

श्री रामबिलास पासवान (हाजीपुर) :
सभापति महोदय, मैं एक स्पष्टीकरण चाहता
हूँ। स्टेट के जो मिनिस्टर हैं उनके स्टेटमेंट में
और इनके स्टेटमेंट में अंतर है।

MR. CHAIRMAN : No Question.
No Discussion. It is against the
rules. Now we will take up the Half-
an-Hour Discussion.

17.35 hrs.

SHRI CHINTAMANI PANI-
GRAHI [in the Chair]

श्री रामबिलास पासवान : एक आदमी
की मौत की कीमत 5,000 रु० और दूसरा
मारा जायगा तो उसके लिये 10,000 रु० ...

MR. CHAIRMAN : No Questions
allowed on this statement. Nothing
will go on record.

(Interruptions)**

श्री जैल सिंह : मैं प्रदेश की सरकार
को कह रहा हूँ कि यह रकम बहुत कम है।

श्री रामबिलास पासवान : यह ठीक है,
कहिये।

17-37 hrs.

HALF-AN-HOUR DISCUSSION
News-item captioned: 'A curable
disease made incurable by poverty'

SHRI BAPUSAHEB PARU-
LEKAR (Ratnagiri) Mr. Chairman,
Sir, this Half-an Hour discussion
arises out of the Starred Question No.
538 which was replied to on 26th
March, 1981.

Sir, the question was, whether
Government's attention has been
drawn to a news item in the *Hindustan
Times* dated the 24th February,

1981, captioned 'A curable disease
made incurable by poverty' which
highlights the difficulties in admission
of poor patients in the Rajan Babu
T.B. Hospital ; if so, the action taken
or proposed to be taken in this re-
gard'.

Sir, some pertinent supplementaries
were asked and the Hon. Minister at
that time said that he had no infor-
mation. These supplementaries are
at pages 15544 to 15549, and the sup-
plementaries were with reference to
the shortage of essential drugs such as
streptomycin for a period of fortnight
prior to 19th of March, 1981.

The reply given by the Hon. Health
Minister was as follows:

"I do not have that particular in-
formation. Then, regarding food
which the Hon. Member has asked.
I state and I do not have the infor-
mation at the moment".

All these points were referred to in
the article and because of this type of
answer the Hon. Speaker also asked
the Hon. Minister to give a pertinent
reply telling him that 'the Hon. Mem-
ber is asking about short supply of that
particular medicine during a specific
period'. Therefore, in order that I
should get a complete answer and as
the Hon. Minister had no informa-
tion at that particular time, this half-
an-hour discussion has been allowed.

There are three aspects of this
particular question. The first is with
regard to the shortage of essential
or life-saving drugs. The second
is with reference to the criteria
that are laid down in those hospitals
in Delhi regarding the admission,

and the third is with reference to the food and the fruits that are supplied to the patients under a particular scheme. With reference to these three points, pertinent questions were asked and no replies were given and therefore, I am going to put certain questions to him.

Sir, it was reported in the press that the sufferings of the patients in Rajen Babu T.B. Hospital have been aggravated because of the non-availability of streptomycin, one of the basic drugs for the treatment of Tuberculosis. The information which I have received, which corroborates the report is this.

Prior to 19th of March, for a period of fortnight the Hospital's store did not have any streptomycin. I would like to know whether this is true and I believe the Hon. Minister must have collected this information. It is not only a question of shortage, but the poor persons who cannot afford to purchase streptomycin were told by the hospital authorities to go and purchase streptomycin with their own money. If not, they were asked to leave that particular Hospital. I would like to know whether this is true and if that is true, why there was shortage of this drug for this period of 15 days prior to 19th March and whether after 19th March or before 19th March there were such weeks when streptomycin was not available and whether streptomycin, though available was not supplied on the pretext of non-availability. I have information that the poor persons were told that streptomycin was not available while for some affluent people on those very days the streptomycin treatment was given. These are the

reports. I do not want to make any allegations. If it is true, I submit, it is a very serious thing and this requires a probe and investigation.

The second thing to which I would like to invite the attention of the Hon. Minister is that because of the non-availability of streptomycin, during this particular period, some patients were discharged. I would like to know if the Hon. Minister can give information to this august House as to what was the number of patients prior to 19th March for a fortnight and then upto 19th March how many patients were discharged? It is true that they were discharged because they could not purchase streptomycin with their own money? This is with reference to the drugs in the T.B. Hospital.

