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Ashadha 11, 1941 (Saka)

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LOK SABHA

Tuesday, July 02, 2019, / Ashadha 11, 1941 (Saka)

The Lok Sabha met at Eleven of the Clock.

[HON. SPEAKER *in the Chair*]

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ORAL ANSWERS TO QUESTIONS

[Translation]

HON. SPEAKER: Q. No. 141, Shri Raghu Rama Krishna Raju.

(Q.141)

[English]

SHRI RAGHU RAMA KRISHNA RAJU: Mr. Speaker, Sir, I am a first time MP and this is my very first Starred Question. So, I may take half a minute or one minute more. Kindly pardon me, if I take a little more time.

Around 70 per cent people of the country are directly or indirectly related with the subject of doubling the agricultural income. These people have bestowed their utmost faith upon our hon. Prime Minister, Shri Narendra Modi Ji. With his relentless efforts, we are very much sure that they would be able to achieve this target of doubling the agricultural income.

It will not be out of place to make a mention that yesterday our hon. Chief Minister, Shri Jagan Mohan Reddy Ji, has come up with an Agriculture Mission with himself being the Chairman of that Mission. I hope this would work with your support as also with the support of our hon. Chief Minister.

Now I come to the question. The Government has promised to double the income of farmers with 2014 as the base year. In the last five years, how much increase has really happened. During this period, how has the cost of living increased and how has the farmer been compensated? The Government employees are compensated in the form of Dearness Allowance but what about the farmers?

[Translation]

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SHRI PARSHOTTAM RUPALA: Hon. Speaker, Sir, as the Hon. Member has stated that this is his first question in the House. I would like to congratulate him on behalf of the Government for having raised a very significant matter regarding the farmers of our country in his first question.

Hon. Speaker, Sir, Hon. Member wants to know as to how the farmers have been benefited through the efforts made by our Government in previous years. I would like to inform you and all the Hon. Members of the House very humbly that this scheme has been launched from 2016 and no assessment has been made so far in this regard. Though I would like to apprise you about certain norms. I am trying to provide the desired information to the Hon. Member.

Sir, I take pride in sharing with you that our Prime Minister took a very important decision regarding the income of the farmers for the very first time and directed the Government to double the income of the farmers. This is the first issue. So far, all the policies regarding the farmers used to be production based. However, now we have included the income factor in our policy and we are trying to help the farmers through it. Our senior colleagues want the farmers to get remunerative price for their produce and that is why an effort has been made to add 50 percent profit over the cost price under MSP so that they get 150 percent of their produce. I will share the data regarding the achievements made as a result thereof shortly.

I would like to share a few figures regarding the procurement price being given to the farmers under MSP during the last five years. Our oilseed procurement was five lakh seventy one thousand metric tonnes from 2009 to 2014 which was procured for a total cost of 2459 crore rupees during the last five years. As per the information available with me right since the year 2014-15 till date, 40 lakh 70 thousand metric tonnes of oilseed was procured and it was procured for two thousand to seventeen

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thousand five hundred seventy four crore rupees. This is the data regarding oilseeds only. I have more details, but I would like to inform that this amount is being transferred directly to the accounts of farmers. The farmers are surely being benefitted.

[English]

SHRI RAGHU RAMA KRISHNA RAJU: My next supplementary question is regarding crop insurance of farmers. Out of the total insurance premium collected, what is the ratio of the contribution of the farmers and the Government respectively? How many claims have so far been settled? Is delay in settlement of insurance claims one of the reasons for suicide of farmers which is incidentally increasing day by day? What are the measures that have been taken to reduce the risk in the farm sector? Our State of Andhra Pradesh is very often hit by cyclones. In this regard I would like to know from the hon. Minister as to the measures that can be initiated to safeguard the interest of the farmers.

[Translation]

SHRI PARSHOTTAM RUPALA: Hon. Speaker Sir, Hon. Members wants to know about insurance which is not related to the matter in question. However, I would like to tell you that there is another question regarding insurance listed for the question hour today and Hon. Member will get the relevant information at that time.

[English]

SHRI ANNASAHEB SHANKAR JOLLE: Hon. Speaker Sir, I would like to mention that the answer that has been given in detail is correct. I would also like to say that doubling of farmers' income was recommended in 2016 and the Committee set up for the purpose gave its report in 2018. How fast will the recommendations be implemented? It is one of the 'pride projects' of the hon. Prime Minister. When will

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the recommendations be implemented? Is there any advice from the Committee regarding linkage of rivers as a long-term solution? Has the Committee recommended sprinkler drip irrigation for micro irrigation? This is what I would like to know from the hon. Minister.

[Translation]

SHRI PARSHOTTAM RUPALA : Hon. Speaker, Sir, the Committee had made all these recommendations to the Government in 2018, however an arrangement was made over a period of two years that the decisions taken by the Committee were communicated to the Government immediately and some of those have been ruled out as well. I would like to inform the Hon. Member regarding the issue of river linking. I would like to share with him and also the other Members that this was a recommendation made by the Committee, but it is being implemented by another Department. They had made a recommendation about drip/sprinkler or micro irrigation and it has been implemented under *Pradhan Mantri Krishi Sinchai yojana*. Assistance is being provided as per the demand made for funds through the state Government. *[English]* 'Per drop more crop' *[Translation]* That is the vision of our Prime Minister and we are doing our best to accomplish it.

DR. AMAR SINGH: Hon. Speaker, Sir, I am a first time Member of Lok Sabha and this is my maiden speech. I thank you for giving me the opportunity. I had made a request for allowing me to ask supplementary question today ... *(Interruptions)*

SHRI ADHIR RANJAN CHOWDHURY: I would like to appreciate Hon. Speaker Sir for giving opportunity to the new Members to share their views during Zero Hour and ask Supplementary questions. ... *(Interruptions)* I appreciate his gesture.

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DR. AMAR SINGH: Sir, Hon. Minister of Agriculture has given a detailed reply and I have gone through it. Through you, I would like to request Hon. Minister to give clarification on two or three points so that we may understand it.

Broadly speaking, the input cost needs to be lowered if the farmers are to be benefited. The items of input cost such as fertilizers, pesticides are available in free market. There is no price control over them. All of us are aware of it. Secondly, the Government fixes MSP for 25 items out of all the items produced by them. Hon. Minister is aware of it. You have mentioned it in the written reply and we respect you, but will you elaborate on the ways to bring the input cost down.

Secondly, the real issue in MSP is A2, A2 plus, family labour and C2 which needs to be sorted out. Thirdly, Food Corporation of India was set up by Government of India in 1964. Although Wheat and Paddy are procured, but other crops are not produced in a scientific manner. Whether any concrete proposal for procurement of other crops is under consideration of the Government? Speaker, Sir, I would like to ask this question through you.

SHRI PARSHOTTAM RUPALA: Hon. Speaker Sir, Hon. Member has raised a few issues. First, he wants to know whether the Government has made any efforts to cut down the input cost. He also wants to know about the procurement. The Committee has also made a recommendation regarding lowering the input cost. I am happy to inform you that fertilizer and pesticide is the most important commodity. Our Government has promoted usage of Neem coated fertilizers and 100 percent Neem coated Urea is being supplied. We are getting the feedback of lowering of cost as a result thereof.

There is one more benefit of using Neem coated Urea. This Urea is effective for a longer period and that is why, less urea is required now. Our Government has taken a major step by making it hundred percent. It was informed in the reply to the first

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question as well that there is *per drop, more crop* scheme for the scientific utilization of water. There is a provision of subsidy of upto 50 percent, 45 percent by the Government of India and from 45 percent by the State Government as per their capacity. If drip and sprinkler is used through this scheme, the cost of the production is lowered.

Thirdly, we have developed one-two models for lowering the input cost of farmers. This is known as aggregate agriculture. The cost of farmers is coming down by using this method. We have formulated several schemes to promote organic farming at a large scale and offering incentives to the farmers. All these schemes are aimed at lowering the input cost involved in farming.

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(Q. 142)*[Translation]*

SHRI VINAYAK BHAURAO RAUT : Hon. Speaker, Sir, as regards the reply to my question, I would like to congratulate Hon. Minister for making such a good progress in this field. You have replied that 305.48 lakh metric tonnes of Urea is required in the country out of which there is shortage of 63.12 lakh metric tonnes only. The farmers need Urea at a lower cost and at the appropriate time. I would like to ask Hon. Minister about the efforts proposed to be made by the Government to ensure the supply of Urea at a lower cost and at the right time to all the farmers of the country.

[English]

SHRI D.V. SADANANDA GOWDA: It is the vision of our hon. Prime Minister that farmers should get fertilisers on time at minimum cost.

For that reason only, the subsidy is being given on all the fertilizers. More than Rs. 72000 crores worth of subsidies have been given by the Central Government to the farmers. Especially, nowadays, we have seen that the benefit goes directly to the farmer. After the sale of fertilizers to the farmers through PoS machines, the benefits will directly go to the farmer under the Direct Benefit Transfer. So, all the farmers will be benefitted out of that. Certainly, we want to reduce the use of fertilizers in the coming days. So, for that reason, we are also giving subsidy on organic and city compost and taking it forward. Totally, the usage of fertilizers, especially urea, in the country should be minimized. This is one of the visions of the hon. Prime Minister.

The other point is this. The Prime Minister wants to see that by the end of 2021, the import should be minimized. At present, we are importing about 65 lakh metric tonnes. We want this to be stopped. For that, several initiatives have been taken by the

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hon. Prime Minister by reviving five factories which were shut during 2002. Even, he has introduced a new policy and it has been taken care of. Two factories have already started producing urea and other fertilizers.

[Translation]

SHRI VINAYAK BHAURAO RAUT: Hon. Speaker, Sir, adulterated Urea is being supplied now a day's which is a big problem facing by the farmers. Provision is being made to supply more and more indigenous Urea at the earliest and put severe check on the adulteration of Urea. Whether the Government will be able to achieve it in time? What provisions are being made by the Government to address the problem of adulteration?

[English]

SHRI D.V. SADANANDA GOWDA: Hon. Speaker Sir, for the last four years, there was no scarcity of fertilizers across the country. Time and again, we are reviewing it and also getting in touch with the State Governments. Usually, the supply from the Centre to the State is our responsibility and the distribution to the farmers is the responsibility of the State. We are regularly getting in touch with the State Governments, the Chief Secretaries and also other Agricultural Officers in the State. Regular report is also being given. There is no scarcity. In advance, 30 per cent of the manures will be stocked everywhere across the country. So, practically, the farmers will not face any scarcity of fertilizers at any point of time.

DR. PRITAM GOPINATHRAO MUNDE : Thank you, Speaker Sir for giving me this opportunity.

