

THE VICE-CHAIRMAN (SHRI H. HANUMANTHAPPA): Now we will take up half-an-hour discussion.

6.00 P.M.

HALF-AN-HOUR DISCUSSION

On points arising out of the answer given in the Rajya Sabha on 15th July, 1992 to starred question No. 102, regarding Aids Holocaust in India

श्री प्रमोद महाजन (महाराष्ट्र) :
उपाध्यक्ष जी, भारत में एड्स के भारी प्रकोप के संबंध में 15 जुलाई, 1992 को राज्यसभा में तारांकित प्रश्न 102 के दिए गए उत्तर में उत्पन्न मुद्दों में पर मैं चर्चा आरम्भ करना चाहता हूँ और इस चर्चा को अनुमति प्रदान करने के लिए आपको धन्यवाद देना चाहता हूँ।

महोदय, मानव इतिहास में एड्स के नन्हें विषाणु ने पूरे मानव समाज को इतनी बड़ी चुनौती इससे पहले शायद नहीं दी होगी। यह सत्य है कि एड्स की समस्या आज सारे विश्व की चिंता का विषय बन चुकी है। फिर भी हमारी चिंता इसलिए अधिक बढ़ जाती है जब यह दिखाई दे रहा है कि हमारा भारत देश के एड्स का सबसे बड़ा शिकार बन जाने की संभावना बढ़ रही है। जागतिक आरोग्य ने भारत में एड्स के संबंध में कहा है कि—

“AIDS is spreading in India at a pace comparable to that in Africa. The Indian health officials have said about coping with the problem. But like all other Governments, their efforts may be a little too late.”

विश्व बैंक, जो इसके निराकरण के लिए सहायता करता है, उन्होंने भारत के संबंध में जो पत्र तैयार किया है उसमें वह टिप्पणी करते हैं कि—

“The potential for HIV spread is high and the epidemic in India, described as a silent volcano, may turn out to be the largest in the region.”

हमारे स्वास्थ्य मंत्री ने 15 जुलाई के अपने उत्तर में इस समस्या की गंभीरता को स्वीकार किया है। महोदय, 1986 में जब इस देश में एड्स का एक रोगी मिला, इसका मतलब यह नहीं कि उस दिन एड्स का एक ही शिकार था, हो सकता है हजारों हों लेकिन एक आदमी को हम ढूँढ़ पाए जो एड्स का शिकार था और 6 वर्ष के भीतर हम अभी तक लगभग 200 व्यक्तियों के बारे में तो निश्चित रूप से जानते हैं और 8000 व्यक्तियों में हमने एच.आई.वी पाया है।

जागतिक आरोग्य संगठन और विश्व बैंक, जो इसके बारे में विश्वव्यापी अभ्यास कर रहे हैं, उनका यह कहना है कि इस शताब्दी के अंत तक हिंदुस्तान में लगभग 10 लाख एड्स के बीमार पाने की संभावना है। एड्स का बीमार नहीं होता, वह अपने रोग का वाहक भी होता है। तो जब कि वह स्वयं भी बीमार है और उसका वाहक भी है तो इससे आप इस समस्या की भयंकरता को समझ सकते हैं कि जब नयी शताब्दी शुरू होगी तो यह रोग हिंदुस्तान के लिए कितनी बड़ी समस्या खड़ी करेगा।

महोदय, उस दिन स्वास्थ्य मंत्री ने जो कहा कि हमें देश में भय और आतंक का वातावरण इस संबंध में निमित्त नहीं करना चाहिए, मैं इससे शत प्रतिशत सहमत हूँ क्योंकि यदि हम भय और आतंक का वातावरण निमित्त करें हो सकता है कि ये रोगी भूमिगत हो जाएं जिन्हें एड्स हो। वह इतने बढ़ जाएं कि हमें पता ही न चले और इसलिए भूमिगत अगर यह हो जाएं तो इससे हमारी समस्या और भी बढ़ जाएगी। लेकिन उसके साथ-साथ मैं मंत्री जी से यह जानना चाहूंगा कि भय और आतंक का वातावरण और आवश्यक सतर्कता, इसकी सीमा रेखा बड़ी ही अस्पष्ट होती है।

भय और आतंक न हो, लेकिन पूरी सतर्कता हो, इस आवश्यकता की दृष्टि से स्वास्थ्य मंत्रालय इस संबंध में

निश्चित रूप से किन किन कामों पर क्या राष्ट्रीय स्वास्थ्य नीति पर, क्या एड्स पर कोई पोलिसी बनाने जा रहा है कि जिस नीति के अंतर्गत हम इन सारे प्रश्नों को इकट्ठा सोचकर आने वाली समस्या के प्रति देश को सतर्क कर सकें और इससे लड़ने के लिए हम तैयार हो सकें ?

उपसभाध्यक्ष जी, एड्स का प्रमुख और सबसे महत्वपूर्ण कारण होता है यौन संबंध और एड्स के केसेज जितने पाए जाते हैं उनमें से 50 प्रतिशत केसेज केवल लैंगिक संबंधों के कारण मिले हैं। अब यह समस्या अपने आप में इतनी बड़ी है कि टाटा समाज विज्ञान संस्थान ने हिन्दुस्तान में लैंगिक व्यवहार में कितनी वेश्याएं हैं, इसका जब सर्वेक्षण किया तो बारह राज्यों में लगभग 18 लाख वेश्याएं हैं, इस का उसने उल्लेख किया है। केवल मुंबई शहर में इनकी संख्या तीन लाख है। टाटा इंस्टीट्यूट ऑफ सोशल साइंसेज ने यह कहा है कि इनमें से 50 हजार वेश्याएं एड्स में प्रभावित हैं।

उपसभाध्यक्ष (श्री हेच० हनुमन्तप्पा) : अब आप समाप्त कीजिए, अभी तो आप बाहक आ गए हैं... (व्यवधान)

श्री प्रमोद महाजन : अभी तो पांच मिनट हुए हैं... (व्यवधान)

उपसभाध्यक्ष (श्री हेच० हनुमन्तप्पा) : आपने कहा कि तीन चार मिनट लेंगे।...

श्री प्रमोद महाजन : मैं जल्दी समाप्त कर दूंगा।...

THE VICE-CHAIRMAN (SHRI H. HANUMANTHAPPA): I know it.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M. L. FOTEDAR): I would like the hon. Member to speak as long as he wants because I want to know more facts, which may not be known to us otherwise.

SHRI PRAMOD MAHAJAN: Thank you very much.

THE VICE-CHAIRMAN (SHRI H. HANUMANTHAPPA): But there are ten more people to speak. All the Members will contribute. ... (Interruptions)....

SHRI JAGDISH PRASAD MATHUR (Uttar Pradesh): And he has initiated it.

SHRI SANGH PRIYA GAUTAM (Uttar Pradesh): The hon. Minister has desired it.

उपसभाध्यक्ष (श्री हेच० हनुमन्तप्पा) : अभी तो 10 मिनट हो गए हैं, प्लीज आप संक्षेप में कहिए।

SHRI M. L. FOTEDAR: I have absolutely no objection. Not 10 but 20 people may speak because that is not my problem alone; it is a problem of the country. I want the wise counsel of all the Members. If necessary we can continue up to seven o' clock or, if the discussion has to be carried over, it can be carried over. But I want as many Members as possible to participate. I have absolutely no objection. My mind is open on this.

श्री प्रमोद महाजन : महोदय, मैं यह बता रहा था कि टाटा समाज विज्ञान संस्थान ने मुंबई का सर्वेक्षण किया तो उन्हें पता चला कि 50 हजार वेश्याएं एड्स से प्रभावित हैं। इनका प्रतिदिन 10 लाख लोगों से संबंध होता है। अगर इस विषय को हम गंभीरता से सोचें तो कितनी बड़ी संख्या में एड्स के बाहकों की संभावना बढ़ जाती है और गणितीय तरीके से यह बन जाए तो यह कहाँ पहुंचेगी ?

महोदय, अपने देश में वेश्या व्यवसाय कानून से प्रतिबंधित है। कानून के अनुसार यह व्यवसाय कोई नहीं कर सकता। इसके पश्चात् भी मैंने लाखों बाहकों की स्थिति इसमें नतीजा है। इसको हम व्यंग्य में, मजाक में या सतही तौर पर लें तो मुझे लगता है कि इस प्रश्न के मूल तक हम आ नहीं सकेंगे क्योंकि अगर एड्स का 50 प्रतिशत प्रसार शारीरिक

[श्री प्रमोद महाजन]

संबंधों से होता है और जैसा कि साधारण भाषा में इसमें लिए कामशियल ईम्स या शारीरिक व्यापार करने वाले शब्द का उपयोग किया जाता है, अगर उनकी स्थिति देखें तो मुझे यह बात समझ में नहीं आ रही है कि एक तरफ तो वेश्या व्यवसाय कानून से प्रतिबंधित है और दूसरी ओर लाखों महिलाएँ दुर्भाग्य से इस स्थिति में हैं। तो ऐसी स्थिति में इनको बचाने की दृष्टि से, इन से आगे आने वाले लोगों को बचाने की दृष्टि से स्वास्थ्य मंत्रालय का इस विषय में जितना ध्यान जाना चाहिए उतना नहीं गया है।

महोदय, महाराष्ट्र के पब्लिक हेल्थ सर्विसेज के जो डिप्टी डायरेक्टर हैं उन्होंने इस पर अध्ययन किया है और कहा है कि वेश्याओं को कानूनी अनुमति होनी चाहिए। मैं नहीं जानता, लेकिन यह साधारण विषय नहीं है, इस पर देश में बहुत होनी पड़ेगी, लेकिन वेश्या व्यवसाय की जो स्थिति है वह मॉरेली तो गलत है ही, कानूनी भी गलत है लेकिन उसमें अब मेडिकल प्राबलम क्रियेट हुए हैं। दुर्भाग्य से जो वेश्या गमन करता है यह उसी तक नहीं है, वह वेश्या गमन करके अपना रोग किसी को दे देता है, आगे जरूरी नहीं है कि शारीरिक संबंध हो, वह आगे रोग को बढ़ा सकता है।

इसके लिए इसको हम नैतिकता के विषय से न देखें उसमें जो विज्ञापन खड़ा हुआ है उस दृष्टि से भी विचार करना चाहिए। खासकर जहां वेश्याओं की बस्तियां भारी मात्रा में हैं, मुंबई में हो, मद्रास में हो, कलकत्ता में हो, दिल्ली में हो न वहां शिक्षा को सुविधाएं हैं, न वहां चिकित्सालय हैं, न वहां प्रचार है। जो दुर्भागी, अर्भागी, बहनें हैं जो इस व्यवसाय में हैं, अपने मन से नहीं हैं इनकी ओर से भी यह रोग आगे न बढ़े, और जो इन में से मिल जायेगा क्या उसको रोकने का प्रयास होगा? महाराष्ट्र की ओर से यह कहा गया है कि पेंशन स्कीम लागू कर दें। जो एड्स से प्रभावित महिलाएं हैं उनको इस व्यवसाय से बाहर निकालने का सबसे पहले विचार करें। समय अभाव में मैं सारी डिटेल्स नहीं दे सकता लेकिन मैं