Another important point is with reference to the food. Government spends on food. Patients suffering from tuberculosis require special diet and special food. These patients were given sub-standard food and they were not supplied the food that was prescribed. After this particular report, I visited the hospital. I met certain patients and I was stunned to learn from them that the food that is sanctioned viz., the meat and the fruits, for a period of fortnight, were not given to the patients. I would like to ask through you to the Hon. Minister whether it is true? If this is true, why were food and fruits not supplied? My pertinent question is, meat and fruits were not supplied in hospital for fifteen days but the amount has been debited indicating the purchase of meat and fruits. Is it correct?

[Shri Bapusaheb Parulekar]

I would like to have a specific answer on this. Or you can tell me that you will make a probe into this or it may be that the meat might have been bought, it might have been cooked but instead of giving it to the patients, it was given to someone else. I do not want to name the particular person. This should not happen specially in the case of T.B. Hospital where patients need special diet. There is one thing more. During emergency we were in jail. It was said that the detenues were given fruits. People asked us about it and remarked that we were happy. The fruits worth Re. 0.75 a week were given. The patients told me that the fruits that were given as fruits were not consumable by even healthy persons. They distributed these fruits to the monkeys which hover round this hospital. Mr. Chairman, if you get an opportunity, you go any time when the lunch is given, you will find this exercise being done by the particular patients. This is the position of T.B. patients in Rajan Babu Hospital.

I would like to know what is the criteria of admission to this particular hospital. Usually, the persons go and say that their income is less than Rs. 500/-. But the patients told me—there are instances of some patients who own bungalows, who own properties and they are admitted. More than 60% are such people who have been admitted in this hospital getting a treatment. You will be surprised to see a long queue for admission in the hospital. I found some of the persons lying on the platform of Rajan Babu Hospital

waiting for admission to this hospital for a period of fortnight.

My next question is connected with A.I.I.M.S. There is dearth of all types of drugs with reference to cancer. Adriamycin, Procurabazine, Thioyepa, and some other drugs which cost Rs. 8 or Rs. 9/- a capsule and the minimum dose is two capsules a day, the hospital authorities say that these medicines are not available or are in short supply.

But these medicines are given to outdoor patients. You will appreciate what I mean by outdoor patients and what I mean by patients admitted in the hospital. The patients admitted in the hospital are told, "There is a shortage of medicines: the medicines are not available, we will not give you the medicines and you purchase yourself." But on the very same day, the medicines have been supplied to other patients.

Under the circumstances, I would request the Hon. Minister to consider seriously the plight of the patients, the poor persons, for whose benefit they have opened these hospitals. But they are not getting the benefit. The benefit goes to someone else. I would, therefore, like the Hon. Minister to kindly inform us as to what is the position with reference to the points which I have raised.

THE MINISTER OF STATE IN
THE MINISTRY OF HEALTH
AND FAMILY WELFARE (SHRI
NIHAR RANJAN LASKAR):

Mr. Chairman, Sir, at the outset, I must thank the Hon. Member, Shri Bapusaheb Parulekar, for raising this very important issue of

tuberculosis. As you know, T.B. is a very major public health problem in our country. We as a Government are trying our best to face the problem. Even during the current Plan period, we have taken certain steps so that we can face this problem. But here to day the issue is different.

My Hon. friend has raised certain points about the Rajen Babu T.B. Hospital, Delhi, about certain alleged irregularities committed and about the functioning or malfunctioning of this institution. I have taken all the points and I will try to answer the points one by one.

Before doing that, I would like to give a little background of this institution. The Rajen Babu T.B. Hospital, Delhi, has a total bed strength of about 1,113. It is run by the Municipal Corporation of Delhi. This hospital is recognised as a teaching institution and it is fully equipped with medical and surgical facilities for the treatment of pulmonary T.B. and other chest diseases. I can give certain figures also. During the year 1980, 7,361 patients were treated as indoor patients and 5,313 as outdoor patients.

Now, I come to the first point that the Hon. member raised about the shortage or non availability of streptomycin in the hospital for a fortnight immediately before 19-3-81. It is a fact that there was the shortage of streptomycin in the Rajen Babu T.B. Hospital. But it was not for a fortnight. It was from 11th March till 19th March, 1981, for about a week or just 9 days. It is not correct to say that the shortage

of medicine was for a fortnight. It was just for 9 days, from 11th March till 19th March, 1981. This was because of non-supply of the medicine by IDPL on whom orders had been placed..