It is a very good initiative that we are planning to make India self-sufficient in urea production. But our Government has always promoted Neem coated urea. Our

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hon. Agricultural Minister also spoke just now and he also mentioned Neem coated urea.

Through you, I would like to ask the hon. Minister if there are any promotional schemes to replace urea with something which is more organic, eco-friendly and probably Carcinogen-free, in the foreseeable future. Are there any schemes to promote neem-coated urea more than it is being promoted right now?

SHRI D.V. SADANANDA GOWDA: Hon. Speaker Sir, practically, the Government's intention is to reduce the consumption of fertilizers by at least 10 per cent, thereby promoting the use of organic fertilizers. So, we have started giving subsidies for city compost and we are encouraging it. Two States of the North East – Arunachal Pradesh and Sikkim – have already been branded as Organic States. Similarly, we want to plan in a few more areas where the usage of fertilizers should be reduced and the use of organic fertilizers like city compost should be encouraged.

SHRI SUNIL DATTATRAY TATKARE: Thank you, Speaker Sir, for giving me this opportunity. India is one of the biggest buyers of urea globally, where the farmers typically consume much of the urea. ... (*Interruptions*)

[Translation]

HON. SPEAKER : Hon. Member, please put a brief question. All the Hon. Members may speak briefly and the Hon. Minister should follow the same.

[English]

SHRI SUNIL DATTATRAY TATKARE : We have to reduce the degree of dependability. My mentor – hon. Sharad Pawarji – when he was at the age of 38, was the youngest Chief Minister of Maharashtra. He had taken up one project in my Raigad district. So, I would like to ask the hon. Minister whether the Government is planning

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to revive the project worth Rs. 5530 crores for producing additional quantity of ammonia and urea at Thal in Raigad.

SHRI D.V. SADANANDA GOWDA: Sir, the hon. Member's suggestion is well taken. I will certainly look into the matter.

SHRI BENNY BEHANAN: Hon. Speaker, Sir, the Fertilisers and Chemicals Travancore Limited is a pioneer public undertaking company which was catering to the fertilizer requirements of South India. They had been producing urea up to 2003. Due to the Government policy, FACT had to discontinue the production of urea and the plant was shut down. Still, sufficient infrastructure facilities is therewith FACT to produce urea. I would like to know whether FACT has already expressed its interest in replacing the plant with a new energy efficient plant. I would also like to know whether the Government can include FACT under the New Investment Policy to produce urea.

SHRI D.V. SADANANDA GOWDA: Sir, practically there is a Revival Policy that is going on and we are already working on it by selling excess lands of FACT to the Government of Kerala. The Government of Kerala has not yet finalised it. Practically, we are going to revive this company by getting some more funds through selling of excess lands, which are available with FACT.

SHRI BENNY BEHANAN: That is already over.

SHRI D.V. SADANANDA GOWDA: No, it is not over. Recently, a team of your former MPs came and we had a detailed discussion. We wrote letters to the Chief Minister of Kerala. It is still under process. So, we want to take it up and it is in the final stage. We hope that it would be completed at the earliest and we would revive it.

(Q. 143)

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[Translation]

SHRI BALAK NATH : Hon. Speaker, Sir, greetings. Through you, I would like to ask Hon. Minister whether any incidence of sale of pesticides with banned chemicals and herbicide-tolerant cottonseeds have been reported from various parts of the country?

SHRI PARSHOTTAM RUPALA: Hon. Speaker, Sir, there are two aspects of the question asked by Hon. Member. The first is pesticides with banned chemicals and the second about genetically cotton seeds.

Through you, I would like to inform the Hon. Member that so far as the first aspect is concerned, the Government has not received any complaint regarding sale of pesticides with banned chemicals from any state so far.

So far as the cottonseeds are concerned, we have received such reports from the State Governments of Maharashtra, Gujarat and Telangana. As reported by the Government of Maharashtra, such illegal Cotton Seeds were seized in the districts of Nagpur, Chandrapur, Parbhani, Nandurbar, Yavatmal and Gadchiroli. I have got the figures in this regard, but I don't want to go into details. Sale has been reported from Vadodara, Kutch, Sabarkantha and Gir-Somnath in Gujarat. Seven FIRs have also been registered. As per the reports received from the Government of Telangana, 302 samples have been collected. Action has been taken in 40 cases and 44 people have been arrested. I can say this on the basis of information received from Maharashtra, Gujarat and Telangana.

SHRI BALAK NATH: Hon. Speaker, Sir, what action has been taken in the cases registered so far? We have farms. When we go to the market, we see that the banned pesticides are available in shop. Mono as well Regent are available. Many such pesticides with red mark are available.

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SHRI PARSHOTTAM RUPALA: Hon. Speaker, Sir, if such an information is brought to the notice of the Government about which Hon. Member is talking, we will speak to the State Government to take an action in this regard. He has sought information about action taken so far.

I would like to inform him that the Inspectors working on the behalf of the Central Government took 1792 samples out of which 125 were found spurious. 61 were booked and produced in courts. 15 were found guilty and the rest of the cases are being heard in courts. The State Government took 30 thousand samples out of which 7497 were found spurious. 2902 cases are in the courts.

[English]

SHRIMATI MANEKA SANJAY GANDHI: One of the most dangerous pesticides which is pure poison is the Neonicotinoid pesticide range. These have been brought to India a decade ago by Bayer. They are so dangerous that almost every country has banned them, and they are under investigation by many International Parliaments for having lied during their tests. India is using Neonicotinoid pesticides very, very frequently and as a result, our bee population is now almost half of what it was. Since bees are our main pollinators, we should be banning this pesticide. Sir, could the Minister let us know what we are doing with the Neonicotinoid pesticide range?

[Translation]

SHRI PARSHOTTAM RUPALA : Hon. Speaker, Sir, Hon. Member has raised a question about a particular pesticide. I do not have information in this regard at the moment. I will inform her. As per the information available with me, a ban has been imposed on import, use and production of 40 such pesticides by the Government of India.

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SHRI GAURAV GOGOI : Hon. Speaker, Sir, thank you. It has been mentioned in the reply that the Central Government has received information from the State Governments of Maharashtra, Gujarat and Telangana. However, at times, it is reported that the agricultural export from India to Europe, USA and especially banana and other commodities are banned at times because what is banned in Europe and EU is not banned here due to which our farmers and producers face problems. Whether our Government is coordinating with EU and USA where our food and spices are being exported to ensure that the pesticides banned there are banned here as well and our exports are of their standards? Thank you.

SHRI PARSHOTTAM RUPALA : Hon. Speaker, Sir, the concern of Hon. Member is very genuine that the import of agricultural products is rejected there due to the residue detected in it. We are holding meetings regularly in this regard with the Ministry of Commerce and also getting feedback through Export Promotion Council. We are also working on the ways to avoid such incidents and make the farmers aware of it.

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(Q 144)

[Translation]

SHRI SUKHBIR SINGH JAUNAPURIA: Hon'ble Speaker Sir, first of all I would like to thank you. On behalf of all the 25 members and people of Rajasthan, I thank Hon'ble Prime Minister, Hon'ble President and all the Members of Parliament for having elected you as Speaker of Lok Sabha.

Hon'ble Speaker Sir, I would like to ask a question from Hon'ble Minister regarding the substandard quality of products served in trains, which he himself has accepted. Through you, I would like to draw the attention of Hon'ble Minister towards the long-distance trains which do not have pantry car such as Dayodaya Express, Kota-Udhampur, Jodhpur-Indore. Local vendors sell Bread Pakora, Sabji-Puri, Mirchi etc. in these trains. Railways has no control over this. All these products are prepared in substandard oil. The passengers are forced to buy these products as they cannot deboard the trains and leave their belongings unattended. They have to buy these products as they do not have any other option left with them. I would like to inform Hon'ble Minister that the brands like Rail Neer, Health Plus, Bisleri approved by his Ministry at the Railway Stations, Hotels, Airports and Multiplexes are only available at few places and the passengers at all other places get only local food and water sold by local vendors. These vendors sell chips and other items at exorbitant rates without any regulation.

HON. SPEAKER: Whether half of the question relates to Hon. Minister and the other half to the Minister of Railways.

SHRI SUKHBIR SINGH JAUNAPURIA: Hon. Speaker Sir, suppose the rate printed on water bottle is rupees 15, but local vendors are selling it at rupees 20, hotels at rupees

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40 or 50 and at Airports, it costs rupees 50. Same is the case with chips and Frooti. I want to ask as to whether prices of all these items ought to be regulated.

SHRI RAMVILAS PASWAN: Sir, he has asked two questions in two parts. He said that bottled water should be ISI marked, but it is not and that itself is a serious offence. The State Governments conduct raids from time to time in this regard and provision of severe punishment also exists.

His second important question is that the items are sold at higher price than MRP i.e. maximum retail price. We have received complaints in this regard and had taken strict actions but now this matter is sub-judice. There were 3683 cases in 2016-17, 3346 cases in 2017-18 and 2990 cases in 2018-19. Department has taken action in 90 percent of cases out of these and remaining cases are sub-judice. His main question regarding the rates charged arbitrarily for these items at hotels, Airports, Railway Stations is absolutely true. We have issued an advisory and imposed ban but these people took the matter to court. On 12-12-2017, the court issued a stay order on petition of Hotel Association and ordered that hotels can charge rupees 20 for against rupee 10 bottle for their service charges which they provide to their customers. They can even charge rupees 40 for a water bottle of rupees 20. We took this matter to the Supreme Court, but they also dismissed it. In the same way, matter of arbitrary rates charged in railways and malls was dismissed by the High Court. We have decided to amend our Legal Metrology Act. Nonetheless they will take this matter to court as it is not prohibited, but it is unfair that the same product is available at a lower price whereas hotels charge higher for the same. Higher prices charged in flights is also unfair. We initiated actions in the year 2015 itself after coming to the power, but eventually the court dismissed this matter. We are reconsidering this matter to find an abiding solution.

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SHRI SUKHBIR SINGH JAUNAPURIA: Hon. Speaker Sir, I want to ask the Hon. Minister that as he has got all the powers and the manner in which subsidy is being provided to BPL families, is it possible to give 20 to 30 percent concession to BPL families or the poor in these hotels and multiplexes, so that they could take their children and have good food at these places. What could be better than this? As such, our members also comes under BPL category, they should also get such concessions. This is my submission to the Hon. Minister.

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(Q 145)*[Translation]*

HON. SPEAKER: Congratulate the Hon. Minister, who has been elected as Member of Parliament for the first time and is replying to the question.

SHRI RAVNEET SINGH: Thank you Hon. Speaker Sir, none of the answer related to the Ministry of Agriculture received so far is satisfactory. We have all been beating around the bush but no proper reply has been received from your side
(Interruptions)

HON. SPEAKER: Please ask your question.

