

SHRI VISHWA BANDHU GUPTA: I would like to know from the hon. Minister, **what system of monitoring is being used to check whether somebody has received an over-dose of radiation, and also in the case of trucks was there a warning sign on the traffic itself to warn people in the rural areas where they have no knowledge of this kind of thing as to stay away from which distance mark, so, that people in the rural areas do not actually approach any danger site when it comes? I would also like to know whether the workers in those areas are being fully trained about radiation and how to inform persons and take treatment in case they have any symptoms of over-radiation.**

SHRI K. R. NARAYANAN: As regards the general education for the people, it is an overall question in which we are interested. We have been spreading awareness among the people with regard to radiation. But I am not sure if **there was any warning light on the truck itself.** This truck was not from an authorised agency and, therefore, I presume that such warning lights were not present in that particular truck. As I said, in future we have insisted that every hospital should make use of the trucks belonging to these agencies which have been approved by the Atomic Energy Establishments. With regard to overdoses, I am afraid that this is a medical question and I require notice to get the answer for it.

SHRI BHAGATRAM MANHAR: Mr. Chairman, Sir, I would like to know whether these cobalt isotopes, by changing their mineral numbers, can be put to various uses in different fields such as agriculture, energy, industry and health. I would also like to know what sound system of loading these units which have radioactive sources is adopted in this country and what is the comparative system in other countries of the world.

SHRI K. R. NARAYANAN: In India, we are using internationally accepted standards for the loading of cobalt source into the unit. As regards the method of safety, we have published very clear instructions which are distributed to various

agencies and hospitals indicating as to how to deal with it. I have various published materials here. These are given to the hospitals and the agencies. They show as to how to deal with the material. These publications give information as to where they can telephone in order to get immediate assistance of atomic energy specialists.

SHRI BHAGATRAM MANHAR: Sir, my question has not been answered. I have asked a specific question. I wanted to know whether, by changing the mineral numbers, these isotopes can be used in different fields such as agriculture, industry and health.

SHRI K. R. NARAYANAN: I don't understand. Sir, these isotopes are used for various purposes, for medical purposes, for industrial purposes, for agricultural purposes, etc. There are different types of isotopes. This is only one isotope. Here we are talking about isotope cobalt 60 which is used specifically for medical purposes, for cancer treatment.

MR. CHAIRMAN: He wants to know whether it can be used for agricultural purposes.

SHRI K. R. NARAYANAN: I don't think it can be used for agricultural purposes. There are different isotopes which can be used for agricultural or industrial purposes.

63. [The questioner (Shri Harvendra Singh Hanspal) was absent. For answer, vide col 30 infra]

Deaths due to encephalitis in the Northern States

*64. **SHRI MUKHTIAR SINGH MALIK:**
SHRIMATI RENUKA CHOWDHURY:†

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

(a) whether a large number of persons have died due to Encephalitis disease

†The question was actually asked on the floor of the House by Shrimati Renuka Chowdhury.

which has recently broken out in the Northern States of the country;

(b) if so, the estimated number of persons who have died in each State so far due to this disease;

(c) whether any preventive measures have been taken by Government in this regard;

(d) whether any relief has since been provided for this purpose by Government, and

(e) whether it is also a fact that Government have ordered to set up a research centre in Uttar Pradesh to know the cause of this dreaded disease and if so, what is the progress made in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI MOTI LAL VORA): (a) to (e) A Statement is laid on the Table of the Sabha.

Statement

During the current year, among northern States of the country, Uttar Pradesh has reported 1368 deaths due to Japanese Encephalitis upto 8-11-1988.

There is no specific anti-viral drug for treatment of Japanese Encephalitis and, therefore, only symptomatic treatment is provided. In order to minimise the delay in providing treatment, the State Government had made provision of free transportation of affected persons to hospitals. Steps had also been taken to stock adequate quantities of medicine, in the affected districts.

To interrupt the transmission of the disease, insecticidal spray, fogging and anti-larval operations have been carried out in the affected areas.

To ensure prompt treatment of patients, health education and publicity measures had been undertaken in the affected districts.

