

MR. SPEAKER: Yesterday I gave you full question. Mr. Hari Vishnu Kamath. (*Interruptions*). I have already called Mr. Hari Vishnu Kamath.

PROF. SAMAR GUHA: No, I don't get up for ordinary type of questions.

MR. SPEAKER: I don't say anything about it.

PROF. SAMAR GUHA: I have to obey you. But you have become very unkind to me.

MR. SPEAKER: Question No. 1154 Mr. Hari Vishnu Kamath.

SHRI HARI VISHNU KAMATH: Mr. Speaker, Sir, I had hoped to retain first place which I had got after two years but it was not to be किम्मत का खेत है।

MR. SPEAKER: At least you got the second place.

(*Interruptions*).

**Representation from Vidarbha
Maharogi Seva Mandal**

*1154. **SHRI HARI VISHNU KAMATH:** Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have received any representation from Vidarbha Maharogi Seva Mandal (Leprosy Patients Home Vidarbha) Tapovan, Amaravati, Maharashtra detailing their difficulties and asking for alleviation and relief;

(b) if so, whether Government have considered their representation in detail; and

(c) the outcome thereof?

**THE MINISTER OF PARLIAMEN-
TARY AFFAIRS AND LABOUR:**
(**SHRI RAVINDRA VARMA:**) (a) No Sir. However, a letter dated 5th March, 1979 was written on behalf of Vidarbha Maharogi Seva Mandal by the Secretary, All India Advanced and Crippled Leprosy Patients Association, Amaravati to the President. This letter does not detail difficulties of the Seva Mandal or seek alleviation and relief from the Government of India.

(b) and (c) Do not arise.

SHRI HARI VISHNU KAMATH: Is it a fact, Sir, that as stated in this letter from the Maharogi Seva Mandal to the President of India with regard to leprosariums and leprosy eradication efforts that in spite of the concentrated efforts that are being made by the Government and private organisations to eradicate leprosy, in India today the incidence of leprosy is increasing and if so, what are the causes of this increasing incidence? Is it partly due to the fact that there is a social stigma attached to leprosy, rather leprosy patients—we should not call them 'leprosy' now that that word has been discontinued?

MR. SPEAKER: You cannot begin with it.

SHRI HARI VISHNU KAMATH: Is it a fact that they are treated as social outcasts? Are there other reasons or factors for the increase in leprosy incidents in India? Even in Wardha where Mahatma Gandhi started a concentrated effort, there are more leprosy patients there today, according to this letter to the President, than there were at that time. So, what are the reasons or factors for this unfortunate development in India?

SHRI RAVINDRA VARMA: Sir, the letter that the hon. Member refers to was not written by the Maharogi Seva Mandal, but by the All India Advanced and Crippled Leprosy Patients Association.

SHRI HARI VISHNU KAMATH: It is from Tapovan where the Secretary of the Association is based. He does not know perhaps that Tapovan was set up by a well-known freedom fighter, Dr. Shivajirao Patwardhan, and the Maharogi Seva Mandal is located there.

MR. SPEAKER: He is in the middle of his answer.

SHRI RAVINDRA VARMA: The hon. Member, is as aware as I am, that there may be common addresses for different persons living in the same address. Therefore, the indivi-

duality does not get merged just because the addresses are the same.

Sir, the hon. Member said that the incidence of leprosy is increasing in this country. I am not sure about the sources which have given him this information. As far as this country is concerned, the estimated number of cases is about 3.2 million. Of them, nearly 1.84 million have been brought under treatment and most of these patients are under domiciliary treatment. The suggestion that he has made that it is because there is a social stigma attached still in some minds that the number of patients is increasing or the incidence is increasing, is wrong. The social stigma has nothing to do with the prevalence or increase in incidence of a chronic or infectious disease of this kind. (*Interruptions*). But, Sir, as far as detection is concerned and the treatment that arises after detection is concerned, it is quite likely that if there is a desire to hide, then detection becomes more difficult and to that extent the coverage that has to be extended also is affected.

SHRI HARI VISHNU KAMATH: Has the Minister's attention been drawn to a statement in this letter to the President, at page 3, that at a Conference organised by the W.H.O. (The World Health Organisation) in Geneva in 1975, India was represented by the then Union Health Minister, once upon a time Health Minister, Dr. Karan Singh, who gave an assurance at the Conference.

I am reading from the printed letter to the President:

"that leprosy in India will be completely brought under control by the year 1984 and leprosy will be completely eradicated by the year 2000 AD."

Does the Minister think that this is a fairly good assessment of the problem and does the Government subscribe to the view that this will be done that is, controlled by 1984 and eradicated by the year 2000 AD?

SHRI RAVINDRA VARMA: It is true that our hon. and distinguished friend, Dr. Karan Singh, who was then the Health Minister did state in the World Health Assembly that was held in Geneva in 1975 that leprosy will be brought under control by the year 1984, and will be eradicated by the year 2000. When a statement of this kind is made, it should not be confused with an assurance. It is a statement and in any case the question of the hon. Minister giving an assurance to a World Health Assembly and not to this Parliament does not arise. After making that statement in the World Health Assembly, the Government of India did come to the conclusion that it would not be possible for us to bring leprosy under control by the year...

