

AIDS cases during three years

*23. SHRI H. HANUMANTHAPPA: f
SHRr RASHID MASOOD;

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

(a) what is the number of AIDS (Acquired Immune Deficiency Syndrome) cases detected in the country so far, state-* wise;

(b) what is the number of deaths due to AIDS in the country during last three years; and

(c) what steps Government propose to take to detect and prevent the disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (c): A statement is laid on the Table of the Sabha.

Statement

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

Gujarat.

J & K—I

Andhra Pradesh —1

Maharashtra —2

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

The steps being taken by the Government are as under—

(1) 26 Surveillance centres. have been established in the country to screen high risk group, In addition, 4 referral centres where higher level' diagnostic facilities for AIDS are available, have been set up.

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

†The question was actually asked on the floor of the House by Shri H. Hanumantappa.

(3) All the State Health Authorities] HospitalSTD Clinics have been alerted to look for AIDS cases.

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

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

(6) Guidelines have been Sfent to all the Slate Health Authorities for health care personnel.

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

(8) Insiructions[guidelines to theState[Union Territory health authorities have been issued for medical examination including that for AIDS for foreign students being admitted to Indian Universities. These instructions *inter-alia* stipulate: —

(i) All foreign students are to be screened (new & old admissions).

(ii) All foreign, students should sub* mil themselves for health check to the nearest Civil Surgeon|Chief Medical Officers[Superintendent of District Hospitals and the health check should include medical examination which includes AIDS test.

(iii) For new entrants, the medical examination is td~ be completed within one month. For already admitted foreign students action should be initiated to complete the screening at the earliest within 3 to 6 months. jt-

SHRI H. HANUMANTHAPPA; I have gone through the statement carefully, J wherein only five- cases of deaths have been reported from last three years and various guidlines have been given by the Government. The fourth guideline says that Instructions have been given to screen only professional blood donors. I do not know how the Government has come to

the conclusion that only the blood of professional blood donors is to be tested and not all the blood that will be transfused to the patients.

Secondly, it is stated that all the State health authorities/hospitals/STD clinics have been alerted to look for AIDS cases. My doubt arises whether this is being properly monitored here at the Centre or not. There were press reports that AIDS cases have been detected in Bellary hospital. Some of them have been dealt with. They have come from Andhra. Yet no figures are available with the Government and nothing is being mentioned about cases in the Bellary hospital which have come from Andhra. Is the Government aware of reports that patients have died of AIDS in Bellary? How was this lost sight of by the Government?

SHRI P. V. NARASIMHA RAI: The figures which we have, have been collected from all the State Governments and all the available sources. If there is any instance which has not been mentioned here, I am prepared to take that information and have it looked into.

About blood donors, it is very difficult for any casual donor of blood to be subjected to this. They may come later on if it is found necessary. Now we are concentrating on professional blood donors because they go on giving blood time after time and the possibility of the infection coming from blood is much more in their case.

SHRI PARVATHANENI UPENDRA: What about their coming from Andhra?

SHRI H. HANUMANTHAPPA: This statement says that here was one case in Andhra.

SHRI PARVATHANENI UPENDRA: All cases in Karnataka cannot be from Andhra.

SHRI H. HANUMANTHAPPA: I am particularly worried because I want neither of Andhra.

My second supplementary is, the Government has taken a decision to screen all the foreign students. Added to this, there are more than a million foreign tourists also coming into the country every year. Recently the Japanese Government has taken a decision in its Cabinet to bar the entry of tourists that are found to be AIDS carriers. Will the Government of India also consider taking a similar step?

SHRI P. V. NARASIMHA RAI: Foreign tourists come and go within a short time. Students come here for a year or two years to prosecute their studies and therefore their continued stay has the inbuilt risk of transmitting AIDS disease to other in case infection is carried by them. So we are going by certain priorities. This is the priority group that we have chosen. It does not mean that we have foreclosed our options of going into other groups. But right now this is the position and I think this should do because anything more would at once create some kind of a panicky situation which will be difficult to handle.

SHRI PARVATHANENI UPENDRA: How much time is taken for transmission?

MR. CHAIRMAN: No. Mr. Rasheed Masood.

श्री रशीद मसूद : चेयरमैन साहब, यह जो बीमारी है एड्स की, इस बीमारी से भी ज्यादा चिंता का सबब यह है कि हमारी इल्लम मिनिस्ट्री ने अपने कार्यक्षेत्र में बढ़ कर के जो फारेन मिनिस्ट्री है, उसके कार्यक्षेत्र पर भी धावा बोल दिया है, इसलिए कि फारेन स्टूडेंट्स का जो चैक हो रहा है, मध्य प्रदेश से पिछले दूनों महीनों में दो लड़कों को डिपार्ट किया गया क्योंकि मैं, जिनके पाजिटिव यहाँ पर टेस्ट हुए थे, वहाँ पहुँच कर उन्होंने अपनी कपट्टी में टेस्ट कराया है, तो वह नैगेटिव निकला है। इससे हमारे दूसरों से रिलेशंस सराब होने का डर है और आपने पढ़ा होगा आज के प्रेस में भी आगरा के तमाम फारेन स्टूडेंट्स ने एक रोजाल्यूशन भेजा है गवर्नमेंट को जिसमें अपने ग्रुप्स का इजहार किया है। महाराष्ट्र के फारेन स्टूडेंट्स ने भी किया है।

