

tonnes and if we find that Kerala really needs more during the lean season, we would be too happy to help them.

DR. K. MATHEW KURIAN: Sir, the hon. Minister is not giving the true picture when he says that rice allocation has been increased from 45,000 tonnes to 54,000 tonnes. Forty-five thousand tonnes last year was itself a very substantial reduction from the promise made by the Government. I would therefore like to know whether it is true that the Government had, on an earlier occasion, made the solemn promise that they will take the responsibility of supplying Kerala foodgrains at the modest rate of 160 grammes of rice and 80 grammes of wheat per adult per day. On this basis, Kerala

requires 91,500 tonnes of rice and 45,000 tonnes of wheat per month I would like to know whether, in view of this responsibility taken by the Government in the past, it is not a reduction and a failure on the part of the Government to fulfil the responsibility to Kerala.

SHRI SHAH NAWAZ KHAN: I would like to draw the hon. Member's attention to the recent statement which has been made in the Kerala Assembly by the Food Minister of Kerala. He said, the food position in Kerala has never been so good in the past as it today is. Therefore, there is nothing to worry.

DR. K. MATHEW KURIAN : Sir, he has not replied to my point. What the Kerala Food Minister says is not important here. The question here is whether the Central Government had promised to supply 91,000 tonnes of rice and 45,000 tonnes of wheat and why they have not fulfilled it in the year of bumper crop.

MR. CHAIRMAN : If the Food Minister is not wanting it, what can you do? MR. K. MATHEW KURIAN: I do not represent the Food Minister. It

The question was actually asked on the floor of the House by Shri Ibrahim Kalaniya.

is the people of Kerala who demand more food, not the Minister.

MR. CHAIRMAN: But it is the Government which represents the people,

SHRI B. V. ABDULLA KOYA: Kerala rice merchants have been getting rice from Nepal all these months. We understand that recently NOCs have not been allowed to the Kerala merchants. I would like to know from the Minister what are the reasons for stopping these NOCs for getting rice from Nepal to Kerala.

SHRI SHAH NAWAZ KHAN: When rice is available within the country we like to use our own rice rather than buy rice from other countries.

SHRI B. V. ABDULLA KOYA: It is because the requirements of Kerala are so big and we do not get enough rice from the Government sources.

DR. K. MATHEW KURIAN : Only the Food Minister gets enough food.

SHRI SHAH NAWAZ KHAN : I have just said that we offered levy-free rice to Kerala but they asked us not to send it. When they ask for it, we shall supply them.

Malaria epidemic in the country

*63. SHRI IBRAHIM KALANIYA: f
SHRI KASIM ALI ABID: SHRI
KHURSHED ALAM KHAN;

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

(a) whether it is a fact that there has been an abnormal breeding of mosquitoes in the country even in winter season' this year;

(b) whether some experts have expressed apprehension about widespread malaria epidemic in the country this year; and

(c) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH): (a) to (c) From the higher

incidence of malaria cases during 1975 it can be inferred that there has been heavier breeding of mosquitoes in the country as compared to the previous year. It is apprehended that malaria cases in the country may continue to show an upward trend for some time.

श्री इब्राहीम कलानिया : क्या माननीय मंत्री जो यह बताने की कृपा करेंगे कि यह जो मलेरिया की बीमारी है, बढ़ रही है तो इस समय कौन कौन जिलों में मलेरिया का प्रसार ज्यादा है? क्या इसका विवरण बताने की कृपा करेंगे और मलेरिया फैलने से रोकने के लिए स्वास्थ्य मंत्रालय ने अभी तक क्या कार्यवाही की है?