SHRI RAVNEET SINGH: You do not take it seriously. Sir, I was going through three pages long answer given by your Ministry. The reply is totally.....*

HON. SPEAKER: Hon. Member, ask your question.

SHRI RAVNEET SINGH: Hon. Speaker Sir, it is assumed worldwide that Punjab has an average of 90 cancer patients per one lakh people. According to the latest report, the Malwa region, which is infamously known as the cancer belt of India, has an average of 136 cancer patients per 1 lakh people. Most of the Members of Parliament from Punjab in attendance here belong to Malwa region ... *(Interruptions)* Captain Saheb has corrected you... *(Interruptions)* . Sir, when did this situation arise? During the period of sixties and seventies when the Green Revolution was taking place in Punjab, new cultivation techniques with more

*Not recorded.

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fertilisers, pesticides and high-yield seeds were used and adopted in place of old and conventional methods. The priority was to provide food grains to crores of people in the country at that point of time, therefore, potential adverse effects were not taken into consideration. We provide compensation to physically, mentally or economically weak youth and farmers of Punjab, be it at the time of floods or droughts, even though the cases of cancer patients are on the rise and are causing higher rate of deaths among people. It is a border state, youth were battling against drug addiction earlier and now they are struggling with cancer. Their blood samples show the presence of pesticides residues. You have to respond to it. In 2017, a reply was given where it was mentioned that 272 farmers were killed due to this. These farmers died due to pesticides in Maharashtra. Then, how can you claim that pesticides are not harmful? I would request the hon. Minister to respond diligently as this is the matter concerning Punjab.

SHRI KAILASH CHOUDHARY: Hon. Speaker Sir, hon. Member has raised the question that the number of cancer patients are increasing in Punjab. I would like to state that Hon. Prime Minister has shown concern about health, especially of farmers, as their income has to be doubled. It was reflected in the very first budget of this Government. The Government has paid attention towards the health sector in a similar manner... (*Interruptions*) I would like to state that the question raised by the Hon. Member about Punjab, that there are highest number of cancer patients in Punjab. In response to the data provided by the hon. Member, I have already stated that the average of cancer patients is 100 to 110 per lakh population and even in case of Punjab, the average is more or less similar. Thus, it would be incorrect to say that the number of cancer patients is higher in Punjab. Our research centers have worked on these figures. I would like to state that a provision of Rs. 5 lakhs have been made by the Government for assistance to cancer patients and more work is being done under the scheme rolled out by the Hon. Prime Minister of India.

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If we look at the data worldwide, fertilizers are not causing cancer as has been established through our research. Of course, it can be attributed to some pesticides. We impose a ban on such pesticides. I will give you the list of banned pesticides. There are several such countries in the world that use more fertilizers as compared to us. The usage of fertilizer is 158 kilograms per hectare, whereas it is 420 kilogram in China and 388 kilograms in Egypt. Overall, I can say that it is not as if fertilizer were causing cancer. Our ICAR is also undertaking research in this regard. ICAR has also suggested that it should be used in right quantity at the right time in right mode and research is undertaken to use fertilizers in the right manner.

Therefore, I would like to tell you that the question raised by you relates not only to Punjab. In fact, cancer is a cause of concern throughout the country. This matter does not pertain to Punjab only.

SHRI RAVNEET SINGH: Hon. Speaker, Sir, it is right that he has accepted that pesticides are causing cancer. This is not happening in Punjab only, but throughout the country.

HON. SPEAKER : Hon. Member, when the other Hon. Member asks supplementary question, you should not be on your feet again and again otherwise I will have to name you. You should not get up. Please remain seated.

Hon. Member, please ask your question.

SHRI RAVNEET SINGH: Hon. Speaker, Sir, just as the present generation suffering from cancer is not going to forgive us, similarly the next generation may not forgive us because as per the reports received from Punjab, radioactive metals such as Uranium, Mercury and Arsenic have been detected in the groundwater of Punjab. We are

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irrigating our fields with the same water. These metals are reaching the fields along with water coming through tube wells and motors. These metals are also leaching into our food chain comprising fruits, vegetables, pulses etc. When these metals are present in water, they will enter our bodies. We see the shining fruits and vegetables in the markets, but who will check it?

I would like to ask if there is any bio-monitoring programme in our country in this regard? Will the Hon. Minister be pleased to inform us whether bio-monitoring data is considered and whether any data is maintained regarding imported pesticides and fertilizers? You have stated that the companies have been closed down. If any such case comes to light in Europe and USA, the company is not only closed down but the message goes down to next generations about the wrongs committed. Please give us the name of just one company which has been closed down and the persons who have been arrested. If you name just one company, I will be satisfied. You should understand that the next generation will not forgive you if the farmers live in such pathetic state of affairs. This does not concern the farmers only but the common man has also been subjected to sufferings.

THE MINISTER OF STATE IN THE MINISTRY OF AGRICULTURE AND FARMERS WELFARE (SHRI PARSHOTTAM RUPALA) : Hon. Speaker, Sir, the reply to Hon. Member's query has been given in reply to the previous question regarding closure of Pesticide companies. I will provide him the names of companies.

Hon. Speaker, Sir, through you, I would like to inform Hon'ble Member that the entire House should be concerned about the farmers and the disease of cancer whether it is caused by fertilizers or some other reasons. Our Government is also concerned about it. I would like to inform that Prime Minister has implemented '*Ayushman Bharat*' scheme throughout the country for those suffering from cancer. Punjab has not

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accepted it... *(Interruptions)* You should inform them about it... *(Interruptions)* If you want to help those suffering from cancer and if you want to help the farmers, you should step forward to accept it and also inform the state Government about it... *(Interruptions)* In fact, the details of the efforts being made by the Government have been shared with you... *(Interruptions)*

SHRI BHAGWANT MANN : Hon. Speaker, Sir, Ravneet Bittu ji has raised an issue. I have been elected from Sangrur located in Malwa Region. Sangrur is the biggest producer of foodgrains, however most of the cancer patients are also from Munak Tehsil which means that the chemical fertilizers and pesticides being used may be causing it. Our water is not safe for drinking anymore.

I would like to ask a question. Either of the two Ministers whoever can give a better reply, may reply. You may inform us. There is a train from Bhatinda to Bikaner which has been named Cancer Express. There is no Cancer hospital in Punjab. Whether there is any proposal for construction of hospital? Why has the Cancer Hospital of Sangrur been turned into multispeciality hospital? Hon. Minister may tell us if the people of Punjab have been left to their fate? These are the same people who have sacrificed their lives.

SHRI PARSHOTTAM RUPALA : Hon. Speaker, Sir, Hon. Member has sought an information if any approval has been granted for an institution or not. Through you, I would like to inform that approval has been given for National Cancer Institute in Jhajjar. For screening at district level in Punjab... *(Interruptions)* What he said... *(Interruptions)* He has talked about a Cancer Express train. It is true that a train running from Bhatinda to Bikaner is known as Cancer Express. I would like to inform you and the entire House that such conventional experiments are going on in our country... *(Interruptions)* which do not have scientific basis... *(Interruptions)* Several such

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things happen. An event was organized in Gujarat which was called *Jinjkaavaali*. We do not know what *Jinjkaavaali* is ... (*Interruptions*) The issue of Cancer patients is being raised on the basis of such things. I am informing you once more for your convenience that our Government has implemented Ayushman Yojna for the cancer patients not only of Punjab but of entire country... (*Interruptions*) wherein provision of five lakh rupees has been made. You should inform the State Government to be a part of this scheme in order to be benefited by it.

HON. SPEAKER: Will Hon. Minister like to reply.

**THE MINISTER OF AGRICULTURE AND FARMERS WELFARE;
MINISTER OF RURAL DEVELOPMENT AND MINISTER OF
PANCHAYATI RAJ (SHRI NARENDRA SINGH TOMAR) :** Hon. Speaker, Sir, the question asked by Ravneet Singh ji is definitely a cause of concern for everyone because nobody is going to be pleased by the fact that the cases of cancer go up in the country. The Central Government is also concerned and the State Government is concerned as well. The issue is whether cancer is being caused by chemical fertilizers or not? This will not be proved by delivering speeches, but through research. If we go through the research undertaken by ICAR or Indian Medical Research Organization, it has not been established that cancer is being caused by fertilizers. So far as cancer is concerned, the cases should not go up. We should be aware of it. Whether it is the issue of pesticides or chemical fertilizers, I would like to inform Hon. Members that if the chemical fertilizers or pesticides are used at the right time, in right quantity and properly, the crops are not affected. That is why Hon. Prime Minister has taken up the issue of Soil Health Card as a mission. If all of us inform the farmers in our constituency in this regard and all the farmers get their soil tested and fertilizers and pesticides are used as per recommendations, we will be able to check it for sure. There is no shortage of Cancer Hospitals in the country.

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Hon. Speaker, Sir, through you, I would like to request the Government of Punjab to avail the benefits of *Ayushman Bharat Yojana* and get the patients from Punjab treated under it.

THE MINISTER OF FOOD PROCESSING INDUSTRIES (SHRIMATI HARSIMRAT KAUR BADAL): Hon. Speaker, Sir, Kindly give me a chance to speak as both the Hon. Members are from my state and they have expressed concern about my area. I do wish that the State Government was also equally concerned. Still I would like to submit for their information. They have enquired about the reasons for the cases of cancer? I would certainly like to add that when I became a Member of Parliament in 2009 first of all, we got constructed Cancer Research and Diagnostic Centre in Bhatinda. It was running very well, however the present Government has stopped all funds. What to say of research, even treatment is not being undertaken there. Even medicines are not available there ... (*Interruptions*) Secondly, much has been said about Cancer train, however our Government initiated setting up AIIMS in Bhatinda in 2016... (*Interruptions*)

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(Q 146)*[Translation]*

SHRI RAJENDRA DHEDYA GAVIT: Hon. Speaker, Sir the fishermen often happen to violate territorial waters by mistake and get caught-up in the resultant international complications. Thousands of Khalasis and crew members have been stuck in jails in Pakistan and Sri Lanka. Even now, nearly 200 khalasi and crew members are jailed in Pakistan and Sri Lanka and 1087 boats have been seized there. The main reason for this is that even today, traditional fishermen are not aware of the concept of territorial waters.

HON. SPEAKER: Hon. Member, please stop for a moment.

Words spoken by other Members should be struck off from the proceedings.

... (*Interruptions*) *

SHRI RAJENDRA DHEDHYA GAVIT: Hence it is very important to train them in navigation. So, I would like to ask the hon. Minister whether any training institute has been established for training the fishermen or informing them about the issues related to territorial waters in order to protect them?

HON. SPEAKER: Hon. Minister, please stop for a moment. Hon. Members, I am warning you again for the last time, please do not interrupt the proceedings like this.

Hon. Minister, please continue.