चाहूंगा क्योंकि आधा एड्स इन्हीं से प्रसारित हो सकता है इसके बारे में जरूर स्वास्थ्य मंत्रालय अपनी कोई एक स्वास्थ्य नीति बनाए। दूसरे रक्त दान के संबंध में हमने हमेशा एक विज्ञापन पढ़ा है—रक्त दान ही जीवन दान है। एड्स के प्रभाव के बाद यह डर लगता है कि कहीं यह विज्ञापन ऐसा न हो जाए—रक्त दान यानी मृत्यु दान। यौन संबंध के बाद एड्स होना या न होना तकदीर की बात है। यह जरूरी नहीं है कि हर यौन संबंध के बाद एड्स हो जाए। लेकिन रक्त अगर गलत चला गया तो एड्स होना शत-प्रतिशत निश्चित है। रक्त दान देने के बाद हम उससे बच नहीं सकते। ऐसी स्थिति में ये जानना है देश में जितना रक्त चाहिए उतना रक्त हमारे पास नहीं है। अब जितना चाहिये उतना नहीं है तो रक्त देने में पेशेवर रक्तदाता ही आते हैं। जो पेशेवर रक्तदाता हैं उनका अपना व्यवहार समाज में गलत ही तो उस व्यवहार को लेकर जब रक्त दे देंगे तो रक्त देने के बाद जो पूरे निस्वराध, निष्पाप लोग हैं जिसकी कोई गलती नहीं है, किसी यौन संबंध में कोई गलती नहीं है, ऐसा विष्पाप व्यक्ति जिसका अपरेशन हो रहा है उसको रक्त चला जाए तो स्वाभाविक रूप से इस रक्त के कारण वह एड्स आगे ले जाता है। चिकित्सालयों में उपयोग में लाने के पहले रक्त की जांच हो यह निर्देश आप ने भेजा है। राज्य सरकारों ने भी भेजा है। यहां तक तो आपका कदम उचित है। लेकिन अगर निर्देशों से इस देश में काम चला जाता तो यह देश आज तक बहुत आगे गया होता। जहां कानून बनाने के बाद भी काम नहीं चलने की स्थिति बनती है वहां स्वास्थ्य मंत्रालय यह कह दे कि हमने गाइड लाइन्स भेज दी है कि क्या-क्या करना है चिकित्सालयों को तो मुझे लगता है यह पर्याप्त नहीं है। इसलिये मैं स्वास्थ्य मंत्री जी से यह जानना चाहूंगा कि क्या आप कानून बनायेंगे जिसमें चिकित्सालयों में कोई भी रक्त आने के बाद और उसे देने से पहले उसकी एड्स के संबंध में जांच होनी ही चाहिए। यह जांच होनी ही चाहिए। कानून जब बनेगा तब जांच यंत्र आयेगे। आज जितने रक्त बैंक हमारे पास

है आधे में जाच मत तो छोड़िए रेफ्रिजरेटर भी नहीं है। इन रक्त बैंकों की स्थिति कोई बहुत अच्छी नहीं है। इसलिए अगर कानून को अनिवार्यता हम करें तो मुझे लगता है हम इसको रोक सकते हैं।

दूसरे चिकित्सालय पर यह प्रतिबंध हो कि बिना जांच किये यह रक्त का उपयोग न करे। वैसे रक्त बैंकों की भी अनुमतिपत्र लेना, लाइसेंस लेना, इसकी भी आपने सूचना भेज दी है, जो इस कंट्रोल है वह इसको देखे। लेकिन यह कोई कानूनी अनिवार्य स्थिति नहीं बनी है। इसको कानूनी अनिवार्य स्थिति बनाने की आवश्यकता है। इस पर स्वास्थ्य मंत्रालय अपनी जांच करे।

केवल इतना ही नहीं, रक्त के आधार पर जो लोग दवा बनाते हैं, ऐसी जो फार्मैस्टिकल कम्पनीज है जो ब्रिड वेस्ड दवाएं बनाती है उनको इस कानून ने आज तक छूआ नहीं है। इसलिए मैंने आपसे कहा कि इसे सजाक में न लें। हो सकता है रक्त के आधार पर बनी कोई दवा न लूँ और जिसने रक्त दिया है अगर वह एड्स से प्रभावित हो तो आप किसी भी मोरैली बड़े हों, एड्स से बचने की संभावना नहीं बनती। इसलिए रक्त के आधार पर जो दवा बनाने वाले हैं उनको भी इस कानून के दायरे में लाने के लिए क्या सरकार विचार कर रही है इस पर स्वास्थ्य मंत्रालय स्पष्टीकरण दे। मैंने मुंबई में चिकित्सालयों में देखा है कि बोनारी को भजबूरी का लाभ उठाते हुए चिकित्सालय यह लिख कर लेते हैं...

जो रक्त ले रहा है, उस रक्त की एड्स की जांच नहीं हुई है तो भी उसको इसमें कोई आपत्ति नहीं होती है। वह कहता है कि अभी तो मर जाऊंगा, लेकिन एड्स के कारण थोड़े दिन तो रहूंगा। इसलिए मुझे रक्त ले लेने दीजिए। इस प्रकार के प्रमाण पत्र जबरदस्ती लिए जाएँ और उसमें एड्स चला जाय, इसकी संभावना रहती है।

आगे मैं यह बताना चाहूंगा कि हमारे देश में अंग दान होता है। लोग किडनी

देते हैं, आंखें देते हैं। दुर्भाग्य से इस देश में अगर मेरी जानकारी गलत हो तो अंग दान के विरोध में कोई कानून नहीं है। कोई कानूनी प्रतिबन्ध नहीं है, अगर अंग दान करने वाला एड्स से प्रभावित हो तो अंग दान भी एड्स देते वाला नया वाहक हो जाता है। मैं केवल नशीली दवाओं की बात नहीं कर रहा हूँ। जो साधारण इंजेक्शन हम लेते हैं, हिन्दुस्तान के सैकड़ों हजारों चिकित्सालयों में इंजेक्शन देने से पहले ठीक ढंग से सुई की देखा नहीं जाता है। नशीली दवा देने से पहले अगर सुई किसी एड्स के पेसेट की लगाई गई हो और उसके बाद वह हमें लगाई जाय तो उसके कारण भी एड्स हो सकता है। इस प्रकार से किसी निष्पाप व्यक्ति को भी एड्स हो सकता है। इसलिए इस संबंध में भी स्वास्थ्य मंत्रालय को कोई नीति बनानी पड़ेगी। इसके आगे मैं यह कहूंगा कि आजकल ऐसी सुईयां निकली हैं जिनको उपयोग करने के बाद फेंक दिया जाता है। मैं आपको एक चित्र दिखाऊंगा जो बम्बई का है, इसमें एक फुटपाथ पर फेंकी गई सुईयों का ढेर है जिसको एक बिखारी इकट्ठा करके उसी कंपनी के पास पहुंचा देता है जहाँ से वह आई थी और घूम कर सुई उसी हॉस्पिटल में पहुंच जाती है जो डिस्पोजबल मानी जाती है। इसलिए मुझे लगता है कि डिस्पोजबल समझी जाने वाली सुई जो घूम कर फिर हॉस्पिटल में चली जाती है उसके बेचने पर भी कोई प्रतिबन्ध की व्यवस्था हमें करनी पड़ेगी।

उपसभाध्यक्ष (श्री हेच हनुमन्तप्पा) :
आपने बहुत रिसर्च किया है।

श्री प्रमोद महाजन : यह सच है कि सर्वाधिक एड्स की घटनाएँ बम्बई में हुई हैं और उसके बाद पूर्वांचल में हुई हैं। स्वास्थ्य मंत्रालय को इस बात की जानकारी होगी कि सारे हिन्दुस्तान की समस्या है, किसी प्रदेश की समस्या नहीं है जहाँ एड्स न हुआ हो। पिछले दिनों बंगलोर में पांच मोंते हुई जो एड्स के कारण हुई और उनमें दो विदेशी थे और तीन स्वदेशी थे। गोवा में यह समस्या है। यह समस्या किसी शहर की किसी बस्ती की

[श्री प्रमोद महाजन]

समस्या नहीं है। यह पूरे समाज की समस्या है। मुझे डर उनकी नहीं है जो पापों के गुनाहगार हैं, मुझे डर उनका है जो निष्पाप हैं। नशीली दवाओं की सुईयों के कारण 20 प्रतिशत लोगों को एडस होती है। नशीली दवाओं की सुईयों को रोकना बहुत मुश्किल है क्योंकि खुद नशीली दवा का सेवन करने वाले को इस बात की परवाह नहीं होती कि सुई नई है या पुरानी है। वह चिन्ता नहीं करता। स्वास्थ्य मंत्रालय जानता है कि पूर्वांचल में जो सारे एडस के केसेज मिले हैं वे नशीली दवाओं के कारण हैं और मैं यह मानता हूँ कि यह जो ड्रग माफिया है इसके कारण लोग मर भी रहे हैं और उसके साथ साथ सुई का उपयोग करने के कारण वे एडस को फैलाने का काम भी कर रहे हैं। इसलिए मुझे लगता है कि केवल स्वास्थ्य मंत्रालय को ही नहीं, गृह मंत्रालय को भी और अन्य मंत्रालयों को और पूरे हिन्दुस्तान को मिलकर नशीली दवाओं की सुईयों के संबंध में विचार करना पड़ेगा और किसी प्रकार की कोई कानूनी व्यवस्था करनी पड़ेगी।

अब एडस माताओं के संबंध में कहना चाहता हूँ जिन माताओं को एडस हो चुका है। अगर वे मातायें बच्चे को जन्म देती हैं तो वह लड़का हो या लड़की हो, वह विष पुत्र या विष कन्या है। इसलिए इस विष कन्या के लिए चरक के पास जाने की आवश्यकता नहीं है। कोई भी एडस की महिला किसी प्रसव को जन्म देती है तो वह विषाक्त व्यक्ति बनता है और जो उस व्यक्ति के संपर्क में आएगा उसको एडस लग जाएगा। इसलिए कम से कम जिस महिला को एडस हो चुका है उनको गर्भ धारण पर प्रतिबन्ध लगाने की बात पर हमें कोई न कोई विचार करना पड़ेगा, कानून बनाना ही पड़ेगा।

इस पर एक राष्ट्रीय बहस होनी चाहिए। मैं तो इश्यू निर्माण कर रहा हूँ। सारा जवाब मेरे पास भी नहीं है। लेकिन इस पर जरूर कोई बहस होनी चाहिए।

आखिर में, जो एडस मातायें एडस पुत्र और एडस कन्याओं को जन्म देती हैं, इससे इस देश को बचाने के लिए क्या करें? मैं समाप्ति पर आ रहा हूँ। यह बहुत आवश्यक है। एडस की कोई दवा नहीं है। न पहले ले सकते हैं और न बाद में ले सकते हैं। दुर्भाग्य की बात तो यह है कि एडस का कभी 6 महीने के भीतर पता चलता है और कभी दस वर्षों के बाद पता चलता है। जब पता चलता है तो उसका कोई इलाज नहीं है। इसलिए एडस की कोई न कोई दवा निकाली जाय और मानव बुद्धि इसका सामना करे, इसकी हम प्रार्थना कर सकते हैं। लेकिन जब तक दवा न मिले तब तक हमारे पास क्या उपयोग है, हम क्या कर सकते हैं? इसमें जो सबसे महत्वपूर्ण है, वह है शिक्षा, एडस पर। अगर मुझे आप क्षमा करें तो समाज के जो नेता हैं, वे मंत्री हों या संसद सदस्य हों, उनसे लेकर—इसको छूना नहीं है, इसकी चर्चा नहीं करनी है, यह गंदी चर्चा है, मैंने जब इसके लिए आधे घंटे की चर्चा मांगी तब कुछ लोगों ने कहा कि क्या आपको कोई और विषय नहीं मिला जो एडस पर चर्चा कर रहे हैं। जैसे कि मैं कोई गलत काम रहा हूँ। इस प्रकार की स्थिति है, ऐसा मेरे कुछ मित्रों ने कहा, संसद सदस्यों ने नहीं।

उपसभाध्यक्ष (श्री हेच० हनुमन्तप्पा) : लेकिन हैल्थ मिनिस्टर ने आपन हार्ट से आपका सजेशन मान लिया।

श्री प्रमोद महाजन : उन्होंने मान लिया इसलिए हुई है। मैं आपको बता दूँ कि किस प्रकार की गलत धारणा एडस के बारे में है। विहार में, पटना ब्लड बैंक के एक व्यक्ति ने, मैं उनका नाम नहीं लेना चाहूँगा क्योंकि वे उपस्थित नहीं हैं, उन्होंने जो कहा है उसको मैं यहाँ पर पढ़कर सुनाना चाहता हूँ। वे कहते हैं कि :

"There is no need to test blood against AIDS virus because Bihar is the land where Gautam Buddha attained the enlightenment. The killer disease dare not come here."

