

[Translation]

SHRI GIRDHARI LAL VYAS : Mr. Deputy Speaker, Sir, I have not been permitted to ask a question.

[English]

MR. DEPUTY SPEAKER : I will give you some chance. I cannot give chance to all now. How can I ?

[Translation]

SHRI GIRDHARI LAL VYAS : As I have not been permitted to ask a question I am walking out.

[The hon. Member then left the House]

[English]

Programme to Control AIDS

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\*128. SHRI UTTAMRAO PATIL :  
PROF. RAMKRISHNA MORE :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state ;

(a) the number of AIDS cases so far reported and which States ;

(b) whether any national level programme has been launched by Union Government to control AIDS cases and if so, what are the details thereof stating the Central allocation for the implementation of the programme and the amount actually spent alongwith result achieved ; and

(c) if not, the difficulties in launching of AIDS control strategy ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE) : (a) to (c) A statement is given below.

Statement

6 cases of AIDS have so far been reported, as under :

Gujarat	—	1
J & K	—	1
Andhra Pradesh	—	1
Maharashtra	—	2
Delhi	—	1

Five persons detected as full blown cases of AIDS have died. The surveillance figures have so far indicated 86 cases of AIDS infection.

The steps being taken by the Government are as under :—

(1) 27 Surveillance centres have been established in the country to screen high risk group. In addition, 4 referral centres where higher level diagnostic facilities for AID are available, have been set up.

(2) Restrictions have been imposed for import of blood and blood products without AIDS Clearance Certificate.

(3) All the State Health authorities/Hospitals/STD clinics have been alerted to look for AIDS cases.

(4) All the blood banks have been instructed to screen the professional blood donors.

(5) All the State Health authorities have been advised to ensure strict sterilisation practices in hospitals and clinics or to use pre-sterilised disposable syringes and needles as far as possible.

(6) Guidelines have been sent to all the State Health authorities for health care personnel.

(7) All the mass media channels have been involved in educating the people on AIDS, its nature, transmission and prevention.

(8) Instructions/guidelines to the State/ Union Territory health authorities have been issued for medical examination including that for AIDS for foreign students being admitted to Indian Universities.

These activities are periodically reviewed and appropriate remedial and intervention measures are taken.

There is an allocation of Rs. 50.00 lakhs for the programme during the year 1987-88.

So far, the following expenditure has been incurred by the government on AIDS control programme ;

1. Purchase of Elisa tests kits, chemicals and reagent	US \$ 394276 (Rs. 51,25,588)
2. Health education activities	Rs. 40,85,000 <hr/> Rs. 92,10,588

[Translation]

SHRI UTTAMRAO PATIL : Mr. Deputy Speaker, Sir, at the end of the reply it has been stated that instructions have been issued for medical examination of the foreign students who come here for education. I want to know whether this medical examination is for the African students only or it is applicable to all foreign students? Is it compulsory for foreign tourists also? Are those Indians who return from abroad also examined or not?

[English]

KUMARI SAROJ KHAPARDE : Sir, the hon. Member was asking certain questions about the African students. I would like to tell him that the Government is not biased to African students. Even Indians are subjected to AIDS test. So far about 32,000 cases have been screened and there only 1,000 African students.

With regard to his second supplementary that he was asking, I would like to answer that we do not take any hasty decision while examining this question from all angles. I may add that national interest is always kept in mind.

DR. DATTA SAMANT : Sir, it is not a question of being biased to anybody it is a question of such a harmful disease spreading in our country. Whenever any Indian goes to any other country, I think there is always testing for tuberculosis and other disease and it is a compulsion to bring certain certificates. Even for yellow fever—it is a compulsion in order to control it. I mean this disease should not spread in the country. Any foreigner coming over here, under he should bring a certificate, or

whenever he comes here the test should be conducted. In quarantine, you can keep him for one day and then you can do it. Therefore, it is not the question—who likes and who does not like. But if such disease spreads in our country, I think it is going to be so much chaos, I think it is more than Africa here because here there is so much population and illiteracy regarding sex relationship.