*Not Recorded

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SHRI GIRIRAJ SINGH: Hon. Speaker, Sir the issue raised by the hon. Member is very important. Our fishermen who put their lives at risk to go out to the sea should be given training. In this regard, there are three training centres of the Union Government situated at Kochi, Vishakhapatnam. Nearly 26,414 people have been trained in these three training centres. A two year and a four year course is conducted there and people have been trained through these courses. 74 persons have been trained in vessel navigation and 134 persons have been trained as marine fitters etc. through these courses.

So, the need for training the fishermen is being recognised in our country. I have said that nearly 26,414 persons have been trained. Along with this, awareness programmes are also being conducted in villages with the collaboration of the state governments.

SHRI RAJENDRA DHEDHYA GAVIT: Hon. Speaker, Sir there is only one institute in Mumbai – Central Institute of Fisheries Education. It is also proposed to be shifted to Kochi. The distance between Maharashtra and Jaagva is 1640 kms. Distance between Palghar and Banda is 720kms. Porbandar and Mumbai have just one centre. The number of centres is woefully short keeping in mind the information given by the hon. Minister regarding the number of fishermen. Since my parliamentary constituency Palghar falls midway between Maharashtra and South Gujarat, in my opinion, if the government opens a training centre in my parliamentary constituency, Palghar, then both Gujarat and Maharashtra would be benefited.

SHRI GIRIRAJ SINGH : Sir, the concern expressed by the hon. Member is definitely a matter of concern for us too. We will start this mission with the collaboration of the State Governments. We will consult Gujarat and Maharashtra, the states concerned, about this issue.

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(Q .147)

[English]

DR. SUBHASH RAMRAO BHAMRE: Speaker, Sir, thank you very much for giving me this opportunity.

[Translation]

The objectives of Aajeevika Grameen Express are *[English]* to provide an alternate source of income, livelihoods to members of Self-Help Groups and to provide safe, affordable and community monitored rural transport services in remote areas.

Sir, through you, I would like to ask the hon. Minister what impact has been created by the Aajeevika Grameen Express Yojana (AGEY) and whether the Ministry has set up any monitoring and evaluation programme for this Yojana.

[Translation]

SHRI NARENDRA SINGH TOMAR: Hon. Speaker, Sir, Deen Dayal Upadhyay Raashtriya Aajeevikaa Programme is a flagship programme of the government. 5 crore and 92 lakh of our sisters are working with nearly 5 lakh Self-Help Groups under the said programme. Under this programme, the Government also provides financial assistance and training to our sisters who reside in villages to enable them to earn their livelihood and thereafter help is also provided to them to get linked to banks.

Hon. Speaker, Sir, this programme also proposes to provide transportation facility in villages along with livelihood, hence it has been decided to implement the

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Aajeevika Express programme. Aajeevika groups are using 730 vehicles in nearly 17 states. There are proper arrangements for their monitoring and supervision.

[English]

DR. SUBHASH RAMRAO BHAMRE : Sir, I would like to know from the hon. Minister the guiding factors in selecting blocks under this scheme because a total of 250 blocks have been selected. I would also like to know whether the Government has planned to increase the number of blocks in each State, especially in Maharashtra.

[Translation]

SHRI NARENDRA SINGH TOMAR : Hon. Speaker Sir, such schemes are normally formulated and implemented for poverty alleviation and provision of livelihood in extremely poor blocks and a uniform procedure is followed in this regard across the country. This is the criteria for selection of blocks. This is a continuous process.

[English]

DR. HEENA VIJAYKUMAR GAVIT : Thank you, Sir. Development of any country is directly proportionate to the condition of roads and its transport system. The Aajeevika Grameen Express Yojana is a very good scheme, especially for tribal and rural areas as it will act as a backbone of the rural transport system.

Sir, only 13 blocks were selected in my State of which one is in my constituency. Overall, if we see, the funds allocated under this scheme are very meagre. Through you, Sir, I would like to know from the hon. Minister whether the Government has any plans to approach big business houses and try to mobilize some CSR funds under this scheme.

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If not, whether the Government has taken any steps to allocate more funds under this scheme.

[Translation]

SHRI NARENDRA SINGH TOMAR : Hon. Speaker, Sir, concern of the hon. Member is definitely justified. Every person feels that more work needs to be done in his constituency. As I have informed earlier, this programme is being implemented under the Deen Dayal Upadhyay Rashtriya Aajeevika Mission. Budget provision of 9 thousand crore rupees has been made for the implementation of this mission. One of the components of which is the Aajeevika Express. Undoubtedly, this experiment has been successful. Last time we had given permission for implementation of this programme in 22 states. 17 states had accepted it. As of now, 730 vehicles have been bought by the people and women are earning their livelihood through it. We want to expand this programme. The financial situation will have to be taken into consideration before doing so.

SHRI RAHUL KASWAN: Hon. Speaker, Sir many thanks.

I would like to ask the hon. Minister that allocation for 9 blocks was made in Rajasthan but not a single vehicle has been made available there so far. Have you received any representation from the Rajasthan Government for the said blocks? The hon. Minister may kindly inform.

SHRI NARENDRA SINGH TOMAR : Hon. Speaker , Sir, implementation of all centrally sponsored schemes is done through the State Governments . As I have informed earlier, this scheme was approved for 22 states, out of which 17 states have started implementation of the scheme. As the other states join the programme, we will take the scheme forward in those states.

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(Q 148)

SHRI RITESH PANDEY: Hon. Speaker Sir, many many thanks.

HON. SPEAKER : Please put up your question in brief. I have given you an opportunity.

12.00 hrs.

SHRI RITESH PANDEY: Hon. Minister has mentioned about all the five points in his reply. In all those points, he has reiterated that fund is being given to Sugar Mills to pay the sugarcane farmers. You have formulated many policies but I would like to inform the hon. Minister that even today in Uttar Pradesh, payment of rupees 10183 crore of sugarcane farmers is outstanding against the sugar mills. Payment of 1709 crore rupees is outstanding in Karnataka. Sir, why is it that despite all the schemes payment of outstanding dues of sugarcane farmers for the last year has still not been made. The same situation is prevalent everywhere. Kindly throw light on this matter.

SHRI DANVE RAOSAHEB DADARAO: The sugar mills have to make two types of payment. One is F.R.P. and the other is S.I.P. Four states in the country, viz, Uttarakhand, Punjab, Haryana and Uttar Pradesh pay A.C.P. Payment of a total of rupees 18143 crore i.e. 17840 crore rupees for 2018-19 and 303 crore rupees for 2017-18 is outstanding. The Government has made substantial efforts in this direction. Sugar mills have been provided financial assistance for meeting their costs for sugar season for the year 2017-18 and 2018-19. Mills have also been reimbursed the cost for maintenance of buffer stock amounting to 30 lakh tonnes alongwith other financial assistance. Many such measures have been undertaken. The state Governments are empowered to pay the outstanding amounts under Order 1966 and the Union Government keeps issuing orders in this regard from time to time.

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THE MINISTER OF CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION (SHRI RAM VILAS PASWAN): I would like to tell you that in the year 2017-18, Rs. 85,179 crores of farmers were outstanding which is only Rs. 303 crores by the end of the season. The current outstanding was Rs. 85,355 crores, out of which Rs. 65,706 crores have already been paid. The season is going on which will end by 30th September. We are taking stringent measures but the State Governments are completely responsible for this. Mills have to provide relief to the farmers by paying their outstanding amount, and we have to provide relief to the mills also and we are doing this for long. We always try to ensure that the outstanding amount remains to be minimum by the end of the season every year, but even if that does not happen, State Government has full rights to take action against the mill owners and put them behind the bars. State Government has full right to do so.

***WRITTEN ANSWERS TO QUESTIONS**

(Starred Question Nos.149 to 160
Unstarred Question Nos.1572 to 1801)

*Available in Master copy of Original Version of Debate, placed in Library.
You can also visit <https://sansad.in/ls/questions/questions-and-answers> for more information.

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HON. SPEAKER: Hon. Members, I have received notices of Adjournment Motion from some members on different subjects. The matters ,though important , does not warrant interruption of business of the day . These matters can be raised through other opportunities. I ,therefore, disallowed all the notices of adjournment motion.

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12.03 hrs

PAPERS LAID ON THE TABLE

[Translation]

HON. SPEAKER: Now, the papers will be laid on the table.

[English]

THE MINISTER OF STATE IN THE MINISTRY OF HOME AFFAIRS (SHRI G. KISHAN REDDY) : Respected Speaker, Sir, on behalf of Shri Amit Shah, I rise to lay on the Table a copy of the Foreigners (Tribunals) Amendment Order, 2019 (Hindi and English versions) published in Notification No. G.S.R. 409(E) in Gazette of India dated 4th June, 2019 issued under sub-section (2) of Section 3 of the Foreigners Act, 1946.

[Placed in Library, See No. LT 89/17/19]

THE MINISTER OF STATE IN THE MINISTRY OF PARLIAMENTARY AFFAIRS AND MINISTER OF STATE IN THE MINISTRY OF HEAVY INDUSTRIES AND PUBLIC ENTERPRISES (SHRI ARJUN RAM MEGHWAL) : Hon. Speaker, Sir, I rise to lay on the Table a copy each of the following papers (Hindi and English versions):-

- (1) Memorandum of Understanding between the Scooters India Limited and the Department of Heavy Industry, Ministry of Heavy Industries and Public Enterprises, for the year 2019-2020.

[Placed in Library, See No. LT 90/17/19]

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- (2) Memorandum of Understanding between the Braithwaite Burn and Jessop Construction Company Limited and the Department of Heavy Industry, Ministry of Heavy Industries and Public Enterprises, for the year 2018-2019.

[Placed in Library, See No. LT 91/17/19]

THE MINISTER OF STATE IN THE MINISTRY OF HOME AFFAIRS (SHRI G. KISHAN REDDY): Hon. Speaker, Sir, I rise to lay on the Table:-

1. (i) A copy of the Annual Report (Hindi and English versions) of the REPCO Bank Limited, Chennai, for the years 2015-2016 and 2016-2017, along with Audited Accounts.

(ii) A copy of the Review (Hindi and English versions) by the Government of the working of the REPCO Bank Limited, Chennai, for the years 2015-2016 and 2016-2017.

2. Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT 92/17/19]

3. (i) A copy of the Annual Report (Hindi and English versions) of the REPCO Bank Limited, Chennai, for the year 2017-2018, along with Audited Accounts.

(ii) A copy of the Review (Hindi and English versions) by the Government of the working of the REPCO Bank Limited, Chennai, for the year 2017-2018.

[Placed in Library, See No. LT 93/17/19]

4. A copy each of the following Notifications (Hindi and English versions) under subsection (4) of Section 6 of the Anand Marriage Act, 1909:-

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(i) The Lakshadweep Anand Marriages Registration Rules, 2017 published in Notification No. F. No. 01/02/2017-Genl in Lakshadweep Gazette dated 29th July, 2017.