मैं उनको दोष नहीं देता । अगर ऐसा है तो गुजरात का कहेगा कि यहां दृष्टि हुए इसलिए नहीं हो सकता, महाराष्ट्र का कहेगा कि क्योंकि यहां शिवाजी हुए इसलिए यह महाराष्ट्र में नहीं हो सकता है मैं किसी प्रांत की बात नहीं कर रहा हूँ । लेकिन अज्ञान कहां तक हो सकता है यह इससे पता चलता है कि एक ब्लड बैंक चलाने वाला व्यक्ति यह खुद कहे कि क्योंकि यह गौतम बुद्ध की भूमि इसलिए यहां पर एड्स होने की संभावना ही नहीं है । मुझे लगता है कि अगर हम ऐसे विषयों को इसी तरह से नीचे धकेलने की कोशिश करेंगे तो इससे रास्ता नहीं निकलेगा । इसलिए मैं कह रहा हूँ कि शिक्षा के संबंध में सरकार ने पर्याप्त कदम नहीं उठाए हैं । दूरदर्शन एक प्रभावी माध्यम है । इस प्रभाव माध्यम का कुछ उपयोग हुआ लेकिन मैं बड़े दुख के साथ कहता हूँ कि जितना उसके माध्यम से यह करना चाहिए था उतना नहीं हुआ है । जितना जोर हम फेमिली प्लानिंग पर देते हैं, लगभग उतना ही हमको एड्स प्रिवेंशन पर दूरदर्शन के माध्यम से जोर देना चाहिए । दूरदर्शन न देखने वालों की संख्या भी बड़ी है, इसलिए इसके लिए रेडियो का भी उपयोग करना चाहिए, सर्वदूर विज्ञापन करने चाहिए ।

अब प्रश्न है एड्स कहां कहां हो सकता है । कोई एड्स का व्यक्ति अगर किसी हज्जाम की दुकान में चला जाय और उसकी हजामत हो जाय और अगर कैची पर गलती से उसका खून लग जाय तो उसके बाद जो व्यक्ति उस हज्जाम की दुकान पर जाएगा और उस कैन्ची से हजामत करते वक्त अगर थोड़ा सा भी कैची पर कट लग जाय तो ब्लड ट्रांसफ्यूजन हो जाएगा । बारबर शाप्स या ब्यूटी पार्लर में जहां सौंदर्य पान के लिए जायेंगे वहां से एड्स लेकर वापस आयेंगे । इसलिए हज्जाम की दुकान और ब्यूटी पार्लर में यह स्थिति बन सकती है जैसे कोई दांत निकलवाने जाता है किसी डेंटिस्ट के पास । तो अगर ऐसे व्यक्ति का दांत निकालते समय औजार में उसका खून लग जाता है तो क्या स्थिति

होगी इसलिए मैं समझता हूँ कि लोगों को यह बताने के लिए कि यह किस किस में हो सकता है इसके लिए गवर्नमेंट स्पॉसर्ड विज्ञापन निकालने चाहिए और इसमें ब्यूटी पार्लर, हज्जाम की दुकान चिकित्सालय, रेलवे स्टेशन हर जगह जहां एड्स होने की संभावना है, वहां इस तरह के विज्ञापन होने चाहिए । अगर हम विज्ञापनों के द्वारा इसके साथ लड़ाई नहीं करते, तो यह नहीं हो सकता है । इसलिए इस बारे में लोगों को शिक्षा जरूर दें । शिक्षा के सिवाय इसमें कोई रास्ता नहीं है जो मैंने पहले मुझाया था ।

मैं अंत में केवल इतना ही कहना चाहूंगा कि सद्भाव से यह लड़ाई दुनिया की लड़ाई है । इसमें अंतर्राष्ट्रीय सहयोग और समन्वय प्राप्त हो सकता है । आप जानते हैं कि एड्स के खिलाफ जो लड़ाई छेड़ी हुई है वह लड़ाई डालर द्वारा लड़ी जा रही है । इस में रुपया इतना नहीं लगा है, जितने डालर लगे हैं । भगवान भला करे उन डालर वालों का जो इसमें मदद कर रहे हैं । एड्स के कारण, एड्स के खिलाफ लड़ने के लिए आपके पास कुछ आया है ।

मुझे लगता है भारत सरकार को भी इसमें अपना योगदान देना चाहिए । मैं अंत में केवल इतनी मांग करूंगा कि एड्स के विरुद्ध भारत में एक रचनात्मक अभियान चलाना चाहिए, कंस्ट्रक्टिव अभियान, डेस्ट्रक्टिव नहीं । रचनात्मक अभियान चलाने के बाद इसकी शिक्षा देनी चाहिए और लोगों को बताना चाहिए और रक्तदान तथा नशीली दवाओं के संबंध में कानून बनाना चाहिए । मैं यह डिमांड करूंगा कि

We must have a national policy against AIDS.

युद्ध स्तर पर हम इसके विरुद्ध लड़ाई लड़ें । मैं आपके सामने एक उदहरण देना चाहता हूँ । अफ्रीका में एक छोटा सा देश है स्वाजीलैंड । हमारा देश तो बहुत बड़ा है । जब उनको पता चला कि अपने देश में एड्स है तो 1987 में उन्होंने पूरे देश की जनसंख्या की जांच करवाई और पता लगाया कि कितने लोग ऐसे हैं जिनको एड्स है । अब मैं यह नहीं कहता कि

[श्री प्रमोद महाजन]

हमारी जनसंख्या को देखते हुए भारत में यह जांच हो सकती है लेकिन बिल पावर हो तो एक छोटा सा देश अपने हर नागरिक को जांच करा सकता है। दूसरा मैं आपके सामने दंडशक्ति का उदाहरण रखना चाहता हूँ। वह उदाहरण यह है कि जर्मनी में एक युवक ने एक युवती के साथ बलात्कार किया। बलात्कार के बाद उसको दो, चार या सात साल की सजा हो सकती है लेकिन उस युवक को फांसी की सजा दी गई। जब न्यायाधीश से पूछा गया कि जब हमारे देश के कानून में बलात्कारी के लिए फांसी की सजा नहीं है तो उन्होंने कहा कि यह युवक पूरी तरह से जानता था कि वह एड्स से प्रभावित है। एड्स से प्रभावित होने के बाद उसका बलात्कार करना केवल बलात्कार नहीं होता। मानों He has attempted to kill somebody else.

उसने दूसरे को मारने की कोशिश की, इसलिए मैं उसको फांसी की सजा दे रहा हूँ। स्वाजीलैंड और जर्मनी के जो उदाहरण हैं, यह इच्छाशक्ति और दंडशक्ति के उदाहरण हैं। इन दोनों शक्तियों को हाथ में ले कर युद्ध स्तर पर एड्स विरोधी रचनात्मक अभियान चलायें। इस चर्चा का यही मेरा उद्देश्य था। बहुत बहुत धन्यवाद।

SHRI V. GOPALSAMY (Tamil Nadu): Mr. Vice-Chairman, Sir despite stiff resistance, this most-dreaded disease, the Acquired Immuno-Deficiency Syndrome—the very name AIDS creates panic—has spread its tentacles today throughout the world. At first, it was detected in the United States in the year 1981. At that time itself, medical experts gave a warning that the world is going to face a terrific challenge from this dreaded disease. Now, the statistics which have been furnished by the World Health Organisation are frightening. As in April, 1991, over 3,45,000 cases of AIDS have been reported to the World Health Organisation from 162 countries.

But, taking into account the cas under diagnosis, under reporting a delays in reporting, the Wor Health Organisation estimates th more than one million AIDS cas may have occurred the worldwide.

Sir, the hon. Minister may reme ber the debate which took place 25th March. During the Questi Hour that day, I made a reference Dr. Raj Bothra's statement. Dr. R Bothra, an Adviser to the U. President. Mr. George Bush, on Dr Abuse and President of the Ind AIDS Foundation in the U.S., wh quoting a report when he was spe king on "AIDS and Global Perspec ive on Drug Abuse" at the FIC Auditorium, said that by the tu of the Century, more than a millio cases would be reported in Indi One million people in India ha been already affected by AIDS. Th was the alarming statement ma by Dr. Raj Bothra. But, at that tim on that day, in the Question Hou our hon. Minister, Mr. Fotedar, r futed that statement and said th that was not correct. He also ha informed the House that Dr. R Bothra was going to meet the hon Minister. He had also informed th House that he was going to find o from what source Dr. Raj Both gave those figures. Therefore, I hop our hon. Minister will enlighten th House from what source Dr. Raj Bo hra stated in the meeting that or million cases of AIDS already existe in India.

As far as figures are concerne the official figures do not show th correct picture. When the offici figure hovers around 7,000, the Wor Health Organisation holds that it closer to 40,000. The AIDS researc ers, however, dismissed even th World Health Organisation estima claiming that the real number nearer to a million. Therefore, Si it is very much causing concer At one point of time, Typhoid wa incurable. But medical researc proved that it is curable. Afte

some time, Tuberculosis was found incurable. Medical research again proved that it is curable. Sir, for many years, cancer has become incurable. Many precious lives have gone because of cancer. But AIDS is more dangerous than cancer because once it is reported that so and so is infected by AIDS his life becomes a hell. It is better for him to die than to remain alive. They may think like that. Even the medical staff, the doctors, do not dare to go near the patient. This has been reported. A lot of discrimination and harassment is there. It creates a stigma. Even the members of a family, the kith and kin, do not go near the patient. Therefore, Sir, it is worse than cancer. In India, particularly in many cases, they are afraid to go to the hospital and report even if they suspect that they might have been affected by AIDS because of such a treatment. Sir, Magic Johnson, the world's best basketball player, is affected by AIDS. But he is participating in Barcelona. That is the treatment given in the United States of America. Sir, another type of AIDS

(Interruptions)

THE VICE-CHAIRMAN (SHRI H. HANUMANTHAPPA): Please conclude

SHRI V. GOPALSAMY: Sir, I will take a couple of minutes. I am giving very relevant facts.

THE VICE-CHAIRMAN (SHRI H. HANUMANTHAPPA): When the Minister has agreed that there should be a full-fledged discussion, let us confine it to Half-an-Hour Discussion. A full-fledged discussion can also take place.

SHRI V. GOPALSAMY: Sir, you have been very lenient.

THE VICE-CHAIRMAN (SHRI H. HANUMANTHAPPA): Only to the initiator. The others should put pointed questions.

SHRI V. GOPALSAMY: I am raising very relevant points.

THE VICE-CHAIRMAN (SHRI H. HANUMANTHAPPA): Mr. Gopalsamy, please listen to me. Let us not establish new conventions by breaking the precedent. (Interruptions)

SHRI V. GOPALSAMY: I would like to know from the hon. Minister whether India has been hit by a second type of AIDS virus which has been reported in the press because another strain of Human Immuno-deficiency Virus HIV-2 has been reported for the first time in the Indian patients by doctors in Bombay. Even the children were affected by AIDS because of blood transfusion. That happened in a Delhi hospital. Out of more than 600 Blood Banks, I think that about 430 Blood Banks, as stated by the hon. Minister, are not having proper facilities. It is a racket that is going on in many metropolitan cities of the country. Therefore, Sir, this is a very serious problem. I would like to know as to what steps the Government of India is going to take. Of course, you have got 85 million dollars soft loan sanctioned by the IDA and another 1.5 million dollars sanctioned by the World Health Organisation to help combat AIDS. You are getting that sort of assistance also. Even then the Government of India is not taking proper steps to curb this menace. Sir, first of all the Minister is not prepared to give the actual number of patients infected by AIDS. This is the malady. Therefore, I hope now the Minister will inform the House what the total number of people infected by AIDS is; what the number will be by the turn of the century and whether what has been reported in the press—that it may cross one million mark—is true or not because he is the concerned Minister, he has the authority, he has to give the facts and he has got some knowledge about this most dreaded disease which has spread throughout the

[Shri V. Gopalsamy]

country. We are very much concerned about this. So the future is weak and dark and it is high time that the Government should take steps on a war-footing to fight this menace.