SHRI SHYAMNANDAN MISHRA: Are we not committed to what Mr. Vajpayee says in international conferences?

SHRI HARI VISHNU KAMATH: On a point of order. It is a very serious matter. (*Interruptions*).

SHRI SHYAMNANDAN MISHRA: How can the Minister get away with it? The hon. Minister for External Affairs makes so many statements in international conferences. Are we not committed to them? (*Interruptions*).

SHRI RAVINDRA VARMA: All that I said is that the question of an hon. Minister of one country giving an assurance and an assurance being demanded of him in an international forum does not arise. Therefore, what Dr. Karan Singh made was a statement and not an assurance to a body to which he was responsible. The idea is quite clear. Apart from the necessary expressions of indignation, the idea that I have stated is quite clear.

SHRI SHYAMNANDAN MISHRA: The idea is completely repulsive. We cannot lump any such statement from an hon. Minister that a statement made by a Minister in an international conference is not a commitment of the country. (*Interruptions*)

SHRI RAVINDRA VARMA: This is incorrect. (*Interruptions*). When I say that a statement was made and the statement is not necessarily an assurance, it does not mean that the Government of India or this Government does not believe that an effort must be made to see that it is brought under control by 1984 and eradicated by 2000.

SHRI SHYAMNANDAN MISHRA: It is a solemn commitment.

SHRI RAVINDRA VARMA: Therefore, every effort has been made by the Government of India and the Government of India does believe that it is possible to make progress in this direction only if specific state-wise targets are laid down. This was not the case before Dr. Karan Singh made the statement in the World Health Assembly. After that, the Government of India decided that State-wise targets must be laid down and therefore, the effort today is oriented towards reaching the state-wise targets. I agree with the hon. member that in spite of the fact that these targets have been laid down, the progress has not been uniform in all the States and the progress is not such that we are going at a pace that should be satisfactory in an effort of this kind.

SHRI HARI VISHNU KAMATH: Mr. Speaker, Sir, you should come to our rescue. Is there any yardstick by which you can judge whether statements made by Ministers in international conferences are assurances or mere *obiter dicta*?

MR. SPEAKER: That point does not arise.

SHRI HARI VISHNU KAMATH: You are the custodian of our rights. You are silent.

MR. SPEAKER: What is the legal implication—I am to decide that?

SHRI HARI VISHNU KAMATH: It has not legal but Parliamentary implications—not legal at all.

MR. SPEAKER: I am not a person to decide about legal implications; whether it should be enforced in a world court or not has legal implications.

डा० रामजी सिंह: सचमुच में यह बहुत ही विचित्र बात लगती है कि विश्व संस्था में दिये गये कथन को हम अत्यन्त माने और गलत ढंग से विचार करें। मैं संसदीय कार्य मंत्री से जानना चाहता हूँ, यद्यपि वह विश्व संस्था में दिये गये कथन को बातों को न भी मानें, लेकिन क्या इस मर्वॉल्च सदन में वह यह स्वीकार नहीं करेंगे कि यह कुष्ठ रोग एक बहुत बड़ा सामाजिक कलक है और देश के लिये बहुत दुर्दशा का चिह्न है? माननीय कर्ण सिंह जी ने जो स्वेच्छा प्रकट की थी, क्या उसके आधारे पर कोई पंचवर्षीय योजना इस कुष्ठ रोग के निर्मूलन का कार्यक्रम बनाने के लिये सरकार बनायेगी?

SHRI RAVINDRA VARMA: It is unfortunate that the Hon. Member should have concluded from what I have said that the Government of India does not want to pursue the same policy that Dr. Karan Singh referred to in his statement. We are as anxious to see that this dread disease is tackled in the least possible time, brought under control and completely eradicated as early as possible. But when you talk of target dates in this respect, one has to take into account many factors to which our Hon. friend, the Member from Hoshangabad, referred. There are social factors, economic factors—if you don't prompt me, I will use the same words 'social factors, economic factors and other factors' and it has also to be borne in mind that these programmes, even though they are drawn up at the national level, have to be implemented by the State Governments in many cases. That is why I said earlier that there has been no uniform level of achievement, as far as the targets are concerned. In the case of some States the performance has been good and in the case of some other States

the performance has not been quite satisfactory. But I can assure the Hon. Member and the House that every effort is being made by the Government, and will continue to be made, to expedite this programme so that detection may take place and treatment may take place, and the disease is brought under control and eventually eliminated as early as possible.

SHRI RUDOLPH RODRIGUES: We are dealing with the subject in a very cold, calculated and statistical manner—in a very casual manner. I would like to say this by way of introduction to my question. I had the privilege of being associated, in a small way, with fighting this social stigma. I would like to say that one reason why there has been a tremendous increase in the incidence of leprosy is because of a particular decision taken by our Government—of which I am not sure everybody is aware. I would like the Minister concerned to give some clarification in regard to this matter. Originally, when this disease was being fought, it was being fought with what we call a 'vertical' approach: people with a specialised intent, with a specialised concern, fought this in a specialised way. Today the Government's decision is that we shall treat this horizontally: in other words, as part of general disease when you go to a doctor. But any doctor cannot really handle this kind of a problem. Is the Minister aware that, because of the change in approach of the Government of India and their policy of treating this in a horizontal manner instead of a vertical manner, there has been a tremendous increase in the incidence of leprosy?

