

Why can't you listen to them? You talk to your friends and then talk to me. I am a man. Do you think I am an inhuman being?

SHRI HARIKESH BHADUR: Sir, I am on a different subject. What about punishment to those who were involved in the conspiracy to murder national leaders' like Shri H. N. Bahuguna. A statement should be made.

MR. SPEAKER: Please sit down. It is a law and order problem. Parliament cannot take it up like this.

12.15 hrs.

STATEMENT CORRECTING INFORMATION GIVEN DURING CALLING ATTENTION ON 9-9-1981 RE: REPORTED DACOITY IN SOUTH EXTENSION BRANCH OF CANARA BANK IN NEW DELHI.

THE MINISTER OF STATE IN THE MINISTRY OF HOME AFFAIRS (SHRI YOGENDRA MAKWANA): During the course of the debate on the Calling Attention Motion on 9-9-81 regarding reported dacoity in the South Extension Branch of Canara Bank in New Delhi, I had stated that the 2nd and 3rd reports of the National Police Commission had been forwarded to the State Governments for appropriate action, and that they have also been addressed for taking action on other reports of the National Police Commission.

2. The position is that, except for the 1st report no other report has been forwarded to the State Governments. The same are still under consideration of the Government.

12.16 hrs.

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

Reported deaths due to widespread incidence of encephalitis

श्री हरिश्चन्द्र सिंह रावत (अल्मोड़ा):
लोक महत्व के निम्न विषय के और

स्वास्थ्य और परिवार कल्याण मंत्री का ध्यान दिलाता हूँ और प्रार्थना करता हूँ कि वह इस विषय में एक बियान दें।

ग्राँध्र प्रदेश, कर्नाटक तमिलनाडु, पाँडिचेरी और देश के अन्य भागों में मस्तिष्क ज्वर (एन्फेलेलाइटिस) के र्भषण प्रकोप के कारण हुई मौतों के समाचार।

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): Sir, Japanese Encephalitis (JE), a mosquito-borne viral disease has been reported from time to time both from Northern and Southern states of the country. In recent years major outbreaks have been reported from West Bengal, Assam, Bihar, Uttar Pradesh, Andhra Pradesh, Karnataka and Tamil Nadu. However, during the current year, epidemics of the disease have occurred in a contiguous area involving 26 districts spread over in Karnataka, Andhra Pradesh, Tamil Nadu and Pondicherry. No epidemic of Japanese Encephalitis has been reported this year from Northern States. The districts affected are mainly drought prone areas which received good monsoon rain during 1981. This created conditions for the breeding of mosquito vectors which are responsible for transmission of this disease.

2. Considering the seriousness of the situation, I have asked the Chief Ministers and the Health Ministers, of Andhra Pradesh, Karnataka, Tamil Nadu and the Union Territory of Pondicherry to take urgent effective steps to combat the outbreaks and to co-ordinate their efforts in this direction.

3. In view of the periodic recurrence of Japanese Encephalitis epidemic in the country, the Ministry

[Shri B. Shankaranand]

of Health and Family Welfare have issued standing instructions for containment of the outbreaks. The States concerned have initiated action accordingly in the affected areas on the following lines:—

(i) Residual insecticidal spray of hamlets with Hexachlorhexene (HCH) with particular attention to animal shelters in affected villages;

(ii) Application of insecticide with fogging machines in outdoor mosquito resting places.

(iii) Application of larvicides in mosquito breeding sites around the affected villages;

(iv) Provision of adequate stocks of drugs in the hospitals in the affected areas:—

(v) Effective monitoring.

4. On receipt of the reports of outbreak from the States, the situation was reviewed by the technical officers of the Ministry of Health at Hyderabad. Consequent to this meeting, the following further technical guidelines were issued:—

4.1 All the villages reporting clinically diagnosed and confirmed cases of J. E. should be brought under HCH indoor residual spray.

4.2 Malathion fogging should be instituted in the affected villages to cover the vegetation around the breeding sites as well as the space around hamlets/animals shelters in the villages.

4.3 Uninfected villages falling within two kilometres radius of the infected villages should also receive HCH spray and malathion fogging as a preventive measure.

4.4 Villages within the proximity of infected villages and covered presently by wet cultivation as

well as villages in the vicinity of big water source attracting migratory and other water birds should be kept under surveillance.