THE VICE-CHAIRMAN (SHRI H. HANUMANTHAPPA): Shri Dineshbhai Trivedi, Please be brief.

SHRI DINESHBHAI TRIVEDI (Gujarat): Sir, I will take five minutes and I will appreciate if I have a clear, smooth handling without interruptions.

Sir, there is a saying "Prevention is better than cure". As far as AIDS is concerned, the only cure is prevention and there is nothing other than that. As hon. Member Mr. Mahajan and Mr. Gopalsamy have mentioned, all of us know what AIDS is, what the reasons are, why we have AIDS. I would not like to touch upon all that considering the constraint of time I have. I would only like to highlight that we are very careless about the situation. Until and unless we accept what the gravity of the situation we are facing is, I am afraid, we will never, never be able to find any solution, any prevention, any such step towards preventing the spread of AIDS. At what stage are we now? For this position all over the world—we may not recognise—everybody says one thing—if we watch video magazines by reputed companies, we find that the only word used is "holocaust"—that it is frightening.

Sir, I would now come to the Minister's reply straightway which convinces me that holocaust is there and we have no options available to us. What happened during the family planning? We woke up very late and then we wanted to have soft options. We were afraid, what kind of effect it will have on our elections etc. Sir, we have no option. I will come straightway to the Minister's reply which

itself proves that there is a holocaust. The Minister has said that there are 600 Government blood banks in the country and there are 138 fully-equipped observing prescribed procedures laid down under the Drug and Cosmetic Rules. What does it mean? It means that out of hundred persons only for 25 we have these facilities in the blood banks—which he is talking about—to detect in the blood whether it is affected with HIV virus or not. This itself is a holocaust. Seventy-five per cent of your blood banks, Government blood banks, do not have facilities.

Sir, in point No. 2 of this answer it is mentioned referring to the Drugs and Cosmetic Act, 1984, that the Drug Controller of India has also instructed the manufacturers of blood products to comply with the guidelines issued in this behalf. Sir this is like the securities scam. We already have one financial, bank scam, but this blood banks scam is going to be worse than the scam we are having now because there only money is involved, but here life is involved; that can be stopped and solved but this cannot be stopped and solved if we let it go out of our hands which I feel we are out to. What does it mean by just issuing a guidelines? It is like saying, "the RBI has already issued the guidelines. You better be careful; you follow the guidelines." Finished. You only say, "Out of the 100 persons only 25 persons have it". Sir it is not mandatory. This statement of the Minister, the answer of the Minister, says, "In order to further tighten the enforcement of guideline the Government is taking steps to make the approval of Drug Controller of India mandatory". It means that it is not mandatory today. What do these things prove? These things prove only one thing that we don't know the gravity of the situation. This itself concerns me the most. I would humbly and with a concern request the hon. Minister

that he—I am sure he is really concerned; that is why he is allowing us all the time with your permission—should seriously take up this programme as a full-time thing. I would not hesitate even to say that you require a full-time Minister of AIDS. When you are going to have a Bureau of Frauds, why don't you have a Minister of AIDS? I am very serious about it.

SHRI M. L. FOTEDAR: Not Minister of AIDS, Minister for AIDS.

SHRI DINESHBHAI TRIVEDI: Minister for fighting AIDS, let us say. The Government's official report—I don't know; I am quoting from the newspaper which says it is official report from the Health Ministry—says,

“By 1994 there are going to be 60,000 cases of full-blown AIDS in India with 4,00,000 HIV carriers.”

They say today we have 194. The same official has quoted that we don't have facilities even for 194. What to talk about 60,000. This itself proves the magnitude, the gravity of the problem. I am afraid, unless we take it on a war-footing nothing will happen. This is one problem where there are no controversies. There are no religious sentiments. All are unequivocal. I don't think anybody can oppose you. I would also go on record requesting the Government to give more funds to the Health Ministry to fight this menace. We don't have to go anywhere far. Our own clinic here, whether in this building or in the PHA, does not have disposable syringes. That itself proves that we have no idea about the magnitude of the problem. I don't say that Members of Parliament should have special facilities. I am just trying to highlight the problem. I will just give you a personal example. I have ‘O’ negative blood group which is not very common. So,

my name is listed in many of the hospitals. Whenever there are serious cases they call me and I voluntarily donate blood. To my utter surprise, when I asked them what about testing me for AIDS, they said, “No, no; you don't worry”. I said, “Why do you say don't worry? Is it written on my forehead?” They said, “No, you come from a good social background.” It is another danger. No social background gives you a certificate that you don't have AIDS. On the contrary, you may have more AIDS. The blood bottle has a printed label which says, “Tested for AIDS”. It is already pasted there and they don't test it for AIDS. I think it is a fraud on the country. It is another bank fraud, this time it is the blood banks. It is absolutely unfair. I would like to remind the hon. Minister that there was a Committee, a Joint Parliamentary Committee. I was a Member of that Committee and I knew how the Committee went about it because I was totally disgusted with the way they tried to treat this problem very lightly. I am talking about the Health Ministry officials. After the Ninth Lok Sabha was dissolved nothing had happened to it. I would like to urge upon the hon. Minister to kindly reconsider forming a Joint Parliamentary Committee in order to have solutions. We cannot have full-fledged solutions. We don't know the full causes of it. In order to have the guidelines which Mahajani has suggested, we should have a national policy on AIDS. Sir, one last point which is very, very vital. They keep on saying that these are the reasons by which one could have AIDS. Maybe, there are another 20 reasons by which you could have AIDS, but they have not detected—like the new virus they are talking about. That is another danger. I would like to make a mention, I don't mind at the cost of being a laughing stock, but I might as well mention. If we can have AIDS through needles which may have blood clots, which could go into somebody else's vein and if that blood clot have HIV the other person also

[Shri Dineshbhai Trivedi]

gets affected—what is the reasons? I am not convinced—why could not the mosquitoes be the carriers of AIDS if through mosquitoes you can have malaria? It is another disease. It is a blood disease. Perhaps magazines, scientific magazines may say and through experience we may also know after 10 years or 20 years, that there is a type of mosquito which has carrier germs. They you could also be affected with the AIDS virus. This is a very vital question. I think in India we have no dearth of manpower with intellectual capacity. I would request the hon. Minister to kindly encourage the manpower we have with the gray matter they have. They may be sitting in New York, they may be sitting in Chicago, they may be sitting in Delhi but we have the resource and all we need is inclination to solve this problem.

श्री एस० एस० अहलुवालिया (बिहार) :

उपाध्यक्ष महोदय, मैं एड्स के विषय में थोड़ा मेरे पूर्व वक्ताओं से परे हटकर बोलना चाहता हूँ। उसका कारण यह है कि मेरे विचार कुछ अलग-थलग हैं। मैंने सात साल पहले एक रशियन मँगजीन में एक आर्टिकल पढ़ा था, जिस आर्टिकल में लिखा हुआ था कि एड्स एक वायरस है और यह वायरस पेटागोन की लेबोरेटरी में तैयार किया गया है और पेटागोन की लेबोरेटरी के माध्यम से ब्रीफकेसों में भरकर यह वायरस वर्ल्ड के निजिएस्ट एयरपोर्ट पर ले जाकर इन ब्रीफकेसों को खोला गया, जहाँ लाखों पैसेजर्स का रोज आना जाना होता है। इस तरह एज ए कोरियर इसको फैली करते रहे।

महोदय, मैंने जब यह आर्टिकल पढ़ा था तो मैंने रशियन एम्बेसी को, हमारी जो इंडियन एम्बेसी है मास्को में, उसको एक चिट्ठी लिखी थी और निवेदन किया था कि इसकी ओरिजनल कापी मुझको वहाँ से भेजी जाए, इसका पूरा ट्रांसलेशन और रशियन वर्सन भी भेजा जाए। वह मैंने मँगवाया था और उसको पढ़कर मुझे बड़ा आश्चर्य हुआ था। उसके बाद जब मैं पार्लियामेंट आया तो

पार्लियामेंट में आकर मैंने स्वास्थ्य मंत्रालय के संपर्क में आने के बाद डा० पेंथल का एक नोट पढ़ा। डा० पेंथल के नोट से मुझे महसूस हुआ कि उन्होंने परामीटर बना दिए हैं कि एड्स होने के क्या कारण हैं? उन्होंने सबसे पहला बता दिया—यह यौन संबंध यानी एकाधिक यौन से यह एड्स होती है। दूसरा ब्लड ट्रांसफ्यूजन से एड्स होती है। तीसरा बता दिया—जो इजेक्शन लेते हैं उससे होती है। चौथा बता दिया—इग-एडिक्ट्स जो होते हैं वह बार-बार एक ही नीडल यूज करते हैं और दस तरह से लोग इस तरह यूज करते हैं उससे होती है। इसके लिए क्या-क्या प्री-कांशना लेना है, उस पर भी उन्होंने बड़ा लंबा-चौड़ा एक नोट बनाया, जिसको सर्कुलेट किया गया। उसमें सावधानी बरती गई कि हमारे हिन्दुस्तान के छात्र या छात्राएँ विदेशी छात्र या छात्राओं से कितनी बार मिले हैं? अगर यौन संबंध रखे हैं तो सहोने में कितने रखे हैं या कैसे रखे हैं? यह सारा कुछ बड़े डिटेल में बनाया गया है।

उपसभाध्यक्ष महोदय, संदेह इसलिए जागता है कि इस बार जो एड्स की कांफ्रेंस हुई और उस कांफ्रेंस के अंदर जो आंकड़े जमा किए गए हैं, उन आंकड़ों के हिसाब से बताया गया है कि भारतवर्ष ही एक ऐसा देश है जहाँ सबसे ज्यादा एड्स के पेण्ट पाए जायेंगे। उपसभाध्यक्ष महोदय, भारत एक ऐसा देश है जहाँ कोई संस्कृति जिंदा है और अभी भी एकाधिक यौन पेसेंट रखने वालों की संख्या ज्यादा है या कम है, इस पर विचार करने की जरूरत है। अगर आप विदेशों की चिंता करें—अमेरिका हो, फ्रांस हो, इटली हो, जापान हो, चीन हो, हांगकांग हो या सिंगापुर हो, तब तो हांगकांग, सिंगापुर या बैंकाक के सारे के सारे लोगों को एड्स हो जाना चाहिए, जहाँ करीब करीब 90 प्रतिशत लोग एकाधिक लोगों से यौन संबंध रखते हैं।

श्री प्रमोद महाजन : एक ही मैं जानकारी देना चाहूँगा, शायद मेरे भाषण से यह गलतफहमी हो। यौन संबंध या

इंजेक्शन, नीडल, ब्लड देना, इनके कारण एड्स नहीं होता है। एड्स किसके कारण होता है, यह पता ही नहीं चला है, जिस दिन पता चलेगा, उस दिन दवा मिल जाएगी। इनसे एड्स आगे फैलता है।

श्री एस० एस० अहलुवालिया : मैंने आपकी बात नहीं कही, मैंने डा० पेंतल की बात कही है और वेस्टर्न कंट्री में, जहां सोसायटी लिबरल है, वहां शायद 10 आदमियों में से 8 आदमी ऐसे हैं या श्रोते ऐसी हैं जिनके एकाधि पुरुषों से या एकाधिक स्त्रियों से संबंध रहते हैं, तो एड्स की संख्या वहां ज्यादा होनी चाहिए। हमारे भारतवर्ष में ऐसे रोग क्यों नहीं रहे? मैं अभी भी, मैं इसके पहले भी कह चुका हूँ सदन में और अभी भी यही मांग करता हूँ कि आप इसकी जरूरत पड़े तो आयुर्वेद के बीच देखें, ऐसे सत्रामक रोग हमारे देश में हैं जिनका इलाज हो सकता है। अभी भी आप देखें कि चरक संहिता में इसको इलाज लिखा है या नहीं लिखा है। जरूरत है इसकी। उपसभाध्यक्ष महोदय, हमारे यहां जो विदेशी दवायें बनती हैं उसका जो फार्माकोपिया बना हुआ है, उसको हम मान लेते हैं, किन्तु आज तक हम लोगों ने कोशिश नहीं की कि हम आयुर्वेद मैडिसन्स को, जो हमारा ट्रेडिशनल मैडिसन्स हैं, जिसके उपयोग से आयुर्वेद के जमाने में कैसे कैसे इलाज किए जाते थे और कितने कितने गंभीर इलाज किए जाते थे उस पर कोई रिसर्च नहीं है। मंत्री महोदय से मैं पूछना चाहूंगा कि आज सही जरूरत है कि अगर भारत में एड्स है तो वह कैसे हुआ इसकी बात छोड़िए, पर आपकी कौन कौन सी स्थायें इसके लिए काम कर रही हैं कि इसे ठीक किया जा सके? मैं वेस्टर्न मैडिसन्स पर विश्वास नहीं करता, मैं कहता हूँ कि आपन आयुर्वेद पर इसमें क्या रिसर्च किया है और आयुर्वेद के माध्यम से आपने क्या हल ढूँढा है, उसको बताने की कृपा करें?