The Central Government under the National Malaria Eradication Programme is providing insecticides for undertaking spraying/fogging operations. Technical

assistance has also been provided by sending teams of Experts from National Institute of Communicable Diseases, Delhi and National Malaria Eradication Programme Directorate, Delhi.

The Government of India have also decided to establish a research centre at Medical College, Gorakhpur for Japanese Encephalitis through the Indian Council of Medical Research.

SHRIMATI RENUKA CHOWDHURY:

Sir, they have said here that technical assistance is also provided by sending teams of experts from National Institute of Communicable Diseases, Delhi, and National Malaria Eradication Programme. I would request the hon. Minister to define technical assistance and what the teams of experts are doing.

SHRI MOTI LAL VORA: The technical teams have been sent to Ballia, Gonda, Varanasi and Gorakhpur. They have found that the insecticides which were used and the spraying that was used earlier have not been properly used. A report has been submitted by the expert team from the NICD and the National Malaria Eradication Programme also.

SHRIMATI RENUKA CHOWDHURY:

It is stated in the statement that there is no specific anti-viral drug for treatment of Japanese Encephalitis. Nor have they said that they have got a preventive, a prophylactic, vaccine already existing. Have we, as a Government, informed the affected areas? Have we done any kind of immunisation as a prophylactic measure in the districts where there has been an outbreak?

SHRI MOTI LAL VORA: Sir, we have made supplies of vaccine to Uttar Pradesh. In the month of June, 1988, two lakh doses were supplied. And 4,000 cases have been identified and resin has been sent to the Kasauli Research Institute and the results are still awaited.

श्री शान्ति त्यागी : सभापति जी, यह बात बतई गई है कि उत्तर प्रदेश में गोरखपुर में इस बुखार के बारे में एक रिसर्च सेंटर कायम किया जाएगा जिसकी

लागत माहे चार करोड रुपये होती ! मैं माननीय मंत्री जी में पूछना चाहता हूँ कि यह प्रस्ताव के विचाराधीन है तो इसको कब तक एप्रूवल मिल जायेगी ?

श्री मोती लाल वोरू : माननीय नमोनि जी, वह गोरखपुर में जो आई० सी०एम०आर० की तरफ में रीजनल रिसर्च इन्स्टीट्यूट स्थापित किया जाएगा वह अप्रैल, 1989 तक स्थापित कर दिया जायेगा और इस रीजनल रिसर्च सेंटर में कालाजार, फाइलेरिया, मलेरिया और जापानी एन्सेफलाइटिस के ऊपर भी रिसर्च की जायेगी और यह अप्रैल, 1989 में प्रारम्भ कर दिया जायेगा।

SHRI G. SWAMINATHAN: Sir, this Japanese encephalitis is visiting the country almost every year. It is not only in Uttar Pradesh and Bihar but in Tamil Nadu also, hundreds of children die due to this encephalitis. The only thing that the Government says is that the Japanese encephalitis vaccine can be given to the children. But even that vaccine has not been given to the children periodically because children are not forthcoming because this is a prophylactic drug which can be given during the normal times and in normal times nobody comes to the doctor and they do not get the vaccine also. Ultimately, what is happening is that every year this is visiting us. I would like to know from the Government whether there will be a mass vaccination of the Japanese encephalitis vaccine in the endemic places. Secondly, I want to know whether piggery is also one of the reasons for this Japanese encephalitis because it has been stated that where the pigs are reared, it is also a cause. And if that is the reason, I want to know whether the Government will dissuade the people in having piggery as an occupation. Another important thing is that it is much better to eradicate mosquitoes than giving the vaccine. I want to know whether the Government will ensure the eradication of mosquitoes in these endemic places. Another important thing is whether the ICMR has found out any medicine for this viral infection because, as

far as I know, even though the ICMR have been doing work on this viral infection, they have not produced any medicine. Is the Government aware whether any drug has been found out elsewhere?