4.5 Specialists services be kept in readiness in the hospitals in the affected areas particularly for proper diagnosis.

5. The Ministry of Health and Family Welfare has rushed necessary additional material and equipment including 60 metric tonnes of HCH, 18.5 metric tonnes of malathion and eight fogging spray machines as asked for by the concerned States and Union Territory to the affected areas.

6. Since many viral, bacterial and other diseases cause encephalitis the peripheral health institutions do not have adequate facilities for specific diagnosis of J. E. Therefore, there is likelihood of over reporting of J.E. To overcome this and in response to the present situation, teams from National Institute of Virology, Pune (ICMR) have been sent to these States & UT to investigate the outbreaks and assist the State Governments in undertaking control measures.

7. The Central Government is keeping a close watch on the situation in consultation with the States concerned and all assistance will be rendered to control the disease.

श्री हरिश् चन्द्र सिंह रावत (अल्मोड़ा)

उपाध्यक्ष महोदय, मंत्री जी ने मेरे ध्यान-कर्षण प्रस्ताव के सन्दर्भ में विस्तृत जानकारी दी है उसके लिये मैं उनका धन्यवाद करता हूँ। लेकिन एक बात जरूर कहना चाहता हूँ कि एक मस्तिष्क ज्वर तो हमारे देश के सभी प्रान्तों में फैला उसको रोकने के लिए किस प्रकार की वैक्सीन तथा अन्य चीजों की जरूरत है ताकि उसको रोका जा सके उसकी बाबत तो स्वास्थ्य मंत्रालय कार्य कर रहा है। लेकिन जो दूसरे प्रकार के

मस्तिष्क ज्वर से हमारे विरोधी दल के लोग पोड़िया हैं उसका इलाज निश्चित तौर पर अक्ष महोदय और आपको सोचना पड़ेगा। इस के लिए किये वैक्सिन को खोज करना पड़ेगा।

मंत्री जी के उत्तर से और जो अन्य रिपोर्ट मिली हैं ऐसा लगता है कि जनता राज्य से जो विरासत में हमारे देश को बहुत सारी बुराइयां मिली उन में से एक बीमारी या बुराई मस्तिष्क की 1979 के बाद तेजी से फैली। जनता राज्य के विरासत में यह बीमारी अधिक मिली है। मंत्री जी के उत्तर से कुछ प्रश्न उठते हैं जो मैं पूछना चाहता हूँ :

(1) इस बीमारी में जो मौतें हुई हैं उसका कारण लोगों का देर से अस्पताल में जाना है।

(2) यह बीमारी गांवों में ज्यादा फैली है क्यों कि वहां सफाई नहीं है।

(3) लोगों को इस बीमारी के विषय में प्रोपर एजुकेशन नहीं है। तो जिस तरह से हमारे गांवों की आज हालत है, दूर दूर अस्पताल हैं और अधिकांश अस्पताल ऐसे हैं जिन में डाक्टर नहीं हैं। और अगर हैं भी तो दवाएं नहीं हैं। मेरे अपने ही क्षेत्र में इस समय 428 डाक्टरों की कमी है अस्पतालों में। और कारण यह है कि जो डाक्टर गांवों में भेजे जाते हैं वह वहां काम नहीं करना चाहते। तो क्या कोई ऐसी ग्रामीण स्वास्थ्य सेवा का आप निर्माण करेंगे ताकि डाक्टर गांवों में जा सकें और उन से गांवों में काम करने के लिए बाँड लिए जा सकें।

इसके अलावा दवाई का मसला है। जो शहरों में अस्पताल हैं उन में ऐसे लोग लगे रहते हैं जो सरकार को प्रेशराइज

