

MR. DEPUTY CHAIRMAN: You were also in the Government. So, you will understand this. I was also in the Chair when you were in Government.

अल्पसंख्यक कार्य मंत्रालय के राज्य मंत्री तथा संसदीय कार्य मंत्रालय में राज्य मंत्री (श्री मुख्तार अब्बास नकवी): सर, मिस्त्री साहब जो Parliamentary rule and regulation है, उसके गुरु हैं, गुरु नहीं, बल्कि * हैं। उनसे तो हम लोग सीखते हैं। इसलिए ये कोई भी चीज़ गलत नहीं कह रहे हैं।

MR. DEPUTY CHAIRMAN: Okay. All right. The time allotted is only two hours. ...*(Interruptions)*... Please. ...*(Interruptions)*... The time allotted is two hours. I will strictly adhere to that, so that discussion on the General Budget is not jeopardized. Now, Shri Jagat Prakash Nadda to move.

GOVERNMENT BILL

The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Bill, 2014.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): Sir, I rise to move:

That the Bill to provide for the prevention and control of the spread of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome and for the protection of human rights of persons affected by the said virus and syndrome and for matters connected therewith or incidental thereto, be taken into consideration.

Sir, the HIV Bill, which was introduced in Rajya Sabha on 11th February, 2014, had a very exhaustive consultation process, through which this Bill has come for consideration in the Rajya Sabha. Initially, 29 Ministries and 21 Departments were consulted. Then, it was placed before the Rajya Sabha, and went to the Standing Committee. After the Standing Committee, it went to the Group of Ministers. After that, it came to the Lok Sabha, and now it is in the Rajya Sabha. Sir, the Bill provides for the provisions to strengthen the hands of the people who are working to control the HIV infection and to give them powers to see to it that they are able to curb this virus and this disease in a most effective manner. It also empowers the people living with HIV infection and tries to give them powers in the sense that it gives the legislative backing to the people living with HIV infection. It is people-living-with-HIV-centric legislation, which has come for our

*Expunged as ordered by the Chair.

consideration. It addresses the first issue of stigma and discrimination – discrimination in case of education, discrimination in case of employment, discrimination in cases of giving health facilities, discrimination in utilising the public facilities, and discrimination in inheriting the property, property rights and to hold any public office also. Initially, this was provided in the guidelines. But, now, after passing of this Bill, we will have the legislative sanctity and the legislative support to see to it that no discrimination is done. Another thing is, it prohibits the feeling of hatred against the HIV patients – physical assault or any physical violence against them. It has the provision of penalty. Those people who do such things will be penalised under the IPC. So, this provision has been also. ...(*Interruptions*)... It gives an environment where it becomes the responsibility of the Central Government or the State Government to provide them medical facilities and also to provide them counselling, basic medical facilities, testing facilities, lab facilities, treatment of the drug part, their diagnostic part – all these things have to be taken into consideration. We have to make the provisions where we have to introduce the procedures so that we reduce the disease-burden, and, for that also, we are working and we are trying to see to it that this part is taken care of. It safeguards the interests of the people living with HIV. First of all, the testing will be done only with an informed consent. This provision has been added. We have to keep the confidentiality. The confidentiality has to be kept in case of court proceedings, in our official programmes and also in safeguarding the affected children on the issue of property also. So, these are things which it prevents.

Along with this, it has the provision of giving the environment in the work place, maybe, at the workplace of the health institution where we have to follow the stringent policy so that the infection does not carry to the persons who are working in the health institutions or health facility. We also have to give an environment to the people who are working with the people living with HIV in any of the organizations so that no discrimination is done against them. These are the basic provisions which have been made and which have been taken care of. We also have to strengthen the system of redressal, and, for that, every State will have one or two Ombudsman who is going to redress and it will be a time-bound redressal which will be provided to the people who are living with HIV. So, if any type of complaint is there, the redressal part is also taken care of.

These are the salient features which have been enunciated in this Programme. I would also like to share with my colleagues that the suggestions which came from the Standing Committee have been taken care of and the suggestions which came from the Group of Ministers have also been taken care. Practically, every suggestion has been

[Shri Jagat Prakash Nadda]

accepted. Our National Aids Control Programme has been pretty successful and, as compared to the past, we can say that the infections have dropped to the tune of 67 per cent. When the global average rate of dropping is 35 per cent, in India, the infections have dropped to 67 per cent. This is one thing which I would like to say. The death has declined by 54 per cent, whereas, the global decline is 41 per cent. So, as far as the global decline is concerned, we are faster than them and we are trying to make this Programme a successful Programme. By this legislation, we will give them a legal sanctity. Till today, we have been empowering the people living with HIV through guidelines but there is no legal sanctity. After this Bill is passed, there is a legal sanctity, there is a legislative provision which has been provided and there are penalties also which have been imposed, penalties to the tune of imprisonment and also penalties like a fine of one lakh rupees. So, these are the provisions which we have provided. Redressal system has been strengthened.

Sir, this Bill has gone through very wide consultations. Eleven suggestions have been recommended by the Standing Committee. Ten suggestions have been accepted. One suggestion was that the Ombudsman should give the relief within 15 days. We have kept that for 30 days. We said, '30 days'. In case he is not able to give relief because of the pressure or other things, we have kept it 30 days. So, we have not been able to accept that one suggestion. Rest of the suggestions have been accepted. So, the sense of the Standing Committee has been taken into consideration and the Bill is now here for discussion.

The question was proposed.

MR. DEPUTY CHAIRMAN: Now, Shri Jairam Ramesh. Shri Jairam Ramesh, you have got only seven minutes. There are three speakers.

SHRI JAIRAM RAMESH (Karnataka): Sir, seven minutes! I will try.

Sir, I rise to support this Bill and I congratulate the Health Minister for finally bringing this Bill. It has been under discussion for almost 25 years. The first time the Bill was introduced in February, 2014 and today, we will pass this Bill unanimously and enthusiastically. But I would like to make three general points and two very specific points on the Bill.

Sir, all the suggestions made by the Standing Committee have been accepted by the Minister. I once again congratulate him for that and I wish all such Bills by

his Government go through the Standing Committee process and I wish all Standing Committee recommendations are given the same degree of seriousness that Mr. Nadda has given to this Bill's recommendations.

First of all, I would like to say that this issue of HIV/AIDS is an issue on which there is no politics. My mind goes back to the 26th of June, 2001. There was a special session of the UN General Assembly on HIV/AIDS on June 26, 2001. Shri Atal Behari Vajpayee was the Prime Minister, Dr. C.P. Thakur was the Health Minister and the statement on behalf of the Government of India, at the UN General Assembly, was made by Shrimati Sonia Gandhi, who was then the Leader of the Opposition and the Congress President. Sir, it is quite remarkable that at the UN General Assembly, a statement on behalf of the Government of India, with the Health Minister being present, was made by the Leader of the Opposition. That, of course, is a completely different era, but I would just read two lines from Mrs. Gandhi's speech. It says, "In India, we have an all-Party consensus on this issue, demonstrated by my speaking to you as Leader of Opposition on behalf of my country." Sir, this is the spirit that should guide democratic functioning, this is the spirit that should guide the functioning of Parliament and this is the spirit that should guide building a universal consensus on such an important issue.

Sir, I also remember that when this statement was being prepared, there was a big debate in this country as to whether Antiretroviral Therapy should be introduced on a large scale or not and Mrs. Sonia Gandhi's statement, she made at the UN General Assembly, was the first time that India committed to Antiretroviral Therapy, which is today considered to be one of the main reasons why the prevalence has been showing a declining trend. So, I thought I must remind the House of this important statement that was made. Of course, it was made by Shrimati Sonia Gandhi at the instance of the then Prime Minister, Shri Atal Behari Vajpayee.

Sir, 20 years ago, the headlines were 'India sitting on a time bomb', 'India on an AIDS volcano'. But today, the spirit is a little more optimistic because over the last 20 years, we have seen that there are still causes of great concern. Nagaland, Mizoram, Manipur, Andhra, Telangana, Chattisgarh, Maharashtra, Gujarat, Goa — these are all States where prevalence rates are still very high. But I do want to acknowledge, Sir, that there is one State in this country which has shown a consistently declining prevalence rate, and that State is the State of Tamil Nadu.

SHRI A. NAVANEETHAKRISHNAN: All credit goes to *Amma*.

SHRI JAIRAM RAMESH: Of course, what happens in Tamil Nadu is that in spite of all the political acrobatics that take place, it consistently delivers superior health outcomes. Barring Kerala, of course, Tamil Nadu is the most advanced State in this country in terms of health indicators and that is reflected in its performance on HIV/AIDS prevalence. I wish other States of this country follow Tamil Nadu's example.

Sir, my second point is, for the last 15-20 years, the AIDS Control Programme in India has been supported externally. It has been supported by the World Bank; it has been supported by philanthropic organizations. But that era is over. We now have to support it on our own. Now going forward, I think the hon. Minister should take us into confidence and say that resources will not be a problem for the National AIDS Control Organisation. This year, 2017-18, ₹ 2,000 crore has been provided for NACO and it is the estimate of most professionals that this is about ₹ 400 crore short of what is required to implement the programme. I wish, Sir, that the Health Minister consistently lobbies for a higher allocation because we no longer have the luxury of external funding and we will have to support the AIDS Control Programme on our own. Sir, my final general point is that the one area where we have shown weakness is blood banks. I am sorry to point out, Sir, that money allocated for blood banks, particularly in Delhi, Chennai and some other metropolitan areas, is not being used. I know the Minister has an answer to that. He can say that the Centre can only do so much; the States have to do the bulk of the responsibility. But it is truly an extraordinary situation where we are allocating money and the money is not being spent for something so important as a blood bank. So, I would flag this issue for the hon. Minister's attention. Sir, finally, I will take one or two minutes more on the Bill. In spite of the fact that all the recommendations of the Standing Committee have been accepted, I just make two points. In clause 14 of the Bill, the words used are "as far as possible". Sir, this was a big debate that took place in the Standing Committee; it is a debate that is taking place in the health community that this is not a phrase that should have figured in the Bill. I would have preferred "as far as feasible". That is one step better than "as far as possible". But the ideal solution is to remove "as far as possible" because Antiretroviral Therapy and diagnostics should be a right of every HIV patient. It should not be "as far as possible". My colleague, Mr. Rajeev Gowda, will be introducing an amendment and I hope all the Members will support this amendment. Sir, my second and final point is on clause 24. Clause 24 of the Bill deals with Ombudsman. But it has left the entire issue of Ombudsman to the State Government. How will they be selected; what will they do; how will they function? The operational protocol for the Ombudsman

has been left with the State. I request the hon. Minister to circulate model guidelines and, if possible, include those guidelines in the Rules that will be notified for this Act so that there is uniformity across States in the functioning of the Ombudsman who is so critical for the implementation of this Bill. Sir, with these words, I once again congratulate the Health Minister for taking into account all recommendations of the Standing Committee, and I wish his example is followed by the rest of the ministerial Cabinet.