डा० कर्ण सिंह : अध्यक्ष महोदय, जहां तक जिलों का प्रश्न है, मेरे पास आंकड़े तो हैं लेकिन मेरी मसजद में हम यह कह सकते हैं कि सारे ही देश में मलेरिया अब फिर से बढ़ रहा है, यह बड़ी दुर्भाग्य की बात है। लेकिन वे जिले जहां कि कांसालिडेशन फेज में पहुंच गए वे वहां भी मलेरिया बढ़ रहा है। इसके विषय में बहुत कुछ हम सोच रहे हैं। एक तो पहले यह कहना जरूरी है कि हमारे देश में ही नहीं सारे दक्षिणी पूर्वी एशिया में यह मलेरिया बढ़ रही है। वर्ल्ड हेल्थ ऑर्गेनाइजेशन के साथ हमने सम्पर्क स्थापित किया है और चूंकि यह एक चिंता का विषय है, हम तीन चार उपाय कर रहे हैं। एक तो एडमिनिस्ट्रेटिव रिऑर्गेनाइजेशन जो—कि इस समय एडमिनिस्ट्रेटिव पैटर्न उसको हम रिऑर्गेनाइज कर रहे हैं ताकि रेंसॉसिबिलिटी डिस्ट्रिक्ट मेडिकल आफिसर को हम दें और जो स्टाफ है, जो कुछ थोड़ा सा ढीला पड़ गया था, उसको हम तेजी से काम करने लिए उपयोग में आएंगे। दूसरे पेस्टीसाइडस का प्रश्न

है। पेस्टीसाइडस कुछ तो हमारे देश में ही बन रही है, कुछ हम विदेश से मंगवाते हैं। तो उसकी ओर भी हम ध्यान दे रहे हैं। तीसरे, एण्टी मलेरिया स्टेप्स ले रहे हैं, जिनको मलेरिया हो जाए उनकी चिकित्सा आदि के लिए एण्टी मलेरिया के संबंध में भी हम कार्यवाही कर रहे हैं।

श्री इब्राहीम कलानिया : मेरा दूसरा प्रश्न यह है कि वर्ल्ड हेल्थ ऑर्गेनाइजेशन मलेरिया रोकने के कार्यक्रम में कितनी मदद कर रहा है और उसमें किस-किस प्रकार की मदद मिल रही है और मलेरिया तथा फाइलेरिया की बीमारी को रोकने के लिए इस संस्था द्वारा किस प्रकार का सहयोग मिल रहा है? मलेरिया की बीमारी को रोकने के लिए क्विनाइन की जो दवाई होती है वह बाजार में नहीं मिलती है। इसलिए मैं यह जानना चाहता हूँ कि इस दवाई का बाजार से आसानी से प्राप्त किया जा सके, इसके बारे में स्वास्थ्य मंत्रालय क्या कार्यवाही कर रहा है?

डा० कर्ण सिंह : अध्यक्ष महोदय, डब्लू. एच. ओ. ने यहां पर एक सेमिनार किया था जिसमें इस सारे क्षेत्र के जो देश हैं, वे सब आये थे। इन सब देशों ने इस सम्बन्ध में परस्पर विचार विमर्श किया और एक इंटीग्रेटेड स्टेज की ओर हम जा रहे हैं। अभी तक डब्लू. एच. ओ. की तरफ से कोई खास मदद पैसे की नहीं मिली है, लेकिन फिर भी मई के महीने में जनेवा में इसकी मीटिंग हो रही है और इस सम्बन्ध में व्यक्तिगत रूप से बातचीत करूंगा।

जहां तक दवाईयों का सवाल है, इस बीमारी की दो दवाईयां होती हैं। एक तो क्विनाइन होती है और दूसरी

पीली क्वानाइन होती है और दोनों की दवाइयों की कमी है, इसमें कोई संदेह नहीं है। यह बीमारी पहले कम हो गई थी जिसकी वजह से इसकी दवाई कम हो गई थी। क्योंकि अब बीमारी बढ़ रही है और इसकी दवाई बाजार में कम मिलती है, इसलिए हमारी कोशिश यह है कि यह दवाई यहां पर बनाई जाये और साथ ही साथ इम्पोर्ट भी की जाये। हम आशा करते हैं दवाई की स्थिति में बहुत जल्द सुधार हो जाएगा।