रही बात, जहां तक ब्लड बैंक बनाने की, जिस पर हमारे दिनेश भाई त्रिवेदी कह रहे थे कि उनका "ओ" निगेटिव ब्लड ग्रुप है और बड़ा रेयर है, लेकिन इसे दुर्भाग्य या सोभाग्य कहिए कि

"ओ" निगेटिव ब्लड ग्रुप ही मेरा भी है और मैं जहां खून दान करने जाता हूँ तो वह लोग मना कर देते हैं कि साहब आपका ब्लड नहीं लेना है। बड़ा रेयर है। हम आपको टेलीफोन करके बुलायेंगे जब जरूरत होगी। क्योंकि आम तौर पर देखा जाता है कि टेलीविजन पर अनाउंसमेंट हो रही होती है या रेडियो के माध्यम से अनाउंसमेंट हो रही होती है कि "ओ" निगेटिव ब्लड चाहिए, डोनर आकर दें। कई बार मुझे पालियामेंट से मेरे बच्चे ने टेलीफोन करने बुलाया और कहा कि डेडी, टेलीफोन पर दिखाया था, एक बच्चे का हार्ट ट्रांसप्लान्ट होना है, खून चाहिए "ओ" निगेटिव और मैंने जाकर डोनेट किया है। वही अनुविधा मुझे भी हुई कि रेडक्रास की बिल्डिंग में जाकर मैंने अपना ब्लड दिया और मैंने कहा कि इसका एड्स टेस्ट कर लो, तो नहीं। वह कहते हैं कि हमारे जो इक्विपमेंट है या हमारे एग्नेट्स हैं या हमारा जो कुछ है, ग्रुप टेस्ट किया और उसके बाद छुट्टी कर दी। उपसभाध्यक्ष महोदय, हमारे यहां जितने भी ब्लड बैंक हैं, वहां एड्स टेस्ट क्यों नहीं होता? क्योंकि उसके लिए जो किट चाहिए, वह उपलब्ध नहीं है। यदि वह किट उपलब्ध है तो उसकी इतनी कीमत है कि वह उसको लगते नहीं हैं क्योंकि हमारे यहां खून का व्यवसाय होता है, और वह लाभ के लिए बेचा जाता है। और जब लाभ के लिए बेचा जाता है तो उसके टेस्ट बराबर नहीं होते। दूध में खराबी हो तो दूध फट जाता है या खट्टा लगते लगता है। खून तो कोई चखकर देखता नहीं, शरीर में इंजेक्ट कर दिया जाता है। उसका रिएक्शन बाद में आता है।

उपसभाध्यक्ष महोदय, इन चीजों में सुधार लाने के लिए अगर जरूरत है तो हमारे देश की पुरानी जो आयुर्वेदिक पद्धति है उसके माध्यम से कोई हल ढूँढें और मैं समझता हूँ और मुझे पूरा विश्वास है कि यह वायरस कहीं न कहीं से आया, जैसे बड़ी सीधी सी बात है कि मच्छर भी तो कोरियर का काम कर सकता है। यह तो एक बहाना लगा दिया गया है कि यह यौन सम्बन्ध से होता है। यह सिर्फ बहाना है।

[श्री एस०एस० अहलुवालिया]

जी०एच०एस० ; आज तक डिस्पोजेबिल सिरेंज उपलब्ध नहीं हैं। वहां आज भी सिरेंज को पानी में गरम करके लगाते हैं—एम०पीज० की। परन्तु जो लोग अच्छी तरह से समझते हैं वह बाजार से डिस्पोजेबिल सिरेंज खरीदकर ले आते हैं और बोलते हैं इसी से उन्हें इजेक्शन लगा दें। परन्तु आपके क्लीनिक में यह उपलब्ध नहीं है। तो किस चीज का सरकार प्रकाशन ले रही है या स्वास्थ्य मंत्रालय ले रहा है? इन चीजों पर रोक लगाने की जरूरत है। परन्तु इसके साथ महत्वपूर्ण बात यह है कि एड्स वायरस है। यौन सम्बन्ध से यदि यह पैदा होता तो यौन संक्रामक रोग सबसे पहले पृथ्वी में पैदा हुए कुत्तों को होता।

So the disease should have started in cats and dogs. और यह विनिर्ग्रहल डिजीज है और यौन सम्पर्क डिजीज है तो सबसे पहले कुत्तों को होनी चाहिए थी, आदमियों को नहीं होनी चाहिए थी। सेक्टिन्थ सैन्थ्री में रूल आफ वार बना। जिस टाइम वर्ल्ड के सब बड़े-बड़े देशों ने मिलकर कहा कि बायोलॉजिकल वेपंस बंद दिए जाएं और बायोलॉजिकल वार बंद की जाए उस टाइम रूल आफ बना। उसका उल्लंघन करते हुए बड़े-बड़े सुपर कंट्रीज ने न्यूक्लीअर वेपंस को अलग करते हुए इस तरह के बायोलॉजिकल वेपंस तैयार किए और वायरस तैयार किए, जो बीच-बीच में छोड़े जाते हैं और जिसके कारण हम उससे संक्रामक होकर या उससे ग्रसित होकर हम भोगते हैं, क्योंकि इस पृथ्वी पर राज करने के लिए कुछ लोगों ने आधिपत्य जमाने के लिए वह सुपरमैन बनकर जिन्दा रहना चाहते हैं और दूसरे लोगों को अपने सामने कीड़े-मकोड़ों की तरह जिन्दा रखना चाहते हैं। इस चीज की खोज करने की जरूरत है। मैं समझता हूँ कि सात साल पहले मैंने जो कागज पढ़ा था, वह गलत नहीं पढ़ा था। आज भी मैं उसी तरह दृढ़ प्रतिज्ञा होकर कहता हूँ कि यह संक्रामक रोग आदमी के साथ नहीं चला है, यह रोग बढ़ाया हुआ है, हमारे ऊपर लगाया हुआ है। क्योंकि

बहुत सारी चीजें हैं। डेंगू फीवर कहां से आया है हमारे देश में? वायरस कहां से आया? आपके महाराष्ट्र से या किसी गांव से, देहात से लोग आते हैं और कहते हैं कि दिल्ली में आने से उनकी देह में दर्द होने लगता है। गला पकड़ लेता है, आंख पकड़ लेता है। क्या है यह? कौन सा वायरस है? कहां पैदा होता है? तो इन चीजों को देखने की जरूरत है और कौंसी परिस्थितियों में होता है, इस पर रिसर्च करने की जरूरत है और इस रिसर्च के लिए आप क्या करेंगे, यह बताने की गुंजाहरी है।

THE VICE-CHAIRMAN (SHRI H. HANUMANTHAPPA): If the House agrees, I shall ask Mr. Mohanty to take the Chair and conduct the further proceedings.

[Shri Sarada Mohanty in the chair.]

SHRI JAGMOHAN (Nominated): Thank you very much. The points which have already been made so elaborately and so comprehensively will not be touched by me. I would like to emphasise one point which seems to have escaped, that is, that AIDS is not a health problem alone. It is really a societal problem in which there are deep-rooted economic, social and cultural factors. Now, take, for instance, the Western Societies. The problem of AIDS is there due to affluence due to promiscuity or permissiveness or whatever we may call. In the developing countries like Africa, Asia, India an also on, this is largely due to poverty. Now you see the slum population that exists in the metropolitan cities. Most of the people who come there are single and they live in houses or live as a member of the units which are unstable families. They visit prostitutes and so on. They resort to this and it is they who take the virus back to the villages and then it spreads. Basically, the issue is of poverty and the rural-urban migration, unstable families, unstable units of family life. Now, nothing is being done with re-

gard to this. Unless we deal with this problem at its root, nothing would happen and the number of cases, irrespective of whatever our values may be, will go on increasing. They will multiply at a very rapid pace. Let us take only the World Health Organisation estimates which are the most reliable in my view. Even these estimates say that because of this circle, the number of persons suffering from AIDS in India will be minimum—about a quarter of a million by the turn of this century—and this will mean a lot of expenditure diverted from the health sector on fighting AIDS. In other words, less amount would be left for fighting the other diseases and this is a new phenomenon is emerging, what is called an “opportunistic infection”. When the problem of AIDS was on the increase, your capacity to fight other disease will get decreased. So, whereas we started with the great motto and model of health-for-all, we will probably end in giving disease to all by the turn of this century. So, this is a factor which is largely due to the peculiar circumstances into which the world is divided, into affluent and non-affluent sections, and one is getting AIDS because of excessive prosperity. And the other reasons for getting it is excessive poverty and social life being disturbed. Many other points have been made with regard to transfusion of blood, needle and so on. But the basic thing in regard to all these factors is the work culture of the persons who are operating the hospitals or who are undertaking health services. It is the attitude of carelessness that has come in all our Government hospitals; even when you issue instructions, they will not be carried out. So, the first thing is to impart earnestness and a habit of being very careful in regard to all these matters which are not there in our society as a whole. And here, you know, it is very important that the non-Governmental organisations should be encouraged by the Health Ministry to undertake this task in a very big way. For example, they can work in the slum areas of

the metropolitan cities. They can work in the areas which are infested by prostitution. Apart from giving education on the subject, they can also tell people of the dangers which are inherent in the system and how their children and other people are going to be affected by this disease. Lastly, the point that has been made is that this is a new type of plague, an invisible disease that is coming, an invisible valcano that is rising. So, it is really a new dimension. You cannot deal with it according to the ordinary law, according to the ordinary Constitutional provisions dividing State and federal laws—this is a State subject and this is a Central subject. This is not going to be very valid in this. So, I would suggest that there should be a comprehensive law to fight AIDS. Even if you have to amend the Constitution, please amend that. There should be a comprehensive Central legislation on this subject—AIDS fight or AIDS Prevention act—and this should cover all the precautions which are needed for blood transfusion, needle and other measures, education and so on and this aspect should not be divided between the States and the Centre saying that since it is the States who give licences, we have advised them. Otherwise, it will be too late. We must keep in view these three-four suggestions which I have made. The great dimensions, the economic factor, the pattern of development which we have, the problem of migration that is taking place, unstable families—these factors should be taken care of. A new work culture should be introduced and various suggestions which I have just mentioned. To meet all these legal and Constitutional requirements, we should have a comprehensive Central legislation. This should be done even, if necessary, by amending the Constitution. Otherwise, I am sure that “Health for All” may turn out to be “Disease for All”. Thank you very much.

DR. JINENDRA KUMAR JAIN:
(Madhya Pradesh): Sir, the present

[Shri Jagmohan]

legislation was drafted by the Ministry of Health last year and a Bill was earlier introduced in the Rajya Sabha. There was a Select Committee. Here I would like to correct Dineshbhaiji. He said that it was a Joint Parliamentary Committee. It was not a JPC. It was only a Select Committee which was looking into this Bill which had been introduced earlier. But the Ninth Lok Sabha, in the meantime, got dissolved. The term of this Committee was three months. More than a year has passed. I think it is high time that the Minister took up this Bill again and reconstituted that Committee and got, if necessary, reintroduced that Bill and got going.