DR. PRABHAKAR KORE (Karnataka): Mr. Deputy Chairman, Sir, I welcome this Bill which is a historical Bill. It is a stigma on our community. I come from Karnataka. In western Maharashtra and north Karnataka, the HIV patients are very, very high because there is an old tradition that, in the name of Goddess, poor children won't marry and then they are converted as sex workers. So, this disease was very much prevalent in this area, but, today, I am very happy to tell Mr. Ramesh that Karnataka has reduced HIV tremendously. There are many NGOs, including Bill Gates' Foundation, working in this part. There are patients who are not treated. Sometimes, they need minor operations. But doctors, even in many Government hospitals, don't touch such patients because blood is included and doctors are worried touching them. But, nowadays, it has been proved medically that even HIV can be totally cured and the patient can be treated very well. Still, there are many children and ladies who are denied treatment. There are examples where a pregnant lady does not go for the delivery and instead consumes poison and dies because somehow people know that she is suffering from AIDS. Sir, this is because of the social stigma attached to this disease. So, this Bill is going to be a historical Bill. India is doing extremely well, but in some of the States, we still have to work very hard. I welcome this Bill. This Bill was, in fact, introduced in 2014 in Rajya Sabha and then it was referred to the Joint Committee. That Committee made several recommendations and suggested some changes. I think, those have already been incorporated in this Bill. Sir, I would like to mention that there are so many examples where an HIV-positive patient, who lives in a joint family, is not allowed to stay in the house. Even after taking the medicines and the treatment and despite the fact that the patient is all right, he is not allowed to stay in his home with the family. There are so many such examples. There are so many hostels where HIV-positive children are not allowed to stay. Sometimes, if an HIV-positive person goes to a restaurant and if they come to know about his disease, they don't offer him even a glass of water. This is the biggest problem with the patients suffering from this disease. So, this is very important that this Bill has been introduced by the hon. Health Minister. I don't want to take much time because there are so many other

[Dr. Prabhakar Kore]

Members who also want to talk about this issue. In summary, I welcome this Bill and this is going to be a very important step in the history of health sector, and I am thankful to the hon. Health Minister. Thank you very much.

MR. DEPUTY CHAIRMAN: Now, Shri D. Bandyopadhyay. Your time is four minutes.

SHRI D. BANDYOPADHYAY (West Bengal): Sir, I rise to support the Bill titled, 'The Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Bill, 2014'. It is nice to see that the Bill drafted and proposed by the hon. Minister of the previous Government is being owned and presented by the next Government for the approval of the House. It only indicates that the Indian democracy has achieved that level of maturity to carry forward any good and pro-people measure, notwithstanding the fact that when it was initially brought to the House when the present Government was in the Opposition. It is highly heartening.

The United Nations General Assembly passed a Declaration, as already told by my friend, Mr. Jairam Ramesh, to adopt such a measure for the benefit of the people of the world. India is a signatory to that Declaration. Therefore, it is only proper and correct that the Government should bring this Bill.

It is not merely the fulfillment of an international commitment but it is urgently required to deal with the problems of 2.3 million Indians suffering from this dangerous disease. India is the third highest country for this deadly disease. India accounts for four out of ten persons infected in the Asia-Pacific Region. The biggest problem is that more than 50 per cent of the afflicted persons are not aware of their ailment. What is more alarming is that the treatment coverage is only 36 per cent. The number of people, who do not have access to the therapy, is as high as 64 per cent. The provision against discrimination in the Bill is highly commendable. In this context, it is pertinent to point out that West Bengal Government, in 2015, announced a scheme called "Muktir Aalo" for the rehabilitation of the sex-workers and also decided to offer rice at ₹ 2 per kilo and with provision for skill development and vocational training. There are certain unsavory points which I would like to mention here. The Bill says that the Government will provide treatment 'as far as possible'. It is a clause that health activists have been protesting against very strongly. Clause 14(1) of the Bill mentions the words 'as far as possible' regarding the obligation

of the State to provide treatment facilities. Thus, instead of making the treatment of HIV a right of the patient, Clause 14(1) gives the Government an escape route to avoid any responsibility to treat the patient. This Clause makes the Bill 'toothless'. This also goes against the twenty four year old commitment of the Government of India.

Sir, there is a sociological aspect of this disease. In the popular mind, this disease is an outcome of an immoral activity. This social stigma creates further problem for the afflicted persons. In fact, in earlier years, persons afflicted by STD would not own up their problem even before the physicians. Their problem was the fear of being socially ostracized.

Despite some limitations, this Bill is a step in the right direction. After it is passed and becomes operational, perhaps, some more deficiencies may come to light. A thorough overhaul may be necessary on the basis of the hard evidence. ...(*Time-bell rings*)... For the present, it is a welcome step. I reiterate my support to this Bill. Thank you.

MR. DEPUTY CHAIRMAN: Mr. Naresh Agrawal, do you wish to speak now? ...(*Interruptions*)... So, you want to go after that. You sit here, pass the Bill, and, then go. Why do you wish to go early?

SHRI NARESH AGRAWAL (Uttar Pradesh): This is the ruling of the Chair!

MR. DEPUTY CHAIRMAN: Please speak.

श्री नरेश अग्रवाल: माननीय उपसभापति जी, मैं इस बिल का समर्थन करता हूँ और मंत्री जी से कहूँगा कि यह बिल खाली बिल के रूप में न रह जाए, बल्कि प्रभावी रूप से लागू भी हो, क्योंकि बहुत से बिल हम लोगों ने इस सदन में पास किए, जो समाज के लिए और समाज में पीड़ित लोगों के लिए जरूरी थे, उनके लिए हमने संरक्षण की व्यवस्था की, लेकिन practical रूप में वांछित परिणाम प्राप्त नहीं हुए। आज भी वह problem बनी हुई है, जैसे दहेज उत्पीड़न एक्ट बना, दलित एक्ट बना, निर्भया एक्ट आदि, हमने बहुत से एक्ट बनाए। जब तक हमारे समाज में व्याप्त रूढ़िवादिता समाप्त नहीं होगी, जब तक हम समाज की सोच में बदलाव नहीं लाएंगे, तब तक क्या कानून के माध्यम से हर एक्ट लागू कर सकते हैं? एक ज़माने में तय हुआ कि 50 से अधिक लोगों की बारात नहीं जाएगी, लेकिन अब तो बारात में 200 से कम बाराती हों, तो समझा जाता है कि आदमी ठीक नहीं है, बड़ा आदमी नहीं है। आजकल दिल्ली में शादियों पर कितना खर्च हो रहा है, आप देख लीजिए। हमने प्रभावित लोगों को सारा संरक्षण दिया। हमने यह भी कहा कि उनके परिवारों को क्या देंगे? आपने इसमें कहा है कि केन्द्र और राज्य सरकारों की इसमें क्या भूमिका रहेगी। आपने लिखा है कि HIV फैलने से रोकना, प्रभावित व्यक्ति को antiretroviral therapy प्रदान करना, infection management करना, जैसे प्रावधान करके आपने कह दिया कि केन्द्र और राज्य सरकारें इसे करेंगी। मैं चाहूँगा कि आप इसमें define कर

[श्री नरेश अग्रवाल]

दीजिए कि केन्द्र की क्या duties and rights होंगे और राज्यों की क्या duties and rights होंगे। आज क्या हर अस्पताल में HIV के test करने की मशीन है, कोई व्यवस्था है? दूसरे, समाज में अगर यह पता लग जाए कि किसी को HIV है या उसके परिवार में किसी को HIV है, तो क्यों उसके मन में inferiority complex आ जाता है और वह अपने आपको समाज से उत्पीड़ित समझने लगता है? उसके परिवार ने अगर इसे जाहिर कर दिया, मौहल्ले या गांव में बात फैल गयी तो उस आदमी को बिल्कुल untouchable मान लिया जाता है। उसे गांव से करीब-करीब किनारे बिठा दिया जाता है। अभी हमारे साथी कह रहे थे कि होटल में अगर वह पानी मांगे तो प्लास्टिक के ग्लास में भी उसे पानी देना बड़ा मुश्किल काम है। आखिर, इस रूढ़िवादिता को जब तक हम नहीं तोड़ेंगे, तब तक क्या वाकई इस बिल की मंशा को लागू कर पाएंगे? आज सबसे ज्यादा AIDS किसी में फैल रहा है तो उनमें truck drivers सबसे आगे हैं। महीने में 20 दिन अगर एक truck driver चलता है, लगातार जिस दिन वह गाड़ी पर चलता है। परिवार से अलग रहता है। उसके तमाम रास्तों में ढाबे और इल्लीगल सेंटर्स होते हैं, जहां इल्लीगल काम हो रहे हैं। वह सबसे ज्यादा इससे प्रभावित हो रहा है। आप इसकी जाँच कराकर अपनी रिपोर्ट मँगवा लीजिए। आज एचआईवी फैलने का सबसे बड़ा रीज़न यही है और इससे सबसे ज्यादा प्रभावित भी वही है। जो लोग अपने परिवार से दो-दो, चार-चार महीने अलग रहते हैं, चाहे वह लेबर क्लास हो या और कोई क्लास हो, वे इसकी चपेट में आते हैं और क्राइम भी अधिकतर वे ही लोग करते हैं। हमें यह देखना पड़ेगा कि यह कहाँ पर से शुरू हो रहा है, इसकी वजह क्या है, उसको कैसे रोका जाए, हम लोगों को इस बारे में कैसे एजुकेट करें और एजुकेशन को कैसे बढ़ाएँ? केवल विज्ञापन दे देने से या अंग्रेज़ी चैनलों और अखबारों में बढ़िया लेख छप जाने से कोई चीज़ रुकती नहीं है, क्योंकि उसको पढ़ने वाले तो बहुत हैं, लेकिन उससे ज्ञान हासिल करने वाला कोई नहीं है।