SHRI MOTI LAL VORA: Sir, as far as this vaccine is concerned, we have started producing it at Kasauli, and the trial is still going on. And the Expert Committee is meeting today and they will decide as to what is the result of the vaccine which we have produced and we have supplied to some of the States in the country. I may tell hon. Member that we have supplied the vaccine to these four States of West Bengal, Andhra Pradesh, Uttar Pradesh and Assam. And to each of these States, we have supplied the vaccine without charging anything. In West Bengal, we have supplied vaccine to the tune of 14 lakh doses, in Andhra Pradesh to the tune of 36 lakh doses, in Uttar Pradesh to the tune of 24 lakh doses, and in Assam 11,20,000 doses have been supplied.

MR. CHAIRMAN: He wants to know about Tamil Nadu.

SHRI MOTI LAL VORA: We will be supplying to Tamil Nadu also. In the year 1988, up to 17th October, 54 persons have died. And we will be supplying to Tamil Nadu. The Expert Committee is meeting today, and the Committee's Report is awaited. After that, it can be said whether this vaccine is possible or not. Secondly, Sir, for the eradication of this Japanese encephalitis, in Japan they have vaccinated all the pigs there. And for paddy production, they have changed the water channels so as to avoid the mosquitoes because this is generated because of mosquitoes. Sir, in our country since the vaccine is still under trial we are not in a position to say whether this vaccine will be completely useful or not. So far as the other States are concerned, after this trial is over, and the expert committee is meeting today and after the expert committee's report, we will take every possible action in regard to the other States also. In the State of UP I myself went to a number of places and

I found that it is not that this disease has originated last year only, but the fact is that for the last ten years some areas have been afflicted with this disease. We have provided the State Government with the spraying machines and other insecticides that they wanted. In the case of Tamil Nadu also if they ask for anything from the Government of India, we will definitely make all possible efforts to supply them.

MR. CHAIRMAN: What about pigs? You did not tell anything about pigs.

SHRI MOTI LAL VORA: Sir, about pigs, in Japan they have eradicated this Japanese encephalitis by inoculating or vaccinating pigs.

MR. CHAIRMAN: When are you vaccinating pigs here?

SHRI MOTI LAL VORA: Sir, our Kasauli unit is producing 20 lakh units per year and those vaccines are still under trial. After those vaccines are proved useful then only we can think of vaccinating pigs also, because, Sir, we do not know and the area is not specified.

MR. CHAIRMAN: Now you are trying them on guinea pigs. Then you will try on pigs.

SHRI MOTI LAL VORA: No, Sir, we will try that only on pigs.

SHRI KAPIL VERMA: Mr. Chairman, Sir, for the last ten years this disease has been playing havoc in the eastern UP and thousands of children have died in the last ten years and people have been complaining that neither the State nor the Centre have taken any concrete steps to fight this disease. I would like to know what long-term measures have been taken during the last ten years and when the Minister visited this area, what was his assessment, did he find the arrangements satisfactory?

SHRI MOTI LAL VORA: Sir, the arrangements made by the UP Government were quite satisfactory. They had spray-

ing operations properly done in all those eight districts of UP and they needed certain fogging machines from the Government of India and we made supplies of these fogging machines. The eight machines they immediately needed, we supplied eight machines to these four districts of UP also. Regarding the deaths of persons due to Japanese encephalitis for the last ten years, the Government, as I have said, Sir, are producing these vaccines in our Kasauli units and after the trial is over, we will come to certain conclusions how to do it and how to eradicate it and how to overcome this Japanese encephalitis.

SHRI NARREDDY THULASI REDDY: Sir, under the National Health Programme there are 14 areas like control of blindness, control of tuberculosis, control of leprosy, immunisation programme etc. Sir, mortality rate is more in encephalitis. So, I would like to know whether there is any proposal to include this encephalitis under the National Health Programme.

SHRI MOTI LAL VORA: Sir, at the present moment there is no such proposal. But the Japanese encephalitis is included in malaria. Under malaria, we have malaria, kala-azar, filaria and encephalitis. All these are under malaria eradication programme. So we do not have any proposal for the moment to have a separate programme or national programme for Japanese encephalitis.

DR. (SHRIMATI) NAJMA HEP-TULLA: Sir, in Delhi we have the Indian Institute of Immunology which is doing very good research on finding different kinds of vaccines. Are they doing any research on finding a vaccine for encephalitis?

