the area, it will take more than an hour.

DR. CHINTA MOHAN : Sir, now the Medical Council of India is trying to control the Ministry of Health now. The Ministry is not controlling the Medical Council of India.

MR. CHAIRMAN: That is their internal matter. You please come to the specific point.

DR. CHINTA MOHAN : The Medical Council of India is controlling the medical colleges. There are 125 private medical colleges in this country.

MR. CHAIRMAN: Now you conclude Malaria please.

DR. CHINTA MOHAN : Unfortunately, with all agony, I would like to mention that this Medical Council of India is permitting the private medical colleges to collect more of tuition fee. The other day there was a discussion on a Starred Question in this House.

MR. CHAIRMAN: Dr. Mohan, please come to the point and kindly conclude. Please cooperate with the Chair. The capitation fee, etc. is not the subject. You can give another notice for to discuss all these things, I do not mind.

DR. CHINTA MOHAN : Medical students, mainly the Scheduled Caste and Scheduled Tribe students, who study in the Private Medical Colleges, pay one thousand rupees per day as tuition fees to these Colleges. This is a very unfortunate thing. This is all being encouraged by the Medical Council of India. The hon. Minister said that he will bring an Act next year. We are not going to wait for next year.

MR. CHAIRMAN : The Minister is not at fault because the Judiciary has taken that job. He cannot do anything.

DR. CHINTA MOHAN : I would request the hon. Minister to kindly send a Circular to all the Private Medical Colleges which are about 125 in number to at least see that the Scheduled Caste and Scheduled Tribe students are protected from exploitation. I would like to request the hon. Minister – I have already written a letter to Shri Hota – to see that they should send a circular. I would request him that the exploitation of these poor children should be stopped immediately.

Now, I come to the National Health Policy. He has said in the National Health policy Document, 2002 that they will control polio – everyday I see their advertisements – by 2005; they will eradicate AIDS by 2007; and they will control malaria by 2010.

MR. CHAIRMAN: Dr. Chinta Mohan, the discussion is on eradication of vector-borne diseases. You can give your views on that.

DR. CHINTA MOHAN : I would like to know from the hon. Minister as to what infrastructure they have to control these diseases by 2005, 2007 and 2010. What new infrastructure they want to have for this eradication programme? How much budgetary allocation they want? What efforts are being made by them to get more budgetary allocation? How malaria can be eradicated at least by another five years?

MR. CHAIRMAN: I would earnestly like to request the hon. Members to ask questions only.

DR. K.S. MANOJ (ALLEPPEY): The vector-borne diseases like malaria, dengue fever, Japanese encephalitis, filariasis etc. are spread by mosquitoes. I come from Kerala where there are endemic areas of malaria, filariasis and other diseases. Also, every year there are breakouts of dengue fever as well as Japanese encephalitis. Last year also, there were deaths due to Japanese encephalitis and dengue fever. One of the reasons for these deaths is delay in diagnosis of the disease. In Kerala and in many of the other States, there are not adequate facilities

for the early diagnosis of dengue fever and Japanese encephalitis. In Kerala, we have to send blood to Pune Virology Institute to get the diagnosis of the disease.

So, my humble request to the hon. Minister is that at least in every State, there should be adequate facilities for the diagnosis of these diseases. Also, In Kerala, formerly there were Vector Control Research Centres under ICMR, but most of them were closed down after completion of their tenure period of five years. Still in Kerala, filariasis is rampant.

So, my question to the hon. Minister is this. I would like to know whether necessary steps to retain the Vector Control Research centres – which undertake research as well as control the vectors – have been taken so that we can prevent the vector-borne diseases.

I would like to know from the hon. Minister whether he has taken adequate steps to provide adequate facilities. We had a specific request for a Viral Institute in my constituency, but we did not get any financial assistance from the Central Ministry. These are my two pointed questions.