आपने कहा कि हर राज्य सरकार इसमें ombudsman की भूमिका अदा करेगी। अब अगर राज्य सरकारें गलत काम कर रही हैं, वे किसको सूचना देंगी और राज्य सरकारों पर मुकदमा कैसे चलेगा? आप अब तक कई स्पेशल कोर्ट्स की घोषणा कर चुके हैं। आप हर ऐक्ट में कहते हैं कि हम स्पेशल कोर्ट की व्यवस्था करेंगे और स्पेशल कोर्ट साल भर के अंदर मुकदमों में जजमेंट देगा। अब तो अदालतें इतनी स्पेशल नहीं रह गईं, जितनी आपने — इसमें भी आपने कहा कि राज्य सरकार स्पेशल अदालत की व्यवस्था करेगी। कल सुप्रीम कोर्ट ने हम लोगों के लिए चुनाव सुधार में भी यह कह दिया कि एक साल के अंदर खत्म होना चाहिए। कहना तो बहुत अच्छा लगता है, लेकिन क्या वह व्यवस्था है? अब आप इसका जवाब दीजिएगा, तब आप इतना बता दीजिएगा कि कितनी राज्य सरकारों ने अभी तक इस संबंध में पालन किया? यह ठीक है कि ऐक्ट आज बन रहा है, लेकिन ऐक्ट तो बहुत दिनों से है। आप यह भी बताइएगा कि कितने राज्यों में एड्स और कैंसर के लिए स्पेशल हॉस्पिटल्स हैं? आप यहीं देख लीजिए, पूरे-पूरे राज्य में इसकी कोई स्पेशल दवाई की व्यवस्था नहीं है, इसकी कोई स्पेशियलिटी नहीं है, इसके हॉस्पिटल्स नहीं हैं, इसको रोकने के लिए डॉक्टर्स नहीं हैं। आप इसको सीक्रेट कैसे रखेंगे? आपने कहा कि इसको सीक्रेट रखा जाएगा, तो आप बताइए कि इसको कौन सीक्रेट रखेगा? मीडिया तो सबसे पहले इसे छाप देगा। मीडिया तो हमारे बेडरूम को छाप देगा, इसको छपना तो दूर रहा, मीडिया तो इतना सीक्रेट भी नहीं रखता है। मैं कहूँगा कि ऐक्ट को सफल बनाने के लिए कोई ऐसी व्यवस्था कीजिए, जिससे समाज में रहने वाले इस तरीके के लोगों को वास्तविक न्याय

मिल सके। इसकी रोकथाम एजुकेशन के माध्यम से तथा अन्य माध्यमों से ऐसी हो कि यह रोग ज्यादा न बढ़े। यद्यपि इसमें कमी आई है, जैसा कि आपका कहना है, लेकिन हम कहते हैं कि यह खत्म हो जाए तो ज्यादा अच्छा रहेगा। मैं इन्हीं सुझावों के साथ फिर से इसका समर्थन करता हूँ।

MR. DEPUTY CHAIRMAN: Now, Shri K. Somaprasad. You have only three minutes. Within three minutes, you should conclude.

SHRI K. SOMAPRASAD (Kerala): Thank you, Sir. First of all, I support and welcome this Bill because it is a very important piece of legislation and it is highly essential. After Smallpox and different forms of Hepatitis, HIV and AIDS have become disaster diseases. As far as our nation is concerned, it would lead to a very big national calamity. Even now, as we know, our country is having 2.1 million HIV positive patients. Out of them, a good number is of children. What is the attitude of the general public, Sir? They want to get rid of these people. Due to this behaviour of the society, the identified HIV patients become isolated from the society. Most of their fundamental rights are denied. The children could not continue their studies in certain schools.

They are also Indian citizens, Sir. They are also having equal rights which other people enjoy. They should not be curtailed. I guess this is the first disease-centric legislation in our country. When we make a law, it has to be a perfect one. It should cover almost all important points. Maybe, we cannot legislate a hundred per cent perfect law. But we should try for that. Keeping this aspect in mind, when we go through this Bill, I feel certain defects, Sir. When we talk about prevention and control, everybody will agree that prevention of a disease is better than its cure. Sex is a basic, natural instinct. Nobody can prevent anyone from it. HIV and AIDS generally spread through sexual contact. Sexual contact cannot be banned. But we can do one thing. We can spread education and awareness among the youth about better sexual relationship.

Sir, it has to be a part of our formal education in schools as well as in colleges. It must be a part of our syllabus. My opinion is that a mandatory provision must be incorporated in this Bill. At least, one hour or a period should be spared for it in a month. Safe and healthy sex practices and their importance in a family life may be taught at the appropriate age level.

Another point that I would like to present before you, Sir, is about the removal of a worker, who is a protected person, from his job by the employer. Clause 3 in Chapter II deals with this subject. Actually this Clause is incorporated for the protection of a protected person.

[Shri K. Somaprasad]

Sub-clause (a) says, "the denial of, or termination from, employment or occupation, unless, in the case of termination, the person, who is otherwise qualified is furnished with- (i) a copy of the written assessment of a qualified and independent healthcare provider competent to do so that such protected person poses a significant risk of transmission of HIV to other person in the workplace, or is unfit to perform the duties of the job;"

But, Sir, here is the problem. Most of the employers after knowing that a worker is a protected person do not allow him or her to continue the work with them. Because they think that it will not promote their business. So, the employer's first intention would be to oust the protected person by all means. Nowadays getting a medical certificate is not a big thing. He can easily collect such a certificate stating that this worker is unfit for the job. ...*(Time-bell rings)*... Sir, I will take just one minute. So, my opinion is that instead of having a single healthcare provider, there must be a Medical Board comprising, at least, three competent healthcare providers from different fields. After a detailed examination, the Board should certify that the protected person is fit or unfit. Only that certificate issued by the Board should be considered as a valid document. Moreover, there must be an appellate authority also.

Sir, the third issue that I want to bring to your notice is about the protection of the protected person. Treatment is a right of the protected person. Each and every protected person must be given free and complete treatment by the Government. A separate department should be formed for monitoring of treatment. Its treatment is very costly. The poor people cannot afford the expenses. Hence, complete free treatment has to be provided. Thank you, Sir.

श्री आलोक सिद्धार्थ (उत्तर प्रदेश): सर, मैं अपनी पार्टी की राष्ट्रीय अध्यक्ष आदरणीय बहन कु. मायावती जी का आभार व्यक्त करता हूँ कि उन्होंने मुझे HIV & AIDS (Prevention and Control) Bill, 2014 पर बोलने का अवसर प्रदान किया। मान्यवर, हमारे माननीय मंत्री जी ने तथा हमारे सम्मानित वरिष्ठ साथियों ने इस बिल के बारे में जो बातें कहीं, निश्चित रूप में बिल में जो प्रावधान किए गए हैं, वह मानव कल्याण के लिए उठाया गया एक अच्छा कदम है। लेकिन हमें इस बात पर विचार करना पड़ेगा कि इस बिल में जो प्रावधान किए गए हैं, उनको जमीनी हकीकत से हम कितनी तेजी से आगे बढ़ा सकते हैं, क्योंकि इस देश में ज्यादातर जो कानून बनाए गए हैं, उनको कानून तक ही सीमित रखा गया है।

जहां तक HIV & AIDS से संक्रमित लोगों की बात है, उनके लिए तमाम तरह के प्रावधान इस बिल में किए गए हैं। लेकिन इस बिल में जो प्रावधान किए गए हैं, उनमें खास तौर से भारत का विश्व में

तीसरा स्थान है - HIV & AIDS से संक्रमित लोगों के कारण, तीसरे नम्बर पर उनकी संख्या आती है। उनमें आज बड़े शहरों के अलावा गांवों में, कस्बों में और खास तौर से 24 से 45 वर्ष के युवाओं में जो संक्रमण बढ़ रहा है, उसकी ओर हमें पूरी तरह से ध्यान देना पड़ेगा। क्यों ध्यान देना पड़ेगा, क्योंकि जो संक्रमित लोग हैं, उनमें से 85 परसेंट लोगों को अभी तक इस संक्रमण के बारे में जानकारी नहीं है, उनमें जानकारी का अभाव है। हमारे वरिष्ठ साथी ने अभी कहा कि बड़े-बड़े होर्डिंग्स से, बड़े-बड़े पोस्टर लगाने से और ज्यादा प्रचार करने से जनता तक इसका लाभ नहीं पहुंचाया जा सकता है। हमें अपने हेल्थ के बजट में, खास तौर से एड्स और एचआईवी से पीड़ित लोगों के लिए अलग से प्रावधान करके उनको लाभ पहुंचाने का काम करना पड़ेगा। पिछले कानूनों की तरह, जैसे हम गरीबी हटाएंगे, बेरोज़गारी हटाएंगे, अगर हम केवल नारों और वायदों तक सीमित रहेंगे, तो निश्चित रूप से यह बिल भी केवल एक बिल बनकर रह जाएगा। अगर हम इसको हकीकत में बदलना चाहते हैं - भारत में सबसे ज्यादा एचआईवी और एड्स से मरने वालों की जो संख्या है, उन लोगों को अगर हम सही रूप से बचाना चाहते हैं, तो हमें गांव स्तर पर डॉक्टर्स को appoint करना पड़ेगा, trained staff को appoint करना पड़ेगा। हमें दवाइयों के संबंध में उनमें जागरूकता फैलानी पड़ेगी कि ये दवाइयां हैं और इनसे कोई नुकसान नहीं है - यह सब हमें उन्हें बताना पड़ेगा। साथ ही साथ हमें उन्हें यह भी बताना पड़ेगा कि जो लोग इन बीमारियों से प्रभावित हैं, इस बिल में उनके साथ भेदभाव नहीं किया जाएगा - चाहे वह शिक्षा हो या स्वास्थ्य हो। लेकिन क्या भेदभाव केवल कागजों तक सीमित रहेगा? जैसे हम untouchability की बात करते हैं। अभी हमारे माननीय मंत्री जी ने कहा कि इस बिल में यह प्रावधान किया गया है और उनके ऊपर penalty लगेगी। Untouchability पर penalty है, ...**(समय की घंटी)**... गैर-बराबरी पर penalty है, लेकिन क्या आज भी देश में गैर बराबरी है या नहीं है? माननीय उपसभापति महोदय, मैं इस सजेशन के साथ यह बात कहना चाहता हूँ कि इस बिल में जो प्रावधान किए गए हैं, उनको ज़मीनी तौर पर हकीकत में उतारा जाए, धन्यवाद।

SHRI V. VIJAYASAI REDDY (Andhra Pradesh): Sir, I thank you very much for giving me this opportunity. I also thank the hon. Finance Minister, who has headed the Group of Ministers which fine-tuned the various clauses in the Bill.