SHRI MOTI LAL VORA: We have not yet come to know of this Institute but ICMR has been instructed to do the needful. And since I have said very early, our expert committee is meeting today and they will come out with certain decisions and then we will refer it to the Institute which the hon. Member has mentioned.

श्री राम नरेश यादव : मान्यवर, इन पूर्वी जिलों में गोरखपुर, आजमगढ़, वस्ती, देवरिया, गोंडा, बहराइच और तराई के अन्य जिलों में पिछले करीब आठ वर्ष से लागू बराबर इस बीमारी के शिकार होते रहे हैं और हर साल करीब 2,000 लोग मर जाते हैं। इस साल जो सरकार ने फिगर दो है, वह अस्पताल में जो मरे हैं, उनका दो है, 5,000 से अधिक लोग मर चुके हैं। यह बात सही है कि पिछली बार जब स्वास्थ्य मंत्रीजी ने दौरा किया, उनके बाद मशीनरी थोड़ी-सी सक्रिय हुई थी लेकिन उनके आने के बाद न कहीं वैक्सीन का पता है और न किसी दूसरी दवा का व्यवस्था हो रही है। मैं तीन दिन वहां होकर आया हूँ। वस्ती, गोरखपुर, देवरिया में यहाँ शिकायत है। अतः मैं मंत्री महोदय से आपके माध्यम से जानना चाहता हूँ कि वैक्सीन और दूसरी मशीनरी की जो व्यवस्था गरीबों के लिए की गयी है, उसका सही उपयोग हुआ है? दूसरे आप अप्रैल से रिसर्च सेंटर का कार्य शुरू करने जा रहे हैं तो इस बीच में जो करीब 20 हजार लोग परेशान हैं और मौत के झूले में झूल रहे हैं क्या सरकार उन्हें बचाने के लिए व्यवस्था करेगी और अप्रैल से पहले विचार कर उस योजना को लागू करने के लिए काम करेगी?

श्री मोती लाल बोरा : माननीय सभापति महोदय, मैं देवरिया, गोरखपुर, बलिया और गोंडा गया था। राज्य सरकार ने जिन दवाइयों की आवश्यकता हमें बतलाई, उन दवाइयों को केन्द्र सरकार की ओर से उत्कान भेजा गया है। मशीनों की भी आवश्यकता बतायी गयी, उसे भी भेजा गया। जैसाकि माननीय सदस्य ने जानना चाहता है हमने राज्य सरकार से पूछा कि क्या उनका समुचित रूप से उपयोग हो रहा है। मैंने राज्य के स्वास्थ्य मंत्री जी से पूछा था कि इसके लिए क्या व्यवस्था की गयी है? उत्तर प्रदेश की सरकार ने इसके लिए तत्काल व्यवस्था की थी। केन्द्र सरकार की ओर से वाकिम मशीन और दवाइयाँ सप्लाय की गयी हैं और जहाँ तक इस रोग की रोकथाम का सवाल है, मैंने अभी निवेदन किया कि जो वैक्सीन

हम ने बनायी है उसका अभी ट्रायल चल रहा है। हम ने उत्तर प्रदेश के बहराइच जिले में 4 हजार लोगों पर इसका परीक्षण किया है कि उसका कोई विपरीत असर नहीं हुआ है। इसे हम ने अब सेंट्रल रिसर्च इंस्टीट्यूट को भेजा है और वहाँ से जानकारी प्राप्त होने के बाद हम समुचित रूप से आगे की कार्यवाही करेंगे। हमारा प्रयत्न होगा कि भविष्य में इस प्रकार की बीमारी से लोगों की मौतें न होने पाएँ। जहाँ तक शासन का सवाल है, वह पूरी दिलचस्पी लेकर इस पर आगे कार्यवाही करेगा और कदम उठाएगा।

श्री राम नरेश यादव : मान्यवर, मेरा उत्तर नहीं आया कि जो ग्रामीण इलाके हैं जहाँ कि कोई पहुँच भी नहीं पाता है, उन जगहों के लिए सरकार ने क्या व्यवस्था की है जिससे कि उनको भी जानकारी हो जाय कि सरकार की ओर से कदम उठाए जा रहे हैं और उनकी मदद होगी?