इसमें क्या हमारी जो हेल्थ मिनिस्ट्री है, वह इसमें पूरे तरीके से अपनी जिम्मेदारी निभा करके ऐसे क्लिनिक्स खोलेंगी कि जिनमें टेस्ट बिल्कुल सही हो सकें ताकि जिन लोगों को हम डिपार्ट कर दें, उनके अपनी कण्ट्री में जाकर यदि उनका नेगेटिव निकलता है और यहाँ पाजिटिव निकलता है, तो हमारे रिलेशन पर भी उसका छराव होने के चांसज है, पाट ए?

पाट बी यह है कि पूरे कण्ट्री में हर हिस्से में रिपोर्ट्स आ रही हैं कि यह एड्स की बीमारी सभी जगह तकरीबन पाई जा रही है। अभी इस स्टेटमेंट में मंशन नहीं किया गया है, जो हमें स्टेटमेंट दी गई है। शायद अभी तक हमारी मिनिस्ट्री को रिपोर्ट्स नहीं मिली होंगी। लेकिन जितने क्लिनिक्स खोलें गये हैं, वह उरको देखते हुए बहुत कम हैं। और इसमें भी ज्यादातर आप फोरेनर्ज पर जोर दे रहे हैं, जैसे कि वे ही इस बीमारी को फैला सकते हैं और इसके स्रोत हो सकते हैं।

MR. CHAIRMAN: Time is up. Two minutes, over.... (Interruptions).... you must put your question within two minutes.

श्री रशीद मसूद : इसलिए क्या यहां के लोगों को भी आप फोर्सलिटोज मुहैया कराने या नहीं ?

श्री पी. वी. नरसिंह राव : श्रीमन्, इसमें किसी देश के साथ हमारे संबंधों का भिगाड़ने या बिगड़ने का प्रश्न उठता ही नहीं है। हरके देश के अपने रूलज, अपने नियम होते हैं। हमारे एक्सपर्ट्स हैं, हमारी लैबोरेट्रीज हैं। वहां से जो नतीजा आता है उस पर हम निर्भर करेंगे और निर्णय करेंगे। किसी दूसरे देश में भेजकर उसको हम तसदीक नहीं करायेंगे कि दूसरे देश क्या कराते हैं? इस तरह से अगर वे हमारे किसी हिन्दुस्तानी को आने न दें और हम कहें कि हमारी लैबोरेट्रीज की नतीजों पर अमल किया जाए तो यह कैसे हो सकता है? यह नहीं हो सकता। यह हमारा नेशनल डिसीजन है और इसको भावदौ से हम चलायेंगे और जहां तक प्रोटेस्ट भादि की बात है, ठीक है, कोई भी नया

काम शुरू हो जाता है, नया नियम आ जाता है तो पहले तो थोड़ी बहुत उसके खिलाफ एंसी फीलिंग होती है कि यह नहीं होता तो अच्छा होता। लेकिन यह एक अहम चीज है। It is much too serious for us to be daunted by either complaints or protests.

SHRI RASHEED MASOOD; What about part (b)?

MR. CHAIRMAN No. Mr. Gopalsamy.

SHRI V. GUPALSAMY: Mr. Chairman, Sir, experts have already warned that Asia is going to be the next AIDS battlefield, I understand the concern of the Government. I would like to know from Ifag honourable Minister whether it is a fact that thousands of African students studying in the various universities, have expressed their anger and resentment due to the tests being aimed exclusively at them, is it a fact that the inclusion of Black students who have been in the country for the past many years into AIDS-prone victims and exclusion of non-Black foreign students from the rigours of AIDS tests has already set in la feeling of racist overtones into the detection programme being conducted in many universities? If so, I would like to know from the Minister as to what steps they are going to take to remove such resentment from among the students.

SHRI P. V. NARASIMHA RAO: I am very happy that Mr Gopalsamy has raised this supplementary. I would like ttt tell him categorically—and tell the House and tell the country categorically—that these allegations are totally false. I have gone into the list of all the countries from where students come here. They are all being subjected to the same test and there is no discrimination at all. And when we send the students back, we don't say that they are suffering from AIDS. What we say is, in a particular test sero positive has been found, which means that they are potential carriers of the infection. They may or may not transmit it to others. So, if you then test him to see whether

he has got AIDS or not, I mean, we are talking of two different things. When we find that he is a potential carrier or in-lector, we have every right to send him back. Whether he has got the disease himself is not the question: that comes much later. That may not come. Many may be potential carriers, but they may not either have AIDS disease or eventually transmit it to others. Therefore, in the case of the Kenyan students what we have done" is only to say that these students have been found sero positive; so we would like them to go back. That is all.