(ii) The Chandigarh Anand Marriage Registration Rules, 2018 published in Notification No. F.No. 526-HIII(3)-2018/11264- in Chandigarh Administration Gazette dated 29th May, 2018.

5. Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (4) above.

[Placed in Library, See No. LT 94/17/19]

6. A copy each of the following Notifications (Hindi and English versions) under sub-sections (4) and (5) of Section 35 of the Unlawful Activities (Prevention) Act, 1967:-

(i) S.O.693(E) published in Gazette of India dated 5th February, 2019 adding the name of “Tehreek-ul-Mujahideen and all its manifestations” in the First Schedule of the Unlawful Activities (Prevention) Act, 1967 at Serial No. 41.

(ii) S.O.1806(E) published in Gazette of India dated 24th May, 2019 adding the name of “Jamaat-ul-Majahideen Bangladesh” or “Jamaat-ul-Mujahideen India or Jamaat-ul-Mujahideen Hindustan and all its manifestations” in the First Schedule of the Unlawful Activities (Prevention) Act, 1967 at Serial No. 42.

[Placed in Library, See No. LT 95/17/19]

7. A copy of the Investigation of High Quality Counterfeit Indian Currency Offences (Amendment) Rules, 2019 (Hindi and English versions) published in Notification No. G.S.R. 22(E) in Gazette of India dated 11th January, 2019 under Section 53 of the Unlawful Activities (Prevention) Act, 1967.

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8. Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (7) above.

[Placed in Library, See No. LT 96/17/19]

[Translation]

THE MINISTER OF STATE IN THE MINISTRY OF AGRICULTURE AND FARMERS WELFARE (SHRI PURSHOTTAM RUPALA): Hon. speaker sir, I rise to lay on the table a copy of Memorandum of Understanding between the National Seeds Corporation Limited and the Ministry of Agriculture and Farmers Welfare for the year 2019-2020. (Hindi and English versions)

[Placed in Library, See No. LT 97/17/19]

[English]

THE MINISTER OF STATE IN THE MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT (SHRI RAMDAS ATHAWALE) : Respected Speaker, Sir, I beg to lay on the Table:-

(1) A copy of the Report (Hindi and English versions) under Section 21(4) of the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989, for the year 2017.

(2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT 98/17/19]

[Translation]

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THE MINISTER OF STATE IN THE MINISTRY OF HOME AFFAIRS (SHRI NITYANAND RAI): Hon. Speaker, Sir, I rise to lay on the Table a copy of Ministry of Home Affairs, Directorate General of Fire Services, Civil Defence and Home Guards (Fire Advisor) Recruitment Rules, 2019 published in Notification No. G.S.R.43 in weekly Gazette of India dated 9th February, 2019 under article 309 of the Constitution of India. (Hindi and English versions)

[Placed in Library, See No. LT 99/17/19]

THE MINISTER OF STATE IN THE MINISTRY OF AGRICULTURE AND FARMERS WELFARE (SHRI KAILASH CHAUDHARY) : Hon. speaker sir, I rise to lay on the Table a copy each of the following papers :-

(1) (i) Annual Accounts (Hindi and English versions) of the Indian Council of Agricultural Research, New Delhi, for the year 2017-2018, along with Audit Report thereon.

(ii) Review (Hindi and English versions) by the Government on the Audited Accounts of the Indian Council of Agricultural Research, New Delhi, for the year 2017-2018.

(2) Statement (Hindi and English versions) showing reasons for delay in laying the papers mentioned at (1) above.

[Placed in Library, See No. LT 100/17/19]

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[Translation]

SHRIMATI SONIA GANDHI (RAEBARELI): Hon. Speaker sir, thank you so much for giving me an opportunity to speak. Through you, I would like to draw the attention of the House towards the scheme of the Government in which 6 production units of railways are to be corporatized. Modern Coach Factory of Rae Bareli would be corporatized in the first phase of the scheme.

Hon. Speaker Sir, I would like to seek your permission to elaborate the true meaning of corporatization that it is the initiation of privatization. It is the first process to hand over the valuable assets of the country to the private hands at throwaway prices. This makes thousands of people unemployed. The main concern is that the Government has chosen the Coach Factory of Rae Bareli for this experiment, which is one of the successful projects. It was established during the UPA Government regime under the leadership of Dr. Manmohan Singh to promote the domestic production of the country i.e. 'Make in India'. Today this factory is producing even more than its capacity. It is the state-of-the-art factory of Indian Railways and is famous for making the best railway coaches at the most economical cost. It is considered to be one of the best units, in which various Governments invested huge amounts of money since its inception. In this House, I would like to congratulate more than two thousand labourers and the employees who have achieved this feat with their hard work, but it is a matter of concern that now the future of all of them and their families is at stake and it is hard to understand as to why this Government wants the corporatization of this industrial unit.

Hon. Speaker Sir, I do not understand as to why this Government suddenly discontinued the age-old tradition of presenting rail budget separately in the house? But can't we even hope for Parliamentary investigations against such sort of steps being taken for the corporatization? Do we not expect a collective discretion of this house in such cases? The Government has kept this decision also as a secret. Even the Trade

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Unions of the factories have not taken into confidence who have built these industries with their hard work. I would like to remind the Government that the basic objective of Public Sector undertaking is the welfare of the public not to benefit the private capitalists.

Hon. Speaker Sir, Pandit Jawaharlal Nehru called our Public Sector industries the *Temples of Modern India*. Today it is disheartening to see that most of such temples are in danger. Despite the profits, their employees are not being paid their salaries on time and their futures have been put at stake to benefit certain capitalists. It is not hidden from anyone as to what is happening with HAL, BSNL and MTNL.

Hon. Speaker Sir, through you I would like to request the Government to safeguard the interests of Modern Coach Factory of Rae Bareilly and all the properties of Public Sector and show respect and regard towards the labourers and their families who have worked hard to raise them to such heights. Thank you.

HON. SPEAKER: Smt. Supriya Sadanand Sule and Smt Kanimozhi Karunanidhi are permitted to associate with the issue raised by Smt Sonia Gandhi.

SHRI VINOD LAKHAMSHI CHAVDA (KACHCHH): Hon. Speaker Sir, at first, I would like to extend gratitude and congratulate you on the behalf of the people of Kachchh as you contributed in the resettlement of Kachchh through your services and got associated with them at the time of grief when the entire Kachchh was suffering due to an earthquake. I once again congratulate you.

Sir, through you, I would like to draw the attention of the Ministry of Water Resources towards my constituency Kachchh which is known as drought-prone region. Residents of this area have to face this problem time and again in the absence of rain. There are neither large sources of water, nor dams or ponds nor rivers. I am grateful to our Prime Minister and wish to congratulate him that as Chief Minister of Gujarat, he supplied drinking water through pipelines to the villages and towns in Kachchh about

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hundred kilometers of area. The irrigation water of Narmada canal has reached to half of Kachchh just because of his will power. Through you, I submit to the Hon. Minister that in my Kachchh district of Gujarat, a river called Luni which originates from the Pali district of Rajasthan is immersed in the great Rann of Kachchh via Sanchole Rajasthan. The river Banaras from Abu in Rajasthan is immersed in the Rann of Kachchh via Palanpur, Disha, Radhanpur in Gujarat. Their salty water remains there for three to four months. Through you, I request the Ministry of Water Resources to make necessary arrangements to provide a huge water reservoir of fresh water. Thank you.

HON. SPEAKER: Shri Devji M. Patel, Shri. Uday Pratap Singh, Kunwar Pushpendra Singh Chandel and Dr. Kirit P. Solanki are permitted to associate themselves with the issue raised by Shri. Vinod Lakhmashi Chavda.

SHRI MUKESH RAJPUT (FARRUKHABAD): Hon. Speaker Sir, I am thankful to you for giving me an opportunity to speak.

Sir, my constituency Farrukhabad is situated between the Ganges, Ramganga and Kali rivers. Whenever there is flood in the Ganges, Ramganga and Kali rivers, the fertile land gets eroded from there and many villages are cut off as well. Even the schools of children are cut off. Many villages have been cut off.

Sir, through you, I would like to request the hon. Minister to build embankments on Ganges, Ramganga and Kali rivers where some villages are likely to be cut off so that these villages may be protected. Hundreds of acres of fertile land belonging to farmers is submerged in Ganges, Ramganga and the Kali River which brings the farmers to the brink of starvation due to which they migrate to Delhi or other metro cities.

Sir, through you, I would like to request to build embankments to protect their interests. Thank you.

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HON. SPEAKER: Kunwar Pushpendra Singh Chandel is permitted to associate himself with the issue raised by Shri Mukesh Rajput.

SHRI RAHUL RAMESH SHEWALE (MUMBAI SOUTH-CENTRAL): Hon. Speaker Sir, Thank you. My request is that I want to speak on another topic during zero hour. I want to speak on the heavy downpour in Mumbai.

HON. SPEAKER: You are allowed.

SHRI RAHUL RAMESH SHEWALE: Hon. Speaker Sir, it has been raining heavily in Mumbai for last two days. In the last two days, Mumbai has recorded as much rain as it was not recorded in last 44 years. The situation in Mumbai is very bad. The public life has come to a halt there. Even accidents have taken place due to heavy rains. Many people and labourers have died due to the collapse of compound walls in Mumbai and in Pune in Maharashtra for the last two-three days. Building structure or a compound wall should be constructed as per the norms of structure stability and structure safety. It must be in accordance with Bureau of Indian Standards and National Indian Code. The National Building Code is developed by the Union Government, but the State Governments and the Municipal Corporations do not implement it. The reason for this is that the National Building Code is Recommendatory, but not mandatory. Therefore, the State Government and the Municipal Corporation do not follow it. If they will follow National Building Code, there will be no accident of collapsing of Compound Wall.

Through you, I would like to request the Government that the National Building Code should be made Mandatory. Through you, I would also like to request the Government that the Union Government, the State Government and the Municipal

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Corporation may help Mumbai at present, especially through the Ministry of Railways. The condition of the Railways is very bad there. The passengers of Mumbai are facing a lot of inconvenience due to the closure of the Mumbai Local trains. Therefore, through you, I would like to request that the Ministry of Railways and the Union Government to help in improving the conditions of Mumbai.

HON. SPEAKER: Kunwar Pushpendra Singh Chandel is permitted to associate himself with the issue raised by Shri Rahul Ramesh Shewale.