करते हैं और शहर के अस्पतालों को दवाएं मिल जाती हैं। साथ ही केन्द्र सरकार के जो अस्पताल हैं उनके रिसोर्सिज भी अधिक हैं। लेकिन गांवों में जो अस्पताल हैं जो राज्य सरकारों के अधीन हैं राज्यों के रिसोर्सिज कम होने की वजह से वह अपने अस्पतालों में दवाएं नहीं दे सकते। तो क्या कोई ऐसा तरीका आप निकालेंगे कि गांवों के अस्पतालों को समुचित ग्रान्ट्स मिल सके ताकि उनको धन के अभाव में दवाओं की कमी का सामना करना पड़े और ऐसी बीमारियों का वहां इलाज हो सके। चूंकि गांवों में समय पर दवाएं नहीं मिलती हैं इस लिए ऐसा होता है। आपके उत्तर और अखबारों से साफ है कि लोगों को देर से अस्पताल ले जाया गया, या वह स्वयं देर से अस्पताल गए और अगर गए भी तो प्रोपर मेडिकल केयर उनको नहीं मिली। प्रोपर मेडिकल केयर देना सरकार की ड्युटी है। और यदि दवाएं न हों तो इस दिक्कत को दूर करना आपका काम है। तो इस संदर्भ में भाप क्या एक्शन ले रहे हैं?

कर्नाटक और दूसरे प्रान्तों में बीमारी फैली है। इसका कारण यह भी है राज्यों के बीच प्रोपर कोऑर्डिनेशन नहीं हुआ। एक राज्य में आपने कुछ दवाओं का छिड़काव कर दिया मगर आसपास के राज्यों में नहीं किया जिसकी वजह से वहां बीमारी फैल गई। तो एक जगह कंट्रोल हो और दूसरी जगह कंट्रोल न हो यह भी ठीक नहीं है। खासकर बोर्डर एरियाज में तो प्रोपर कोऑर्डिनेशन होना चाहिए।

12.25 hrs.

(MR. DEPUTY-SPEAKER in the Chair.)

मंत्री महोदय ने बताया है कि राज्य सरकारों को डायरेक्टिव दिया गया है

[श्री हरीश चन्द्रसिंह रावत]

लेकिन उन्होंने यह नहीं बताया कि राज्य सरकारों ने इस बारे में क्या कार्रवाई की है।

इसके वैकसीन जापान से आते हैं। मगर बताया गया है कि वे वैकसीन अब प्रभावी नहीं रह गए हैं। मैं जानना चाहता हूँ कि इनको प्रभावी बनाने के लिए नेशनल इंस्टीट्यूट ऑफ वाइरलोजी, पूना, नेशनल इंस्टीट्यूट ऑफ मॉन्टल हेल्थ एंड न्यूरो साइंस बंगलौर और वाइरल रिसर्च इंस्टीट्यूट कसीली (हिमाचल प्रदेश) में क्या प्रयास हुई है। पिछले साल काला उखर की बात उठी थी। इसी दौरान और भी कई बातें उठी हैं। मैं यह जानना चाहता हूँ कि वहाँ पर इन दवाओं को ईजाद करने के बारे में क्या प्रयास हुई है। मंत्री महोदय ने मामलों को रैफर करने की बात कही है। वह यह स्पष्ट करने का कष्ट करें कि इस बारे में क्या प्रयास हुई है।

मंत्री महोदय ने बी० एच० सी० और मेलेथियन आदि दवाएँ छिड़कने की बात कही है। गाँवों के अधिकांश लोग खेती पर निर्भर करते हैं। हम ने देखा है कि विभिन्न दवाएँ छिड़कने से न केवल फसलें बर्बाद हो जाती हैं, बल्कि घास भी नष्ट हो जाती है, जो गाय-बैल के काम आती है। इस लिए गाँवों में लोग दवाओं के छिड़कने के बारे में ज्यादा उत्साह नहीं दिखाते और इसको रेफिस्ट करते हैं। इस से कीटाणुओं को पूरी तरह से नष्ट नहीं किया जा सकता। क्या मंत्री महोदय इस बात पर विचार करेंगे कि जहाँ ये महामारियाँ फैलती हैं और दवाओं के छिड़काव की आवश्यकता पड़ती है, वहाँ एपीकल्चरल काफ़े और घास के

लिए वैकल्पिक उपाय किया जाए और यदि उनको फसल नष्ट हो जाती है, तो उन्हें उसका कम्पेंसेशन दिया जाए?

SHRI B. SHANKARANAND:

The hon. Member while dealing with the problem of encephalitis, in the beginning he dealt with the conception problem with the Opposition in the House. He wanted me to say whether we can do anything to improve them. I can only say that a large and effective dose of Indira Congress will improve them and cure them of the encephalitis suffered by the Opposition.

MR. DEPUTY-SPEAKER: But that is not in the Calling Attention.

