

17.48 hrs.

LEPERS (DELHI, ANDAMAN AND NICOBAR ISLANDS, LAKSHADWEEP, DADRA AND NAGAR HAVELI AND CHANDIGARH REPEAL) BILL.

MR. CHAIRMAN : Now Shri B. Shankaranand. The Minister of Parliamentary Affairs, Sports and Works and Housing (SHRI BUTA SINGH) : Madam, will you kindly allow us to pass this Bill, because we have to send it to the Rajya Sabha after passing ? We may extend the sitting by an hour.

MR. CHAIRMAN : The Bill is a very short one. I think the sitting can be extended by an hour.

SOME HON. MEMBERS : Yes.

SHRI BUTA SINGH : It can be passed even earlier.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SAHNKARNAND) :

I beg to move :

"That the Bill to provide for the repeal of the Lepers Act, 1898, as in force in the Union territories of Delhi, Andaman and Nicobar Islands, Lakshadweep, Dadra and Nagar Haveli and Chandigarh, be taken into consideration."

Hon'ble Members are aware that on the 28th April, 1983, I laid on the Table of the House a statement containing the decisions of the Government on the recommendations of the working Group to formulate a strategy for the eradication of Leprosy from our country, and according to the decision the present Bill to repeal the Lepers Act, 1898 in its application to the Union Territories without legislatures is brought before the House for consideration and passing.

The Lepers' Act 1898 was enacted on the basis of the then prevailing knowledge about leprosy, the means available for its treatment and control and the age old stigma attached to the disease. It was considered then that the disease was incurable, that all lepers were infections and that it was essential to restrain the movement of pauper lepers and prohibit leprosy patients from

following certain trades and doing certain acts in order to preclude them from free contact with the community. The Act made provisions whose objective was the prevention of the spread of the disease to others.

Leprosy is indeed a major health and socio-economic problem in the country and the disease is prevalent from time immemorial. It is a disease, often causing physical deformities, which prevent the patients from following the normal avocations of life. There are an estimated 3,2 million leprosy patients in our country based on 1971 census, of which 15 to 20 per cent would be of the infectious type, about 25 per cent would be having disabilities of varying degrees and about 20 per cent are children. Nearly 400 million people live in areas where the prevalence rate of the disease is 5 or more per thousand.

Recent scientific advancements in the field of leprosy have thrown new light on the inactivity and spread of the disease and its treatment and curability. Leprosy is curable and the patients can be treated in their own homes without dislocation from their normal vocations. The physical deformities caused by the disease are also now preventable and curable. Most of the leprosy patients are non-infectious. The few infectious cases can be made non-infectious within a short period of modern treatment.

Hon'ble Members will appreciate that the Lepers' Act has no relevance to the scientific developments in the field which I have referred to. On the contrary, it perpetuates the age-old stigma associated with the disease, which discourages the patients from coming openly for treatment and prevents their assimilation in the society. It has, therefore, become necessary to repeal this enactment. The object of the Bill is to repeal this Act in its application to the Union Territories without legislatures, namely, Delhi, Andaman & Nicobar Islands, Lakshadweep, Dadra and Nagar Haveli and Chandigarh.

The States and Union Territories with legislatures have been requested to take up parallel legislation in respect of their territories.

Since the House is going to discuss the

Health policy soon the subject matter can easily be considered by the Hon'ble Members to be discussed under this Bill and may be taken up for discussion when the Health Policy will be taken up for consideration. May I suggest and request this House that this Bill be adopted without discussion and the time saved for this purpose may be taken for consideration of the Health policy. So, I commend the Resolution after consideration and passing by the House unanimously without discussion.