SHRI SATISH AGARWAL (Jaipur) : When was an order placed?

SHRI NIHAR RANJAN LASKAR : An order was placed earlier, in January, but they were unable to give us the medicine before that date. So, to tide over this shortage, the hospital obtained more than 20,000 vials of streptomycin on loan from sister institutions of the Municipal Corporation of Delhi. Subsequently, the hospital received the stock of streptomycin from IDPL and it is now being administered to the T.B. patients in the hospital. There is no shortage now. It was just for a period of 9 days during that period.

But one thing I would like to tell the Hon. House that it is also to be noted that there are, as the Hon. Member has also stated, a number of anti-TB drugs used in the treatment of TB patients which are as effective as Streptomycin. It has been confirmed and asserted that during the shortage period of Streptomycin, the patients were treated with other equally potent anti-TB drugs and they were not allowed to suffer. This is one point.

Now I will take up the points raised regarding diet.

SHRI BAPUSAHEB PARULEKAR:

What are the substitute drugs?

SHRI NIHAR RANJAN LASKAR:

The other commonly used anti-TB drugs in the treatment of TB patients are I.N.H., P.A.S. Thiscetazone etc.

Now about the diet of the patients of Rajendra Babu T. B. Hospital, it is the balanced diet that is provided according to the diet scale duly approved by the authorities. The calorie of food is about 2,750 per patient per day. There is also a regular menu. For non-vegetarians, meat is preferably supplied three times in a week. Egg is given twice a week. Prescribed menu is there. (*Interruptions*).

The menu is served to 1,113 admitted patients daily under supervision of qualified Dietician. Patients requiring additional chapaties/dal/vegetables are served with the required helping.

These are the regulations which have to be followed according to our information. (*Interruptions*)

One point raised by Member is about the non-supply of meat. Meat was not supplied by the Contractor on certain days due to non-availability and for this memos were issued and fine imposed for the default. On these days, however, special vegetables and dal were served to the patients instead of meat.

The Municipal Corporation have denied that the expenses on the food items including meat have been debited without actual purchases. This is not a fact at all. The payments

are made against the actual supplies and the diet money under particular Head of the Budget is non-transferable. There is also regular audit, both internal and external. On this point also, there is dual audit. When the contractor fails he is fined, it is according to the agreement of the contract. The raw diet articles received in the kitchen of the Institute is duly approved by the dieticians. They generally supply fruits which are not so bad. (*Interruptions*.) Anyhow, you can see. These fruits etc are in good condition. If anybody points out any case and brings it to our notice, we definitely check it. This assurance we can give.

SHRI BAPU SAHEB PARULEKAR:

Have you paid any surprise visit?

SHRI NIHAR RANJAN LASKAR:

I have done so twice.

Another point raised is about patients. He said patients are charged and they are asked to purchase the medicines. Our information is that the entire treatment given to the patients admitted in the Institution in the general wards is provided free of cost.

No charge was taken both for medicines and for diet and other facilities. No patient was compelled to purchase any drug from outside at his own cost. I am speaking about the indoor patients.

SHRI BAPUSAHEB PARULEKAR:

What about the criteria for admission?

SHRI NIHAR RANJAN LASKAR:

That is the last point. I am coming to that.

With the advent of potent anti-TB drugs, the main stress is on the treatment of TB patients on domiciliary basis. The admission and discharge of the patients in the Rajen Babu TB Hospital is governed by a clear-cut admission and discharge policy which has been duly approved by the authorities. There is also a Board to decide on admissions and discharges—who should be admitted and who should be discharged. So, there is a body to look after that. According to this policy, patients who are actually ill and toxic, who are suffering from acute emergencies like Haemoptysis, rupture of lungs, etc., who require surgical treatment immediately and who are social destitutes and cannot be dealt with under domiciliary treatment scheme, are admitted immediately by the doctors in charge there. The patients are discharged only when their clinical conditions have improved and the emergency is over and they are considered fit to continue further treatment on domiciliary basis in their own houses. There is no discrimination either in admission or in discharge of the TB patients, and the patients are provided beds according to availability and also giving due consideration to their clinical conditions.

The Hon. Member should realise one thing. When a number of patients are there—this is one of the prime TB Hospitals naturally, a rush of patients is there—and this being a long treatment and where the availability of beds is very less, there is naturally a cry for more beds: sometimes it is not possible to give them. But we are looking into this problem how it can be met...