SHRI B. SHANKARANAND:

That is what he referred to. Regarding the measures taken, while dealing with the problem, the hon. Member dealt with various issues to which I have already answered in my main answer. He wanted to know about the supply of drugs and the position of doctors in the rural areas. It is a larger question which, of course, I have many a time answered in this House. The present question refers only to the supply of drugs and the availability of facilities for the treatment of patients suffering from encephalitis. As regards the measures that we have taken, a cell has been set up in the National Malaria Eradication Programme Directorate to coordinate the activities of the Government of India and the States in order to check the menace of this disease.

He also wanted to know whether we have been doing anything to inform the public and whether any guidelines have been issued by the Government. To that, I should say that a note on Japanese encephalitis for health education has been printed and distributed to different States and Union Territories for distribution among public and medical profession so as to see what steps they

should take when such an epidemic arises or shows its face. Also, a technical note on Japanese encephalitis regarding causation, transmission, epidemiology, entomology, science and symptom treatment, vaccine and other preventive measures has been prepared and sent to all states and Union Territories.

The States and Union Territories have also been requested to spray BHC and DDT on an area of 2 to 3 Kms. around the places, wherever the disease is reported.

As regards the question raised by the Hon. Member, the doctors not going to the villages, I should say that there are many problems. Of course, the present question does not deal with the problems of this aspect—medical treatment in the rural areas. But I agree.

The House is aware that I have recently appointed a very higher-power Committee, the Medical Education Review Committee in which there are eminent medical educationists to suggest to the Government whether the present system of medical education can be improved and in what manner it has to be improved so that Health Services can be extended to the rural people and on receipt of the recommendations of the Medical Education Review Committee, we can know whether we can produce doctors who are socially motivated to willingly go to the rural areas to serve the rural people.

Regarding the question of Coordination between the Southern States where this disease is showing signs of spreading at the moment, I should say that only on the 11th of this month, the Officers of the Central Health Ministry had gone to Hyderabad and also to all the affected States and had issued necessary directions on how to effectively control and contain this disease.

I am also going to hold a meeting of the Health Ministers of the affected States and Union Territories within a day or two at Madras and I am planning to bring about effective Coordination in these States so that this disease does not spread to the other areas.

MR. DEPUTY-SPEAKER: Mr. P. J. Kurien.

श्री हरिशचन्द्र सिंह रावल : एक सैंने यह पूछा था कि आप के इंस्टीच्यूट्स हैं उन के अंदर कोई ऐसी वैक्सीन या दवा तैयार करने के विषय में क्या प्रोग्रेस हुई है ?

SHRI B. SHANKARANAND: At the moment, there is only one vaccine which is available and which is very costly. Efforts are being made all over the world and research is going on in order to find out whether effective preventive measures against this disease can be taken through vaccine and so far we have not been able to succeed. Of course, we have found one drug Intraferon and it is still not cleared for treatment and research is going on.

SHRI KAMAL NATH (Chindwara): The Minister has mentioned the steps taken by the Government for the purpose of preventing Encephalitis and for treatment of Encephalitis where it has occurred.

The Minister mentioned in his statement as well as in para 6 that there could be over-reporting of cases of Encephalitis.

That may be so. But the issue is that this is a disease which is causing a lot of social concern and there have been many deaths; it has taken a heavy toll. So, if there is over-reporting of cases of encephalitis, we should not become over-conscious about it. Encephalitis in an epidemic form has broken out in 21 districts. It is not a question of 21 districts only; the main point is

(Shri Kamal Nath)

that these are 21 contiguous districts, these 21 contiguous districts have become contagious. So, that is the key part of this epidemic. There would be no harm if the government really over-reacts to this because this is the third major mosquito-borne disease after malaria and filaria, not the filaria concerning flies but the filaria which comes after malaria. I would like to know from the Minister whether the World Health Organization has been able to provide us any assistance in this and whether any other social organisations have also come forth because it may be a good idea to involve some of the social organisations to assist the Government in this. There are other areas in the country where this disease has not been reported, but it would be necessary to take preventive measures. It is not that this disease has only broken out in drought-prone areas. As has been reported in many sections of the press, this disease has come from places where there are pigs, and there are pigs all over the country. So, what are the preventive measures which are going to be taken by the Government since this has, after 1973-74, come in an epidemic form?