SHRI CHHEDI PASWAN (SASARAM): Hon. Speaker Sir, I would like to thank you for allowing me to speak on a very important issue. You belong to Rajasthan, so you understand the scarcity of water. Today the Government is committed to save water in the country. People are craving for a single drop of water and people are dying due to lack of water at some places. In such a situation, there is a place in my constituency where the water from the Telhar Kund falls into the Sura River, from where it reaches to Durgavati River and then into the Karmnasa River and this water irrigates millions of acres of land in Uttar Pradesh. If the water is stopped and a dam is constructed on the right bank of Sura river, where a Jagdahawa Dam already exists, but it is dried up due to lack of source water. It is almost dried up. If the dam is constructed, then water will also flow in the Jagdahawa Dam and Bhagwanpur Block can also be irrigated from the right side.

Therefore, through you, I would like to request the Government and also request you to direct the Ministry of Jal Shakti to interact with the Government of Bihar and a dam should be constructed there at the earliest. This is a farming area and there are no irrigation facilities there. If a dam is not constructed, it will pose a big problem for the

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farmers there. Therefore, I again request you to direct the Ministry of Jal Shakti to get in touch with the Government of Bihar and get a dam constructed there at the earliest.

SHRI DEEPAK BAIJ (BASTAR): Hon. Speaker, Sir the Central Government has reduced the quota of kerosene for Chhatisgarh by 38 per cent this year. As Chhatisgarh is a forest and tribal area, Hon. Chief Minister had written to Hon. Prime Minister requesting for an increase in the quota of Kerosene but on the contrary, the quota has been reduced by 38 per cent which amounts to discrimination against the State Government.

Hon. Speaker, Sir, on the one hand, the Members of Rajya Sabha talk about 40000 houses which are not electrified so far and on the other hand, the Government has adopted a discriminatory policy by slashing the quota of kerosene. Therefore, I would like to request the Union Government through you that it should not slash the quota of kerosene for the Government of Chhatisgarh and give it an equal share.

DR. UMESH G. JADAV (GULBARGA): Hon. Speaker, Sir, thank you. Gulbarga and Hyderabad in Karnataka is the most backward area in terms of education. Its population has risen by 10 lakh. There are four Universities here. And several Central Government offices are also located here. Through you, I would like to request that one more Central School should be opened here because the neighboring Jahangir district also falls under my constituency. 25 per cent children from economically weaker section should get admission there. Now-a-days there is a great demand for Central School so that children may get good quality education. Through you, I would like to make a request that one more Central School should be opened in Gulbarga North.

SHRI ANIL FIROJIYA (UJJAIN) : Hon. Speaker, Sir, first of all, I would like to thank you for giving an opportunity to new Members like us to express our views. I

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also pray to the God that you may continue to give us opportunities to share our views in future as well.

Hon. Speaker, Sir, through you, I would like to bring a fact into the notice that the incidents of murder, loot, rape, sexual abuse and murder of little girls have been occurring in Madhya Pradesh for last 5-6 months. The incidents of kidnapping have also gone up during the last four-five months. No such incidents occurred during the last 15 years when BJP was in power there. But, what has changed in the last 4-5 months that so many incidents and accidents have started occurring there. I would like to request you to kindly direct the Government to take strict action against the guilty and check such crimes. Thank you.

HON. SPEAKER: Kunwar Pushpendra Singh Chandel is permitted to associate with the issue raised by Shri Anil Firojiya.

SHRI PALLAB LOCHAN DAS (TEZPUR): Hon. Speaker, Sir, I am grateful to you for giving me the opportunity to speak for the first time. Sir, our day starts with a cup of tea in the morning. However, the Tea producers are in a very pitiable condition. The Tea industry has gone into tailspin. Such is the condition of tea industry that whereas we get the tea at a rate of 500 rupees per kilogram but the producers are not getting the proper rates for their tea. The families of about 50 lakh workers are deprived of their rights because the tea producers are not getting remunerative prices for their produce. The Parliament had enacted two Acts. One Act is Tea Act and the other Act is the Plantation Labour Act to address the issue. The entire Tea Industry is governed by Tea Act and the workers are covered under Plantation Labour Act. But, the condition is such that major companies of Tea Industry are closed and they are not earning any profit. Also, workers are not getting minimum wages. Such a system has evolved that slavery is quite conspicuous in the tea garden under this system. The British have left,

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but their system still persists in Tea gardens. The people from states of Bihar, Jharkhand, Uttar Pradesh, Madhya Pradesh have been employed as bonded labour. But they are in a very pitiable condition today. Through you, I would like to urge that the Tea Act and Plantation Labour Act should be amended. The workers of Tea gardens and Tea Industry can be protected only by bringing amendments in these two Acts. Otherwise law and order problem may crop up in West Bengal and Assam. I would like to thank you for giving me the opportunity... (*Interruptions*)

HON. SPEAKER: New Members are speaking very well and it sounds well in the House.

Shri Mahesh Sahoo.

[*English*]

SHRI MAHESH SAHOO (DHENKANAL): Hon. Speaker, Sir, I am really grateful to you that you have given me a chance to speak. Partially, I am unable to speak in Hindi and I cannot speak in English fluently. So, I had to speak in Odia about which I have intimated the secretariat.

*Hon. Speaker, Sir, as you are aware the National Highways plying through Odisha are in deplorable condition. Due to lack of funds, their repair work is not taking place in time. In the recent past, the Central Government has taken a decision regarding National Highway that connects Sambalpur to Cuttack. This route connects rest of Odisha to the western Odisha. It should be four-laned and in the Dhenkanal parliamentary constituency, there is absolutely no problem of land acquisition.

As per the version of the hon. Minister, there is delay in the work due to acquisition, but from Angul to Cuttack, there is absolutely no problem of acquisition.

*English translation of the speech originally delivered in Odia.

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However, the work is very slow. I request the Government through you, Sir, that the works should be expedited as soon as possible so that the development of the busiest road connecting to the Western Odisha is completed.

[Translation]

HON. SPEAKER: Dr. Shashi Tharoor. Please take up a new issue as you have already expressed your views on old issue.

[English]

DR. SHASHI THAROOR (THIRUVANANTHAPURAM): I wish to draw the attention of the Government to the need to strengthen the railway infrastructure in Thiruvananthapuram. There has been a relatively low allotment of funds to Kerala by the Railway Board along with the slack base of utilisation of such funds leading to very little improvement in our infrastructure.

The Railway Ministry should install CCTV cameras in coaches for enhancing security and safety of passengers to track down criminals in general. We have just seen today's newspaper that they have decided to remove wi-fi facility on trains. The trains from Thiruvananthapuram, which is the end of the country, have to run very long distances such as the New Delhi-Kerala Express, from Kanyakumari to Mumbai - the Jayanti-Janata Express, the Thiruvananthapuram-Nizamuddin Rajdhani Express. They should be allowed to have wi-fi facility so that people can do some work if they are sitting for one and a half or two days on the train.

Railway stations in the city also need to be upgraded. I once again reiterate my request to the Minister to provide drinking water facilities, toilets, parking facilities, re-roofing of platforms at stations such as Neyyattinkara in our rural area, setting up of unreserved and reserved ticketing services at Parassala Railway Station. Given the

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massive demand, I also urge the Minister to increase the frequency of trains from Thiruvananthapuram to Mumbai and Howrah.

I also request the Minister to expedite the doubling of works in the Thiruvananthapuram-Kottayam-Alappuzha route which has been promised for many years and implement the automatic signaling system in the Thiruvananthapuram-Thrissur Section.

[Translation]

HON. SPEAKER: Advocate A. M. Ariff is permitted to associate himself with the issue raised by Dr. Shashi Tharoor.

SHRIMATI LOCKET CHATTERJEE (HOOGHLY): Hon. Speaker, Sir, pranaam.

*I wish to speak about the biggest scam in Bengal, the ‘Cut Money’ Scam. What is this cut money? When a child is in the womb of the mother, when the mother is taken to the hospital for delivery, the menace of cut money begins, as the hospital charges for the bed and treatment. And when someone expires, one is carried to the cremation ground – commission or cut money is demanded there as well.

That means cut money is everywhere, from birth to death. ...** has accepted the fact that cut money is being extorted. So she has asked her men to return the cut money. Starting from the grassroot level workers to the higher level party men, even the** are involved in this racket. After 8 years or 10 years, you suddenly remembered that the money collected should be returned. Those who have collected cut money are today seeking justice. The thieves are crying for justice today... * says that the workers can keep 25% of the money and the remaining 75% can be transferred to her. That means

*English Translation of the speech originally delivered in Bengali.

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the* has 75% money with her. 13 flats at Kalighat, many hotels at Puri and Goa – all have been built using the cut money. Gold is being illegally brought from Thailand. How come? Where is the money stashed? Ordinary people of the state are at loggerheads with the TMC government. The Trinamool supremo must answer, must give a reply to the people. Only shouting will not do.

HON. SPEAKER: Kunwar Pushpendra Singh Chandel, Shri Sudheer Gupta, Shri S.C. Udasi and Dr. Sanjay Jaiswal are permitted to associate themselves with the issue raised by Shrimati Locket Chatterjee.

... (*Interruptions*)

HON. SPEAKER: Shri Benny Behnan.

Nothing will go on record except the speech of Hon. Member.

... (*Interruptions*) *

[*English*]

SHRI BENNY BEHANAN (CHALAKUDY): Hon. Speaker, Sir, nowadays, sports is getting more popular and the new generation is highly interested and involved in sports.

Sports leads to a well-balanced mental and physical growth and also makes significant contribution to the well-being of the people in leading a healthy lifestyle.

In sports, Kerala State is also on top as compared to many other States in India. Large and popular sports facilities are there in every corner of Kerala. The State Government of Kerala is upgrading, at least, one sports facility in each district using State funds. Apart from sports training, many job opportunities are there in sports sector

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from ground facility maintenance, sports technology management to making score board, sports field lighting, sports media handling, sports medicine and fitness event management like IPL, ISL, sports marketing etc.

We have to create professionals in their sectors out of sportspersons who practically retire before 30 years of age. Considering the fact that Kerala has systematically been producing a large number of athletes and sportspersons, Kerala should be considered for establishing a new generation sports university with affiliated District-level sports facilities to focus on scientific training and creating new job opportunities in the sports sector. Thank you.

[Translation]

HON. SPEAKER: Advocate A.M.Ariff is permitted to associate himself with the issue raised by Shri Benny Behanan.

SHRI DILESHWAR KAMAIT (SUPAUL): Sir, first of all, I would like to express my gratitude to you for allowing me to speak during Zero Hour.