MR. DEPUTY SPEAKER : Not only Africa. What about the United States also. It is the same thing. Why are you discriminating against African people only?

DR. DATTA SAMANT : That is why I am asking.

(Interruptions)

MR. DEPUTY SPEAKER : That is why I am saying also—do not bring in Africans only.

DR. DATTA SAMANT : For any student coming from any country it should be compulsory.

(Interruptions)

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT AND MINISTER OF HEALTH AND FAMILY WELFARE (SHRI P. V. NARASIMHA RAO) : I have clarified myself. There is no question of any discrimination. Many students are coming from one country or another, one continent or another. All students coming from outside for studies here are subjected to exactly the same test.

MR. DEPUTY-SPEAKER : Regarding tourists.

SHRI P. V. NARASIMHA RAO : About tourists there are some difficulties. WHO itself is of the opinion that we cannot really spread it to all over the tourists because this will have repercussions on our tourists going abroad. This is a matter which needs further consideration. It is not that the question is closed. We are starting with the students because they come and stay here for one year, two years, three years. Therefore, the danger in the case of students appears to be a little more.

In the case of tourists it is a reciprocal matter. We have to look into it more carefully. WHO has told us that this has not been done by any other country so far. We have to be a little more cautious about it.

DR. DATTA SAMANT : Tourists coming from abroad can spread yellow fever.

SHRI P.V. NARASIMHA RAO : But not AIDS. Yellow fever and other things, we are all insisting. But this question pertains to AIDS.

PROF. MADHU DANDAVATE : What is reciprocal, Sir ?

SHRI G. G. SWELL : I am sure the Minister is aware that the question of contracting AIDS does not depend on the length of time that a person stays at a particular place. One casual contact is enough to transmit AIDS. The Minister of State says that she was not biased to the African students. I think she is not biased against the African students.

SHRI P.V. NARASIMHA RAO : That is what she meant.

SHRI G.G. SWELL : I am happy that the Minister has clarified that he is not making any discrimination.

KUMARI SAROJ KHAPARDE : I would like to give information to the House. Just a couple of days ago the African students—three persons delegation—came to me and they met me. At that time I also told them that there is no bias against them.

SARI G. G. SWELL : I am happy that she has reiterated what the Minister has stated. I would like to know why is it that these boys—the African students—feel so agitated about it that it that they went to the extent of accusing us of being racists. If you do not have any bias, there is something wrong in the way in which you are administering this policy.

SHRI P. V. NARASIMHA RAO : Why are they feeling about it, why are they saying that—to these the answer is supposed to come from me !

SHRI G. G. SWELL : There are other students in this country. They do not feel agitated. Why do the African students feel agitated about it ? There must be something about it. If the Minister says, he does not know, then it is time that he should know

(Interruptions)

SHRI G. G. SWELL : There is an AIDS care all over the world. But the way in which you go about it has to be weighed against other things—our relations with the African States.

SHRI P. V. NARASIMHA RAO : This is very strange situation. On the one side we are told that we have to tighten up everything it is a very deadly disease. We have to do everything to see that it is screened properly. On the other side, when some screening is done, this is what we hear. It is also a fact that the largest number of students come from Africa, so the largest number of tests would be done on African students. So far as the duration of stay is concerned, I know that a casual contact can also infect a person. But over a longer period, the possibility of the number of casual contacts also increases. That is what I also wanted to say. I mean there is nothing more than that. The point is that we go step by step. Here is a case where students can come, where students come and stay here for some length of time, there is a greater possibility. The W.H.O. says that it has not been done against tourists anywhere. So we are also considering whether we should still do it or not. It is a matter to be considered at the national level and a decision is to be taken.

AN HON. MEMBER : Over a longer period or time, the contact does not remain casual.