SHRI C. N. VISVANATHAN. Sir, where is the Health Minister? Last time also he was missing.

MR. SPEAKER: He has taken permission; he has gone to the Geneva Conference.

SHRI RAVINDRA VARMA: I am very sorry the Hon. Member should

have chosen to describe the manner in which the subject is being discussed in this House as casual and cold. It is not so. But when a question is asked, the answer is not merely in terms of sentiments but in terms of facts which are to be elucidated. That does not mean that the sentiments are not shared, but it is necessary for me to answer, giving facts and information to the extent it is possible. Government snares the sentiment that this is a disease which deserves much more attention and expedition in treatment: there is no question about it. The sufferings of the people who are afflicted by leprosy are very well known but I did not think this was the occasion to speak about the sufferings of the people—mental, physical and otherwise; I have tried to answer questions by giving facts. I share the sentiments of the hon. Member. Therefore, it has been highly unfair on the part of the hon. Member to say that the answers reveal casualness or coldness. Now, the hon. Member repeated the statement that the incidence is increasing. I know the hon. Member is a very intelligent person and therefore he should know the difference between increase in incidence and increase in detection. There are no statistics whatsoever to show that the incidence is increasing. But the detection is increasing, precisely because the effort to locate, to detect, has become more effective. That is why detection is increasing. I can give the figures again.

(Interruptions).

MR. SPEAKER: He said about horizontal approach instead of vertical approach.

SHRI RAVINDRA VARMA: Here again the hon. Member perhaps is not fully informed about the position. It is not that multi-purpose workers alone are concerned with the treatment of leprosy. It is because of the anxiety of the Government to see that the programme of treatment of leprosy is not adversely affected that the

Government has decided that in districts where incidence is high or moderate, the on-going programmes and the on-going methods of treatment must be continued, and it should not be confused with the general treatment which might adversely affect the efficacy of the programme and therefore it is only in the case of areas where the incidence or endemic nature of the disease is low that there is the attempt to use other services that he specialised services.

SHRI JYOTIRMOY BOSU: I do not know whether the hon. Labour Minister is going to take over the Health portfolio.

SHRI RAVINDRA VARMA: I do not know why the hon. Member feels like that. If it is his feeling, I can say his physical and mental health will receive better treatment from me. (*Interruptions*). Some are described as stepneys and some are described as 'shirt-knees'. (*Interruptions*).

हृदय रोग

* 1155. श्री बलपत सिंह परस्ते : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या देश में हाल ही में हृदय रोग के बारे में किये गये सर्वेक्षण के अनुसार यह पाया गया है कि हृदय रोग के मामलों की संख्या बढ़ रही है ;

(ख) यदि हां, तो इसकी रोकथाम के लिये सरकार ने क्या कार्यवाही की है ;

(ग) क्या ये प्रमाणित हो गया है कि इस रोग का योग द्वारा इलाज किया जा सकता है ; और

(घ) यदि हां, तो हृदय रोग के इलाज के लिये योग का प्रचार एवं प्रसार करने के लिये सरकार का क्या कार्यवाही करने का विचार है ?

THE MINISTER OF PARLIAMENTARY AFFAIRS AND LABOUR (SHRI RAVINDRA VARMA): (a) No country-wide survey regarding the incidence of heart diseases has been conducted. There is however a clinical impression that heart diseases are on increase in most of the developing countries including our country. The number of cases seen in the intensive care units, cardiology departments and nursing homes are many more than seen a decade earlier. This could be due to increased awareness, extended and better diagnostic facilities as well as an increase in the life span of our population. A study was conducted by the All India Heart Foundation among business executives. This showed a high percentage of Ischaemic Heart Disease and Hypertension.

(b) Better diagnostic and curative facilities are being provided by the Hospitals.

(c) No, Sir.

(d) Does not arise.

श्री बलपत सिंह परस्ते : अध्यक्ष महोदय, मैं आपके माध्यम से मंत्री महोदय से यह जानना चाहता हूँ कि गत पांच वर्षों में इस रोग द्वारा शिकतनी मृत्युएँ हुई हैं। क्या हमारे देशों की तुलना में भारत में इसके केमिज की संख्या कहीं अधिक है ? क्या अनुसंधान के परिणामों से यह पता चला है कि किन विशेष कारणों से इस रोग की बढ़ोत्तरी हो रही है और किस-किस प्रकार के व्यक्ति—मोटे व्यक्ति, अथवा मामाहारी, अथवा किसी जलवायु के कारण कुछ व्यक्ति—इस रोग से पीड़ित होते हैं ?

SHRI RAVINDRA VARMA: Sir, the comparative figures that are available of the incidence of heart attacks and heart conditions show that the incidence is much less in countries like India than in the countries in the West. The particular survey that was referred to, for instance of the con-