SHRI MANORANJAN BHAKTA (Andaman and Nicobar Islands) : This relates to the Union Territory of Andaman & Nicobar Island and I must congratulate the Minister for having brought forward this Bill to repeal the Leprosy Act. At the same time, I am sorry to say that when modern treatment and facilities to cure leprosy is well taken but particularly in an area like Andaman & Nicobar Islands where no specialists are available you have not arranged for any leprosy specialist before repealing this Bill. For any kind of problem only repealing the Act and doing your duty is not correct. I would like to request the hon. Minister that he should at the same time ensure before this House that you will be posting suitable number of leprosy specialists in that part of the country, like Andaman and Nicobar Islands, Lakshadweep, Dadra and Nagar Haveli, where the specialists are not available to tackle this problem. This is what I want to submit.

SHRI SUDHIR GIRI (Contai) : I want to speak.

SHRI B. SHANKARANAND : I request the Members that they can make the same points when the National Health Policy is discussed.

SHRI SUDHIR GIRI : We will not get an opportunity at that time to discuss this.

SHRI B. SHANKARANAND : The House is going to take up one Half an Hour Discussion on Leprosy. That has been admitted and the discussion is going to take place tomorrow or day after tomorrow.

SHRI SUDHIR GIRI : The eradication programme of leprosy had been continuing for a long time. The Central Government has launched this programme, for the eradica-

tion of leprosy in our country. Madam, the basic needs of human beings are food, clothings medical helps, housing and aduaction. These are the basic needs. And certainly, promotion of health education, or preservation of health is one of the basic needs.

Now, what is the Government doing since 1947 for the preservation of health ? What is the magnitude of leprosy in India ? The Government has published a report. From that report we find that from 3 to 3.2 million leprosy patients are being treated in different hospitals and outside the hospitals 2.2 lakhs patients are being detected anually by the machinery set up by the Government in India. Out of this 25 per cent of the leprosy patients are children below 14. The incidence of leprosy is maximum in Tamil Nadu It is, as per 1971 calculation, 7.83 lakhs; in Andhra Pradesh 6.28 lakhs; in West Bengal 3.80 lakhs, Bihar 3.44 lakhs. In this way there are large numbers of leprosy patients in the country. This is a figure which has been computed by the Government, but it is a fact that the Govern ment has not been in a position to set up the machinery to contact all the leprosy patients in the country. That is why I want to emphasise the fact that the Govern ment should take proper note of these things that the eradication programme of leprosy must be executed in a very short time. Although the Government is saying so, on different occasions, they are not attaching due importance to health programme. From the expenditure they have incurred in different Plans you will find that the Central Government is year after year reducing the expenditure on the health programme.

During the First Year Plan Rs. 235 lakhs were spent on eradication of leprosy. In the second Five Year Plan the money spent was Rs. 529 lakhs. In the Third Five Year Plan it was reduced to Rs. 424.40 lakh In the annual Plans from 1966 to 1969 the money spent was only Rs. 62.77 lakhs, In the Fourth Plan it was further reduced to Rs. 285.62 lakhs.. In the Fifth Plan it was increased to Rs. 2023 lakhs . In the Annual Plan only Rs.195 lakhs were spent. In the Sixth Plan upto 1983 the actual expenditure has been to the extent of Rs. 792.20 lakhs. This

discloses the Government's callousness and negligence towards eradication of leprosy from the country. I would therefore urge upon the Government to see in depth the leprosy problems. The problem is more in our rural areas because the people there are very poor and illiterate. When a leper would go to their house, generally other members of the family hate him. They are dislocated in our society. I want that the number of trained doctors must be increased especially in the rural areas. Those live in urban areas can have the chance of going to the hospital. But in rural areas, there is no one to take care of them, I therefore, urge upon the Government that number of trained doctors, para medical staff and hospitals should be increased in order to solve the problem. Many lepers do not want to come out in the open to intimate to the doctors that they are leprosy patient because of the prejudices existing in our society therefore motivated people those who are sincere and those who are motivated to eradicate the leprosy problem in our country should be recruited and those doctors only should be sent to the rural areas to find out, to detect the lepers and their problems should be solved.

The lepers who have been cured are facing difficult problems in the rural areas. They should be provided jobs. I know that in normal situations they will not be provided jobs because there are huge numbers of unemployed in our country. In the leprosy hospitals if these cured persons are employed, the problem would be solved to some extent at least. I, therefore, request the Minister to look into the matter and increase the aid to the States which have maximised in leprosy patients.