श्री शैलेन्द्र कुमार (चायल) : माननीय सभापति महोदय, आपने मुझे आधे घंटे की चर्चा में बोलने का मौका दिया इसके लिए मैं आपका आभार व्यक्त करता हूँ। मैं आपके माध्यम से माननीय स्वास्थ्य मंत्री जी से कुछ प्रश्न करना चाहूंगा। जैसा कि सब्जेक्ट में दिया गया है, बहुत सी ऐसी बीमारियां हैं जिनसे आदमियों की जानें जाती हैं। हमारे देश में तीन मौसम हैं - जाड़ा, गर्मी और बरसात। सरकार को बीमारियों से रोकथाम के लिये मौसम के अनुसार व्यवस्था करनी चाहिये। यह कहा गया कि डायरीरिया, हैजा, चेचक फैल जाता है। इसके अलावा पोलियो, डेंगू आदि भी फैल जाते हैं। हम कहते हैं कि ये बीमारियां खत्म हो गई हैं... (व्यवधान)

MR. CHAIRMAN : Kindly put your questions.

श्री शैलेन्द्र कुमार (चायल) : सभापति जी, अगर मैं बता नहीं पाऊंगा तो प्रश्न कैसे करूंगा?

MR. CHAIRMAN: Kindly put your questions. Then, the hon. Minister will reply.

श्री शैलेन्द्र कुमार : ग्रामीण क्षेत्रों में कैसे व्यवस्था करेंगे। जब हम अपने क्षेत्रों में जाते हैं तो पता चलता है कि वहां बीमारी फैली हुई है। दूसरा, इन बीमारियों की रोकथाम के लिये जरूरी है कि जनसंख्या पर नियंत्रण किया जाये। सफाई की व्यवस्था होनी चाहिये, पर्यावरण शुद्ध होना चाहिये। हमारे अनुसूचित जाति के लोग झुग्गी-झोंपड़ी में रहते हैं, वहां ऐसी बीमारियां ज्यादा फैलती हैं। मेरा यह भी कहना है कि हम सांसद निधि में से प्रति संसदीय क्षेत्र में 8 लाख रुपये में स्वास्थ्य मेला लगाते हैं। लेकिन पूरी तरीके से दवा उपलब्ध नहीं होती है, कोई सुविधा उपलब्ध नहीं है। तमाम केन्द्रीय स्वास्थ्य कर्मियों को दिक्कतें हैं। आये दिन उनके आन्दोलन और धरने होते रहते हैं। उनकी छोटी छोटी मांगें हैं जिन पर वे लड़ रहे हैं। मैं समझता हूं कि हम रोगवाहक जनित बीमारियों पर कंट्रोल कर सकते हैं। उत्तर प्रदेश सरकार ने 813 प्राथमिक स्वास्थ्य केन्द्र गरीब लोगों के लिये खोले हुये हैं लेकिन वाहन नहीं होने के कारण वे पहुंच नहीं सकते हैं। इसके लिये भारत सरकार से 27.80 करोड़ रुपये की मांग की गई है। मेरा मंत्री जी से निवेदन है कि प्राथमिकता के आधार पर वहां पैसा भेजे ताकि जानलेवा बीमारियों पर कंट्रोल किया जा सके।

MR. CHAIRMAN: I request the hon. Minister to take up the relevant questions only and do not unnecessarily expand the area.

Now, Dr. M. Jagannath.

DR. M. JAGANNATH (NAGAR KURNOOL): Sir, I do not want to go into the details, which my friend, Dr. Chinta Mohan has dealt with. ... (*Interruptions*)

SHRI J.M. AARON RASHID (PERIYAKULAM): Mr. Chairman, Sir, you kindly allow other Members also. ... (*Interruptions*)

सभापति महोदय : स्पीकर साहब ने जो रूल डिसाइड किया है, मैं उसी के अनुसार कर रहा हूं लेकिन सांसद महोदय तो भाण करने लगे हैं। If they do like this, then it will not be half-an-hour discussion but will become one and a half hour discussion.

Dr. M. Jagannath, kindly put questions only.

DR. M. JAGANNATH : Sir, I am putting questions only.