Sir, on behalf of my Party, YSR Congress Party, I rise to support the Bill. I will directly refer to some of the clauses and bring it to the notice of the hon. Health Minister to take the suggestions into consideration. I don't want to propose any amendments because my experience of nine months in this House is that when Opposition brings forward some amendments, they are always negated by the Treasury Benches. Therefore, I don't move any amendment. I am only making some suggestions.

MR. DEPUTY CHAIRMAN: It is not necessary.

SHRI V. VIJAYASAI REDDY: It is for the hon. Minister to accept the suggestions or not. I leave it to his wisdom.

[Shri V. Vijayasai Reddy]

Sir, I refer to clause 2(s) of the Bill. There are three sub-clauses in clause 2(s). I request the hon. Health Minister to include one more subclause as sub-clause (iv) to include female sex workers and also transgenders so that the definition of 'protected person' is widened. This is one suggestion which I would like to make. Kindly include sub-clause (iv) in clause 2(s). I also draw your attention to clause 13, which is right-based approach for AIDS treatment and mandates both the Central and the State Governments to provide the treatment. At the same time, this clause 13 has to be read with clause 14, which my colleague, Shri Jairam Ramesh, has referred to. In clause 14, the words 'as far as possible' dilute the very objective with which this Bill is being enacted in so far as Anti-retroviral Therapy is concerned. Instead of 'as far as possible', he suggested something like 'as far as feasible'.

MR. DEPUTY CHAIRMAN: You can say 'as far as possible'. Why can't you say that?

SHRI V. VIJAYASAI REDDY: No, Sir. In fact, my suggestion is, 'as is considered expedient' or 'as it deems fit' are probably the right words instead of 'as far as possible'. Therefore, I request the hon. Health Minister to kindly consider this suggestion. Clause 3, sub-clause (a), deals with providing insurance cover to those citizens of this country who would like to take insurance. Sir, both the Insurance Development Regulatory Authority and the Standing Committee have dealt with it. Sir, insurance premium cannot be charged at the normal rate whereas Standing Committee has stated that the premium should be charged at 'slightly higher rate'. In fact, unless and until, the Bill defines what is 'normal rate' and what is 'slightly higher rate', there is every possibility that private insurance companies might take advantage of the situation and they may charge exorbitant insurance premium. Therefore, I request the hon. Health Minister to address this issue.

Clause 3, sub-Clause (a), prohibits discrimination in employment. Of course, there is a difference of opinion between the Ministry of Home Affairs and the Ministry of Health here. The Ministry of Home Affairs says that the persons who are affected by the HIV cannot be recruited as the security personnel whereas the Health Ministry differs with it. There has to be a clarity on this issue and I would like to bring it to the notice of the Health Minister. There has to be clarity on this.

The next Clause, which I would like to refer to, is Clause 6 (c) — informed consent. In fact, in his speech, the hon. Health Minister has referred to that also. Clause 6 (c)

exempts obligation of securing informed consent for epidemiological or surveillance purpose. There has to be a proper definition, which has to be included in Clause 2. What is 'epidemiological' or 'surveillance purpose', that definition has to be defined in Clause 2 of the Bill.

The next Clause, which I would like to refer to, is Clause 19 — safe working environment. Clause 19 mandates safe working environment in the establishment. Here, there is a distinction. I do not really understand why such a distinction has been made by the Government. Here, the distinction is, those establishments which engage about hundred or less than hundred. This differential hundred or less than hundred need not be made, according to me. The Health Minister may address this issue. ...(*Time-bell rings*)... Sir, one more minute. I am not giving any political statement but directly referring to the Clauses.

Coming to the Ombudsman, of course, it has been left to the State Government. No timeframe has been fixed for the Ombudsman to pass the orders. I would request the Government to consider fixing up the timeframe for Ombudsman to pass the order. Secondly, if the orders of Ombudsman are not complied with, this Clause does not say anything about it. There has to be prosecution proceedings. Of course, penal proceedings are there but there has to be prosecution proceedings also if orders are not complied with. Therefore, with these observations, I conclude and I support the Bill.

MR. DEPUTY CHAIRMAN: Thank you very much. Now, Mr. Tiruchi Siva, please complete it in three minutes.

SHRI TIRUCHI SIVA (Tamil Nadu): Sir, I support this Bill on behalf of my Party DMK. It was a much awaited Bill. HIV infected persons have been stepping on to every door for a legislation for their welfare and we thank wholeheartedly the Health Minister for having brought it now and the whole House is in support of it. Sir, I should say here that there are two ranks which India is holding and about which we cannot be proud of. One is, we are number 2 in population in the world and number 3 with regard to number of HIV patients. Next to South Africa and Nigeria, it is India which has the highest number of HIV infected persons. So it is high time that we have to bring down the numbers. Now, that it has been assessed that it is concentrated with regard to three persons, one is female sex workers, then, men having sex with men and injecting drug users, I think, after the legislation of this Act, we can concentrate more on bringing down the numbers or we

[Shri Tiruchi Siva]

3.00 P.M.

can stop it there rather than increasing. This Bill lists out which are the reasons or the causes for discrimination like with regard to employment, educational establishments, health services and all. One thing to be very much appreciated is that HIV testing is not a prerequisite for obtaining employment or access to health services or even education. It is very, very appreciable that it has been brought in this Bill. Sir, with regard to certain recommendations by the Standing Committee, I would like to emphasize and request the Minister to take into consideration, firstly, with regard to the ombudsman. It says that the Committee recommended that certain other discriminations outlined under the Bill should be brought. Not only health services, there should be education also.

Any other area where discrimination is meted out to HIV infected persons; that should also come under the Ombudsman jurisdiction. The second point is, as my colleague Shri Rangasayee suggested, the timeframe has not been there.

SHRIMATI RENUKA CHOWDHURY (Andhra Pradesh): Sir, can I just ask something for a clarification? Sivaji, you are saying 'education'. What is its meaning?

SHRI TIRUCHI SIVA: Discrimination meted out if a person compliant...

SHRIMATI RENUKA CHOWDHURY: Suppose, the Ombudsman takes cognizance of that, for him to be in the position to solve it. ...*(Interruptions)*...

SHRI TIRUCHI SIVA: Yes, that is what I am suggesting. I think it is a very, very important point. And, so also, the timeframe within which the Ombudsman must pass order, there is no specification in the Bill. So, if it is related with medical emergencies, it should be within 15 days or if it is with regard to life-saving treatment, it should be within 24 hours. The Ombudsman must be serious. And, as Shri Jairam Ramesh suggested, the powers are with the State Governments but some guidelines which are common to all the States should also be there. Then, I think, it should be uniform. Otherwise, every State will have its own speculation on how to implement the Ombudsman thing.

Another thing is with regard to the insurance cover. This should be preferably at the normal rate of premium or could be slightly higher than normal. Apart from all other things, as the treatment part of it, it is highly expensive and the persons who are infected with HIV are not able to afford it. So, the Government must involve itself, in all way, to give them free of cost. It should help them.

And, third and the foremost point is that of penalty. Sir, If Section 4 is violated or contravened; the punishment is that of penalty. "Whoever contravenes the provision of Section 4 shall be punished with imprisonment for a term which shall not be less than three months but which may extend to two years and fine which may extend to one lakh rupees, or with both." Whereas if the Ombudsman order is not complied with, the penalty is very, very less, "Shall be liable to pay a fine which may extend to ten thousand rupees and in case the failure continues, with an additional fine which may extend to five thousand rupees." So, there is no prosecution, there is no penalty by way of punishment which the contravention of Section 4 says that imprisonment for a term of not less than three months should also be for the Ombudsman ...*(Time-bell rings)*... Sir, only then, will it be taken up seriously. So, this Bill has to be welcomed in all ways and I think this will give a very big hope to those HIV patients. We are having around 24 lakh people affected with this and discrimination meted out is also very well-known. So, this Act having being legislated should be implemented in all ways without any lacunae.

MR. DEPUTY CHAIRMAN: Yours are only suggestion and not amendments.

SHRI TIRUCHI SIVA: Yes, Sir.

MR. DEPUTY CHAIRMAN: These are all suggestions and not amendments.

SHRI TIRUCHI SIVA: And, one thing more. I forget to mention about the words, 'As far as possible' in Clause 14. Everyone suggested that if the amendment is put for vote, everyone will vote because ambiguity should not be there. ...*(Time-bell rings)*... Sir, if an assurance is being given by any person, and he says, 'as far as possible', then it amounts to denial. It may imply or may not also. So this 'as far as possible' will amount to denial. The Minister should kindly delete it.

MR. DEPUTY CHAIRMAN: When he replies, he will respond to it. Now, Prof. M.V. Rajeev Gowda. You can take seven minutes.

PROF. M.V. RAJEEV GOWDA (Karnataka): Thank you, Sir. This is a Bill that I very broadly support and it is a Bill that was originally introduced by the then Health Minister, Shri Ghulam Nabi Azad during the UPA time. It is a measure of our bipartisan, multi-partisan consensus on the issue of AIDS and HIV and the amount of work that we needed to do to cure this disease, that this Bill is now coming forward from the NDA Government. It has broad support in this House.

[Prof. M.V. Rajeev Gowda]

Sir, when you actually look at the success story in our attack on HIV and AIDS, we have got a good story to tell. India has actually seen AIDS related deaths declining by 54 per cent since 2007. Since we scaled up the provision of free Anti-retroviral therapy since 2004, we have cumulatively saved four-and-a-half lakh lives. This is a matter of great happiness that we have been able to achieve so much as a nation in addressing this challenge.

MR. DEPUTY CHAIRMAN: But we have the third largest number of them.

PROF. M.V. RAJEEV GOWDA: That is right, Sir. But we have been making significant progress. So, that is a matter of happiness. There is a long way to go. This Bill addresses another aspect of this problem. For example, it says, "It seeks to prevent stigma and discrimination against people living with HIV." These amendments will allow families that have faced discrimination to go to court against institutions or persons being unfair. This applies to the public sector and the private sector. This is a very good move.

Sir, but, let us pay attention to the term 'stigma'. More than the virus itself, stigma is the disease in this country. If you look at the negative stories that have emerged in the context of people with HIV and AIDS, many of them were infected inadvertently, who were not even involved in high risk activities. We had horror stories of people being stoned to death, children being separated, not being allowed to go to school and not being given food; things like that. There were people whose bodies were not given proper funerary rites. All kinds of stigma are attached to this particular problem, to this particular disease and that has not fully gone away. It is very good that we are providing legal and statutory sanction to measures that will allow patients and the people discriminated against to reach out there and fight in court or through the Ombudsman. But, this stigma has another aspect to it. Many people are afraid to stand up and acknowledge that they are suffering from these kinds of illnesses. They are afraid of revealing their situation because, then, subtly and indirectly, under the radar you will see all kinds of discrimination that they will not be able to take action against.