Sir, there are certain points which have been made. This is not the first time that we are discussing the problem of AIDS. Everytime we discuss it, there is genuine concern amongst the Members. But everytime we discuss, I find that the Minister of Health is all self-assurance and confidence. It is not bad to see that much of self-assurance and confidence in a Minister. But, when I see him taking a brave attitude, I am really worried and I wonder whether he is really aware of all the aspects of the disease.

Sir, the problem is not fully known and it is only getting revealed more and more. He has said that they have set up detection centres. Yes, we have some detection centres. But I would like to mention one thing. So far, we have been thinking that there is only one virus, HIV-1, which causes AIDS. But now we know that it is not the HIV-1 virus, but there is another virus, HIV-2, which causes this. Now, all the test procedures that we have been following are only for detecting the HIV-1 virus. In our test laboratories, all the detection kits that the Government has supplied are only for this. So far, we have known about HIV-2 virus. Now, in Amsterdam, in the recently

held International Conference on AIDS, a new virus, HIV-3, has been identified, incidentally, by an Indian, Dr. Sudhir Gupta, who is working in California. So, now there is another kind of virus. Therefore, this disease is revealing itself gradually and it is not fully known. So, we can only have an attitude towards it and we cannot have a definite stand on it.

Coming to the question of research, I would only like to state that having heard some of the wild suggestions made for detection, in the name of research, by Shri Ahluwalia, I only feel scared since they are all based on speculative stories about what the disease is. Scientific work has been done on this and we have to start the research work in the country. I would like to know how much work has been done in this field by the ICMR. I know that in India there is some research programme going on AIDS. But there are certain problems which pertain to the peculiarity and the socio-economic character of the disease in India and that has to be gone into by the Indian Council of Medical Research. I would like to know how much money has been spent by the ICMR on its research programme... (Time Bell rings)... Sir, I am only making some scientific points. If you do not want, I will stop now.

SHRI PRAMOD MAHAJAN: Sir he is the first doctor who is participating in this debate.

THE VICE-CHAIRMAN (SHRI SARADA MOHANTY): There is another doctor also.

DR. JINENDRA KUMAR JAIN: Anyhow, I will finish. I would like to give some technical information. One kit is meant for 200 tests. Once the kit is opened and is not used, it is wasted or, because of the economy drive, some blood banks use them also. But it is a useless kit. So their research can be like this. Okay, there is a test. But how to do the repacking so that one test is meant for one occasion? It should

be likewise so that there has been an appropriate research for India, for Indian conditions so that our fight against AIDS becomes more meaningful.

Sir, now, I am coming to my last point, that is, our attitude towards sex education. I think, we have to change our basic values. The time has come both for a success on the population control front and for a fight against AIDS. India has to change its attitude towards sex. We do not hesitate in telling our children about how to brush the teeth, etc. but not about certain parts of our body. Forget about sex. Even about contraceptive education, we are very, very prohibitive and restrictive. There is 'rou', a piece of rubber, that is condom. But our mass media, our whole education, our whole value system has to undergo a change. And we have to build a new society where we must inspire people through our educational methods—I need not enumerate them here—specially, through the use of mass media about contraceptive education and use of condoms. I had discussed this with the hon. Minister once. I want to remind him again that the strategy of using animation films, etc. can be a very effective way of imparting sex education to our children, to our masses. And in an entertainment format while we make fun of the information, at the same time, we should be able to effectively impart the message of sex education and contraceptive education, and how to have safe sex. Sex is as necessary as we have food every day. About the concept of having a safe sex, it is the responsibility of the Government and the non-governmental leadership, all political parties and everybody that we all try to have a new attitude towards sex. Thank you, Sir.

SHRI DINESHBHAI TRIVEDI:

Sir, I just want to make one observation coming out of this. A survey was made and it was found, according to one of the electronic

media magazines, that the prostitutes are not even aware of it. So, I would like the Minister to tell us when he is replying as to what they are doing in this regard. The basic thing is awareness. If they have the awareness, then the solution will follow. What would be the Government doing to make the people aware of it, specially the section which is vulnerable?

DR. SHRIKANT RAMCHANDRA JICHKAR (Maharashtra): Mr. Vice-Chairman, Sir, Mr. Pramod Mahajan has very effectively and excellently projected the issue of AIDS. When I was listening to his speech, I thought that even my Professor of Community Medicine could not have done much better than this. He has projected all the major medical and sociological issues associated with AIDS. So, without repeating, I would like to put forth four points which would supplement his projection and reinforce it. And I will take one or two minutes to refute something which Mr. Ahluwalia has said about 'machhar' and about the Pentagon inventing the virus and about dogs and cats. So, my first point is about legislation. He has very rightly pointed out two legislations—one is about blood banks and the other is about organ transplants. These two legislations would be very effective legislations. In Maharashtra, we have attempted these two legislations. So, I support his idea and his views about these two legislations. But about a comprehensive legislation on AIDS whereby a section of the people are thinking about isolating the AIDS patients, it would be a dangerous form of legislation. The World Health Organisation has warned the countries that they should not encounter upon legislating for isolation of AIDS cases because by such legislations, the cases are like to go underground, and then the problem would be enhanced. A number of States in the United States of America which have already legislated have repealed their legislations. A

[Dr. Srikant Ramchandra Jichar]
 member of countries which had encountered upon such penal legislations, such isolatory legislation, have replied their legislation. So, my point is that when you legislate, please don't legislate about isolation of AIDS patient. Don't call it a comprehensive AIDS legislation. Call it organ transplant, call it blood test. But don't call it a comprehensive AIDS legislation. Otherwise the cases will go underground. It has got a stigma attached to it. So there will be a danger of the cases going underground. This is my first point.

My second point is, I had the opportunity of meeting Dr. Robert Galloway, the person who discovered AIDS virus. At that time he was working in the National Institute of Health in Bethesda, in Maryland near Washington. I had the opportunity of discussing with him. He told me that the developing countries should save their resources and wait for the vaccines to come. They must not spend their resources on just anything. He said 'We are working on the vaccine.' He gave a paper to me and I can pass on that paper to the hon. Minister wherein about 20 different centres in the world are mentioned where vaccines are being tried. Commercial trials and production trials are going on as far as AIDS vaccines are concerned. So this is my second point. The hon. Minister should ask the department to find out the latest position of what is going on in the field of AIDS vaccines.

My third point is about the research to be directed in the development of AIDS vaccine. I am not aware whether any major type of research in developing the AIDS vaccine is going on in India. But the latest technology in the field of vaccine research is known as Recombinant DNA technology, and I don't know whether any research is going on from this angle in India, because the difficulty with the AIDS virus is that the AIDS virus infects the very

cells which are responsible for immune mechanism. The Minister should let the House know about any research that is going on in this field for development of vaccines in India.

My fourth point is also related to what the hon. Member has put forth. It is now very difficult to control prostitution. Therefore it would always be beneficial to supply on a large scale free condoms to the prostitutes and to educate them that they must ask their clients to use the condoms. This experiment has proved very effective elsewhere. The World Health Organisation has also suggested it as one of the major tools for the control of AIDS.

These are my four points. I don't know whether I should mention about what Mr. Ahluwalia said. He has himself contradicted his own statement when he says that Pentagon has invented or manufactured the AIDS virus and again he talks of AIDS virus being in *Charaka Samhita*. This is self contradictory. If the Pentagon has manufactured this virus, it would not be in the *Charaka Samhita*. And about *machhar* there is no need to be afraid of it because the cloning of AIDS virus is not in the chromosome or the genes of the *machhar*. Therefore, AIDS virus does not get in the *machhar* and we need not be afraid of it. And the same applies in case of cats and dogs also. Thank you.

SHRI JOHN F. FERNANDES (Goa): Thank you for allowing me to speak. It is said that our country is sitting on a time-bomb and the bomb is AIDS. It was also mentioned in the recently concluded conference in Amsterdam that India is heading for a holocaust by the turn of the century. If our Government does not take a proper attitude towards controlling this disease, I think all our programmes of family planning will be a big failure in this country. Our country, right from the beginning when AIDS was discovered, has adopted an ostrich-like attitude.

hiding and shying away from this disease. AIDS is more prevalent in those societies where there is poverty and it is said that 34 per cent of the poor people in the world are living here. It is a question of educating the people on the problem of AIDS. The age-old profession of prostitution is not legalised in our country. I do not say that it should be legalised. But there should be some legislation by which the Government should see that their health is taken care of. We should see that the health of these unfortunate people is taken care of.

Now, the Government is taking steps to control the population, through the family planning programme or the family welfare programme. AIDS control should also be linked to it. I would suggest to the hon. Minister that we should amalgamate, combine, both the departments and see that the message of prevention of AIDS is communicated across the country amongst the illiterate people.

It is mentioned that health is a State subject and that legislation has to come from the States. Besides Maharashtra, Goa has also passed a Resolution. Our Assembly passed a Resolution and sent it to the Central Government. The ball is now in the court of the Central Government. The hon. Minister, while replying to the question the other day, said that certain State Assemblies had passed Resolutions. Sir, this problem is more prevalent in those places which are tourist attractions, tourist destinations, international tourist destinations. Goa is one such place. We have a lot of tourists and the so-called hippies. Therefore, I feel that the Government should see, the Central Government should see, that AIDS testing centres are opened in those places which are visited by a large number of tourists, which are tourist attractions. It should be compulsory. It should be mandatory.

I have another suggestion. We have 11 international ports in the country.

It is common knowledge that by the side of the ports, we have the red-light area. This is the major area through which AIDS spreads easily. The virus is transmitted to other people by the people coming from the other countries. Therefore, I would request the hon. Minister to see that, compulsorily, AIDS testing centres are opened in these places. Of course, we have AIDS testing centres in some places. But for States like us, it is very difficult. We do not have any testing centres. All the samples collected are sent to Pune. By the time these samples come back from Pune, which takes one week, it becomes very difficult to trace the patient.

It has been mentioned by some hon. Members that AIDS is a social stigma. In this connection, I would just draw the attention of the hon. Minister to an incident which took place in Kerala. A young child was affected by AIDS. Because of this, he was ostracised from the school. He was ostracised from the whole village. The whole village outcasted him. I feel that the Government should bring forward a legislation on the pattern of the untouchability law. As you know, AIDS is not transmitted through the touch of the skin, but only through a virus. Therefore, the Government should bring forward a legislation whereby such practice as ostracisation of the AIDS-affected persons, preventing them from studying in educational institutions, etc., should be treated as offences. Such practices should be barred by law.

I do not dismiss the allegation made by my hon. colleague, Mr. Ahluwalia. I would like to be superstitious. I would make a suggestion to the hon. Minister. As we know, chemical warfare is common. I would like to know from the hon. Minister whether the scientists in the Ministry of Defence are conducting any research to find out whether this kind of weapon being used in the biological warfare.

[Shri John F. Fernandes]

Of course, it will be very difficult for the Government to invest a lot of money in such a thing.

THE VICE-CHAIRMAN (SHRI SARADA MOHANTY): Please conclude.

SHRI JOHN. F. FERNANDES: One last point, Sir, which is very important. Now, the foreigners who come here bring a certificate that they are free from the HIV virus. They show it to the authorities here and we are satisfied with it. Why should not there be a counter-check by our institutions? For example, in other countries, even if we have a valid driving licence we are not allowed to drive vehicles there. They counter-check it and then we have to obtain another driving licence there. In the same way, we should check the certificate and it should be again certified by our institutions.