In India, there are nearly 44 million tribal population and they reside in Andhra Pradesh, Madhya Pradesh, Chhattisgarh, Gujarat, Maharashtra, Bihar, Jharkhand, Rajasthan, Orissa and North-Eastern States. They account for 50 per cent of the cases of malaria.

In the recent census of 2001, it was reported that 0.98 million cases were found and out of which, 431 people died. It is a perennial problem. My friend, Dr. Chinta Mohan said that malaria had been eradicated. I do not agree with him. It cannot be eradicated. So long as mosquitoes are there, it will exist and it can only be controlled. We know very well that when the monsoon onsets, malaria will come. ... (*Interruptions*)

MR. CHAIRMAN: Kindly put questions. Please do not give information. The Minister is aware of that.

DR. M. JAGANNATH : Sir, I am putting questions only.

The measures like DDT spraying, detection and treatment of the cases will control Malaria. We also know very well that due to lack of medical facilities in the tribal areas, most of the deaths are taking place there. This issue is being discussed every year in the Consultative Committee meeting also. Death mainly occurs because of cerebral malaria, anemia and malnutrition.

What happens is that because of malaria, the individuals who are affected by malaria are prone to severe anaemia and mal-nutrition. Ultimately it causes respiratory disease, death of the brain and death.

In Visakhapatnam and Vizianagar districts of Andhra Pradesh--whether the Minister agree or not, but the statistics will tell you--it seems nearly 1000 people have died. What are the measures the Minister proposes to take in future to control the increasing number of cases? We know it is a perennial problem. In Visakhapatnam and Vizianagar districts, it was told that 35,000 people were positive.

MR. CHAIRMAN : No, you put the question.

DR. M. JAGANNATH : My question to the hon. Minister is this. It is a perennial problem. What are the steps the Government proposes to take to control this?

SHRI BIKRAM KESHARI DEO (KALAHANDI): Mr. Chairman, Sir, I am not a doctor. I do mostly social service. As the answer to this Question was inconclusive during the Question Hour, the Speaker wanted a Half-an-Hour Discussion and he advised us to give notice and we gave it. But after hearing and feeling the sense of the House, I feel that a discussion under rule 193 should be allowed. Then only we could have a detailed discussion on this matter and the UPA Government's failure in stemming it will come out. ... (*Interruptions*)

MR. CHAIRMAN: Kindly put the question. If you politicalise the question, then you will miss the bus.

SHRI BIKRAM KESHARI DEO : All right, I will not miss the bus.

MR. CHAIRMAN: Kindly put the question. We are not screening the Government. You just ask the question.

SHRI BIKRAM KESHARI DEO : All right, I am asking the question.

I come from the State of Orissa which has got the highest number of malaria cases and they are in the tribal areas. It is a known fact. My clarification is this.

MR. CHAIRMAN: Do not ask clarification. You put your question.

SHRI BIKRAM KESHARI DEO : I am asking a clarification.

MR. CHAIRMAN: Do not seek a clarification. You ask the question.

SHRI BIKRAM KESHARI DEO : My question is that the system of treatment, which you are giving for malaria now, is an outdated system. Well, you are using DDT for eradication of malaria whereas DDT has been banned in certain countries because of its negative effects on the environment, wildlife and flora and fauna. So, what are the measures the Government is taking to eradicate malaria? That day the Minister replied. But you see, Sir, they are launching the Rural

Health Mission now. Is it a very good thing without doctors? We do not have doctors in the States. Hospitals, PHCs, subsidiary health centres are without doctors. So, how do you

expect to achieve the Rural Health Mission? ... (*Interruptions*) Today, in the KBK districts of Orissa and in my district, there are no doctors. There are 78 posts vacant for doctors.

For admission in medical colleges, there is a Joint Entrance Examination. Fifty per cent of the seats are reserved for the children of the State.

MR. CHAIRMAN: No, you come to malaria.

SHRI BIKRAM KESHARI DEO : I am coming to the point.