श्री सभापति : वह तो राज्य शासन करेगा।

श्री मोती लाल बोरा : माननीय अध्यक्ष महोदय मैं माननीय सदस्य को बताना चाहूँगा कि दूरस्थ अंचल के इलाकों से लोगों को लाने के लिए उत्तर प्रदेश की सरकार ने व्यवस्था की है। लोगों को बस में और दूसरे अन्य साधनों से लाने की व्यवस्था की है और लोगों को बनाया गया है।

श्री सभापति : निःशुल्क ?

श्री मोती लाल बोरा : निःशुल्क और काफी बड़ी तादाद में जो प्राथमिक स्वास्थ्य केन्द्र है और जिलों के स्वास्थ्य केन्द्र है उन अस्पतालों में लोगों को लाया गया है। मैंने वहाँ जाकर लगातार दो-तीन दिन लोगों ने पूछा है। वहाँ पर समुचित रूप से इसकी व्यवस्था थी और इस व्यवस्था को हमें कायम रखना चाहेंगे।

SHRI BIR BHADRA PRATAP SINGH:

I am deeply obliged to the hon. Minister.

At least, he is one Central Minister who has taken pains to go over there and get a personal view of the picture. But he has known only 10 per cent of the pro-

blem. Still there is dispute about the source. It is not clear whether it is Japanese virus or the Nepalese virus, because Nepalese come in the part of the region in large numbers and it is said that even their human discharge also carries virus. So that is one thing which he, I hope, will clarify. That is a research problem.

He is absolutely wrong to say that the State Government has provided any fogging machines. There is such a big problem in the Eastern U.P. and it is known that the mosquitoes are so big that even flies look small in comparison. No fogging machines have been provided.

The third point to which I would like to draw the attention of the hon. Minister is that children are the biggest casualty. As Mr. Ram Narain Yadav said, only the hospital figures are given. More than ten thousand children have died in Eastern U.P. and these cases are never reported because most of them are nursed in private hospitals. The children come, they get the virus, never survive. You should adopt some programme like the Malaria Eradication Programme. If it is Japanese virus, you should take steps to eradicate the mosquitoes which are growing in dimension and in large number in Eastern U.P. The menace is such that it has become practically impossible for anybody to remain there in that region. But you say that everything has been done. I know what the U.P. Government have done. Just as you have taken pains to go over there, please take pains to eradicate these mosquitoes. Otherwise, you cannot control this disease.

SHRI MOTI LAL VORA: Sir, in regard to the question whether it is Japanese encephalitis or Nepalese encephalitis, the opinion of the experts is that it is Japanese encephalitis. Trial is going on in this regard. In collaboration with the Japanese, we have started producing, manufacturing, vaccine for this Japanese encephalitis.

Secondly, the hon. Member has said that the machines were not functioning in

U.P. I was told that they have been functioning. But still we have supplied eight machines as per their requirements and also whatever medicines they needed.

In regard to the number of deaths of children, the report is with us. The total number is 1,368 as I have said in my statement. Beyond that I have no other information. I will find it out.

श्री चतुरानन मिश्र : सभापति महोदय, ग्रामीण क्षेत्रों की एक सबसे बड़ी समस्या है कि वहाँ पर कोई ऐसी व्यवस्था नहीं है कि एन्सिफेलेटिस का अरली डिटेक्शन हो सके, अरली स्टैज में। इसलिए मैं मंत्री महोदय से जानना चाहूँगा कि ग्रामीण क्षेत्र में जल्दी में उसका पता लग सके, इसके लिए सरकार ने कोई इन्जाम किया है ? ग्रामीण क्षेत्रों के लिए इसी से संबंधित एक प्रश्न है। हमारे बिहार में जहाँ तक हमको सूचना है कोई भी अतिरिक्त इन्सेक्टसाइड नहीं दिया गया है, क्या यह सच है कि नहीं दिया गया है और अगर दिया गया है तो कितना और किन जिलों के लिए, इसपर जरा मंत्री महोदय प्रकाश डालें। इसी संबंध में मैं कहना चाहूँगा कि जब मंत्री महोदय वहाँ कोलाजार के लिए गए थे तो बताया गया था कि वहाँ सरकारी स्टॉक के लोग इसे कुपि में इस्तेमाल के लिए बेच देते हैं 15 रुपये किलो। क्या इस तरफ भी सरकार का ध्यान गया है और कोई कार्रवाई की गई है या नहीं। इन तीन बिन्दुओं पर मैं चाहूँगा कि मंत्री महोदय प्रकाश डालें।