My second question is whether the Government will consider paying compensation to the families of those who were victims of this and died, whether some money can be paid from the Prime Minister's Relief Fund.

My last question is whether any serum has been formulated. The Minister has made a confusing statement that there is a serum but it has not been successful. But in the press it has been reported that there is a serum. I want to know whether the serum is going to be used and if it has not been successful, by which time they expect this to be successful and by which time this inoculation will be put to use so that the other districts do not get infected by this disease.

SHRI B. SHANKARANAND: As I have said earlier, encephalitis is a brain fever which can be caused by numerous viral and non-viral agents. Viruses like rabies, herpes, poliomyelitis, other enteroviruses, mumps, chicken pox and measles are also known to cause sporadic cases of encephalitis. Infections of brain may also be caused by bacteria, fungi and protozoa like *Plasmodium falciparum*. Investigations of outbreaks of encephalitis in the past years have implicated Japanese encephalitis as the major constituent of encephalitis outbreak. The Japanese encephalitis is one disease which is caused by virus, and this has been proved. This virus encephalitis also causes deaths and the rate of deaths is very high. But the deaths that are caused as I have said earlier, by the other encephalitis are also usually mixed up by the doctors because it is not usually known and there is scope for over-reporting also. Brain fever can be caused by various other causes also. So, when the reports come, there is a possibility of mixing these deaths caused by the other causes of brain fever also, and the number of deaths may be shown as very high.

He asked about the contagious nature of the disease in the 26 districts. The very nature of the disease is such that it is so scattered that even in a particular district it may be showing its appearance in one village and it may not be showing in another village and then even in the same village, there may be one or two cases only. This is the nature of this epidemic....

SHRI SOMNATH CHATTERJEE: (Jadavpur): Does he want that everybody should be affected? There are a large number of cases. That is what the hon Member said.

SHRI B. SHANKARANAND: I know, Sir, this epidemic differs from other epidemics. You must know it. This cannot be compared with other epidemics....

SHRI SOMNATH CHATTERJEE: My niece died of this. So I know it.

SHRI B. SHANKARANAND: That is the problem. If you know the difference between this epidemic and other epidemics, probably you will appreciate. There is no difficulty. The only effective and preventive step is spraying and fogging with insecticides. If this is done in time, we can perhaps help contain the disease and prevent its further spread to other areas....

AN HON MEMBER: Praying?

SHRI B. SHANKARANAND: Spraying, Praying comes after the death.

SHRI G. NARASIMHA REDDY (Adilabad): I request the hon Minister to go through the Call Attention motion. He has forgotten to mention one of the main and important items. This I will quote for his benefit:

"to call the attention of the Minister of Health and Family Welfare to the reported deaths due to widespread incidence of encephalitis....."

He has only said that some reports of deaths he has received, but he has not taken care to mention how many people have actually died, what age group people died and whether this disease is spreading over which age group people or does it affect only children below 12 years. I will be very happy if the Minister in his reply informs the House how many people have actually died. In the report it has been mentioned and also in the Press it has been clearly said that about 26 districts of Southern India are affected by this disease. It is also said that since the last 3-4 years this disease which is commonly known as brain fever has been visiting our country. Specially from Anantapur district of Andhra Pradesh every year reports are being received and there are some deaths.

My complaint to the hon. Minister through you is that if the Government of India, with the help of the State Governments would have taken

sufficient care from the beginning or from the beginning year when it appeared, the spread of the disease could have been checked. Now as far as the reports go, in Andhra Pradesh alone more than 104 deaths have occurred and unfortunately this disease is taking a heavy toll among children below the age group of 12. This is the most unfortunate point. I strongly object to our hon. Minister saying that the number of deaths reported may be a little on the higher side. I would like to inform the House and the hon Minister that in our Southern States and especially in Andhra Pradesh which are being affected there are so many rural areas where deaths are taking place.

The figure which I had quoted just now is authentic. This is the official figure. There are so many deaths that have taken place but these were not reported to the hospitals. What about those cases? In other words, the Government of India and the State Governments should not take this disease lightly. They should also not take the reports received by them to be on a higher side. On the other hand I would appeal to the Minister on behalf of the small children below 12 years of age in the Southern States of this country that even if the reports received are far less, you will have to take enough precaution. Since the last many years nothing has been done. We are watching the innocent children being affected by this disease helplessly. We are helpless to fight this disease. We have no medicines; we have no drugs and we have nothing to fight this disease which had appeared in the last four years.