Fifty per cent of the seats are reserved for children outside the State.

MR. CHAIRMAN: Do not go for the medical colleges now.

SHRI BIKRAM KESHARI DEO : But after they complete their MBBS, they tend to leave the State and go out of the State. So, can the Government formulate a new scheme or a new policy that after doing the MBBS in that particular State, he gives a compulsory service of three years in that State so that the shortage of doctors does not take place? I know health is a State subject. We know it is a State subject.

MR. CHAIRMAN: I know you were the Minister.

SHRI BIKRAM KESHARI DEO : But the States are in a bad condition, and malaria is a dreaded disease which we have not been able to control till now. Please tell me what are the other alternative ways to control this? It is because the breeding centres of mosquitoes are the ponds and the stagnated water.

MR. CHAIRMAN: Everybody knows the reason.

SHRI BIKRAM KESHARI DEO : Thank you.

SHRI KHARABELA SWAIN : Sir, can I just put one question?

MR. CHAIRMAN: As per the rules, we allowed the Members. There are 10 requests. We have allowed five Members as per the rule of the House. I will humbly submit and request you to kindly co-operate.

Mr. Minister, you do not expand the area.

... (*Interruptions*)

MR. CHAIRMAN: Kindly co-operate. Otherwise we will have no option.

... (*Interruptions*)

MR. CHAIRMAN: Excuse me, we cannot allow any question. As per the rules, the Speaker has decided to allow five Members. We have already called five Members. Kindly co-operate.

... (*Interruptions*)

19.00 hrs.

MR. CHAIRMAN : Now, hon. Minister will reply.

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): I would like to thank the hon. Member, Dr. Chinta Mohan for bringing up this issue and his concerns about the malaria in the country for the last 57-58 years. As he has rightly said, during the 1960s, there was a drastic fall in malaria cases. At one point of time, in 60s there were only 50,000 cases of malaria. It was because DDT was newly introduced. It was very effective on malaria. But with the passage of time, there was a lot of resistance to DDT and other issues. Then, there was a lapse in the programme in the midway. Earlier, it was an eradication programme.

Today, we have a comprehensive National Vector Borne Disease Control Programme where about five diseases including malaria, filariasis, Japanese Encephalitis, Dengue and *Kala Azar* have been brought under this programme.

Then there was the issue of budgetary allocation. The hon. Members have said that much has not been done. I would like to state that this year in the health sector, we had an increase of 32 per cent to 33 per cent. It was unprecedented. Our Prime Minister is very much concerned about health, and he has asked the hon. Finance Minister to give a lot more allocations. We are going to increase public health spending from the current 0.9 per cent to a minimum of 2 per cent in the next four years. That is our commitment in the National Common Minimum Programme, and we are going according to that.

Then coming to the budget for malaria, in fact last year, namely, 2004-05, we have spent Rs.216 crore in total for National Vector Borne Diseases Control Programme. This year, namely, 2005-06, Rs. 348 crore have been allocated. So, we have an increase for the spending on malaria and other vector borne diseases.

In respect of institutions like AIIMS, we are going to take it up on a big scale. They are much needed in States like Bihar, Uttar Pradesh, Jharkhand, Orissa, Madhya Pradesh and Rajasthan. The programmes at the primary level will be supplemented by these institutions only at the tertiary level. This has to go on, and we are taking steps. The CCEA has been considering these six AIIMS institutions.

For rural health also, we have launched a Rural Health Mission this year with the help of our Prime Minister. We have covered about 18 States which have low parameters in the health sector.

Of course, coming to Medical Education, the hon. Member said that this is a Mafia Council of India. It was according to him. Yes, we have been having some issues of Medical Council of India. Rather than taking up these issues here, we could take up these issues elsewhere on some other forum also. In fact, we are trying to bring in an amendment to the Medical Council Act which the Cabinet has already recently passed. We will be introducing it soon in the august House.