There is another problem. One of the major at-risk groups here is men who have sex with men (MSM). This is an example of a kind of activity which is outlawed as per Section 377 of the Indian Penal Code, that was originally overturned with the NAZ Foundation judgement of the Delhi High Court. But the Supreme Court has said that it is

up to us in Parliament to enact laws that throw out this archaic Section of the IPC. Until you throw out that archaic Section 377, many people will be afraid to take action to seek redress under the provisions of this law. It is good that you are doing a lot of progressive things here with this particular Bill. But, what use will it be if people are afraid to stand up and take action to seek redress because they will be prosecuted under some other provision which should not even be in the books in this era?

Sir, let me continue on that point. This issue of stigma is something that we really, really need to address and bring in other legislation to remedy and clean up the context where we have these measures going forward. Over the course of the UPA era, we came up with a lot of legislations which focused on rights, empowering people with rights, and this law also, is a rights-based legislation. When you say that people have a right to treatment, that right has to be backed up fully. Across party lines, the Health Minister, today, has seen all of us stand up in support and some of us have moved amendments. People from other parties have also moved amendments. My colleague, Shri Husain Dalwai has moved an amendment focused on this phrase, "as far as possible". Across party lines you are seeing members argue that this phrase has to go. It does not fulfill that promise, it does make that right action able as above and, therefore, we urge upon you to remove the words of this clause "as far as possible". Sir, let me point out that there is a Supreme Court judgement which also says the same thing. This is a ruling of December, 2010, which says that the Central Government cannot deny its obligation towards people living with HIV by providing second-line ART treatment. They cannot deny. How and why? The Supreme Court has, essentially, said that this falls under Article 21 of the Constitution which is Right to Life and, therefore, given that kind of constitutional support for this Right that is being enacted here, let us remove these four words which cripple that Right, and that is something which I urge upon the Health Minister to do.

Sir, I only want to dwell on one more point *i.e.*, the issue of Ombudsman. Many of my colleagues have raised the issue of Ombudsman. Sir, at this moment, it is one Ombudsman per State. That is the impression I get. There are huge States and they have wide varying populations and if the people who are suffering from illnesses need to go and seek redress, can they go thousands of miles and hundreds of kilometers away when they need redressal closer to them? Can they go thousands of miles or hundreds of kilometers when they need redress closer to them? So, we should ensure that in the rules you add provisions which say one Ombudsman for so many population, one Ombudsman within a distance from centres of population, something which ensures that people have equitable

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access to Ombudsman. In any case, I want to support this Bill. I urge the Minister to remove those four words as far as Clause 14(1) of this Bill is concerned. When we do that and when the whole House passes unanimously that amended Bill, I would think we would be demonstrating our commitment to the vulnerable population of India who are suffering from HIV and we are demonstrating our commitment to equality for people of different sexual orientation and this is something that is a progressive measure that we must support and make many more moves in terms of the related legislation on abolishing section 377, on transgender rights and numerous such legislations that we need to work on. I commend this Bill for passage.

MR. DEPUTY CHAIRMAN: Mr. Rajeev Gowda, thank you very much. Dr. Vikas Mahatme, less than ten minutes.

DR. VIKAS MAHATME (Maharashtra): Thank you. Mr. Deputy Chairman, Sir, I would like to congratulate the hon. Health Minister for bringing in this Bill. It was long awaited and it has certain features which I feel are very important. One is that it prevents the spread of the disease and that is very important because as on today there is no curative treatment for HIV. Whatever we are treating is reducing the load of virus in the blood circulation. So, the prevention of the disease is the most important part and that will be taken care of by this Bill. This is the most important thing which, I feel. Secondly, those who are suffering from the disease should get health services accessible; and should be available at affordable cost. This should include counseling and this should also include other parts of medical management support and facilities. That is provided in this Bill. This is a good part of this Bill. There is a provision to protect the rights of the patients suffering from HIV and AIDS, and we know that these patients are discriminated. There is a social stigma around that. Nobody wants to give a house on rent to these people. Nobody wants to give admission in the schools. So, all these problems will be taken care of by the legal way and to have a speedy result, an Ombudsman will be appointed. In one State, there can be more than one Ombudsman also, as my previous speaker has suggested, and the Bill also says that there can be more than one Ombudsman in a State. Regarding Ombudsman, there is a big problem that very few medical health professionals are working in this field, that is, HIV. I think, only two or three persons are registered as Registered Medical Practitioners specialized in HIV. As the hon. Member has said, many of these people may have criminal background. So, these medical professionals may

be exploited by the HIV patients themselves for their own sake. So, for Ombudsman regulation, I personally feel, medical health provisions can be taken out. By routine legal procedures, they can be prosecuted. As the hon. Members know, nobody wants to work in this field. We have very few medical health professionals working in this field. I think that this suggestion is there. For all the treatment and avoiding social stigma, confidentiality is very important in all those hospitals in which HIV test is done. What happens is that nobody tells the patient that this test is done. When the result comes out, it may come out wrongly also as HIV positive, and then it creates a big shock for the family and the patient. But this Bill covers that informed consent is required for all those tests which are required to assess the HIV status. That is also a very important thing which is done by this Bill. So, I support this Bill, but, I have some suggestions. One of the suggestions was that, 'as far as possible' phrase should be taken out from Clause 14. But, I personally feel, and I don't agree with that because the treatment for this is very, very costly, and you cannot say, whatever is feasible. Once it is feasible, means economically, it is feasible; then, we will have to pay huge cost for treating these patients, and there is no cure for this. So, unnecessarily, diseases which can be treated easily and have been fully cured, maybe, the amount has been withdrawn from those patients and will be given to this part, that has to be understood, and I personally feel that it should be at affordable cost and as far as possible only.

Then, about the truck drivers, it was stated that they are generally infected. That is true. But, day by day, the chances of infections are becoming less and less because the awareness has increased, and that is shown by the statistics also. So, I personally feel that awareness among the truck drivers should be raised definitely, and that is very important.

Another suggestion was with regard to the security persons. For the security persons, it was stated that they will not be given the jobs of the security persons by the Home Department. I personally feel, and it is true also, that wherever there are more chances of injuries, like in the security jobs, these patients should not be exposed to those jobs because then, it will be very difficult to treat these patients because their immunity is very low. They will succumb, and they may die because of those injuries. So, it is better to avoid giving them the jobs on the medical grounds. So, security can be exempted from that, and they may not be given the security jobs. That was the only thing. But, I fully support this Bill, and I congratulate the Health Minister for bringing in this Bill.

MR. DEPUTY CHAIRMAN: Thank you very much. Now, Shri D.Raja. But, take only three minutes.

SHRI D. RAJA (Tamil Nadu): That is enough for me, Sir. Sir, this is the copy of the Bill which was introduced in February 2014 in Rajya Sabha. Sir, the Statement of Objects and Reasons states: "At present, India is estimated to have 2.39 million people living with HIV AIDS, the third highest number after South Africa and Nigeria." Then, in the second para, it deals with discrimination. It defines discrimination, which includes denial of, and access to healthcare and treatment. Discrimination against admission or continuance of their children in schools. Denial of and or removal from employment and denial of various services, including insurance, medical benefits, etc., in both public and private establishments.

Sir, while agreeing with the Bill broadly, I have strong reservation on one Clause, that is, Clause 14(1) that pertains to treatment. There, as other colleagues have pointed out, it says: "As far as possible." If that phrase "as far as possible" remains there, that will defeat the very purpose of the Bill, and I strongly urge upon the hon. Health Minister, Shri Jagat Prakash Nadda, and the Government, to agree with all of us, and remove that phrase "as far as possible". I am not suggesting anything as Mr. Jairam Ramesh is suggesting, 'as far as feasible.' I feel that these are not appropriate things. You remove that. The phrase "as far as possible" should go. Otherwise, if it remains there, it will defeat the very purpose of the Bill, and there is no point in passing this Bill and claiming that India has come out with a legislation. The Government should consider it seriously. It is not politics but a purpose. If you want the purpose of the Bill to be served, you remove 'as far as possible' in the clause.

Sir, the other thing is, I have confidence in the capacity of India. India can produce any medicine. India can supply the medicine to HIV+ patients. We have public sector pharmaceutical companies. You may talk to the other Ministries concerned. Let us strengthen our public sector drug companies, the pharmaceutical companies. India has the capacity to produce any medicine. When that is there, then why should you have the clause, 'as far as possible'? It is an escape route for the Government. If the Government fails, they will use that clause saying, 'We tried and we could not do it.' It is an escape route for the Government, which should not be in the Bill. If that is there, it will defeat the purpose of the Bill.

So, I urge upon the Government to understand our concern also. All Members have pointed out, including from that side. The Ministry or the Government should not stick to the same position. It should be open to concede to this suggestion and go ahead with that. Thank you, Sir.

SHRI OSCAR FERNANDES (Karnataka): Sir, it is a long struggle after which we arrived at this Bill. I had been to Hyderabad to attend a conference on HIV/AIDS. There was a large crowd there. After the meeting, I met the people. They said, "Sir, you have not said anything about us." I said, "What is it?" "Sir, you talked about prevention. But, you have not uttered a single word about the treatment for us." I asked, "Who are you?" They said, "We are the affected people." I said, "You are affected people in this number!" It was a huge crowd. "Are you doing anything for us?" We said, "We will take it up." That was the day when the struggle began. That was the day when we were not treating, spending even one rupee a patient. We came back to Delhi from Hyderabad, started our movement. Dr. Manmohan Singhji attended the meeting of Members of Parliament. He presided over the meeting. As Jairam Rameshji said, there was a U.N. General Assembly meeting. Dr. Vajpayeeji was our Prime Minister. He got the information that Soniaji was going to the U.S. He requested Soniaji to take up the role in the U.N. as the leader of our delegation. The speech was referred to by Jairam Rameshji. Then, the Prime Minister said, "Yes, we will spend money for our patients." That was the happiest moment for the people. The struggle started then.

The issue of discrimination came up. A body was carried to a burial. When he was to be buried, they found that there was life in that body. The fellow there said, "I can't bury this body." But, ultimately, what happened was they buried the person because he was a HIV AIDS affected person. That was the stage through which we have travelled so much.