Therefore, I would appeal that the Government of India should take it very seriously because drought-prone areas of Anantapur District specially were the first affected by this disease. Now, it has spread to nearly three or four districts of Andhra Pradesh. I think Mr. Deputy-Speaker knows that even his own State of Tamilnadu has been affected by this disease. Kolar District in Karnataka

[Shri G. Narasimha Reddy]

is now affected. As the days are passing, this disease is having a strong foothold in our country. Unless the State Governments and Government of India take it seriously to fight it on a war footing, I am afraid, this disease may spread like a wildfire and this may take us to such a stage when we will be only helpless spectators seeing many small children dying.

So, Sir, I would appeal to the hon. Minister once more to take this very seriously. Now, I would like to pose specific questions and I want specific answers for them.

I want to know whether.

(1) a required number of malathion mist blowers have been rushed to the affected areas to spray the pigsty and other areas which are the breeding ground for the disease;

(2) How many difficult cases of brain affliction have been taken to the hospitals which are specially equipped for this;

(3) whether vulnerable areas have been identified and continuous medical vigil being maintained;

(4) whether immediate steps have been taken to develop a vaccine; if so, what are they?

(5) whether the Ministry of Health is prepared to accept that this disease has come to India in an epidemic form with this assertion whether the Government of India is prepared to develop a national programme for eradicating and controlling this disease.

and lastly, whether investigation team of experts from the National Institute of virology, Poona have submitted their findings. If so, please state what are those?

SHRI B. SHANKARANAND: Sir, I can very well share the anxiety of the hon. Member. But, one fact I do not know whether he is aware of when he said that continuously for the last four of five years Andhra Pradesh

has been suffering from this disease which is not correct. From the figures I can say that the deaths arising out of this disease from Andhra Pradesh which were reported during the years 1978, 1979 and the 1977 also were hardly 50. So, the impression that he is having that this disease is continuously affecting the Andhra Pradesh State for the last three or four years is not entirely correct.

SHRI G. NARASIMHA REDDY: I am correcting it to three years.

MR. DEPUTY-SPEAKER: He has reduced that to three years.

SHRI B. SHANKARANAND: Sir, I may inform the hon. Member and the House that prevention and containment programme of this disease is not at all suffering for want of supply of insecticides or fogging machines or technical guidance that is given by the Centre. Whatever the States demanded, namely, HCH and malathion have already been rushed to them and technical guidance team from National Institute of Virology, Poona has gone to this area and they are guiding the control and containment of this disease.

SHRI G. NARASIMHA REDDY: Sir, I take strong objection to the contention made by the hon. Minister that this disease has not affected the entire country or it has not taken the toll of more than three digits. Would the Government of India sleep over it. Then I would like to know from the hon. Minister after how many deaths are you going to wake up? I think even a single death of a minor child will have to be given the same importance.

SHRI B. SHANKARANAND: Sir, I do not know why the hon. Member is so pessimistic. I did not say that we are not taking care. I said that we have taken all the care and also rushed all the help that the States needed and they are taking action.

SHRI D. P. YADAV (Monghyr): Mr. Deputy Speaker, Sir, first of all I am thankful to you for getting it on the agenda paper and discuss this

important issue before the nation. Personally I am obliged to Shankaranandji for both as a Minister and as my good friend I have seen his deep anguish for eradication of these diseases. But, Sir, there are many factors which are not in his direct control. That has also been taken into account. His determination is sometimes deterred by the infra-structure and other resources available at his disposal.