Then there was the issue of fee structure, and private medical colleges. The day when this issue was raised, some hon. Members were a little agitated about the fee structure, and about the capitation fee being collected. I am also on their side on this issue. I want to eradicate this capitation fee. Today, nobody is allowed to take capitation fee. Like elsewhere, these are being done clandestinely, secretly. We are not having any proof of this capitation fee. If hon. Members have any proof or if any one from public could bring it to our notice or to any other authority, definitely, we will take action. In fact, we have taken action against some college in Gujarat last year where the owner of the college was arrested for taking capitation fees. Today, the fees are prescribed only by respective committees in the States.

Some hon. Members approached me after the Question Hour that some colleges are taking fees together for five years. Supposing the fee has been prescribed Rs. 3 lakh for a year. For five years, it will come to Rs. 15 lakh. So, taking Rs. 15 lakh in the first year is illegal. Nobody is allowed to take fee for more than one prescribed year. If anybody is taking that, it is illegal.

Then there was the issue of new infrastructure. Yes, we are trying to provide two to three per cent infrastructure in the next four years.... (*Interruptions*)

MR. CHAIRMAN: There are no doctors in the primary health centres.

DR. ANBUMANI RAMADOSS: There is a National Rural Health Mission. Through you, Sir, we could even have a discussion on only the National Rural Health Mission where we could discuss a lot of wider issues, namely, what is the availability of doctors there, the problems at the rural level, primary level, whether the para-medical staff have medicines or not, etc. We have decided to take up all that, and have a discussion on that. That will be helpful for enlightening all the hon. Members about this programme which is the biggest programme in the last 50 years in the health sector - the National Rural Health Mission.

The hon. Prime Minister is concerned about the rural people also.

Dr. K.S. Manoj had also asked some questions. Today is a day of doctors and I am also a doctor. All my doctor colleagues have been asking questions on malaria. They are concerned about the outbreak of dengue and Japanese encephalitis in Kerala. Kerala has a peculiar situation where they grow coconuts. Coconut plantations is put up everywhere and water collects in the coconut shells in the rainy season. If water is left unabsorbed, it becomes a breeding ground for malaria and dengue causing mosquitoes but awareness has been created in Kerala. Kerala is one of the highly literate States in the country and there has been no

difficulty in creating awareness. Malaria test is a very simple test under the microscope. So, on all these issues, the Government of India is supplementing the efforts of the State Governments. The

State Governments have to take steps. We are supplementing them in surveillance, in prevention, in IEC. We are participating in providing infrastructure like mosquito nets and all that.

We are going to go in for an integrated surveillance where after three years the whole country would be covered. All the 600 districts are going to be covered by this programme. If any case is reported, we would take immediate action. This would be done not only for malaria but also for typhoid, cholera and other diseases.

Regarding ICMR units, we have a lot of units doing research. There are literally ten units all over the country. For malaria, we have surveillance units. They would be there for five years. When malaria comes down, they would shift to another endemic area. Whenever there is any problem in a particular State, we could talk to that State and take action on the basis of necessity of the disease. Some of these diseases are seasonal diseases. After monsoon, we might have a spurt and then there could be a decrease till the next monsoon season.

Shri Shailendra Kumar asked about control of population. In fact, that is the base of all the problems in the country today; not only of health problems but also infrastructure problems, economic problems, agricultural problems, and all kinds of problems. So, control of population is one of the country's main programmes. We are here to stabilise and control population. That is one of the priorities for us. In fact, we are concentrating on urban slums also through the Urban Renewal Mission.

The hon. Member said that the Health Melas are not being properly organised. I would like to deny that. There have been Health Melas which have been very successful. In some of the Health Melas about 50,000 people from a whole district have participated and got their screening done. So, these Health Melas are much needed. The first step the Government of India is going to take is to take up the National Rural Health Mission in 18 States where we are going to hold *melas* not only for creating awareness but also for screening the people for diseases like diabetes, cataract, etc. These *melas* also include gynaecological screening.

MR. CHAIRMAN : Do you think that it is a very big number for people attending a Health Mela?