राजेश कुमार सिंह (फीरोजाबाद) : सभापति महोदय, अभी हमारे मित्र श्री गिरी बोल रहे थे—जैसा मंत्री महोदय ने स्वीकार किया है कि इन रोगियों की संख्या 25 लाख के करीब है, लेकिन उनसे भी कहीं ज्यादा ऐसे लोग हैं जिनके बारे में सरकार को कोई सूचना नहीं है। बहुत से ऐसे लोग हैं जो हमारी सामाजिक व्यवस्था के कारण इस रोग को छिपा कर रखते हैं। इन्होंने स्वीकार भी किया है कि 20 प्रतिशत इस संक्रामक रोग से ग्रस्त हैं, लेकिन 20

प्रतिशत ऐसे लोग भी हैं जिनमें छोटे बच्चे हैं, 14-15 साल की उम्र के लोग हैं। आपने कह दिया है कि यह संक्रामक रोग है—लेकिन जिस तरह की स्थिति देश में चल रही है उससे बड़ा सन्देह बना रहता है। यह कानून तो रिपील होना ही चाहिये लेकिन देखने की बात यह है कि अब तक इस कानून के अधीन सरकार की जो जिम्मेदारी थी, कहीं सरकार उस जिम्मेदारी से हटना तो नहीं चाहती है। इस कानून के अधीन अब तक सरकार जिस चीज को निभाती आ रही थी, जिन लोगों को बहिष्कार कर दिया जाता था, उनके प्रति सरकार की जो थोड़ी बहुत जिम्मेदारी थी, इस अधिनियम को लाने के बाद उस जिम्मेदारी से कहीं सरकार मुक्त होने तो नहीं जा रही है।

मैं एक बात अवश्य जानना चाहता हूँ—मैंने अखबारों में पढ़ा है कि एक राष्ट्रीय कुष्ठ आयोग बन रहा है जिसके आप अध्यक्ष होने वाले थे उसका क्या हुआ? उसके अधीन आपकी क्या योजना है, उसमें किन लोगों को शामिल किया गया है और उसके अधीन आप क्या-क्या काम करने जा रहे हैं।

यह बिल का सम्बन्ध दिल्ली, अण्डमान और निकोबार द्वीपसमूह, लक्षद्वीप, दादरा और नगर हवेली तथा चंडीगढ़ से है। मैं जानना चाहता हूँ इस संदर्भ में क्या आप कोई नई नीति राज्य सरकारों के लिए भी निर्धारित करने जा रहे हैं, जिस से वे भी ऐसी व्यवस्था करें कि इनके पुनर्वास की व्यवस्था हो सके। यह एक बहुत महत्वपूर्ण बात है—यदि आपने उनको सड़क पर छोड़ दिया, उनके पुनर्वास की कोई सही व्यवस्था नहीं की तो उन्हें यह रोग फिर से ग्रस्त कर सकता है क्योंकि न उनके पास दवा की व्यवस्था होगी और न उनके रहने की व्यवस्था होगी।

गांवों में आज यह हालत है कि अगर किसी घर में कोई रोगी है तो लोग एक तरह से उस परिवार के साथ सम्बन्ध तोड़ लेते हैं। आगरा

में 'बालना' एक जापानी संस्था द्वारा मिशनरी काम किया जा रहा है जहां कुष्ठ रोगियों को रखा जाता है। लोग वहां जाते हैं—रोटी डाल आते हैं, लेकिन कोई सम्मान पूर्ण व्यवहार उनके साथ नहीं होता है। उनमें एक ग्रेजुएट भी है, शायद वह अच्छा भी हो गया है लेकिन उसके पास कोई धन्धा नहीं है, बेकार है। सरकार को ऐसे मामलों में विशेष ध्यान देना चाहिये।