SHRI SATISH AGARWAL: Don't you have any unofficial visits?

MR. CHAIRMAN: Let him conclude.

SHRI NIHAR RANJAN LASKAR: These were the points the Hon. Member raised and I have tried to answer all of them.

MR. CHAIRMAN: Mr. Ramavatar Shastri.

श्री रामावतार शास्त्री (पटना): सभापति महोदय, टी० बी० की बिमारी तो गरीबों को ही होती है। जब तक आप गरीबी रखिएगा, उनको यह बीमारी होती रहेगी।

सभापति महोदय: आप सवाल ही पूछियेगा।

श्री रामावतार शास्त्री: मैं सवाल ही पूछ रहा हूँ।

क्या मंत्री जी को इस बात की जानकारी है कि इसी राजेन्द्र बाबू अस्पताल में दवाओं और खाने-पीने की चीजों की चोरबाजारी होती है और अगर इसकी जानकारी आगको है तो इसको रोकने के लिए आप क्या कार्यवाही कर रहे हैं?

अभी मंत्री जी ने कहा कि जितने लोग भर्ती होते-हैं सभी को हम मुफ्त में दवा देते हैं और मुफ्त में भोजन देते हैं। मैं जानना चाहना हूँ कि कोई अमीर हो तो क्या उसको मुफ्त में दवा और भोजन देते हैं?

18 hrs.

मंत्री जी ने यहां पर कहा कि इस अस्पताल का संचालन दिल्ली नगर निगम करता है। मैं यह जानना चाहता हूँ कि क्या सरकार दिल्ली नगर निगम को अस्पताल की व्यवस्था के लिए कुछ वार्षिक अनुदान देती है? अगर देती है, तो वह रकम क्या है? क्या यह बात सच है कि बिस्तरों की कमी की वजह से कुछ मरीजों को और खासकर गरीब मरीजों को जमीन पर रखा जाता है? आखिरी बात, टी० बी० की बीमारी फैले नहीं, क्योंकि यह कुछ जगहों पर बहुत तेजी से फैलती है, जैसे बीड़ी मजदूरों में, जो बहुत ज्यादा गरीब है और गन्दी जगहों पर रहते हैं, इसके लिए आपने कोई कार्यवाही की है? यदि की है, तो वह क्या है?

श्री रामबिलास पासवान (हाजीपुर) : समापति जी, जिस दिन के अखबार के सम्बन्ध में यह प्रश्न उठाया गया था, वह 24 फरवरी, 1981 का है। यदि उस दिन के अखबार की इस फोटो को देख लें, तो वह फोटो अपने आप में सारी कहानी कह देती है। जिस तरह से वह बेचारी लान में पटाई हुई है, कहीं उसका लोटा है, कहीं उसका और सामान है—वह फोटो अपने आप में सारी बात कह देता है। अखबार वालों को हम लोगों को धन्यवाद देना चाहिए कि वे इस तरह के मीटर हम लोगों के सामने रखते हैं और हम लोगों को बहस करने का मौका देते हैं।

समापति महोदय, चूंकि समय नहीं है, इसलिए मैं सिर्फ प्रश्न ही पुछूंगा। जैसा शास्त्री जी ने कहा कि जब तक गरीबी रहेगी, तब तक टी० बी० रहेगी और जब तक

टी० बी० रहेगी तब तक अस्पतालों को आवश्यकता पड़ेगी। इनके अंकड़ों के मुताबिक एक करोड़ लोग इस देश में टी० बी० के पेशन्ट हैं। इन एक करोड़ लोगों के लिए पूरे देश में आपने कितने बैड्स की व्यवस्था की है? मैं इतना ज़रूर कहना चाहूंगा कि मंत्री जी भले ही सदन के फ्लोर पर, क्योंकि मंत्री हैं उनको जवाब देना है और अपने डिपार्टमेंट को बचाना है, वह कह दें, लेकिन जब वे मंत्री नहीं रहेंगे या मंत्री की हैसियत से जब वे इन अस्पतालों में जायेंगे, तब वे भी वही चीज़ कहेंगे जो आज हम लोग कह रहे हैं। मैं साउथ एवेन्यू और नार्थ एवेन्यू के अस्पताल की और आपका ध्यान आकर्षित करता हूँ। एक दिन मैं वहां गया, वहां मैंने किसी से नहीं कहा कि मैं एम० पी० हूँ। एक घंटे तक खड़ा रहा, वहां मैंडम एक घंटे तक बातचीत करती रहीं, जब उनको हमने अपना परिचय दिया, तब उन्होंने देखा। इस सम्बन्ध में पत्र भी लिखा, क्वेश्चन भी किया, लेकिन एक्सप्ट नहीं हुआ। यह कहा गया कि ऐसी कोई शिकायत नहीं है। क्या ऐसी शिकायत कोई रजिस्टर में मन्टेन होती है?