DR. ANBUMANI RAMADOSS: Sir, according to his influence and commitment, the hon. Member organises the event. The other doctors, IMA and all others private parties, including philanthropists participate in it. If it is a massive *mela*, it is very effective and we initiate that. The Government today is at the point of giving Rs. 8 lakh, which we feel is not that much, but again we have 18 States and we have to cover a lot of ground. There are other hon. Members from other States asking for this. The first step is to take this up in 18 States.

Coming to Dr. Manda Jagannath, my good friend, he is also concerned about the spread of these diseases in tribal areas. ... (*Interruptions*)

MR. CHAIRMAN: He is the only friend you have here!

DR. ANBUMANI RAMADOSS: As you are aware, for the control of malaria in tribal areas, we have a lot of on-going programmes specifically designed for the tribal areas. We have the Enhanced

Malaria Control Programme in which about 100 districts in eight States are covered. All the 100 districts are tribal districts and we are covering them.

The World Bank is supporting it. Literally about 1,045 Primary Health Centres (PHCs) are covering this. We have another intensified malaria control programme in ten States including North-East, Orissa, Jharkhand and West Bengal. We are giving 100 per cent cash assistance for all the North-Eastern States. So, we are concentrating on tribal areas.

In fact, there were some issues raised earlier to discuss about the issues where the hon. Member says about thousand people died in Visakhapatnam area and Paderu area. I want to give some little details about what has been happening in Visakhapatnam area. In that district, during 2004, about 9,894 cases were reported against 17,124 during 2001, showing a reduction of literally 42 per cent in three years' time.

As regards the steps taken, there were a lot of steps being taken by the State Government in the recent past whereby in 2,500 villages spray operation has been done. As far as malaria is concerned, I would like to say that a number of steps were taken. One is to control malaria and then when it happens, to treat it. So, to control malaria, we have been doing a lot from earlier times like spraying insecticides. The hon. Member says that DDT is banned in some of the countries. Yes, it is true. But we are using this very discreetly and very rationally. Every year, as far as DDT is concerned, there is a Committee under the Secretary (Health) which decides the quantities. For malaria we are using about 7,000 metric tonnes and for *kala azar*, it is about 2,500 metric tonnes. But we are using it very rationally and very selectively. There are other chemicals also like synthetic pyrethroids, Malathion, Fenthion. We are using all these things. Fenthion is a larvicidal drug, a chemical. In fact, we are using gambusia fish or guppies. You leave them in a pond and they eat all the larvae of the malaria. Maharashtra State is the best in the country and there it is very effective. We are propagating this to a lot of other States, especially in North-East where they have small ponds. We just leave this fish. It is a small fish and they eat all the larvae. It is very effective in controlling malaria and other vector-borne diseases. ... (*Interruptions*)

MR. CHAIRMAN : Let him complete. Dr. Jagannath, please sit down.

... (*Interruptions*)

DR. ANBUMANI RAMADOSS: In the Paderu area we have taken a lot of steps. We have supplied 30,000 impregnated mosquito nets to 430 villages in that Paderu agency area. Initially, about 195 medical camps were conducted and rapid fever screening was being carried out and 55 medical teams have been positioned in 55 school complexes. Two hundred and seventy nine medical and paramedical staff has been deployed there. Fifty-five vehicles have been provided in 11 mandals and specialist doctors have been posted there. Food also has been provided to the tribal areas. Adequate essential drugs, like chloroquine, primaquine and other essential drugs, which are reducing malaria, have been provided. ... (*Interruptions*)

MR. CHAIRMAN: Infrastructure is there, but it should be under use. That is the only issue.

... (*Interruptions*)

DR. ANBUMANI RAMDOSS: It is there. Besides, rapid diagnostic kits are also there.