श्री कारसिम अली आबिद : मैं मिनिस्टर साहब से यह पूछना चाहता हूँ कि मलेरिया की बीमारी बढ़ने की जो ख़ास वजह होती है उनकी तरफ़ गौर नहीं किया जाता है। चुनाव शहरों में, जैसे कलकत्ता है, बम्बई है, हैदराबाद है, इस तरह के शहरों के बीच में जो दरिया या कैनल जाते हैं और जिनके आसपास बाजू में, मैदानों में, खेतों में घास उगा दी जाती है जिसकी वजह से मलेरिया की बीमारी में इजाफ़ा हो जाता है। अगर इन बुनियादी चीजों की गौर किया जाता तो मलेरिया को रोका जा सकता और डब्लू० एच० ओ० से भी मदद हासिल की जा सकती। इसलिए मैं यह अर्ज करना चाहता हूँ कि बुनियादी तौर पर इन चीजों को रोकने की कोशिश की जानी चाहिए और इस सिलसिले में सरकार ने क्या इकदाम किये हैं, यह मैं जानना चाहता हूँ ?

डा० कर्ण सिंह : अध्यक्ष महोदय, जो बुनियादी बज्जहात मलेरिया के है, इसमें कोई शक नहीं है कि जो पानी बढ़ता है, जो पानी खुला खड़ा रहता है ख़ास तौर पर,

वहीं पर मच्छर ज्यादा पैदा होते हैं यह एक बहुत बड़ा प्रश्न है और यह बात अर्बन डेवलपमेंट में भी र। हम तो यह चाहते हैं कि वाटर मप्लाई और कव सीव्ज डिस्पोजल की व्यवस्था हो जब तक इस तरह की व्यवस्था नहीं की जायगी तब तक मच्छर जहर बढ़ेंगे। एक बुनियादी वजह और है जिसको मैं अर्ज कर देना चाहता हूँ और वह यह है कि जो मच्छर हैं वे भी अब रेजिस्टेंट हो गये हैं। यह मच्छर एक ऐसा दुष्ट जन्तु हैं कि इस मच्छर को हमने पहिले समाप्त भी कर दिया था, लेकिन वह फिर रेजिस्टेंट हो जाता था। इसलिए बुनियादी जो दो तीन बज्जहात हैं, उनकी तरफ़ हम तवज़्ज दे रहे हैं और इस दुष्ट जन्तु को किसी तरह से निकालने का भरसक प्रयत्न कर रहे हैं।

DR. K. MA.THEW KURIN : Family-planning is required here also.

SHRI KHURSHED ALAM KHAN: Now there seems to be a little hope that something will be done about this menace because when last year the same question was put by me to the hon. Minister, it was stated that there was no increase in the incidence of malaria cases as registered in the hospitals of Delhi. May I know from the hon. Minister as to what change has been there now that he has been convinced that there has been an increase in the incidence of malaria cases? Besides, I would like to know what particular step are being taken about it because I would like to remind the hon. Minister that before 1947 we were having about 7 crores malaria case: annually, every year, and it was reduced very considerably by 1958. Now right from 1965 this has been on the increase and yet our efforts have decreased. So, I would like to know what

steps are being taken, particularly during winter months when there are so many mosquitoes, what is going to be done during the coming months and what is going to be done about the border areas with Pakistan which are immensely infected by malaria cases.

DR. KARAN SINGH : It is true that malaria which was almost eradicated, which had come down to less than one lakh cases with no deaths in 1965— from 7 crores cases with about 8 lakh deaths annually before partition it had come down to one lakh cases with no deaths in 1965—unfortunately there is an upward trend again. I am distressed to have to report to the House that in 1975 as many as 35 lakh cases of malaria have once again been re-parted—positive cases.

There is no doubt that this is beginning ----

AN HON. MEMBER: What about deaths?

DR KARAN SINGH : The deaths for the current year, according to our information, are 99. But that is very bad. It means that people are beginning to die of malaria again. This is a very serious matter. We are deeply concerned about it. Sir, as I was pointing out, what we are trying to do is to evolve a new strategy to meet this menace, and that strategy is three-pronged. The first is the total fundamental administrative re-organisation. I must admit that our surveillance staff had become slack and work was not being done properly; the supervision of the States was not adequate and the whole situation had become unsatisfactory because of a certain amount of complacency; we thought that malaria had been eradicated. We are now gearing up the whole administrative machin-

ery and we are taking a number of other steps to ensure better administrative control.