एक माननीय सदस्य : क्या टेलीफोन पर बात कर रही थीं?

श्री रामबिलास पासवान : यह तो मुझे मालूम नहीं।

वर्तमान हाफ-एन-आवर डिस्कशन की बहुत महत्ता है, मैं सरकार से जानना चाहता हूँ—क्या आप को जानकारी है कि देश में अभी कितने लोग टी० बी० से बीमार हैं? उनकी संख्या क्या है? उनके लिये आपने कितने बैड्स की व्यवस्था की है तथा एक रोगी के ऊपर आप कितना खर्च करते हैं?

2. क्या यह घपला हमेशा चलता रहेगा ? इसको रोकने के लिये सरकार ने क्या कारगर कदम उठाये हैं ? क्या यह चोरी जो वहाँ पर होती है, इसी तरह से होती रहेगी; क्योंकि जो रोगी वहाँ पर इलाज कराने के लिये जाते हैं, यदि वे डाक्टर से भगड़ा करेंगे तो दूसरे दिन उनकी जान आफ़त में आ जायगी ?

3. क्या सरकार पार्लियामेंट की कोई स्टेण्डिंग कमेटी या स्थायी समिति बनायेगी, चाहे उसको भत्ता न मिले, लेकिन वह कमेटी एज-ए-होल, केवल एक मेम्बर को अधिकार न रहे, चाहे छोटी सी कमेटी रहे, जो कभी भी वहाँ जाकर चेक कर सके, मेरा तात्पर्य है गवर्नमेन्ट के अस्पतालों को चेक करें और अपनी रिपोर्ट सरकार को दे सकें।

श्री हरिकेश बहादुर (गोरखपुर) : सभापति जी, मैं संक्षेप में ही अपनी बात कह कर सवाल पूछना चाहता हूँ। यह बहुत ही दुर्भाग्यपूर्ण स्थिति है कि आज हमारे देश में गरीब लोगों को दवा और खाने की चीजें नहीं मिलती हैं। अभी हाल में बिहार में "कालाजार" से बहुत से लोग मर गये, एक तरफ तो वे इस बीमारी से आक्रान्त थे दूसरी ओर उनको भोजन नहीं मिलता था, जिसकी वजह से काफी संख्या में लोग मरे। लेकिन यहाँ सूचना दी गई कि केवल 2 आदमी मरे हैं, जब कि वास्तव में 200 से ज्यादा आदमी मरे हैं। इस प्रकार की स्थिति पूरे मुल्क के अन्दर है।

यहाँ पर डा० राजेन्द्र प्रसाद जी के नाम पर जो टी० बी० अस्पताल है उसके बारे में

बर्बाद चल रही है और कुछ माननीय सदस्यों ने सवाल पूछे हैं। मैं जानना चाहता हूँ—

1. क्या वजह है कि स्ट्रेपटोमाइसीन की कमी हो जाती है ? क्या इस देश में इस का पर्याप्त मात्रा में उत्पादन नहीं होता है या कोई और वजह है ? क्या आप इसको विदेशों से मंगाते हैं ? इसकी कमी को दूर करने के लिए आप कौन से कदम उठा रहे हैं ? क्या यह सही है कि इसकी चोर-बाजारी होती है ?

2. मरीजों से यह कहा जाता है कि खुद जाकर बाहर से दवा खरीद लो। क्या सरकार कोई ऐसी व्यवस्था करेगी जिससे अस्पताल के लोग खुद दवा खरीद कर उन मरीजों को, जो गरीब परिवारों से आते हैं, दें ?