SHRI SURESH KALMADI: Sir, the Centre has issued guidelines regarding the testing of foreign students. The problem is in implementation. Yesterday and the day before yesterday the press has been covering about foreign students in Bombay where they refused to undergo the tests. They are not refusing because of the policy as such but because of the way of implementation. It is a public affair. The collection of blood from the foreign students is right in the University and the doctors have been very rude. So, would the honourable Minister inquire into this particular episode in Bombay and see whether there could be AIDS clinics where the students could go, have their tests and all that they have to do is produce a certificate instead of it being a public affair?

SHRI P. V. NARASIMHA RAO: There are two sides to this. If I have AIDS-test camps separately, then, anybody going there would be labelled as a person who is a potential carrier of AIDS. That would not be proper. You take blood tests. Out of those tests, this is also one. So, that would be much better from the point of view of his self-respect and our respecting his personality. But, if there has been any case of bad behaviour etc., I mean, these things would have to be gone into by the State Government. We can certainly bring them to their notice.

SHRI KAPIL VERMA; Sir, the statement says that all students, both old and new, will be screened within three months.

I want to know how many university centres have such facilities for the AIDS-test.

SHRI P. V. NARASIMHA RAO; Sir, guidelines have been issued. The test has to be done by the nearest civil surgeon. So, I do not think that there is going to be any difficulty in ease of any university.

SHRI G. SWAMINATHAN: There have been periodical reports regarding the AIDS drug research in the traditional system of medicine, especially the Ayurvedic system of medicine, that they will be able to give some valuable drugs for the treatment of the AIDS. One such drug that has been recommended seriously is Ocimum Sanctum which in Ayurveda is called "Thulasi" which has good anti-viral properties. Will the Government take up this cue and ask the CDR Laboratory or Regional Research Laboratory to find out whether any such traditional medicine* will be of use? It has been said that the Allopathic system does not have any clear drug of anti-viral property. Now they say, Ocimum Sanctum is a very valuable medicine, Ayurveda has medicine for viral jaundice and the AIDS seems to be connected with the other.

SHRI P. V. NARASIMHA RAO: Sir, would be very happy to accept any suggestions in regard to testing of any medicine, if it is traditional, I will be happy to do that. The only thing is that the AIDS does not appear to be traditional. It is a very modern disease.

SHRI IERLIE E. TARIANG: Sir, we all know that the advanced States have been able to detect the AIDS. But our God forsaken region in the North-East does not have sufficient institutes. We do not have any medical colleges. So, the Central Government decided in 1983 to set up an institute of Medical Sciences in Shillong. The State Government has also procured the land. The Prime Minister went last year and laid the foundation-stone. But till today it has not been clearly defined when that Institute is going to start. Our fear is that the AIDS may affect this great country not only in the big cities but may also spread in that region. How do we detect?

SHRI P. V. NARASIMHA RAO: He is talking of aid; he is not talking of AIDS. That is a separate question, nothing to do with the AIDS. I think that the college will come up soon.

MR. CHAIRMAN: He wants aid to find the AIDS.

SHRI P. V. NARASIMHA RAO: At the moment we would happily like to believe that there is no AIDS there.

SHRI GHULAM RASOOL MATTO: Sir, there are two aspects of this thing. One is about the foreign students being subjected to the tests over here. Will the hon. Minister consider that when foreign students are sent by their respective countries to the Government of India for admission to various colleges in India, they should fill in a form and that proforma should include a condition that a certificate in regard to the AIDS is enclosed? In that case the onus will be on them, not on us. Will he consider this possibility?

SHRI P. V. NARASIMHA RAO: The hon. Member is right in providing those who come here for admission, tell their governments that they are coming here for admission. They come as tourists. We have instances in which most of them come here as tourists for two months, three months, pay the capitation fee or something, get 'admission and then' start pressuring their governments, for a student visa. So, these are all mixed matters.

SHRI GHULAM RASOOL MATTO: This is a government-to-government case.

SHRI P. V. NARASIMHA RAO: Yes, that can be done. We are taking up, we will certainly take up. But the point is there are seen many loopholes in this. It needs a very comprehensive solution.

Expansion of Telecommunication* for Rural Areas

*24. SHRIMATI SUDHA VIJAY JOSHI: Will the Minister of COMMUNICATIONS be pleased to state;

(a) the details of Plans drawn up to expand telecommunication facilities in rural areas during the Seventh Plan period; and

(b) the progress made in their implementation during the last two years?

THE MINISTER OF STATE IN THE MINISTRY OF COMMUNICATIONS (SHRI SANTOSH MOHAN DEV): (a) and (b) A statement is laid on the Table of the House.

Statement

Telecommunication facilities in rural areas

The main objectives of 7th Plan for expanding telecommunication facilities in rural areas are:

(a) provision of a long distance public telephone within 5 KMs. of a village by 1995. For this purpose country has been divided into a hexagonal cell of 5 Km. sides and one PCO is to be opened in each such cell.

(b) provision of telephone connections in rural areas on priority. For this purpose rural exchanges of 25 line capacity are opened if there is a registered demand and if anticipated, revenue covers at least 40 per cent of the annual recurring expenditure. Similar liberal standards have been adopted for expansion of rural exchanges.

(c) extension of telecommunication facilities to remote areas like Islands, North-East, North-West etc. to small capacity satellite earth stations.