सरकार ने इस कानून को लाकर यह कह दिया है कि हमने उन पर से सब प्रतिबन्ध हटा दिये हैं, लेकिन सवाल यह है कि जब सरकार प्रतिबन्ध हटा रही है तो उसकी जिम्मेदारी और ज्यादा बढ़ जाती है। इनकी बीमारी को फिर से बढ़ने को रोकने के लिए, उनके पुनर्वास की व्यवस्था के लिये, खास तौर से समाज में इनको सही स्थान मिले, इनके साथ मुहब्बत का व्यवहार हो—इन सब बातों के बारे में सही तरीके से प्रचार करना चाहिये ताकि लोगों के दिमागों से इनके प्रति जो भ्रान्ति है वह दूर हो जाय।

SHRI T.R. SHAMANNA (Bangalore South): Madam Chairman, I do not want to prolong the speech here but I am concerned here with leper beggars. The hon. Minister has made it clear that on account of scientific research and practice, we find that leporacy can be cured and it is not hereditary and the effect of the leporacy can be eliminated if this disease were to be detected in the earlier stages. In this connection, the most important thing that we have to bear in mind is that we educate the public regarding leprosy, on how it can be curable and how it is not dangerous now, and also the most important thing is, how treatment has to be given.

Now, it is very necessary that proper arrangements must be made for the treatment of lepers and the important thing which I want to say is that the lepor beggars are public nuisance. Sir, I am connected with the beggars problem in Karnataka State; I happen to be the Chairman of the Central Begger Relief Committee. In Bangalore alone there are three colonies where there are about 800 lepor families and if we keep the leper beggars with other

beggars, they find it difficult to mix with them. We have made arrangements with three begger leper centres where they have got facilities for clinical treatment as well as rehabilitation. So, with a view to see that for all these lepers who are arrested arrangements are made for their rehabilitation, something has to be done. In order to rehabilitate them, we have got an arrangement whereby we give something for their maintenance and pay two or three rupees for the labour they do, and the Government gives Rs. 50 per month as pension for invalid beggars.

There are about a thousand leper beggars in Bangalore city and we are able to tackle only 100 and not more. Therefore, it is very necessary that the Central Government and the State Governments work together and see how best the rehabilitation of the beggars has to be taken up, particularly the leper beggars. I am told that in Bijapur there is a big building with vast open space. I am asking the Government to give us this land and building to rehabilitate the leper beggars. We can treat the leper beggars there and we will take all measures to see that they are made to earn their livelihood and not depend on others.

The most important thing that the Government has to think of is their rehabilitation. For that purpose the Central Government would give a lead to the State Governments not only by providing finance, but also by evolving a method whereby this problem can be tackled. The leper beggars come particularly from the adjoining States. Therefore, it is an all India problem and therefore, the Centre should take interest and see that this problem is solved to their best advantage. I trust that the Government will take immediate action to see that whatever is to be done to rehabilitate the lepers, particularly the leper beggars, will be done. I want to impress upon the Minister to take it as an urgent problem and solve it.

SHRI B SHANKARANAND: Madam Chairperson, I have already requested the House and I requested their kind indulgence for my brief reply to the points made by the hon. Members in the debate because on all these points I hope to give a reply in detail when the National Health Policy is

taken into consideration. However I will try to make a brief reference to the points made by the hon. Members.

First of all, the hon. Member from Andaman and Nicobar Islands said that there is no leprosy trained doctor and enough medicine in the Andaman and Nicobar Islands. Madam Chairperson, the House will be pleased to know that we have already a trained doctor and enough medicine in that Island and that we have established two urban leprosy centres; survey education and treatment centres—10 non-medical supervisors-3;

20-bedded ward hospital—1

District Leprosy Centre—1

So, the point made by the hon. Member from Andaman & Nicobar Islands is far from truth because we have already taken care for the treatment of leprosy patients in Andaman & Nicobar Islands.