Sir, through you, I would like to draw the attention of the Government towards a matter of urgent public importance pertaining to District Supaul in Bihar. The marks secured by untrained teachers who have undergone training from 2017 to 2019 in two year Diploma in Elementary Education (D.El.Ed.) from National Institute of Open Schooling (NIOS) are not being uploaded by the Regional Office, Patna, Bihar. It was directed by the Regional Director, NIOS, Bihar vide letter no. 6022 dated 10.01.2019 that the Study Centres in respect of which the marks have not been uploaded on NIOS website for any reason may provide Excel sheet and CD to the Regional Office, Patna by 22.01.2019 so that the marks secured may be uploaded. As regards three Study Centres of District Supaul, Bihar viz. Centres No. 471006002, 471006021 and 471006025, a total of 480 untrained teachers have passed in the theory exams, but their

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results are not being declared as the marks secured in practical have not been uploaded. The Coordinator of the Study Centre had provided complete details of marks secured in Practical through Excel Sheet and CD to the Regional Office, still no action has so far been taken. Consequently, the future of 480 untrained teachers is in limbo.

Sir, I would like to request the Government to take this issue seriously and take an initiative in improving the future prospects of the above 480 untrained teachers by uploading their practical marks on the website. Thank you.

SHRI NARANBHAI KACHHADIYA (AMRELI): Sir, first of all, I would like to inform you that the incident I am going to talk about has been witnessed by the entire country and the Members of the House through television and social media.

Sir, through you, I would like to raise a very sensitive issue in the House that stunned the state of Gujarat and Surat for some time.

Sir, recently an incident occurred at Surat in our State of Gujarat a month ago where a Coaching institute was being run in Takshila building. 22 students died there after getting burnt alive due to the fire tragedy. Those students who had left their homes to study didn't know whether they would return home or not. Their families were mourning their deaths caused by the suffocation.

Sir, I would like to inform this through you that there was no arrangement for emergency exit for safety passage in that coaching institute. There was a wooden ladder which also got burnt to ashes. Hence there was no way to go to terrace to escape. There was no fire extinguisher with which fire could be controlled.

Sir, I would like to bring into the notice through you that a number of such institutes are being run in small and big cities in the country. I would like to urge upon the Minister of Education that either such unauthorized coaching institutes should be closed down through Collector or Commissioner of these cities or they should be

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looked into whether they have all kind of arrangements or not. In the future, such kind of incidents should never happen anytime anywhere in the country. Thank you.

HON. SPEAKER: Kunwar Pushpendra Singh Chandel, Shri Sudhir Gupta, Shri Parbhubhai Nagarbhai Vasava, Dr. Manoj Rajoria and Shri Devji Patel are permitted to associate themselves with the matter raised by Sh. Naranbhai Kachhariya.

SHRI CHANDRA SEKHAR SAHU (BERHAMPUR): Hon. Speaker Sir, I would like to raise a very serious matter through you. As you know that natural calamities, whether it is cyclone or floods, or whatever form it may be, occur at least twice a year in Odisha. First, there was a super cyclone, then there were Phelin, Hudhud, Titli and now Fani cyclone has struck. In the leadership of our Hon. Chief Minister Naveen Patnaik Ji, there is zero casualty which has been commended throughout the world. It has been commended in the United Nations as well. Even the Hon. Prime Minister himself commended it in Japan recently. However, for the loss incurred in the power sector, a proposal has been moved to compensate the same by underground cabling of the coastal towns like Cuttack, Puri, Baleswar, Berahampur etc. A proposal for underground cabling has been moved from the district level as well as the State Government to secure the power sector from the losses incurred again and again and to provide a permanent solution for the same. I would like to request the Government through you that a special grant be provided for it. Hon. Prime Minister has granted a sum of One thousand crore rupees, still a special grant should be provided for it so that the power sector could not suffer substantial loss due to any natural calamities after the underground cabling.

HON. SPEAKER: The House should rise above the political ideology to thank them. for the way the State Government and the Central Government provided assistance in Odisha and took up measures during the cyclone Fani.

DR. SANJAY JAISWAL (PASCHIM CHAMPARAN): Hon. Speaker Sir, I would like to seek your protection in urging you to direct the hon. Health Minister that

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enactment of a law is the work of the Lok Sabha, and that of the Government and Judiciary should stop interfering in that. The students are not allowed admission in Post graduation under NEET because it is said that the time is over and that this percentile will not be lowered.

Sir, there is a big difference which should be understood by Judiciary and I think that Health Minister should appeal because Doctors alone take the NEET P.G. Examination. 50% percentile means that 50% doctors are qualified for P.G. course and 50% doctors who have passed are not qualified. Therefore, I would like to request through you that one thousands seats got wasted while there is one specialist doctor for the population of 2 lakhs in the country, be it Child Specialist or a Radiologist. Hence these seats should saved from getting wasted. The Health Ministry should issue directions to ensure admission for all those doctors who want to take admission in Post graduate course and it should also be ensured that all seats of Post graduate course are filled.

Thank you.

HON. SPEAKER: Shri Kirit P.Solanki, Shri S.C.Udasi, Shri Uday Pratap Singh, Shri Sudhir Gupta, and Sh.Manoj Rajoria are permitted to associate themselves with the matter raised by Shri Sanjay Jaiswal.

SHRI RAMSHIROMANI VERMA (SHRAWASTI): Hon. Speaker Sir, the most backward parliamentary constituency of Uttar Pradesh, Shravasti is very important place from the tourism point of view as it has a pilgrimage site related to Buddhism where thousands of tourists arrive from all around the world daily for sightseeing but the tourists have to face a lot of inconvenience for want of transport facilities like rail connectivity and airports of International standard.

Hon. Speaker Sir, through you I would like to draw the attention of the Government towards expanding the rail connectivity upto Balrampur tourist area at Shravasti. Similarly Shravasti Airport should be developed and commissioned to be

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used by tourists. This would generate new job opportunities for the people of that region and thereby would improve their economic condition. It would help to promote tourism there also.

Thank you.

[English]

SHRI RAJMOHAN UNNITHAN (KASARAGOD): Sir, thank you very much for giving me this opportunity to raise a maiden issue in this august House on a subject which attracts paramount priority and importance associated with my Parliamentary constituency Kasaragod which is in the northern part of Kerala bordering Karnataka.

From 1975 to 2000, the Plantation Corporation of Kerala was using helicopters to spread the pesticide on cashew plantation on 12,000 acres. The residues of the pesticide would spread far and wide via wind and rain, affecting Kasaragod and neighbouring regions in Karnataka as well. More than 1,000 innocent people were killed and almost 6,000 people and several animals were affected. The Endosulfan contaminated the water bodies in the area and mutilated the genes of unborn children. The Endosulfan was banned in 2000. Even after that, many new-born babies are having physical deformities and genetic disorders. Thousands of children are born with congenital disabilities, diseases of nervous system, cerebral palsy and other severe physical and mental disabilities. The victims of this man-made disaster from my constituency are still fighting a long frustrating battle demanding adequate rehabilitation packages, financial aid and healthcare facilities. So, I demand that the Central Government may take immediate steps on humanitarian grounds to build a state-of-the-art rehabilitation village for the victims and provide them with immediate and adequate financial help as well.

[Translation]

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DR. AMAR SINGH (FATEHGARH SAHIB): Hon. Speaker Sir, I am extremely thankful to you for giving me the opportunity to speak for the first time. I have been elected for the first time.

Sir, I would like to say through you that I have been elected from Fatehpur Sahib where both young Sahibzade (scions) of our tenth Guru of Sikh community Shri Guru Gobind Singh Ji namely Baba Zorawar Singh who was 9 years old, and Baba Fateh Singh who was seven years old, were walled up alive during Mughal rule. Wazir Khan was the Governor of Sarhind and Aurangzeb was the king. At that time, there was a lot of violence. That place is renowned in Punjab even after three hundred years. This incident occurred on 27 December 1705. Even today in the last week of December during 26th to 28th December 20 to 30 lakh people celebrate the '*Shahidi Jod Mela*' there.

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I urge you to consider the fact that such an unfortunate incident occurred still our faith in Sikhism persisted. Both the young scions were even told that life would be very easy for them if they converted to Islam but they refused and said that they would face any sort of punishment than to bow to such demands. This is an historical event and there are very few such events that have been witnessed by the world so far.

Sir, I would like to urge the Union Government, through you, to include Fatehgarh Sahib in the international tourist circuit and develop the infrastructure there so that the whole world could understand the kind of sacrifice made by those young scions to save the Sikh religion. I would like to submit this request through you.

Thank you very much.

HON. SPEAKER: Shri Sudheer Gupta is permitted to associate himself with the issue raised by Dr. Amar Singh.

SHRI RAMDAS TADAS (WARDHA): Hon. Speaker Sir, through this House, I would like to draw the attention of the hon. Minister of Railways towards an important matter concerning my parliamentary constituency Wardha. This question has been raised three or four times in this House. A small metre gauge railway line is in operation from Pulgaon to Arvi since the British rule. The conversion of this metre gauge line into broad gauge has been approved by the Government of India under its capital investment programme. In order to begin the work of this important railway line expeditiously, I would like to urge the Ministry of Railways to sanction requisite funds so that the work of conversion of railway line from Pulgaon to Arvi to broad gauge line is started as soon as possible and to take necessary action to ensure that this project is completed within the prescribed time-frame. Along with this project, survey regarding new railway line from Arvi to Warud and Warud to Amla has been undertaken by the Ministry of Railways. I would like to urge the Minister of Railways to expedite the

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survey so that this project is completed. The completion of this project will be greatly beneficial for the farmers and the migrants of Vidarbha. Construction of broad gauge rail line from Pulgaon to Arvi and Arvi to Warud will energise the backward regions of Vidharbha. I urge the Ministry of Railways to take necessary action in this regard.

[English]

SHRIMATI SUMALATHA AMBAREESH (MANDYA): Thank you hon. Speaker, Sir, for giving me this opportunity to speak for the first time in this august House.

*At the outset, I congratulate all the people of Mandya Parliamentary constituency. I feel proud for my people who are known for self respect. I would like to express my thanks to all of them.

Honourable Speaker, Sir, through you, I would like to draw the kind attention of the Union Government to the ongoing burning issue in my State of Karnataka, particularly in my constituency of Mandya which is basically an agrarian district.

Sir, we have had several deficit monsoons over the past few years and this year, we are looking at a huge water crisis and impending drought conditions, which are already present in my region. This presents a very bleak scenario for the farmers, basically the sugarcane and paddy growers, who already are caught up in a vicious cycle of inadequate pricing for their produce, defunct sugar mills, failure to repay bank loans and the inability of the State Government to fulfill loan-waiver promises. Besides this, there are looming drinking water crisis and scarcity of fodder for cattle. I fear, we have a readymade formula for hundreds and thousands of desperate farmers' suicides. We need to address this immediately.

* English translation of the speech originally delivered in Kannada.

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Through you, Sir, I would earnestly appeal to the hon. Prime Minister, to the hon. Jal Shakti Minister and to all the concerned authorities to provide immediate relief measures, compensatory measures and heed to their cries of help on an emergency scale. We have to save our *Annadata*, give him back his right to dignity, right to live. Otherwise, it is not just the monsoons which would be failing them but we collectively would also be failing them.