श्री मोती लाल वोरा : माननीय सभापति महोदय, माननीय सदस्य ने जानना चाहा है कि जहाँ पर यह बीमारी फैलती है उनके बाद में उसकी रोकथाम के लिए क्या उपाय किए जाते हैं और इसके लिए जो नारजर्वा एनोकेलेशन का काम आपने कहा है कि यह बीमारी किसी एक गाँव में महामारी के रूप में नहीं फैलती है। किसी एक गाँव में यदि एक व्यक्ति को जैपनीज एनसिफलाइटिस होती है तो काफी दूर दूसरे गाँव में अध्यक्ष महोदय, माननीय सदस्य इस बात को जानते हैं, इसका

प्रकोप होता है, क्योंकि वायरस से इसका प्रकोप होता है। जहाँ तक पिम्प का सवाल है, पिम्प के माध्यम से जो मक्खिया, जो मच्छर उसमें आता है, उनसे यह व्यक्ति पर जहाँ बैठने है उससे ऐसा होता है। इसके निराकरण की दिशा में जैसा कि मैंने कहा है कि इन्सेक्टसाइड जैसे-जैसे राज्य सरकारों ने मांगा है हमने उनको दिया है। इसमें मलेरिया इरेडिकेशन प्रोग्राम के अन्तर्गत ही उन्हें स्प्रेयिंग करनी पड़ती है। यह किस हद तक, कितनी ऊँचाई तक करनी पड़ती है उसके भी बारे निर्देश राज्य सरकारों के पास है और नेशनल मलेरिया इरेडिकेशन प्रोग्राम के अन्तर्गत हम इस बात की पूरी कोशिश कर रहे हैं कि जो भी हम डी.डी.टी. का पाउडर देने हैं उसका उपयोग वह मलेरिया के इरेडिकेशन के लिए और स्प्रेयिंग के लिए ही करें, कालाजार के लिए, कृषि के उपयोग में न करें। बिहार में, पटना में माननीय सदस्य के साथ कालाजार के बारे में पहली बार भारत सरकार की ओर से, कालाजार की रोकथाम के लिए एक बैठक का आयोजन आज से दो महीने पहले किया गया था और कालाजार की रोकथाम के लिए जहाँ पर केन्द्र सरकार ने एक करोड़ तेडस लाख रुपये की राशि दी है वही राज्य सरकार ने भी एक करोड़ तेडस लाख रुपये की राशि दी है और इस राशि का उपयोग वहाँ पर समुचित रूप से कालाजार को रोकने के लिए ही किया जाएगा और माननीय सदस्य इससे महमत है कि उस बैठक में हमने जो निर्णय लिया कि हर तीन महीने में हम इस बात की समीक्षा करेंगे कि कालाजार की रोकथाम के लिए कौन-कौन सी दवाओं की आवश्यकता है और राज्य सरकारों को उसको आवश्यकतानुसार दवाएँ उपलब्ध हो रही हैं कि नहीं हो रही हैं।

DR. G. VIJAYA MOHAN REDDY: Sir, the reply is very very unsatisfactory. He has said about deaths. What about the cases? School-going children have been affected. It affects the brain. After the disease the child requires a long period of convalescence, rehabilitation. So much money is required. It is a disease which

requires to be tackled on a war-footing. There are so many diseases which have reappeared in our country. Kalazaar, for instance, has reoccurred because of the failure of the department. I want to know, have you got any statistics of children who have recovered from Encephalitis disease in the rural areas, what is the plight of those children, what are the steps taken by you for their nursing, for their rehabilitation? Have you got any statistics? What arrangements are you making for the rehabilitation of those children so that they could go back to their schools or occupations? Mostly the affected children are in the age-group of five to fifteen years.