The general points which the hon. Members made are that nobody is opposing for the repeal of the Act because the Act itself is outmoted. (*Interruptions.*) This Act was passed in 1898. When the Act was passed, there was no idea of curing the disease and it was presumed that this disease was incurable and the spread of the disease would further affect the society. Every leper or the persons who was affected by leprosy was treated as untouchable and social outcaste and segregation was the only way of curing this disease from spreading in the society. That is how, this Act was passed in 1898. The very Preamble of the Act, 1898 says :

“Whereas it is expedient to provide for the segregation and medical treatment of pauper lepers and the control of lepers following certain callings ; It is hereby enacted as follows.”

And the main feature of this Act which is not only outmoded but derogatory discriminates lepers from other patients. It has provided for some penal provisions also. Section 8 (1) of the Act provides for detention of a leper by Magistrate. It also provides for ordering by Magistrate to make over a leper to the care of his friend or relative with or without bond.

Section 9 provides for prohibiting a leper from performing certain trade or acts. It also provides for punishment of an offending leper by way of imposition of fine upto Rs. 20/-for any violation of the above provision, at the first instance. It also provides : for :

- (i) prohibition entry of a leper into a specified area by order of Magistrate.
- (ii) detention of a leper in a leper asylum till discharge by order of the Board or district magistrate in case of subsequent violation of the above section.
- (iii) punishment (by fine) of a person employing any leper in any trade etc., for which a leper is prohibited from being engaged.
- (iv) remanding of a leper who escapes from a lepers asylum by order of Magistrate.

Now the modern methods of treatment of the disease has shown us that this is as good or bad as any other infectious disease which if detected early can be cured completely. It is less infectious than some other disease like T B. etc. So, to treat a patient who is suffering from this disease as an untouchable or out-caste in the society would not only be immoral but a crime. So, the working group under the chairmanship of Shri Swaminathan, then Member of the Planning Commission opined that this Act must be repealed. When these things were discussed in the House, questions were raised what is the Central Government doing to repeal this Act. So, when I came to this House, I thought that the House would repeal this Act by way of passing this Bill without any discussion.

I would appeal to the hon. Members that the points that have been raised by them can be taken care of and let this Bill be passed without discuss.

SHRI BASUDEV ACHARIA (Bankura) : I want to know whether the Working Group set up some years back has submitted its report to the Government regarding the eradication of leprosy.

SHRI B. SHANKARANAND : It has submitted its report and, in pursuance

of the recommendations of the Working Group, we have taken up the Leprosy Control Programme as the Leprosy Eradication Programme. The Leprosy Commission has been set up and also the Leprosy Eradication Board has been established to monitor and also to pursue the implementation of these commendations of the Working Group.

MR. CHAIRMAN : The question is :

“That the Bill to provide for the repeal of the Lepers Act, 1898, as in force in the Union territories of Delhi, Aada man and Nicobar Islads, Lakshadweep, Dadra and Nagar Haveli and Chandigarh, be taken into consideration.”

The motion was adopted.

MR. CHAIRMAN : The House will now take up clause-by-clause consideration of the Bill.

The question is :

“That Clause 2 stand part of the Bill.”

The motion was adopted.

Clause 2 was added to the Bill

Clause 1 the Enacting Formula and the Title were added to the Bill.

SHRI B. SHANKARANAND : I move :

“That the Bill be passed.”

MR. CHAIRMAN : The question is :

“That the Bill be passed.”

The motion was adopted.

18.23 hrs.

RESOLUTION RE NATIONAL HEALTH POLICY

MR. CHAIRMAN : Now, we take up the next item. Shri B. Shankaranand to move the following Resolution :

“This House approves the National Health Policy contained in the statement laid on the Table of the House on the 2nd November, 1982.”

SHRI B. SHANKARANAND : I will move the motion.

SHRI RAVINDRA VARMA : Don't make a speech today. You continue tomorrow.

SHRI B. SHANKARANAND : Sir, I beg to move :

“This House approves the National Health Policy contained in the statement laid on the Table of the House on the 2nd November, 1982.”

I will continue tomorrow.

MR. CHAIRMAN : You continue tomorrow.

The House stands adjourned to re-assemble tomorrow at 11 A.M.

18.25 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Friday, December 16, 1983/Agrahayana 25, 1905 (Saka)