That day some hon. Members had raised the issue that about 900 to 1,000 people have died and they gave me a list of the persons who have died, in which village and in which area. They asked me to verify it by sending my officials there, which I kindly obliged and I asked my officials to go there personally and verify these so-called deaths in that village. In fact, I sent my Director of the National Vector-Borne Disease Control Programme. He is Dr. P.L. Joshi. He inspected one village.
... (*Interruptions*)

MR. CHAIRMAN: This you have already replied in the Starred Question.

DR. ANBUMANI RAMDOSS: No, Sir. This is one village called 'Champaguda' where there is a Konda Dorra tribe. In that list given by the hon. Member that day, this village with a population of approximately 350 –360 had about 44 so-called deaths. This is according to the list given and my person went there. He verified and found out that of the 44 so-called deaths, 42 were alive.

MR. CHAIRMAN : My God! This is accurate information.

... (*Interruptions*)

DR. ANBUMANI RAMADOSS : All of them went for work somewhere else in the State. There was only one death in the village. ... (*Interruptions*)

DR. M. JAGANNATH : Sir, you said you have got them verified. ... (*Interruptions*)

MR. CHAIRMAN : You are not going to get privilege issue. Kindly sit down.

... (*Interruptions*)

DR. M. JAGANNATH : Sir, the MRO has certified 550 deaths. What about it? ... (*Interruptions*)

MR. CHAIRMAN : He is not charging you. Why worry? Let the hon. Minister complete the reply.

... (*Interruptions*)

MR. CHAIRMAN : Nothing will be recorded except the speech of hon. Minister.

(*Interruptions*)* ...

MR. CHAIRMAN : Please sit down. Hon. Minister, do not respond to him.

... (*Interruptions*)

SHRI P. CHIDAMBARAM : Out of 44, 42 are still alive. ... (*Interruptions*)

MR. CHAIRMAN : Hon. Minister, please reply to the point of Shri Bikram Keshari Deo about hilly tracks etc. He was the last speaker on this.

DR. ANBUMANI RAMADOSS : Sir, I am coming to that.

I respect Dr. Jagannath and the concern of all the hon. Members. If there is even one death, we are going to act. Irrespective of whether there is one death or a thousand deaths, we are going to take all the steps and in consultation with the State Government and in cooperation with them, we are taking all the steps for agency areas. A lot of things have been done after that also.

* Not Recorded.

Coming to Orissa, in fact, Orissa is the State where there was highest prevalence of deaths in the country because of malaria. In fact, we have launched a National Rural Health Mission in Orissa. I was personally there. The hon. Chief Minister launched this programme. We have been discussing it.

Hon. Member says that the treatment is outdated. We have a lot of new, modern drugs. Earlier there was treatment with chloroquine, primaquine, etc. Now there was some resistance shown and we have gone into more recent drugs like artemisine sulfate, artier injection, etc. which have been given. It is very expensive. We are procuring and supplying them to the State Governments. So, treatment-wise saying that it is outdated, we definitely will not accept it. We are having some of the best treatments which are available today in the country. They are being given free of cost to these malaria-affected people.

I have mentioned about DDT. We are using it very sparingly. This is the only chemical which is very effective for *kala azar* and sandfly etc. The DDT is very effective. We have to use that.

MR. CHAIRMAN : Thank you.

DR. ANBUMANI RAMADOSS : On the point whether the doctors can be put in the States, it is in the States' purview and he can request the hon. Chief Minister of the State to take some decision whereby the doctors have been asked to stay there, some bonding could be there. Overall, we are trying to have these doctors posted in the rural areas. We had a discussion with actually some 15 medical professional bodies in the country last month. Most of them, like the Indian Medical Association and the FOGSI and the associations for gynecology, anaesthesia had come and they had suggested for compulsory rural posting. After the doctor finishes his house surgery, he is to be posted for one year or two years, they are trying to decide the period and he is to compulsorily work in a rural place after which he will be given his graduation certificate. After that only he could even apply for his post-graduation. We are taking these steps.

MR. CHAIRMAN : It should be compulsory. In Maharashtra we are doing that one.

We will now take up item no. 8-A, presentation of BAC Report, and then continue with the discussion on Supplementary Budget.

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