3. कुछ अस्पतालों में ऐसी व्यवस्था होती है कि जो एम० एल० एज० होते हैं, सोशल वर्कर्स होते हैं, पोलिटिकल वर्कर्स होते हैं, उनको यह अधिकार दिया जाता है कि वे किचन को चेक कर सकते हैं, स्टोर को चेक कर सकते हैं, वहाँ की गड़-बड़ियों को देख सकते हैं। क्या इस अस्पताल के लिए भी आप ऐसी व्यवस्था करेंगे कि जो लोकल एम० पीज हैं, पोलिटिकल और सोशल वर्कर्स हैं उनकी एक कमेटी बनाई जाय। जो इस अस्पताल को जाकर चेक करें और इसकी कमियों को बतायें। इस प्रकार की व्यवस्था न केवल इस अस्पताल के लिए बल्कि दिल्ली के अन्य अस्पतालों के लिए भी की जाय। इस कमेटी को यह अधिकार दिया जाय कि वह दिल्ली के तमाम अस्पतालों में जाकर चेक करें और उनकी कमियाँ आपको बतायें।

SHRI NIHAR RANJAN LASKAR : Sir, I shall answer the few points raised by my friend, Shri Shastir Ji. He spoke about whether the Government is also giving all the medicines free of cost to rich patients. In general words, I have already said the medicines and food being supplied free of cost.

They are getting everything—food and medicines—free. We have certain special wards also where we charge for the medicines. About the annual grants to this Institute, I can only tell that no grants are given to the Institute. But we have a central policy in this regard whereby we give drugs and other instruments under the National programme for the tuberculosis. In this way, they are indirectly getting grants from the Central Government.

SHRI RAMAVATAR SHASTRI : What about blackmarketing in food and medicines ?

SHRI NIHAR RANJAN LASKAR : There is no report about the theft of medicines and other things. No such report has been received so far about this.

Shri Paswan raised two or three points. One was about the boy's photograph on the basis of which some questions were raised and now we have an half-an-hour discussion. I can only tell the Hon. Member that the photograph appearing in the newspapers is of a patient named Pappu, aged 14 years he looks like fourteen years old and this patient was suffering from pneumothorax and he was referred from Lok Nayak

Jaya Prakash Hospital on 23-2-1981 and was admitted on the same day. I can only say that he is progressing very well now.

We have beds totalling 43,354. I have already said about that. We have some rough idea and we have about two million patients in the country.

श्री रामबिलास पासवान : यह फीगर सही नहीं हैं। मैं आपको बतलाता हूँ। क्वेडचन नं० 5296 था, जो 30 मार्च 1979 का है। इसमें इन्होंने कहा है कि टोटल नम्बर ग्राफ टी० बी० पेरोन्ट्स 82 लाख 20 हजार है।

श्री निहार रंजन लास्कर : ठीक है।

श्री रामबिलास पासवान : ये तो वे हैं, जिनके बारे में एक्स-रे से पता लगाया गया है और जिन लोगों के थूक में रोग के लक्षण हैं, उनकी संख्या 21 लाख थी। यह एक क्वेडचन के जवाब में बताया गया है और मेरे पास डिबेट है, जिसमें यह दिया गया है। तो यह जो 2 मिलियन रोगी इन्होंने बताए हैं, यह सही नहीं है।

SHRI NIHAR RANJAN LASKAR : Nearly 1.5% of the population of India is suffering from radiologically active TB disease of whom about one-fourth are sputum positive, that is infectious. Projecting the above findings, it is estimated that there are about 8 to 9 million active cases in the country of whom about 2 million are sputum positive and, therefore, infectious. As regards appointment of a Committee we can only examine it.

MR. CHAIRMAN : So Mr. Paswan, your figure is also correct.

श्री रामबिलास पासवान : आप कह रहे हैं कि 2 मिलियन रोगी हैं। 20 लाख रोगी तो मर ही गये हैं।.....(व्यवधान).....

मैं यह भी जानना चाहता हूँ कि एक रोगी पर आपका कितना बजट है।

SHRI NIHAR RANJAN LASRAR : Shri Harikesh Bahadur also suggested about the inclusion of MLAs and MPs of Delhi in the Committee. This is a good suggestion. If practicable we will implement it.

SHRI HARIKESH BAHADUR : Sir, I also raised the point about availability of streptomycin. Do we

manufacture enough indigenously or is it imported ?

SHRI NIHAR RANJAN LASKAR : It is manufactured by IDPL and also other agencies. Only for a short period of nine days there were short supplies otherwise it is available.

MR. CHAIRMAN : The House stands adjourned to meet at 11 a.m. tomorrow.

18.12 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Thursday, May 7, 1981/Vaisakha 17, 1903 (Saka).