Sir, I have got a copy of the Sixth Five Year Plan with me which says that the Sixth Five Year Plan projected expenditure would be Rs. 1821 crores. Out of this Rs. 524 crores are meant for control of communicable diseases. The hon. Minister has rightly and honestly said that encephalitis is mosquito-borne viral disease. It means it is a communicable disease and for control of the communicable diseases the Ministry or the Planning Commission has allotted Rs. 524 crores in the Sixth Five Year Plan, that is, from 1980 to 1985. I would specifically like to know about this; For the last two years you have been the Minister in charge of the Health Ministry. Out of Rs. 524 crores, how much have you spent in these two years on control of these communicable diseases? What is the percentage, may I know? These mosquitoes not only cause encephalitis. If they cause only encephalitis, we could have pardoned the whole thing there. But what happens is that these mosquitoes are responsible for filaria, malaria and so on. They are responsible for encephalitis and other diseases, whether viral or bacterial. In view of this, control of mosquitoes, has to be tackled on a national basis and not on a sporadic basis or district-wise basis or something like that. So, I would like to ask you: What is the national programme for mosquito eradication? This should be illustrated before the country. What is your programme for fighting malaria, filaria, and encephalitis, which might have come from Japan or somewhere else. Now, this is a great challenge to you, Mr. Shankaranandji. May

I know whether your Ministry has taken any coordinated effort with the Agriculture Ministry? Sir, what happens in the rural and urban areas is that the Chemical, Melathion, about which you say so many things, with all boldness, is not at all effective. Its effectiveness is now in doubt. You spray this chemical in liquid form to destroy mosquitoes. I wish to point out that in respect of these chemicals used for destroying Indian mosquitoes, almost 80 to 90 per cent of them, are spurious; they are being made by spurious firms, and these have been purchased by the Directorate of Health Services and the Directorate of Agricultural Services on very high prices. Its effectiveness is just not there. It has to be carefully examined to what extent it is effective. The whole *modus operandi* of these spraying operations has to be re-examined.

Coming to another very important subject, I wish to point out that this plan document is highlighting certain things which are being talked of at top of one's voice. No doubt this is a beautifully-written Document. This Sixth Five-year Plan is certainly a beautifully-written document; the intentions are very good; there is no doubt about it. In the Sixth Plan, you are going to spend Rs. 1824 crores on health measures. All right Shankarandji, I wish you make a success of it. I wish you well. But what about the health condition of people in our village hospitals? These hospitals are in a very bad shape. In encephalitis, there is a failure of the cardio vascular respiratory system for which a respirator is essential. It is a simple instrument which can be easily provided. But these respirators are not available in these hospitals. How many hospitals in the country, out of these 380, have been provided with such respirators? Can you say that you have got sufficient number of respirators in these district hospitals? How can you say that you will be able to control these diseases like encephalitis and so on? Shankaranandji, please supply the minimum equipments needed by these district hospitals. X-Ray Plant is

[Shri D. P. Yadav]

not working. Respirators are not available there. Not only that, Sir. About the input I can tell you even Oxygen cylinders are not available in the district hospitals. If a person is suffering from some disease, he should get immediate oxygenisation. He has to rush to some of the voluntary organisations or some other private persons. If they also do not have these, the patient suffers a lot. I have to say another important thing. This is a communicable disease. Have you ever thought of isolation of the patient? That is very important. If he is suffering from encephalitis, he has to be isolated. Have you got these isolation wards?

13.00 hrs.

In the District Hospitals, in the Sub-Divisional hospitals or in the so-called referral hospitals for which you are going to have so many buildings but you do not have doctors, medicines etc. Have you got in isolation ward in these hospitals? You have got good buildings, getting money from the UNESCO or any other source for constructing good referral hospitals with 4 or 5 blocks. But you are not going to have other necessary facilities in these hospitals. So, isolation factor is there. If you have declared cholera and plague as a disease to be a notifiable disease, then are you not going to declare encephalitis also as a notifiable disease? Any person who is affected by this disease the case should be reported to the authority. Otherwise, legally he should be charged. This is also an important function. It is your duty to enforce this and you must declare it as a notifiable disease.

Now, can you tell us the position of encephalitis in other advanced countries? Can you tell us whether there was any recurrence of this disease? What is the figure? Let this country know that encephalitis in other parts of the world is heard very rarely. But here in India it is very common.

Lastly, there is another important item. I am thankful to the hon. Minister for the steps taken to control this disease. There are National Control Programmes for diseases like malaria, filaria, T.B. and other diseases like leprosy and blindness. But are you going to add one or two items more. There is one deadly disease which is spreading very quickly, that is, viral hepatitis. That is also a communicable disease. That is also very alarming. I want to know whether you are going to include viral hepatitis also on the list of National Control Programmes. These are a few questions I have asked and I hope the hon. Minister would come out with an answer.