With regard to pesticides, there is a great shortage of pesticides in this country. Hon'ble Members will appreciate that one of the reasons for the spurt in malaria was the great shortage of DDT, BHC and Malathion which are the three pesticides which are required. There was a shortage because in fact the manufacture of DDT itself had been discontinued—as you know, in the West, DDT is no longer used—and there was a competition between agriculture and health for the use of these pesticides. Now, once again, Sir, we are going to start a new factory at Rasaini. A new factory for the manufacture of 500 tonnes of DDT is going to be started. We are also importing certain quantities of these pesticides from various countries.

The third prong is the treatment side, and there as I have said, Chloro-quin and Primaquin are the two essential drugs. We need about 500 million tablets of Chloroquin. We are importing the powder and tableting it there. We are trying to move towards self-sufficiency in production. So we are fully aware of the problem and we are trying to meet it. I can assure the hon'ble Member that I have not tried to pull any punches. I have clearly taken the House into confidence and accepted that it is a top priority problem.

SHRI KALYAN ROY: Sir, this question came up on the 28th January this year. Now, is it a fact that the Minister told one of the top journals a foreign weekly—that he will be satisfied if the incidence of malaria in the country is brought down to 500 per million, or about 300 cases by 1984, and he said that the whole background of the rise in incidence of malaria is that we became complacent?

DR. KARAN SINGH : Partly.

SHRI KALYAN ROY : It is not 35 lakhs but according to the foreign weekly, India is the hardest hit State in the entire continent where the number has gone up to as high as 4 million. And what is the position of the supply of quinine and cinchona?

DR. KARAN SINGH: Sir, I am not sure which particular report he is referring to. There was a controversy going on as to whether it should be malaria eradication or malaria containment. I said that the first problem is to contain it. Once you contain it, you can move on to eradication. We have not been able to contain it and it is growing. Therefore, we have to put our resources into that. Sir, the old quinine.. ,

SHRI KALYAN ROY: You said that you will be satisfied if the number of malaria cases is brought down to 3 lakhs by 1984. It appeared in Time on December 1, 1975.

DR. KARAN SINGH: Considering that it is 35 lakhs in 1975, I will certainly be happy if we can bring it down to 3 lakhs. I would be happier if we can bring it to zero. But we have to make a realistic estimate. I must have said that by the end of the Sixth Plan—because 1984 is the end of the Sixth Plan, I must have been talking in terms of two Plans—our strategy is to bring it down to this level.

Sir, he was talking about quinine. All of us in our childhood had to take a lot of quinine, much to our distaste. Now there are improved varieties of quinine—as I was saying, Chloroquin and Primaquin—but still unfortunately we are importing quite a lot of these, but I am in touch with the Petroleum and Chemicals Ministry in order to have indigenous production as quickly as possible.

Has the Government examined the successful process of using infra-red and other sources by which mosquitoes on a large scale could be eliminated? Has this been examined at all ?

DR. KARAN SINGH : Infra-red, to the best of my knowledge, has not been examined, apart from DDT, BHC and Malathion. And there are more powerful insecticides. We are trying to use a variety of these insecticides so that —

SHRI VIREN J. SHAH: Mere insecticide is of no help now. The use of infra-red for eliminating mosquitoes has been successfully made in some other countries.

DR. KARAN SINGH: About the other two alternative strategies, there was some work being done. But I am afraid nothing concrete has emerged.

श्री जगदीश जोशी : क्या माननीय मंत्री जी यह बताने की कृपा करेंगे कि डी० डी० टी० से इम्पूनिटी हासिल करने के बाद आप को डी० डी० टी० के लिये कारखाना बनाने की क्या आवश्यकता है ? और कुनैन का इम्पोर्ट करने के बजाय क्या हम मलेरिया के लिये चिरायते का प्रयोग नहीं कर सकते, जो कि पुराने जमाने से और अधिक के रूप में प्रयोग किया जाता रहा है और यह भिन्न हो चुका है कि चिरायता भी उतना ही उपयोगी रहा है जितना कि कुनैन रही है। मच्छरों का समूल रूप से उन्मूलन करने के लिए सरकार ने जो प्रयत्न किये उस निलसिले में आप ने देखा होगा सरकार की तरफ से लिखा गया है कि मच्छर रहेगा मलेरिया नहीं। सारी सड़कों में लिख दिया गया हिन्दुस्तान भर में—'मच्छर रहेगा, मलेरिया नहीं', और उस के बाद सारे मच्छरों के उन्मूलन के लिए कोई कार्यवाही विभाग ने नहीं की। तो आप ने मलेरिया को हटाया लेकिन मच्छरों का समूल उन्मूलन करने के लिए विभाग ने आज तक कोई ठोस कदम नहीं उठाया, कोई ठोस प्रोग्राम नहीं अपनाया और जब तक मच्छर समूल