(Interruptions)

[Translation]

SHRI MADAN PANDEY : Mr. Deputy Speaker, Sir, AIDS seems to be a new term and a new disease. There are possibilities of contacting this disease because the people are ignorant about it. Keeping the aforesaid in view, has the Government formulated any

plan to educate the people so that they may become conscious about it and are able to protect themselves from becoming its victims ?

**KUMARI SAROJ KHAPARDE :** Mr. Deputy Speaker, Sir, efforts are on to educate the people on this subject. We are making every effort to educate people from time to time. I request you that keeping in view its seriousness, efforts may be made to convince the people in this regard and they may take necessary precautions against it.

**SHRI BALKAVI BAIKAGI :** Mr. Deputy Speaker, Sir, I would request hon. Shri Rao to change its name and call it 'Madan disease'.

[*English*]

**SHRI DIGVIJAY SHINHE :** Sir, we are fortunate that this disease has not prevailed in this country and it not originated, not prevailed in this country. I am sure of this. But we have all the possibilities because of the society being poor and perhaps not so strong in resistance that if ever it came, we would be the most susceptible persons. Therefore, may I know from the Government whether special initiative will be taken by the Government on the platform of the WHO to create an impact internationally of putting better controls on the movement of all the people, whether they are tourists or students or whatever from those 10 countries from Africa plus the United States of America where this disease has spread, to control their movement round the world.

**SHRI P. V. NARASIMHA RAO :** I think the W.H.O. is seized of this matter. We will also discuss with them. We are in the process of discussion. But the only thing is that this cannot be traced only to poverty. We know while poor countries are affected, rich countries are even more affected. So this is something in the realm of research still—what exactly are the factors of infection, one seems to be sexual intercourse and the other seems to be even casual contacts, etc. So, it is still largely a matter for researchers and naturally no cure has been found so far. The W.H.O. and all the countries concerned would have

to continue their efforts—on all these aspects.

[*Translation*]

**DR. CHANDRA SHEKHAR TRIPATHI :** Mr. Speaker, is prevalent Sir, many people of European originate living in India and this disease on a large scale in Europe. Hence, would the Government examine them medically so that those who are affected by this disease are sent back ? Otherwise this disease can spread rapidly in our country.

**SHRI P. V. NARASIMHA RAO :** Mr. Deputy Speaker, Sir, fortunately this disease has not spread as yet. There is apprehension of its spreading. Efforts are being made to prevent that.

[*English*]

**SHRI CHINTAMANI JENA :** The hon. Minister in her statement has stated that all the State Governments and the Health Department are advised to take preventive measures on this issue.

May I know which are the States which have not yet taken up this programme and also may I know whether there are some States who have expressed their inability due to constraint of resources to implement it, and may I also know from the hon. Minister what are the age groups in which this disease it mostly contracted ?

**SHRI P. V. NARASIMHA RAO :** Sir, guidelines have been given. Literature like this, very well brought out, well documented giving all the details, has been sent to all the States. Now, we will have to take up with each State if they have any difficulty in implementing it, how they can be helped. But at the moment I do not have the figures or the details of which State has said that they do not have the money for it. It does not really require a very large amount of money to start with.

(*Interruptions*)

**PROF. MADHU DANDAVATE :** Sir, AIDS has affected the House for 15 minutes!

**MR. DEPUTY-SPEAKER :** That is why they want some aid !

**PROF. N. G. RANGA :** Why don't you distribute the literature to all the Members ?

*(Interruptions)*

**SHRI P. V. NARASIMHA RAO :** I take the message, Sir. Prof. Ranga has said that I must distribute it to all the Members.

*(Interruptions)*

[Translation]

**DR. PRABHAT KUMAR MISHRA :** Mr. Deputy Speaker, Sir, according to the reply laid on the Table of the House, cases of this disease have been reported from Gujarat, Jammu and Kashmir, Andhra Pradesh, Maharashtra and Delhi. Is the Government aware that a case had been reported in Bilaspur in Madhya Pradesh which was investigated by a police team from Calcutta ? It was reported that a woman was suffering from AIDS but we have no further information about the case because that woman has been missing and has not been traced so far. Has the Central Government any information regarding this case and have the whereabouts of that woman been known ?