Naddaji, I congratulate you. I say 'thank you' because Shri Ghulam Nabi Azad was kind enough to hear all our pleas and draft the Bill. Naddaji, we had been to you so many times and you were kind enough to assure us that you would take up the issue. Nirmalaji is here. The cause was taken up by the JNU students then. When the first case was reported in 1986, the then Prime Minister, Shri Rajiv Gandhi, called me and said, "Talk to the students." We called our people in the JNU. We talked to the youth there. They said, "We will be vigilant.", because the word was passing through that this is also spreading to injectable drugs. The JNU students were the ones who gave the message to

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different universities. I must thank the students of JNU of those days who had taken up the cause. I was present at an event in Barcelona. Nelson Mandela said, "There is life after HIV/AIDS." The moment a judgment was given to a patient that he was carrying HIV/AIDS, that was the moment he felt that there is a death certificate waiting for him. From that day, we have travelled today to say that you need not worry about HIV/AIDS, you can still work. You go to Manipur. There is a bodybuilder who has made a mark in the world. He is a champion living with HIV/AIDS. So, if you take care of yourself, I think, still you can live with HIV/AIDS. Nagaland was one of the high prevalent States. Manipur is still a high prevalent State. When I went to Nagaland to form the Legislators Forum, I asked them, 'how come that your State has such a high rate of infection?' They said, 'the institutional delivery in Nagaland at that time was only 12 per cent.' In other States, it may be 80 per cent, somewhere it may be 50 per cent but in Nagaland it was 12 per cent. That means that if a lady delivers a child, only 12 per cent of the ladies of Nagaland in those days were having institutional delivery. How to detect whether a mother is having infection or not? Today you have a treatment, antenatal treatment. One dose of medicine to a pregnant mother will help the child to come out without the infection. So, it is very essential that we have 100 per cent institutional delivery in the country. It is very common that delivery takes place at home. But in those States where there is delivery at home, there is no chance of testing whether the woman carries the infection or not. So, it is very essential that we are able to provide institutional delivery in the entire country so that no child born carries the infection in our country. That is the commitment. 'Zero infection through delivery' should be the slogan. We are fighting for that. We MPs, MLAs, Legislators and Panchayat Members have a big role to play in this. People are going to listen to the elected Members. I request our Minister to pass on this subject to the Panchayati Raj Minister and see that this subject is discussed annually, biannually in the Panchayat Sabhas. We have Gram Sabhas twice a year in Panchayats. In that Sabha, we should be able to discuss it. You are looking at the clock. In that Sabha we should be able to discuss, Sir. I wish I had some more time but I will stop here because I follow...

SHRI DIGVIJAYA SINGH (Madhya Pradesh): Please give him some more time because he is the initiator of the whole issue. ...*(Interruptions)*...

SHRI OSCAR FERNANDES: Thank you, Sir. If a Panchayat Member is able to speak about this and the precautions are taken in the village, I think India has a distinction

of bringing down the infection by almost 50 per cent which we never believed. As Sivaji was saying, we were trying to reach the distinction of being the highest infected nation in the country. From there we have come back. We go to the United Nations. Jairamji, after Shrimati Sonia Gandhiji led the delegation, it was the chance for me to lead the delegation to the UN. In that UN Assembly, the entire UN people were speaking so highly of India, about the efforts put in India and the treatment available today in US and the treatment in our country. What we spend on a patient in our country and what they spend on the medicine for a US citizen is 1:10. With the money they spend on a US patient, we can treat ten people in country and our medicine is being supplied to 180 nations in the world. We have that distinction. We have to congratulate our pharma industry. Sir, I would not like to take more time. I would only plead to our Minister that we should spend more money on research on vaccine. There is a feeling there is no cure for this nor prevention unless you restrain from sexual activity. Research on vaccine is a very important thing. You are doing that, but I feel that we should spend more money to find a vaccine for this disease so that we can keep our people out of it. Thank you very much, Sir, for giving me more time.

MR. DEPUTY CHAIRMAN: Thank you, Oscarji. You are so committed to this. I know that. I had also attended some of your meetings. Now, Dr. R. Lakshmanan.

DR. R. LAKSHMANAN (Tamil Nadu): Hon. Deputy Chairman, Sir, at the outset, I, a medical doctor, wholeheartedly welcome the Bill and support it on behalf of my Party, AIADMK, following the footsteps of our former Chief Minister, Puratchi Thalaivi Amma. The Bill is removing discrimination against those living with HIV/AIDS in a major way. In most cases, the best hope the affected have is the law. I welcome the Bill as it gives some kind of legal and social protection to the HIV/AIDS-affected people. At the same time, I would like to bring to the attention of the hon. Minister that the Bill, as it is presented to the House, does not reflect the original shape and the spirit of the earlier version. The Bill in its final version given to us shows that the law is paying more attention to preventive measures alone and is elusive when it comes to guaranteeing treatment to the HIV-affected people. The Bill says it will do 'as far as possible', but does not say that we guarantee when it comes to prevention and right to access treatment. So, I request the Government to guarantee quality treatment in the form of ART and management of infection that takes advantage of weakness in the immune system. It must be made a matter of right for the HIV/AIDS-affected citizens who are generally from the weaker sections of the society. While allocation of resources for implementing the law, we are

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about to pass, maybe a matter of one time decision-making, the success of the spirit of the law depends largely on creating awareness about the disease, its nature, and the care that has to be given to the affected individuals. Ours is a vast country, largely rural population, not adequately educated and all kinds of age-old superstitious beliefs control the mind-set of the people. Hence, very profound and professional planning must be made to educate the people about the plight of the HIV/AIDS fellow citizens. This task of educating the people must be an on-going, long term professional work. One other reason why I welcome the Bill is, this may be the first disease-centred Bill of India. When made into law, this Bill will protect the HIV/AIDS-affected people against discrimination, and curb human rights violation meted out to them.

Sir, drafting of this Bill started in the year 2002, and it has taken so long to come to this House. I am concerned that these 14 years of hard work at various levels should not become a futile exercise.

Hence, with your permission, I would like to quote French Medical NGO, Medecins Sans Frontieres' South East Asia Head, Ms. Leena Menghaney's views on this Bill. She said and I quote, "The Indian Government's step to legislate on a public health issue is critical to the national programme, but the Government is not taking a strong position on the access to treatment clause. India is the pharmacy of the developing world, it has technical capacity to produce and lower the prices of all essential and life-saving drugs. It is now up to the Parliamentarians to strengthen the Bill further for ensuring that the rights of HIV positive persons are protected."

Sir, I would like to bring to the attention of the hon. Minister that, of the approximately 21 lakh persons affected with HIV in India, only 25 per cent gets ART as against the global percentage of 41 per cent. The hon. Minister should consider this fact which will help us to create a more meaningful legislation.

With these words, I support the Bill. Thank you.

श्री जगत प्रकाश नड्डा: उपसभापति जी, सबसे पहले आपके माध्यम से मैं उन सभी सदस्यों का धन्यवाद करना चाहता हूँ, जिन्होंने बहुत ही गहन चिंतन के बाद बड़े गहरे विचार रखे और इस बिल पर जहां समर्थन किया, वहीं इस बिल की दृष्टि से आने वाले परिदृश्य में जो परिवर्तन आएंगे, उनके बारे में भी चर्चा की। मैं उन सबका धन्यवादी हूँ। उन्होंने जिस तरीके से इसके बारे में बहुत अच्छे और बहुत महत्वपूर्ण सुझाव दिए कि इसको कैसे और effective किया जा सकता है, उसके लिए भी मैं उनका धन्यवाद करता हूँ।

यह बिल पास होने के बाद ऐतिहासिक जगत में आज का दिन सच में एक ऐतिहासिक दिन रहेगा कि एक बिल, जिसके माध्यम से एक लंबे समय से जो यह यात्रा चली थी, जिसमें एक समय में इसको डेथ वॉरंट से लेकर एक तरीके से discrimination की पराकाष्ठा कहा जाए, वहां से बढ़ते-बढ़ते आज legal sanctity के रूप में इसमें हम उनको यह स्थान देंगे ताकि वह एक अच्छा जीवन, समृद्ध जीवन और एक सामान्य व्यक्ति की तरह का जीवन जी सकेगा। इसके लिए मैं सबका धन्यवाद करूंगा कि उन्होंने इस विषय को रखा है।

मैं कुछ clarifications के साथ इस विषय को आपके सामने रखना चाहूंगा। एक तो जो बजट के बारे में कहा गया है, उस संबंध में मैं यह बताना चाहता हूँ कि नेशनल एड्स कंट्रोल प्रोग्राम टोटली सेन्ट्रल सेक्टर की स्कीम है और किसी स्टेट की कोई हिस्सेदारी के कारण इस प्रोग्राम में कोई कमी आए या इसके कारण कोई दिक्कत आए, ऐसा न होने के लिए ही इसको Centrally Sponsored Scheme बनाया गया है और यह सेन्ट्रल सेक्टर की ही आर्थिक मदद से चलती है। इस वर्ष इसमें 2 हजार करोड़ रुपये रखे गए हैं, which is the highest so far और इसमें जो भी आवश्यकता है, वह हम पूरी कर रहे हैं।

जयराम जी ने ब्लड बैंक के बारे में कहा है। उसके बारे में भी हम विशेष ध्यान दे रहे हैं। यह सही है कि हमें अपने हेल्थ सिस्टम की खूबसूरती की तरफ भी ध्यान देना चाहिए कि इतनी बड़ी संख्या में जहां ब्लड का ट्रांसफ्यूजन होता है, उस हिसाब से जो ब्लड का इंफेक्शन रेट है, उसको हम लोगों ने बहुत मिनिमाइज किया है, लेकिन upgradation of the blood banks is a continuous process which we are doing. उस उपग्रेडेशन को भी हम आगे बढ़ा रहे हैं।

उन्होंने ओम्बड्समैन के बारे में कहा कि इसके लिए इसमें कोई गाइडलाइन्स होनी चाहिए। हम इसके लिए गाइडलाइन्स के बारे में ध्यान रखेंगे। We will ensure that. इसको तिरुची शिवा जी और ऑस्कर फर्नांडिस जी ने भी उठाया। ओम्बड्समैन के लिए हर एक स्टेट को एक uniform guidelines सर्कुलेट की जाएगी, so that they work in that direction और हमारे बिल की जो spirit है, वह dilute न हो, उसकी हम चिंता करेंगे। इस बात को हम आपके सामने कहना चाहते हैं।