SHRI B. SHANKARANAND: Sir, the hon. Minister has raised many issues which are not at all concerned with the present Calling Attention Motion. He has raised an entire gamut of communicable diseases. He has referred to the Sixth Five Year Plan also. This is a disease which is commonly known as Japanese Encephalitis. With regard to other communicable diseases, as he had said isolation of the patient is required. But this is not such a communicable disease that the disease is transmissible from man to man. (*Interruptions*).

SHRI D. P. YADAV: It is stated here that Japanese Encephalitis mosquito-borne viral disease has been reported, from time to time.

SHRI B. SHANKARANAND: That does not mean that isolation of the patient is necessary. He has referred to the entire gamut of the question of maintenance of the district hospitals, referral hospitals, supply of drugs, etc. I may inform the hon. Member and this House that this programme of containing this particular disease and preventing this disease is not suffering from want of any insecticides or the doctors. Whatever the States wanted, the Centre had supplied. The States are fully armed with the equipments. We have sent the fogging machines to the affected areas. We have sent additional

stocks of melathion and BHC to be sprayed and applied. All that is required is given. Technical guidance which was necessary has also been given by the Central Government. I do not know what else the hon. Member wants to know about this.

Regarding condition of hospitals and adequate supply of drugs etc. these questions do not relate to the subject under discussion. I am today concerned only with drugs, if any, required for encephalitis. The hon. Member asked me to supply sufficient quantity of drugs. There is no drug which is available to treat this disease. This disease is treated only symptomatically. The question of supplying any drugs, therefore, does not arise. The other drugs which are required to treat this disease symptomatically are available in the hospitals.

The hon. Member also mentioned about the question of malaria, mosquitoes etc. It is a larger question and I would like to assure him that we are very serious about it. I share his anxiety and seriousness about this problem. We have the National Malaria Eradication Programme for this and it is working very satisfactorily.

13.06 hrs.

STATEMENT RE: REPORTED OFFER OF NO-WAR PACT BY PAKISTAN

THE MINISTER OF EXTERNAL AFFAIRS (SHRI P. V. NARASIMHA RAO): The House will recall that the late Prime Minister Nehru had proposed to Prime Minister Liaquat Ali Khan of Pakistan on December 22, 1949, that the two governments sign a joint no-war declaration. The basis of this was to have been: "The Government of India and the Government of Pakistan, being desirous of promoting friendship and goodwill between their peoples who have many common ties, hereby declare that they condemn resort to war for the settlement of any existing or future dis-

putes between them." This offer was thereafter repeated on numerous occasions by Prime Minister Nehru, Prime Minister Lal Bahadur Shastri (in 1965), Prime Minister Shrimati Indira Gandhi (in 1968), and Prime Minister Shri Morarji Desai (in 1977). When the Foreign Secretary of India visited Pakistan in February, 1980, he had renewed the offer to sign a no-war pact with Pakistan so that no apprehensions remain in Pakistan about any threat from India.

2. Our repeated offers in this behalf have invariably and all along drawn a negative response from Pakistan.

3. Over the years, Pakistan's basic position in this matter remained unchanged. In June 1963, Mr. Bhutto declared "Let India arrive at an equitable and honourable settlement with Pakistan over Kashmir, we can then have not one but a thousand no-war pacts... While the Kashmir dispute exists, it is inconceivable that we should accept India's offer of a no-war pact." President Ayub rejecting Prime Minister Indira Gandhi's offer of a no-war pact called first for a settlement of the Kashmir issue. Replying to Prime Minister Indira Gandhi's suggestions to sign a no-war pact, President Yahya Khan stated "It is our sincere conviction that amity and friendship will continue to elude India and Pakistan if our two Governments run after the shadow that the peripheral issues are and evade the reality that our two outstanding disputes regarding Jammu and Kashmir and the Ganges waters represent etc. etc...." President Zia ul-Haq, in an interview to an Indian journalist stated quite clearly: "No war pacts, non-aggression pacts were not worth the paper on which they were written. History tells us that a number of no-war pacts, non-aggression pacts and the peace treaties have proved good for nothing".

4. Ever since the Simla Agreement of 1972 Pakistan has stated on a number of occasions that the Simla Agreement itself is a kind of no-war