**SHRI P. V. NARASIMHA RAO :** So far we have no information about this case and that is why it has not been mentioned in the reply. I would make efforts to find out about it. Whatever information we have is complete in itself. We get reports every day. I would try to look into the details of the case which you have mentioned just now.

[English]

**SHRI SARAT DEB :** I want to know from the hon. Minister that instead of only the contact, whether it is a fact that this is also apprehended through transmission of blood. If this is so, then what measures the Government proposes to take in order to test the blood which comes from the blood banks. \*

**SHRI P. V. NARASIMHA RAO :** Sir, this is also one of the elaborate guidelines given to blood banks through the State Governments, but it will be appreciated that

this has to be done, the AIDS test has to be done when the donor comes for donating the blood. Now, we have what are called professional donors in this country, they go on donating blood. Now, those are high risk groups, they are already being covered. For a casual donor what needs to be done is still under consideration. I believe that even for casual donors some kind of rough and ready tests would have to be taken. All these things are under active consideration.

So far as the needles are concerned, as we know, the needles and Syringes can create conditions of infection. We cannot really switch over to the new disposable needles which are used only once and then thrown away. All over the country it cannot be done. So, until such time the country can afford it, we will have to think of much better, much more effective methods of sterilization. Those guidelines also have been elaborated, and I believe that there is a lot of improvement in sterilizing the needles after the guidelines have been given.

**SHRI DINESH GOSWAMI :** I do not think we should get scared of AIDS. But as the hon. Minister has said that contact is also a source. Has it come to the notice of the hon. Minister that a large number of second-hand garments, particularly worn by the foreign people, are being sold in the open market and if they create some problems, is the Government contemplating some regulations regarding this ?

**SHRI P. V. NARASIMHA RAO :** Sir, this is a very rich source of scare.

**PROF. MADHU DANDAVATE :** Do not take away everybody's garments.

*(Interruptions)*

**SHRI P. V. NARASIMHA RAO :** I do not think we can start with the garments. It is known, through what sources the infection spreads and I think we should concentrate on those few sources rather than garments, second-hand garments, at the moment. I am not sure—nobody has told us so far—that second-hand garments can bring in AIDS.

SHRI G.G. SWELL : By casual contact, I mean, casual sexual contact.

SHRI P.V. NARASIMHA RAO : That is right ; absolutely right.

**Decision on Demands of Nurses**

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\*129. SHRI P.M. SAYEED :

SHRI SODE RAMAIAH :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Nurses in most of the Government hospitals in Delhi went on strike in the second half of January, 1987 ;

(b) if so, what were their demands ;

(c) whether their demands are still pending decision and no action had been taken in the matter ;

(d) if so, the reasons thereof ; and

(e) if not, the details of the decision taken ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE) : (a) Yes, Sir.

(b) to (e) A Statement is given below.

**Statement**

The following tabular statement indicates the demands of the nurses and the decision taken by the Government on those demands :

**DEMANDS**

**DECISION OF THE GOVERNMENT**

1. Revision of scale of Pay already recommended by I V. Pay Commission :

Not accepted.

2. Allowances :

(i) Non- Practising Allowance :

(i) Not accepted.

(ii) Enhancement of Uniform Allowance ;

(ii) Rate of Uniform Allowance has been increased from Rs. 300/- per annum to Rs. 1500/- per annum.

(iii) Enhancement of Washing Allowance :

(iii) Rate of Washing Allowance has been raised from Rs. 25/- per month to Rs. 75/- per month.

(iv) Grant of Risk/Messing/night Weightage Allowance :

(iv) All these have been taken care of by grant of Nursing Allowance at the rate of Rs. 150/- per month keeping in view the duties of Nurses.

(v) Grant of Qualification Allowance :

(v) It has been decided in principle to grant two increments (non-absorbable) for each approved qualification. The details and modalities about the implementation of this scheme are being worked out.