नरेश अग्रवाल जी ने कहा कि जो बेचारे लंबे समय तक highways पर होते हैं और वहां पर बड़ी vulnerable situations होती हैं और उन vulnerable situations को हम कैसे tackle करेंगे, तो हमारे एचआईवी प्रोग्राम के अंतर्गत ये जो special categories हैं, उनको हम specially address करते हैं और इस तरीके से चाहे sex workers हों, चाहे वह man with man sex हो या इस तरीके की जो activities हैं, इस तरह के जो special target groups हैं, उनको हम specially treat करते हैं। इसलिए ये हमारी स्कीम के तहत हैं। उसके तहत हम इसकी चिंता करते हैं। मैंने कहा कि इसी activity के कारण, जो हमारा reduction rate है, वह देश का world से faster है। The incidence reduction rate is 67 per cent or the world global average is 35 per cent. जो अब decline होकर 54 per cent रह गया है। So, all types of proactive measures have been taken, जिसके माध्यम से हम इसे कर पा रहे हैं। Mr. Reddy was talking about higher risk group, तो higher risk group में trans genders और sex workers और sex से संबंधित जितनी भी categories हैं, all have been

[श्री जगत प्रकाश नड्डा]

included and they have been taken in our own programmes, जिसमें हम उनको key population में मानकर अपनी activities को चला रहे हैं।

शिवा जी ने organisations के बारे में कहा कि सख्या को आपने limited क्यों किया? It was everybody's suggestion and it had also come up in the Standing Committee. It was reasonably decided that for health institutions where the activity and exposure to infection is much more, for 20 employees, we will be having one Complaint Officer. For an ordinary organisation, the number will be 100. If 100 employees are there, then, we will have one Complaint Officer. This has been mutually agreed. मुझे लगता है कि इसे हमें आगे करना चाहिए। इससे अगर satisfied नहीं होते हैं, तो Ombudsman will take care of. If there is an organisation where there is a more chance of risk, then, the Ombudsman can take a call on it. He will decide about it. गौडा जी ने कहा Ombudsman के बारे में, that the numbers should be increased. So, we have said, one and more. It is for the States to decide, जहां जिसमें suitability होगी। It also depends upon the number of patients and the number of HIV-infected people. उनके नंबर कितने हैं और कहां उनकी जरूरत है, उसी के अनुसार Ombudsman रखा जाएगा। So, this is flexible and it can be done. इसे हमने बिल में रखा है।

ऑस्कर साहब, आपने कहा कि जो children हैं, conceived mother having HIV, उन्हें हम immunize करें। A very successful programme has been taken up. We have included this in the NHM, where all pregnant mothers are being tested and it is taken care that the infection does not spread to the child. We have got very good results. We will be going forward in this direction.

इस तरीके से जितने आपके सुझाव आए थे, उन सब सुझावों के बारे में हमने कहा है।

एक विषय जो सबकी तरफ से आया और वही मूल विषय निकलकर आया, दो amendments उसी के बारे में हैं, सबने उसी पर चर्चा भी की है और कहा है कि इसे हम as far as possible करें। मैं आज आपके और इस हाउस के माध्यम से देश को सूचित करना चाहता हूँ that, today, the Government of India has declared that we adopt the policy of test and treatment. That means, at this point of time, if the infection reaches CD4 count of 500, only then, you come under the anti-retroviral treatment, which was once 250 CD4 count. Then, it was made 350. Last year, we made it 500 CD4 count. Now, we declare that anybody tested positive will be treated. That is what we have to say. So, that is the level of commitment with which we are working and with which we will be going forward. चूंकि इस पर जब amendment आया, तो हमने इस पर assurance दिया। So, in the rules and the guidelines, we

will ensure that nobody is denied of the treatment, and, if denied, reasons will be there. There will be no denial; that is what I would like to say. So, we have taken care of this. The Government of India stands committed. We are going very fast on it. We are going for the aggressive policy. All suggestions have been taken care of. So, I feel that that aspect has also been covered accordingly. हम committed हैं, हम इसमें पीछे नहीं हटेंगे। The anti-retroviral treatment will be given and with CD4 count, आज हमने declare कर दिया कि anybody in our country, having HIV infection, the Government of India will take the responsibility of treatment part.

मुझे लगता है कि इन शब्दों के साथ आज आप सब मिलकर इस बिल को पास करेंगे तो यह एक ऐतिहासिक पल होगा, धन्यवाद।

MR. DEPUTY CHAIRMAN: All right. Thank you very much.

The question is:

That the Bill to provide for the prevention and control of the spread of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome and for the protection of human rights of persons affected by the said virus and syndrome and for matters connected therewith or incidental thereto, be taken into consideration.

The motion was adopted.

MR. DEPUTY CHAIRMAN: Now, we shall take up clause-by-clause consideration of the Bill. I shall first take up Clause 2. There are four Amendments (Nos.4-7) by Shri Jagat Prakash Nadda.

CLAUSE 2 - DEFINITIONS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (4) That at *page 2*, line 20, *for* the word "parents", the word "parent" be *substituted*.
- (5) That at *page 2*, line 31, *for* the word "Explanation", the word and figure "Explanation 1" be *substituted*.
- (6) That at *page 3*, *after* line 2, the following be *inserted*, namely:-

"Explanation 2. - For the removal of doubts, it is hereby clarified that adoption of medically advised safeguards and precautions to minimise the risk of infection shall not amount to discrimination."

- (7) That at page 3, line 10, *for* the word "relating", the words "relating to" be *substituted*.

The questions were put and the motions were adopted.

Clause 2, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: We shall now take up Clause 3. There are two Amendments; Amendment (No.23) by Dr. T. Subbarami Reddy and Amendment (No.8) by Shri Jagat Prakash Nadda. Dr. Subbarami Reddy, are you moving?

DR. T. SUBBARAMI REDDY (Andhra Pradesh): Sir, first, let me admire Mr. Nadda for his dynamic success.

MR. DEPUTY CHAIRMAN: Is that an amendment?

DR. T. SUBBARAMI REDDY: The entire House is very happy about this.

MR. DEPUTY CHAIRMAN: So, do you want to add it in the Bill as an amendment?

DR. T. SUBBARAMI REDDY: Just a minute, Sir. I would like to say that Naddaji can examine my proposed amendment. But I am withdrawing it. I will not insist. But examine my proposal. This will help you. That's all.

MR. DEPUTY CHAIRMAN: Okay. Thank you very much. So, the Amendment is not moved. Now I shall take up the Amendment (No.8) by Shri Jagat Prakash Nadda in Clause 3.

CLAUSE 3 - PROHIBITION OF DISCRIMINATION

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (8) That at *page* 6, lines 22 and 23, the words "such unfair treatment is based on and" be *deleted*.

The question was put and the motion was adopted.

Clause 3, as amended, was added to the Bill.

Clauses 4-7 were added to the Bill.

MR. DEPUTY CHAIRMAN: Now, I shall take up Clause 8. There is one Amendment (No.9) by Shri Jagat Prakash Nadda.

CLAUSE 8 - DISCLOSURE OF HIV STATUS

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (9) That at page 7, line 27, *for* the word "order", the words "order of the court" be *substituted*.

The question was put and the motion was adopted.

Clause 8, as amended, was added to the Bill.

Clauses 9-13 were added to the Bill.

MR. DEPUTY CHAIRMAN: Now, we take up Clause 14. There are four Amendments; Amendment (No.1) by Shri Husain Dalwai, Amendment (No. 24) by Dr. T. Subbarami Reddy and Amendment (Nos.10 and 11) by Shri Jagat Prakash Nadda.

MR. DEPUTY CHAIRMAN: Mr. Husain Dalwai, are you moving?

SHRI HUSAIN DALWAI (Maharashtra): Yes, Sir, I am moving.

MR. DEPUTY CHAIRMAN: Okay. You are moving. Then, Dr. Subbarami Reddy, are you moving.

DR. T. SUBBARAMI REDDY: Sir, I would like to say that the Government should commit for the HIV patient. They have said, "as far as possible." "As far as possible" can be deleted. Please think over it. But still I am withdrawing. I am giving up.

MR. DEPUTY CHAIRMAN: So, you are withdrawing.

DR. T. SUBBARAMI REDDY: Yes, I am withdrawing. But I am giving a suggestion that 'as far as possible' can be considered for deletion.

MR. DEPUTY CHAIRMAN: Okay. ...*(Interruptions)*... Yes, Mr. Dalwai. Are you insisting?

SHRI HUSAIN DALWAI: Yes. But let me say a few things.

MR. DEPUTY CHAIRMAN: So, after that you will withdraw. ...*(Interruptions)*... Okay, All right. ...*(Interruptions)*...

श्री हुसैन दलवाई: सर, नड्डा जी ने यह बहुत अच्छा बिल लाया है, जो बहुत सालों से चला था। आपने बहुत सारा आश्वासन भी दिया है। मेरे ख्याल से ये चार शब्द हैं- as far as possible, इनकी जरूरत नहीं है। मैं आपको उदाहरण देता हूँ। कई जगह मेडिसिस नहीं मिलती, इसलिए लोग मरते हैं।

[श्री हुसैन दलवाई]

हमारे नागपुर में इस बात को लेकर मोर्चे भी हुए कि वहाँ मेडिसिन्स ही नहीं मिलतीं। अगर गरीब आदमी को मेडिसिन्स नहीं मिलेंगी, तो वह बाहर जाकर भी उनको नहीं खरीद सकता है। इसलिए कहीं न कहीं उसके जीने का जो right है, उसका वह right ही नहीं रहेगा। आपने इतना अच्छा बिल लाया है, उसके बाद भी उसको इससे कोई मदद मिलेगी, ऐसा मुझे नहीं लगता। आप कहते हैं कि हम अलग-अलग तरह से यह करेंगे, जब उसका टेस्ट होगा तब भी हम यह करेंगे और ट्रीटमेंट चालू करेंगे। यह सब ठीक है। बच्चों को भी होता है और बेचारे गरीब बच्चे मरते हैं। उनकी कोई आवाज भी नहीं सुनता। इसमें बाप ने क्या किया, मां ने क्या किया, उस कारण से वह मरीज बनता है। मेरा ख्याल है कि इसके ऊपर यह विचार करना चाहिए और मैं इनसिस्ट करूंगा कि आप इतने उदार हो गए, फिर आप छोटे से इन 4 शब्दों के लिए क्यों अड़े हुए हैं? हम ये शब्द डालना नहीं चाहते, निकालना चाहते हैं। हम सब आपकी मदद करना चाहते हैं। आपने कहा कि पूरी तरह से इनको मदद दी जाएगी, मेडिसिन दी जाएगी। उनकी जिम्मेदारी आप ले रहे हैं। आप ऐसा करिए, यही मेरा कहना है।

MR. DEPUTY CHAIRMAN: Okay. So, are you moving the Amendment or withdrawing it?