SHRIMATI MIRA DAS (Oissa): Mr. Vice-Chairman, Sir, I do not think I have anything more to suggest than what the other hon. Members have done, but there is one thing I would like to tell the House. The opinion at the recent seminar on AIDS held in Amsterdam was that India will have the largest number of AIDS cases by the end of this century. I don't know what the basis of this opinion is, but I think our socio-economic conditions are linked to that. Mr. Jagmohan has suggested that it is not only a problem of health but socio-economic conditions are associated with it. Most of our people are poor and they do not know what AIDS is and how to keep their health in good condition. These are all linked together. So I would like to suggest to the hon. Minister that he should consider the case on grounds of socio-economic conditions also.

Sir, from whatever observations that Mr. Pramod Mahajan has made, it appears he has made very serious study of the subject. Some other hon. Members also appear to have made a very serious study of the subject. But

I would like to say that, at the moment, U.P. has the highest number of AIDS patients. The first AIDS case in India was detected in 1989 in Lucknow, that of a Lucknow salesman who had lived abroad. He died within a year in New Delhi's All-India Institute of Medical Sciences. Now it is a point that we must also restrict those who are coming here from outside the country. Also, I think it will not be improper to suggest that Members of Parliament and even our Ministers, who go on foreign tours, should undergo the AIDS test after they come back from abroad. ... (Interruptions)...

SHRI V. GOPALSAMY: A very good suggestion? I want the reaction of the Minister on this.

SHRI M. L. FOTEDAR: Does it apply to both the sexes?

SHRIMATI MIRA DAS: All. Let there be a provision for that.

SHRI V. GOPALSAMY: Do you concede, Mr. Minister?

SHRI M. L. FOTEDAR: I have great regard for her.

SHRIMATI MIRA DAS: Sir, nowadays blood donation camps have become very, very popular in the villages. But they do not have proper facilities for testing blood and also AIDS. I would like to suggest to the Minister that because somewhere this has got to be stopped, it should be seen that they are properly equipped to test blood as well as AIDS cases. Otherwise, this problem is going to create a disaster among the villagers and also in the urban areas.

Thank you, Sir.

THE VICE-CHAIRMAN (SHRI SARADA MOHANTY): Dr. Thulasi Reddy. Be short. You are a doctor: You can advise.

DR. NARREDDY THULASI REDDY (Andhra Pradesh): Sir, once there was phobic plague. That has

gone. Then there was phobic smallpox. That has also gone. Then there were so many phobic diseases, and almost all of them have gone. I am sure, Sir, that a day will come when our medical scientists will discover a preventive medicine and a curative medicine for AIDS. I am very sure of it. But, meanwhile we have to see what we have to do.

SHRI V. GOPALSAMY (Tamil Nadu): Nature is always one step ahead of us.

DR. NARREDDY THULASI REDDY: Meanwhile, what we have to do is our main object now because without discovering a preventive medicine, without discovering a curative medicine, it is not possible to eradicate the AIDS because sex is inevitable in nature. So, we cannot eradicate it without discovering those preventive medicines and curative medicines. We can only minimise the spread of the disease. So, for that what we have to do, we have to think about.

Sir, we have to think on two lines. One is the patient, and the other one is the carrier. Here two things we have to clarify. Regarding the patient, it is very easy to identify an AIDS patient. Not only that, an AIDS patient is not in a position to involve himself in a sexual activity. So, he is not dangerous to the society.

So, regarding the patient, what have we to do? We have to give him treatment. Now there is no curative treatment. We have to give only symptomatic, symptomatic, palliative treatment. Only that can we do. So, for that, we have to provide for more AIDS-care centres. At present, the number of the AIDS-care centres is very very less. Compared to our population and the size of our country, the AIDS-care centres are very very less. So we have to increase the number of the AIDS-care centres. That is the first thing.

Secondly, let us come to the carrier. These carriers are most dangerous to the society. The carrier will be

carrying the disease for two to seven years; before becoming a patient, he will be a carriers for two to seven years. Meanwhile he looks all right. The society does not know about it. **Actually the carrier does not know that he is having it.** So, he will go on involving himself in sexual activities. So, he will be going on transmitting the disease to so many other people. So, the carrier is the most dangerous person. So what to do?

So, identification of a carrier is the most crucial thing. For that we have tests—one, the Elisa test, and the other, the Weil Felix test. The equipment for these tests are very costly. Most of the hospitals, most of the blood banks are not having the equipment for the Elisa test and the Weil Felix test. Most of the hospitals are not carrying these tests.

When that is the position, how can a carrier be identified? My suggestion is, whatever it may be, because it is very dangerous, let us include this in the national health programme. As in the case of the National Malaria Eradication Programme, the National Tuberculosis Eradication Programme, you include this in the national health programme, and you provide the equipment for the Elisa test and the Weil Felix test to all the hospitals free of cost. At least in our first phase, all the taluka hospitals should be provided with the Elisa test equipment, and all the district hospitals should be provided with both the Elisa test equipment and the Weil Felix test equipment. All the Elisa test positive cases may not be the AIDS cases, and all the Elisa test negative cases may not be non-AIDS cases because false positives are there, and false negatives are there. So, the Weil Felix test is also necessary. So, all the district hospitals should be provided with the Elisa test equipment, as well as the Weil Felix test equipment. All the taluka hospitals should be provide with the Elisa test equipment.

[Dr. Narreddy Thulasi Reddy]

Not only that, but it should also be made mandatory that all the blood banks should have the Elisa test equipment and the Weil Flix test equipment. It should be made mandatory because at present most of the blood banks are not having these equipment. So, without having these equipment, you cannot identify the HIV positive virus. So, it is not possible to control this disease without these equipment.

Sir, now we have to attack the modes of transmission. The first mode of transmission is sexual transmission. I have already said, whatever you may say, sex is inevitable. We cannot prohibit sex.

SHRI M. L. FOTEDAR: But safe sex is possible.

DR. NARREDDY THULASI REDDY: That is what I say. We have to create awareness among the people. Not a phobia.

SHRI DINESHBHAI TRIVEDI: Mr. Minister, did you say safe sex or save sex?

SHRI M. L. FOTEDAR: I said safe sex is possible.

DR. NARREDDY THULASI REDDY: Already the other two doctors have talked about condoms. I also feel that the cheapest and the best tool is condom not only for contraception, but also for protection against AIDS. As Dr. Jacob has already said, let the Government supply condoms very liberally. Even now the Government is supplying condoms, but there is some fear among the people. Everybody wants to go to shops. He goes to the shop, but without asking for it comes back. That fear is there. So, by AIR, by TV, by cinema, by book and by magazine ads. We have to create awareness regarding condoms supply, regarding sex and regarding AIDS. So, creating awareness is the most important thing.

I have already talked about the blood testing. All the blood banks should

be provided with Elisa test and We Felix test facilities and that it should be made mandatory.

The third mode of transmission intravenous drug abuse. It is more prevalent in the North-Eastern State. Both the Health Ministry and the Home Ministry should coordinate and cooperate in this field.

Finally, Sir, I suggest including as a National Health Programme, the State AIDS Boards should be constituted.

SHRI M. L. FOTEDAR: I am indeed very grateful to Shri Pramod Mahajan for having raised this discussion in the House. In fact, I was clamouring for it. As he has rightly pointed out there are some inhibitions among most of the people in the country either to discuss AIDS or to think about AIDS. But I am happy that he has raised this question. I would have liked that the discussion should have taken place immediately after the Question Hour. I would have also liked that most of the Members of the House had participated in it because the House has the privilege to represent different States of the Union and would have benefited by their diverse thoughts.

One Member said that I am bold or somethink like that. It is not that. One who knows where to go and while getting there, one should not lose the never nor lose the temper and patience. That is the basis of combating this menace of AIDS. If I am bold, that does not mean that I am unethical. I don't want to create an alarm in the country about a situation that is going to develop. That is my moral responsibility that is my ethical responsibility and that is my constitutional responsibility. I have to convey my feeling to the country in the most appropriate manner and in such words that we are not misunderstood and that we do not create an atmosphere of nervousness or situation where the people will feel panicky about it.

I do concede that the situation is potentially very dangerous. Some-time ago I had said that it was indeed serious. But since the discussion has taken place today, I do concede that it is potentially very dangerous. We should not accuse each other. So far there is no drug for controlling or eradicating AIDS. The medical science not only in India but in the world has so far not come up with any solution. But I have hope and I am optimistic that our researchers either in India or in the world will be able to conquer the frontiers of research knowledge and they will find out some solution. But what is the situation now and how can we face it? When we do not know the cause of the disease, we cannot know what can be the cure for it. So, the best and the most feasible strategy for combating the spread of AIDS, I think, and I am convinced about it, is prevention. As the hon. Member, Mr. Trivedi has said "Prevention is better than cure." In the present situation, prevention is the most cost-effective strategy to combat AIDS. I agree with all the hon. Members that there has to be a strategy and this is not the subject which pertains only to the Health Department. There has to be a multi-pronged attack and that attack should be on a war-footing against this menace or combating this dreadful disease. For that there is need for an integrated approach to the problem. Integrated strategy would mean that we must have the political will to do it. I am happy to say that Members who spoke have encouraged me in my political will and determination to face the situation that is going to disrupt the very fabric of the society.

Another thing is administrative and financial support. I am happy to say that during the last one year we have been trying to find out some solution for getting financial aid. As hon. Members of this House know, the World Bank has provided the financial aid for this. And what should we do about it? The only

thing for us to do at this time is to create public awareness and this awareness has to be created extensively in all parts of the country transcending the socio-economic barriers or regional barriers. Some people have said that it is only the poor who go to the red-light areas. I do not agree with them. Perhaps, it is also the most affluent class which goes, if not to the red-light areas, to the best areas in the city and they do not get detected. What I mean to say is that we are not, in any way, minimising the gravity of the problem nor the magnitude of the situation.

I would like to say what our integrated strategy for this has been because some Members have asked what has been done at the Centre and what is being proposed to be done in the States. At the Centre, we have created an agency called the AIDS Control Board which will have all the financial and administrative powers of combating the menace of AIDS. This will be a Central authority. This authority will have the powers of the Government for sanctioning any amount within the limits provided in the Budget. Previously, one had to go to the Cabinet. I have been able to persuade the Cabinet and the Prime Minister who has been good enough to delegate authority to this Board. So, there will be no delay in sanctioning. Just now, I will be coming to what we propose to do.

The second thing is... (*Interruptions*).

SHRI PRAMOD MAHAJAN: Who are the Members of this Board?

SHRI M. L. FOTEDAR: This authority is headed by the Health Secretary; the Secretary, Family Welfare, is a member; another member is the Director-General of Health Services; another members is the Secretary, Expenditure. In whatever has to be expended, the Secretary, Expenditure, will have a say on behalf of the Finance Department and

[Shri M. L. Fotedar]

his concurrence in the proposals before the Board will be the decision of the Cabinet. That is how we proceed. I do not want to delay the matter because the disease is so dreadful that it cannot wait for the decision of the Government.

SHRI DINESHBHAI TRIVEDI: What are the social organisations which...

SHRI M. L. FOTEDAR: Please, just have patience for some time. I am not finishing now. Even after my finishing, if you want to, you can ask me questions.