SHRI MOTI LAL VORA: Sir, he wants information about the Kala-azar disease whereas the question relates to Encephalitis disease. I want proper notice to reply about Kala-azar.

DR. G. VIJAYA MOHAN REDDY: I said that Kala-azar had reappeared because of departmental failure. What arrangements have you made for the rehabilitation of those children, what is the age group in which they are affected, what about their nursing?

MR. CHAIRMAN: Your question is about rehabilitation.

SHRI MOTI LAL VORA: I may read out the number of cases affected in all the 9 States. The figures are for the year 1988 only. Assam—74, Andhra Pradesh—30, Bihar—109, Goa 50, Karnataka—45, Manipur—1, Tamil Nadu—114, Uttar Pradesh—4398 and West Bengal—243. In all—5018 cases. Out of these, 1679 persons have died in all the 9 States. This is the information. We do not have separate information regarding the death of the children. If the hon. Member asks me, I can get the information from the States.

MR. CHAIRMAN: He is interested in rehabilitation.

SHRI MOTI LAL VORA: Rehabilitation is to be conducted by the States. We only come to the rescue as and when they ask us for anything.

SHRIMATI BHOYA CHAKRAVARTY: The Minister has given a completely distorted picture so far as the number is concerned. The Minister has said that in Assam 74 deaths have occurred, but as far as I know, in Lakhimpur and Golaghat districts alone more than 200 children died of this disease last year. It is a killer disease and it has left thousands of children completely invalid. Instead of giving some casual and inadequate answer the Minister should give a pointed reply regarding this disease. From the papers we come to know that Japan and some other Eastern countries have completely arrested this disease. I want to know why positive steps have not been taken in our country to arrest this disease.

SHRI MOTI LAL VORA: In Assam only 49 persons have died this year. I do not have any other information. To the State of Assam we have supplied vaccine worth Rs. 12,20,000 free of cost. Recently I met the Minister of Health, Assam, when I went there and he said that he was satisfied with the medicines sent to them by the Government of India.

Regarding rehabilitation, generally this is undertaken by the States. About physiotherapy equipment, we have supplied physiotherapy equipment to the State of West Bengal costing about Rs. 2,73,000. This is a very small amount. If the States ask us, we can definitely look into it.

SHRI N. E. BALARAM: This JE disease is spreading in all the States in a big way and a number of children are dying. Some of the States are not in a position to cope with the situation. Will the hon. Minister be thinking of convening a conference of all the State Health Ministers and drawing up a massive plan to go into action? Otherwise if it is left to the State Governments alone, I do not think that can solve the problem. He must take initiative to convene a conference of all the Health Ministers, mainly the Health Ministers of UP, Bihar, Assam and several other States, especially of Tamil Nadu, so that he can organise a

massive campaign and press into service all the Health Departments and undertake a big action plan. Otherwise what is the meaning of saying "we are doing this or that"? This will not solve the problem.

SHRI MOTI LAL VORA: I am really thankful to the hon. Member for the suggestion. We will definitely call a conference of Health Ministers of these nine States so that we discuss at length about this disease, how to eradicate this disease and what measures are to be taken after that conference. We will soon convene a conference of Health Ministers of all these nine States.

MR. CHAIRMAN: Question No. 65.

Changes in the Electoral system

*65. **SHRIMATI SUDHA VIJAY JOSHI:**†

SHRI ISH DUTT YADAV:

Will the Minister of LAW AND JUSTICE be pleased to state:

(a) whether Government propose to introduce any changes in the electoral system in the country;

(b) if so, what are the details thereof; and

(c) by when the necessary legislation is proposed to be brought forward?

THE MINISTER OF STATE IN THE MINISTRY OF LAW AND JUSTICE (SHRI HANS RAJ BHARDWAJ): (a) to (c) Various proposals to bring about electoral reforms are under active consideration of the Government and they are likely to be finalised early.

SHRIMATI SUDHA VIJAY JOSHI: Sir, the need for electoral reforms has been a major issue of political debate in the country. A number of deficiencies noticed in the conduct of elections have been

†The question was actually asked on the floor of the House by Shrimati Sudha Vijay Joshi.