SHRI HUSAIN DALWAI: Sir, I have already moved it.

PROF. M.V. RAJEEV GOWDA: Sir, there are many Amendments. Why not have one more Amendment?

MR. DEPUTY CHAIRMAN: Mr. Dalwai, are you moving the Amendment or withdrawing it?

SHRI HUSAIN DALWAI: Sir, I am moving it.

MR. DEPUTY CHAIRMAN: I allowed you to explain it on the presumption that you would withdraw your Amendment, but you are not withdrawing it!

श्री हुसैन दलवाई: उनका रिस्पांस क्या है, मैं देखना चाहता हूँ।

SHRI JAIRAM RAMESH: Sir, let the hon. Minister repeat the assurance and he would withdraw it.

MR. DEPUTY CHAIRMAN: Okay. The Minister wants to respond.

श्री जगत प्रकाश नड्डा: मैंने पहले एश्योरेंस दी first of all, a test and treatment policy has been adopted by the Government of India, Ministry of Health and Family Welfare. So, now, nobody would be denied on any count. Secondly, we have said that if there is a case, then a justification needs to be given which would be included in the rules and the guidelines. Sir, i would again assure this House, and through this House the nation, that nobody will be denied Antiretroviral therapy.

श्री हुसैन दलवाई: सर, मेरा एक शक है कि शॉर्टेज होने के कारण मेडिसिन नहीं मिलती है। सिपला कम्पनी को छः सौ करोड़ रुपए आपने नहीं दिये, इसलिए उन्होंने मेडिसिन का प्रोडक्शन बंद कर दिया। मैं विदग्ध कर रहा हूँ।

MR. DEPUTY CHAIRMAN: Mr. Husain Dalwai, a solemn assurance has been given by the Minister. ...*(Interruptions)*... There is a solemn assurance from the Minister. Why don't you believe it? He would implement it.

SHRI HUSAIN DALWAI: Sir, I withdraw my Amendment. I am not moving the Amendment.

MR. DEPUTY CHAIRMAN: So, you are not moving the Amendment. Thank you very much. Dr. Subbarami Reddy has also withdrawn his Amendment; you are good Members! Shri Jagat Prakash Nadda, please move the Amendments.

**CLAUSE 14 - ANTI-RETROVIRAL THERAPY AND OPPORTUNISTIC
INFECTION MANAGEMENT BY CENTRAL AND STATE GOVERNMENT**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(10.) That at page 9, line 10, *after* the words "as far as possible", the words "diagnostic facilities relating to HIV or AIDS," be *inserted*.

(11.) That at page 9, line 13, *after* the words "relating to", the words "diagnostic facilities" be *inserted*.

The questions were put and the motions were adopted.

Clause 14, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: Now, we shall take up Clause 15. There is one Amendment (No. 12) by Shri Jagat Prakash Nadda.

**CLAUSE - 15 WELFARE MEASURES BY CENTRAL GOVERNMENT
AND STATE GOVERNMENT**

SHRI JAGAT PRAKASH NADDA: Sir, I move

(12.) That at page 9, lines 20 and 21, for the words "HIV and AIDS affected women and children", the words "all protected persons" be substituted.

The question was put and the motion was adopted.

Clause 15, as amended, was added to the Bill.

Clauses 16-19 were added to the Bill.

MR. DEPUTY CHAIRMAN: Now, we shall take up Clause 20. There is one Amendment (No. 25) by Dr. T. Subbarami Reddy. Are you moving the Amendment?

DR. T. SUBBARAMI REDDY: Sir, as per Clause 20, in the case of healthcare establishments, it says, 'the provisions of this sub-section shall have the effect as for the words "one hundred or more", the words "twenty or more" had been substituted.' I would like to ask the Minister what made him change it from 'one hundred or more' to 'twenty or more'.

MR. DEPUTY CHAIRMAN: Are you moving the Amendment?

DR. T. SUBBARAMI REDDY: Sir, I won't move the Amendment, but I want the Minister to explain this.

SHRI JAGAT PRAKASH NADDA: Sir, for general institutions and organizations where 100 people are working, we would have one Complaint Officer. 100 is a reasonable number where you need a Complaint Officer. In health institutions, where exposure to infection is much more, 20 employees would have one Complaint Officer. This has been done to see to it that the infection rates decrease and there is someone to take care of it. So, this has been done rationally.

DR. T. SUBBARAMI REDDY: Sir, I am satisfied with the reply and I withdraw my Amendment.

MR. DEPUTY CHAIRMAN: So, the Amendment is not moved.

Clause 20 was added to the Bill.

MR. DEPUTY CHAIRMAN: Now, I shall take up Clause 21. There are two Amendments (Nos. 13 & 14) by Shri Jagat Prakash Nadda.

CLAUSE 21 - GRIEVANCE REDRESSAL MECHANISM

SHRI JAGAT PRAKASH NADDA: Sir, I move

(13.) That at page 10, lines 26 and 27, (*for* the words "on a day-to-day basis, deal with", the words "dispose of" be *substituted*.

(14.) That at page 10, line 28, *after* the word "manner", the words "and within such time" be *inserted*.

The questions were put and the motions were adopted.

Clause 21, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 22, there is one Amendment (No.15) by the hon. Minister.

CLAUSE 22 - STRATEGIES FOR REDUCTION OF RISK

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(15) That at page 10, *for* lines 42 to 45, the following be *substituted*, namely:-

"(ii) the provisions and use of safer sex tools, including condoms;

(iii) drug substitution and drug maintenance; and

(iv) provision of comprehensive injection safety requirements."

The question was put and the motion was adopted.

Clause 22, as amended, was added to the Bill.

Clause 23 was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 24, there is one Amendment (No.16) by the hon. Minister.

CLAUSE 24 - POWERS OF OMBUDSMAN

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(16) That at page 11, line 32, after the words "in relation to", the words "acts of discrimination mentioned in section 3 and providing of" be inserted.

The question was put and the motion was adopted.

Clause 24, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 25, there is one Amendment (No.17) by the hon. Minister.

CLAUSE 25 - PROCEDURE OF COMPLAINT

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(17) That at page 11, line 41, *for* the figure "26", the figure "24" be *substituted*.

The question was put and the motion was adopted.

Clause 25, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 26, there are two Amendments (Nos. 18 and 19) by the hon. Minister.

CLAUSE 26 - ORDERS OF OMBUDSMAN

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(18) That at page 11, line 42, *after* the word "shall", the words "within a period of thirty days of the receipt of the complaint under sub-section (1) of section 24, and" be inserted.

(19) That at page 11, *after* line 43, the following be inserted, namely:-

"Provided that in cases of medical emergency of HIV positive persons, the Ombudsman shall pass such order as soon as possible, preferably within twenty-four hours of the receipt of the compliant."

The questions were put and the motions were adopted.

Clause 26, as amended, was added to the Bill.

Clauses 27 and 28 were added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 29, there is one Amendment (No.20) by the hon. Minister.

CLAUSE 29 - RIGHT OF RESIDENCE

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(20) That at page 12, lines 7 and 8, the words "who is a woman or who is a person below the age of eighteen years" be *deleted*.

The question was put and the motion was adopted.

Clause 29, as amended, was added to the Bill.

Clauses 30 to 37 were added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 38, there is one Amendment (No.21) by the hon. Minister.

**CLAUSE 38 - PENALTY FOR FAILURE TO COMPLY WITH
ORDERS OF OMBUDSMAN**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(21) That at page 13, lines 42, *for* the figure "25", the figure "26" be *substituted*.

The question was put and the motion was adopted.

Clause 38, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 39, there is one Amendment (No.26) by Dr. T. Subbarami Reddy. Are you moving?

DR. T. SUBBARAMI REDDY: Sir, the Bill is actually proposing a fine of ₹1 lakh for the breach of confidentiality. I propose ₹ 50,000. The Minister is convinced that it can be considered. So, I am not moving it.

MR. DEPUTY CHAIRMAN: The Minister is convinced. So, you are not moving it. Now, Dr. T. Subbarami Reddy has not moved the Amendment.

Clause 39 was added to the Bill.

Clauses 40 to 48 were added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 49, there is one Amendment (No.22) by the hon. Minister.

**CLAUSE 49 - POWER OF STATE GOVERNMENT TO MAKE
RULES AND LAYING THEREOF**

SHRI JAGAT PRAKASH NADDA: Sir, I move:

(22) That at page 15, line 35, after the word "provide", the words "diagnostic facilities relating to HIV or AIDS" be inserted.

The question was put and the motion was adopted.

Clause 49, as amended, was added to the Bill.

Clause 50 was added to the Bill.

MR. DEPUTY CHAIRMAN: In Clause 1, there is one Amendment (No.3) by the hon. Minister.

CLAUSE 1 - SHORT TITLE, EXTENT AND COMMENCEMENT

SHRI JAGAT PRAKASH NADDA: Sir, I move:

4.00 P.M.

- (3) That at page 2, line 6, *for* the figure "2014", the figure "2017" be *substituted*.

The question was put and the motion was adopted.

Clause 1, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: Now, the Enacting Formula. There is one Amendment (No.2) by Shri Jagat Prakash Nadda.

ENACTING FORMULA

SHRI JAGAT PRAKASH NADDA: Sir, I move:

- (2) That at page 2, line 1, *for* the word "Sixty-fifth", the word "Sixty-eighth" be *substituted*.

The question was put and the motion was adopted.

The Enacting Formula, as amended, was added to the Bill.

The Preamble and the Title were added to the Bill.

SHRI JAGAT PRAKASH NADDA: Sir, I move:

That the Bill, as amended, be passed.

The question was put and the motion was adopted.

MR. DEPUTY CHAIRMAN: Congratulation to every Member. Everyone has co-operated. This is a good example. This is how we should work - to complete the work within the allotted time. I congratulate every Member. It is a good thing.

THE MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS (SHRI MUKHTAR ABBAS NAQVI): Sir, exactly within two hours, it has been completed.

DR. T. SUBBARAMI REDDY: Sir, I want to compliment the Health Minister for his good response to the questions raised.

MR. DEPUTY CHAIRMAN: Now, we will continue with the discussion on the Union Budget, 2017-18.