रूप से नष्ट नहीं होंगे हम इस को समाप्त नहीं कर सकते। इसलिये मच्छरों के उन्मूलन के लिये आप क्या ठोस कदम उठा रहे हैं यह मैं जानना चाहता हूँ।

डा० कर्ण सिंह : अध्यक्ष महोदय, मच्छरों के साथ हमारी बिलकुल सहानुभूति नहीं है। मैं चाहता हूँ कि यथा शीघ्र मच्छर इस देश से निकल जायें हमेशा के लिये और हम डी० डी० टी० आदि जो तैयार कर रहे हैं वह इस लिये कि कहीं-कहीं पर मच्छरों में रिजिस्टेंस आया है लेकिन सारे स्थान ऐसे नहीं हैं कि जहाँ उन में रिजिस्टेंस पैदा हुआ हो। इस लिये हम को डी० डी० टी०, मालाथिया और बी० एच० सी०, इन तीनों का प्रयोग करना पड़ेगा और हम इस से सहमत हैं कि मच्छर जब तक इस देश में एक भी रहेगा, तब तक हम खतरे में हैं। आप ने किसी औषधि का भी जिक्र किया। यह औषधि गालिवन आयुर्वेद की है या यूनानी की है, लेकिन हम इस को भी देख रहे हैं कि आयुर्वेदिक या यूनानी या होम्योपैथी में अगर कोई दवाई है कि जिससे मलेरिया का कष्ट निवारण हो सके तो हम उस को भी अपनाने का प्रयत्न करेंगे।

SHRIMATI SUMITRA G. KULKARNI: All over the city there are open sewers which are breeding grounds for these mosquitoes. The hon. Minister said that it is for the Urban Development Ministry to take up this thing. Has he taken any positive steps about it? It is not as if the Urban Development Ministry is such a department with which you cannot have any coordination. What are the steps he is taking to ensure that this angle also is taken care of and also to see that the pesticide and other drug and pharmaceutical manufacturers are made alert to go on a crash programme for producing these medicines which are needed? After all, these are not complicated medicines and we can produce them in India. What are the difficulties in implementing this crash programme?

DR. KARAN SINGH: Lack of proper sewerage is a very serious problem in this country and in a way, it is a reflection and index of the general lack of development and also of overcrowding and urbanisation. We are constantly impressing upon the local bodies and upon the Ministries concerned that these constitute health hazards not only for malaria but also for many other water-borne diseases. Cholera and gastro-enteritis are existing as a result of polluted water supply. Therefore it is our constant effort in the Ministry of Health to impress upon all other organisations, whether it is the Ministries of the Government of India or local bodies or municipal corporations the prime necessity of improving the water supply. As far as the drugs are concerned, I agree with the hon. Member that we do have an excellent capacity for drug manufacture in this country. And as I said in reply to an earlier question, we are in close touch with the Ministry of Chemicals and we hope very soon to move into the production of these drugs.

*6t [The questioners (Shri Indradeep Sihha and Dr. Z. A. Ahmad) were absent. For answer vide Col. 34 infra.]

Fall in the prices of Groundnut in Gujarat

*65. PROF. N. M. KAMBLE:f
SHRI JAGDISH JOSHI-
SHRIMATI SUMITRA G.
KULKARNI: PROF. K.
MATHEW KURIAN: SHRI KALI
MUKHERJEE:

Will the Minister of AGRICULTURE AND IRRIGATION be pleased to state:

(a) whether Government are aware that prices of groundnut in Gujarat have crashed; and

(b) if so, what steps Government are taking to help the farmers in this regard?

The question was actually asked on the floor of the House by Prof. N. M. Kamble.