Some hon. Members have said that AIDS has hit Africa and Uganda. I have, in my own humble way, done some research as to who should head another organisation for creating public awareness and for controlling and checking the spread of AIDS and for taking care of other formalities like monitoring what is being done in different States. Some hon. Member has said that blood banks are not working and in certain States, the instruction issued are not being followed. There are so many things like that. We have done research and found a person who has been deputed by the World Health Organisation in Uganda. We brought him back from Uganda because he has personal experience as to the strategy adopted by other countries where this problem is being faced. He is of the level of an Additional Secretary. He is heading the organisation called the National AIDS Control Organisation. The third Body is a Technical Advisory Committee headed by the Director-General of Health Services in the country and there are many members on this. The fourth organisation is the National AIDS Committee which we are proposing to constitute in which we are associating the Ministries of Labour, Education, Women and Child, Sports,

Tourism, I & B and the Department of Revenue. And in this, we will have social scientists, NGOs and other prominent persons in the country who will advise and suggest what measures should be taken. We already have another Committee for the North-Eastern States. We have established that in the Ministry of Home Affairs. All other relevant ministries which have to operate there are its members. They are taking the administrative and other decision with regard to the situation in the North-Eastern States. One hon. Member—I think, Mr. Trivedi—said that there had been a Committee called the Joint Parliamentary Committee. I think another Member corrected him by saying that it was not a Joint Parliamentary Committee but was a Joint Select Committee. It was indeed a Joint. But it was a Select Committee. We are proposing to withdraw that Bill because in that Bill, it had been said that any person who is found an HIV Positive AIDS patient, will have to report or somebody will have to find out whether he is there, with whom he is sitting, where he is sitting, who comes in his contact and all these things. It is a Bill on the pattern of the concept as we have the history—sheeters for the police station. It is just like adopting a methodology to create another institution while you are watching the activities of the history-sheeters. I do not want that the AIDS patient, who is a victim of this disease especially the poor, should become a history-sheet under this. We live in a society which is civilised and we have to enforce the civility through our legislation. We should not create compartments which will divide our society. We should not create compartments where human approach is absent and the inhuman approach is being shown. So, I will seek the permission of the House at an appropriate time to withdraw that Bill because we are a signatory to the World Health Organisation's resolution where we have said that the

AIDS patients will be treated humanly and with dignity. That was the third thing that I wanted to say.

Similarly, on the same pattern, we have advised, I should say, almost directed the State Governments to have an Empowered Committee at the State level under the Chairmanship of the Chief Secretary or the Additional Chief Secretary, whosoever has to be there. Secondly, the AIDS cell has to be created in the Directorate of Health Services in the State. Thirdly, the State Technical Committee has also to be established. I am happy to announce that the entire programme of checking the AIDS menace, its controlling or combating, will be hundred per cent Centrally-aided. The States will not have to pay. The entire thing will come from the Centre, hundred per cent, and it is a matter of gratification for me that the Maharashtra State has already appointed an Empowered Committee in this regard. Mr. Mahajan is from Bombay. He must be knowing about it. Similarly, perhaps, he has not mentioned that thing. There is a proposal in Maharashtra and I would not like to use the word, under which the commercial sex workers, would be getting counselling and treatment from the WHO. Only last week, we issued the instructions. A two crore rupee project has been sanctioned for this purpose which will be taken up immediately in Bombay city.

It has been mentioned by one of the Members that the number of AIDS patients in UP is increasing. I am sorry to say that the hon. Member is not here. I would not like to create an alarm in UP.

SHRI V. GOPALSAMY: Already there is a political alarm there.

SHRI M. L. FOTEDAR: Because we have only one AIDS patient in the entire U.P. There may be more but there is only one reported case. I would not like to say even detected. Only one reported case is there. This is the information about U.P.

The number of people who have been screened they are about 34,000 and the number of persons who are HIV Positive are 211. And out of these 211 a majority of the cases are professional blood donors. And we are taking some appropriate action on them. Only last week I have said that there are 194 AIDS patients in the country. I have got the information today. Unfortunately it has increased to 218, as of today, by 2 p.m. This is the latest information. 218... (Interruption)...

SHRI V. GOPALSAMY: Mr. Minister, will you yield for a minute?

SHRI M. L. FOTEDAR: No. After I finish it, you can ask. Two hundred and eighteen as of today is the latest figure of the AIDS patients.

Coming back to other points which the hon. Members have mentioned, apart from creating the Public Awareness Programme, we have one of the modes of transmission of disease through blood transfusion. I have said a number of times in this House that we are upgrading or modernising all the blood banks in the country. There are about 1,018 blood banks in the country and in the public sector there are about 616 blood banks and all these blood banks are being modernised and necessary kits and other equipments are being provided.

The second thing the hon. Members have said is what these blood banks are supposed to do. Three types of things we are giving to the blood banks. One is Rapid Diagnostic Test. This will be provided to all the blood banks in the country. As soon as the blood is given, immediately it will be tested, whether it is HIV positive or not. If it is found it is HIV positive—it will be sent for Elisa test. Those Elisa test facilities we have created in different parts of the country. If you want those places, I can mention them; otherwise, I can send a copy of them separately. And after Elisa testing it goes to the zonal blood bank and if

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it is found it is a serious case, then it is sent for Western Blot Testing. These are the three tests we are going to do. And all these kits will be provided free of cost to all the public sector blood banks.

The hon. Members have asked whether the HIV positive-2 has been detected in India. It is very painful on my part to say that we have found some HIV positive-2 cases in Bombay. These have been found and the kits were originally only for finding the HIV positive-1, but we have ordered for the kits which will test the HIV positive-2 also and these have reached Bombay and these will also go to Madras and other places also.

Hon. Members have asked how these blood banks will function. Most of the blood banks in the country are unlicensed. We have made it obligatory that the blood banks will have to get a licence, and with the concurrence of the Drug Controller of India, the Drug Controller of the State will give the licence not only for blood banks but also for blood products. So, there will be a double control/check.

8.00 P.M.

SHRI M. L. FOTEDAR: The Central Government hospitals have been issued directions that they should use such needles, disposable needles, and immediately after that they should be disposed of and destroyed. Unfortunately, we cannot provide free needles or disposable syringes to every hospital. There is fear that it is not possible on our part, but the Central Government hospitals will be provided with this. Hon. Members have asked: What is the exact number of HIV-positive cases? As of today, it has increased to 8,309. I think, last month it was 8,000 or so. Eight thousand three hundred and nine is the latest figure that I am giving today. This screening we have tried to do only where there are high-risk groups. We have screened them. There are surveillance centres and

others. After screening them we have got this figure. One Member said that HIV-positive testing should be made compulsory. It is not possible to make it compulsory. Only a person who is a patient will come to the hospital. But we have made it mandatory that once blood is to be transfused, it is to be checked whether it is HIV-positive or not. Without that, if any doctor or person does it, he will be defying the law. Another thing we have done is that we have created testing facilities in 112 cities of the country. I will give the list if the hon. Members want. We have established 180 zonal blood-testing centres. We would have like to tell the professional blood donors not to give their blood. But there is shortage of blood. It will not be possible to dissuade the professional blood donors. But to overcome these difficulties we have created some centres in the country which will separate the different components of blood. That way we will be able to meet the shortage of blood. Wherever the professional blood donors are there, as and when they come to the blood banks, their blood will be tested and then accepted. One Member wanted to know whether mosquitoes are responsible for spreading the AIDS disease. Mosquitoes are responsible for spreading either malaria or kala azar. But our report says mosquitoes are not responsible for AIDS. This is the conclusion arrived at by the epidemiological studies. Another thing I said was that all the kits to these hospitals would be given free of cost and these would be tested.

Some hon. Members spoke about Raj Bothra. It is a fact that Raj Bothra had said certain things. I cannot say whether he is correct or incorrect. One thing is there that these are only projections.

SHRI V. GOPALSAMY: You said that you would collect the information.

SHRI M. L. FOTEDAR: Yes. I have just the information. He said that there were so many commercial sex

workers in a particular area. Some people say, suppose they entertain five or six persons—they feel that every commercial sex worker is HIV-positive—when six persons come they define the number and it is statistical data. It is not the accurate data. We cannot make any pragmatic projection. I have told you that I am not minimising the gravity of the situation.

SHRI V. GOPALSAMY: He said one million. It is very much alarming

SHRI M. L. FOTEDAR: I say, one million. How Mr. Raj Botra...

SHRI V. GOPALSAMY: But there is a difference between Mr. Raj Botra's statement and your statement.

SHRI M. L. FOTEDAR: Yes, there is. There has to be.

SHRI V. GOPALSAMY: It is unbelievable.

SHRI M. L. FOTEDAR: Either you believe me or...

SHRI V. GOPALSAMY: I don't blame you. But if we see the figures the difference is unbelievable.

SHRI PRAMOD MAHAJAN: Do you have your own projection that by the end of the century how many HIV-positive people will be there in the country?

SHRI M. L. FOTEDAR: I am not an astrologer. I can't give astrological data.

SHRI PRAMOD MAHAJAN: I am not asking about astrological data.

SHRI M. L. FOTEDAR: I can't give the exact data. All I can say is that the situation is potentially very dangerous. That is all I can say. The number is increasing. The projections made by Mr. Raj Botra are not based on any research or any surveillance but are I should say, statistical data based on so many commercial sex workers and so on.

SHRI DINESHBHAI TRIVEDI: I would like to give an example.

SHRI M. L. FOTEDAR: Let me complete.

THE VICE-CHAIRMAN (SHRI SARADA MOHANTY): Let him complete.

SHRI M. L. FOTEDAR: Let me complete. I am not yielding. Let me complete it.

I was saying that I don't question his authority. He is a very good man. He is an expert on AIDS. There is no doubt about it. I convinced him why in India it cannot progress geometrically as it has happened in some of the African countries. He was convinced. He accepted if not my theory, my conviction on this. But we will not be able to make any exact projection as to how many people will be affected by the turn of the century. We will not be able to make a projection because our database is totally insufficient to make any such projection at present. All I can say is that the groups which are involved, the high-risk groups, we are contacting them and after screening these groups we are trying to find out. What the matter of concern to me as one of the Members has said is, some people go to Bombay and when they return from Bombay they go to the rural areas. There are some cases in one or two States where they have contracted HIV and it has affected their wives and children also. These cases have also come to our notice. All that we can do is to create a national awareness. One of the Members also asked why you don't use Radio and TV. We have already decided that there will be aggressive campaign, national campaign, cautioning the people about this dreadful disease and advising them what they should do and what they should not do. For that we are enlisting the support of some consultants and some trained people and some NGOs also. Apart from that, some Members ask-

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ed why commercial sex services is not banned. I am a person who does not believe in such legislations which are not implemented. This time it is banned. Some want that ban should be removed. But are you able to control it? You are yourself saying that red-light areas are there.

SHRI PRAMOD MAHAJAN: I don't want to prolong the discussion. You have contradicted yourself. There is a ban, you can't keep it.

SHRI M. L. FOTEDAR: Yes, there is a ban but it is not implemented. Suppose we remove the ban, what will happen? That will have conflict with what you say. We would like the support of people like you, leaders like you, who are doing social service. This is the best service that you can render in Bombay and in other parts of the country. This is the best service. We can build as Jawaharlal Nehru said, 'Temples of modern India'. We can build temples of modern India in character building if we are able to unite, combine and participate in this national endeavour to face this menace so that the society becomes immune from this dreadful disease in future.

SHRI DINESHBHAI TRIVEDI: I will just ask one question. You have mentioned that in India we are not going to go through the geometrical progression as far as the spread of this disease is concerned. May I ask on what basis you have come to this conclusion? When you last answered you had given a statement on 15th July and in 15 days the increase in

the affected cases has been a little less than 10 per cent. Considering 194 as the base for the number of persons affected, now it is 218. So it is already increasing at this rate. Therefore, in this scientific world you can certainly have some kind of projection. It may not be correct but at least there would be some base to work it. Would you not like to change your definition from "potentially dangerous" to, maybe, "dangerous". I don't know.

SHRI M. L. FOTEDAR: I am not defining it because it is not a legislation that I am passing. I told you that I am conscious, I am aware of the gravity of the situation that may develop in future. But I am using the words cautiously on the floor of the House because I do not want either to create any alarm outside, or to create any complacency in this House. Neither should I be complacent nor should I allow anybody to create alarm. But I have to make myself alert and I am. We have to create awareness throughout the country and I seek your assistance and support also so that this menace, this dreadful disease, does not touch the shores of India and does not affect the people of India.

SHRI DINESHBHAI TRIVEDI: How can we help you?

SHRI M. L. FOTEDAR: I will tell you. When you go to your States you could visit the red-light areas and tell the people to use contraceptives. Thank you.

THE VICE-CHAIRMAN (SHRI SARADA MOHANTY): Half-an-hour discussion is over and the House is adjourned until eleven of the clock on Thursday.

The House adjourned at thirteen minutes past eight of the clock till eleven of the clock on Thursday, the 6th August, 1992.