Jai Jawan, Jai Kisan, Jai Hind, Jai Karnataka. Thank you, Sir.

[Translation]

HON. SPEAKER: Dr. Kirit P. Solanki is permitted to associate himself with the issue raised by Shrimati Sumalatha Ambareesh.

[English]

SHRI KOMATI REDDY VENKAT REDDY (BHONGIR): Respected Speaker, Sir, I heartily convey my sincere thanks for giving me this opportunity. Though I am a first-time Member of this august House, I have served as MLA and Minister in Andhra Pradesh and Telangana States for 20 years. Let me appreciate this Government for taking up a noble cause of cleaning the Ganga River and able to succeed in its endeavour.

Sir, Musi River is also one of the important rivers of Hyderabad in Deccan Plateau. It is a tributary of River Krishna. It flows from Telangana State and merges with Krishna River. The total course of this river is 240 kms. It flows through almost 70 per cent of my Parliamentary constituency. It is the lifeline of Hyderabad, Rangareddy and Nalgonda districts. Once upon a time, this river had provided all the needs of the villagers. More than 1.5 lakh acres of crop and several lakhs of people are dependent on this water.

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Of late, the river got polluted and one can see bubbling and spewing forth even as a pungent smell hangs in the air. If a study were to be conducted, it is feared that the high concentration of heavy metals like Iron, Chromium, Manganese, Lead, Copper, Cadmium, Nickel and Zinc may be found in the Musi river bed.

The Hyderabad Metropolitan Water Supply and Sewerage Board recently ascertained that Hyderabad generates 1,482 MLD of domestic sewage per day. It also estimated that another 500 MLD of sewage was generated from other sources. Assuming that the 20 sewage treatment plants, maintained by the Board with a total capacity of treating 750 MLD, are operating at full capacity, this means that 1,233 MLD of untreated domestic sewage water still remains.... (*Interruptions*)

[*Translation*]

HON. SPEAKER: Hon. Member, please be brief.

SHRI KOMATI REDDY VENKAT REDDY: Sir, this is an important and a very serious matter. It relates to the health of lakhs of people of Hyderabad and of my constituency. [*English*] Our Nalgonda is famous for the highest fluoride content in the groundwater itself. [Translation] Nowhere in the world the fluoride content is that high and twenty lakh people of my constituency are getting affected by it. The drainage water of Hyderabad is flowing in my constituency.

[*English*]

Lastly, the Musi River is Telangana's own river. I would like to request the Government, through you, to take immediate steps to clean the river by establishing Sewerage Treatment Plants (STPs) to clean 3000 MLD. Thank you once again.

SHRI KARTI P. CHIDAMBARAM (SIVAGANGA): Hon. Speaker, Sir, thank

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you for giving me this opportunity.

I represent Sivaganga in Tamil Nadu. Sivaganga is the land of the fearless queen Velu Nachiyar who fought the British in the late 1700s -- a good 75 years earlier than the more celebrated Jhansi Rani.

Sir, we, in Tamil Nadu, feel that many of our heroes and icons are not acknowledged or celebrated in the rest of India, particularly in the North. Another case in point is Vanchinathan. A young man in the early 1900s who assassinated Ashe, the British tax collector in Tirunelveli.

Sir, today, I would like to draw the attention of this House to Keeladi, a village in Sivaganga. The ASI has been excavating a site in this village. They have made some startling discoveries. They have unearthed signs of a possible civilisation which perhaps predates Harappa and Mohenjo-Daro. Another very interesting preliminary finding is that the excavation so far has not unearthed any religious relic. This could possibly mean that this civilisation predates organised religion. Of course, this needs to be validated.

History is a serious subject. It must be studied dispassionately. It cannot be interpreted to suit our present-day ideologies or beliefs. Sir, through you, I have the following points to make as an appeal to the Central Government: the ASI must acquire the 110 acres which needs to be excavated. Adequate and proper compensation must be given to the present land owners; the 5th phase of excavation is being done by the TN Archaeological Department. The ASI must also involve itself in this endeavour; the young officer Amarnath Ramakrishnan, who made the initial discovery, must be brought back to the project; the artefacts numbering about 13,600, unearthed so far that have apparently been sent to Mysore, should be brought back to Tamil Nadu; select artefacts must be sent to Beta Analytic in Florida, USA

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for carbon testing; the discovery of the excavation must be opened up to international experts; and a parliamentary oversight committee must be formed.

Sir, history must be recorded and interpreted correctly and accurately. The findings of Keeladi will have a far-reaching impact not only on Indian history, but also on world history.

In this age, where at times myths and beliefs are mixed up as history, we owe to the generations to study Keeladi properly. Thank you.

[Translation]

HON. SPEAKER: I would like to remind all the hon. Members that this is the Zero hour. Please raise the issue of your constituency in brief during Zero Hour.

SHRI SUDIP BANDYOPADHYAY (KOLKATA UTTAR): Sir, raising state subject during the Zero Hour was never allowed in the House earlier. [English] State subjects are not allowed to be raised on the floor of the House, if it is on a law and order situation. If it starts, then every Hon. Member will raise matters that comes under their jurisdiction, and then, the purpose of Zero Hour will be a big zero.

I would like to request you to take a strong step in this regard.

[Translation]

HON. SPEAKER: Hon. Member, this is the Parliament. We should Endeavour to raise issues pertaining to the Union Government or the centre or the nation. Hon. Member is a new entrant, he will learn gradually.

SHRI LALUBHAI B. PATEL (DAMAN AND DIU): Hon. Speaker, Sir, I would like to inform the August House through you that the employees working in Daman and Diu for the last 25-30 years are still employed on daily wage basis. I request that their services should be regularised.

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While drawing the attention towards this subject I would like to request that appointments to Group-B, non-Gazetted, Group C and D posts should be made from Daman and Diu only. Lastly, I would like to inform that the employees of reserved category have been notified by the administration of Daman and Diu and only they should be given this opportunity. The administration should keep this in mind in order to ensure better job opportunities to the qualified candidates of Daman and Diu. I am thankful to you for giving me the opportunity to speak during the Zero Hour.

[English]

SHRI B. Y. RAGHAVENDRA (SHIMOGA): Sir, I thank you for giving me an opportunity to speak.

I would like to draw the attention of this House to the issue of disinvestment proposal of Visvesvaraya Iron and Steel Plant. The VISL is situated in Bhadravathi which is in my constituency. It is a Union Public Sector Undertaking and it is a property of the people of Karnataka. It was the first public sector undertaking in this country. This year, we are celebrating the centenary year but unfortunately, VISL is under the dark cloud of privatisation. It is a hundred year old public sector undertaking in this country.

The VISL was handed over by the Government of Karnataka to the Government of India on 10th August. During this process, the State Government cleared all the debts and handed over the golden key to the Steel Authority of India Limited.

As per the information which I have for the last 30 years from 1989 to 2019, SAIL has made an investment of only Rs.157 crore for supply of raw material and maintenance out of Rs.75,000 crore investment in other SAIL Units.

I would like to request the Government for withdrawal of disinvestment

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proposal of Visvesvaraya Iron and Steel Plant. I would also request the Government to invest liquid capital for renovation of VISL. There should be job security for the present work force. The contract labour should be given job for 26 days in a month instead of the current practice of giving job for 11 days in a month. The process of removing contract labour should be stopped with immediate effect. The Government should take its possession and start mining activity. This is my prayer.

HON. SPEAKER: Kumari Agatha Sangma – not present.

***SHRI NALIN KUMAR KATEEL (DAKSHINA KANNADA):**Hon'ble Speaker, Sir, I would like to raise an important issue pertaining to an incident occurred in my Parliamentary constituency Dakshina Kannada district. On Sunday an Air India flight from Dubai was about to land at Mangalore International airport. It skidded off the runway but fortunately a huge tragedy was avoided. If the aircraft moved just twenty meter farther it would have fallen into a ditch. Similar incidents took place in the past. On 22nd May 2019, a Plane from Dubai met with an accident in this airport in which 158 passengers lost their lives. In another accident on 19th August 1981 an Indian Airlines plane crash-landed when it had stuck with stones. All these unfortunate accidents are taking place due to narrow runway at the Mangalore International Airport.

Therefore, I urge upon the Union Government to take urgent steps for expansion and development of runway of the said airport and to give appropriate instructions to the officials concerned in this regard.

I would also request the Government to conduct an enquiry into the incident that occurred last Sunday.

*English translation of the speech originally delivered in Kannada.

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[Translation]

HON. SPEAKER: Shri S. C. Udasi, Kunwar Pushpendra Singh Chandel and Kumari Shobha Karandlaje are permitted to associate themselves with the issue raised by Shri Nalin Kumar Kateel.

[English]

SHRI HIBI EDEN (ERNAKULAM): Sir, the fishermen of Kerala are considered to be the super heroes for the rescue operations they did during the devastating floods. Kerosene is the major component for fishing activities. They used to get kerosene at Rs.20 but now they have to pay Rs.70 a litre. Now trawling has been banned since the monsoon has started. I believe their lives become more miserable during this time. The Central subsidy has to be allocated exclusively for the fishing activities and not just through the rationed Public Distribution System.

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Sir, now the Central Government, for the last four months, have cut the central subsidy. The State Government also has not taken a very positive stand on this issue. So, I would like to request the Central Government to make sure that the fishermen are given proper accommodation. Their lives have been miserable for the last four months. They have been getting this subsidy for many decades and so this central subsidy has to be restored. The Government should make sure that they get all the benefits of the scheme.

Thank you.

[Translation]

HON. SPEAKER: Advocate Adoor Prakash may associate himself with the issue raised by Shri Hibi Eden.

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[English]

SHRI T.R. BAALU (SRIPERUMBUDUR): Hon. Speaker, Sir, I have given notices of Adjournment Motion and also for 'Zero Hour' submission....

(Interruptions)

ADV. DEAN KURIAKOSE (IDUKKI): Sir, I would like to draw the kind attention of the Government towards repeated custodial deaths taking place in the State of Kerala. The last custodial death that happened in the State was in my district Idukki. A 49-year old, by the name Rajkumar, was killed in police custody on June 21. All evidences including the post-mortem report clearly suggested that it was a custodial death and it happened because of continuous police torture for four days. Such incidents are being repeated. It is because of the criminal nexus between the supporters of CPI (M) and the police officers who are taking part in criminal activities.

Sir, in the State of Kerala, the CPI(M) criminals are getting more support from the police officers who have contacts with the CPI(M) leaders. The judgement of the Supreme Court in Shri D.K. Basu *versus* the Government of West Bengal clearly states that the human rights of an accused should be protected. The police cannot detain an accused person without records and the police has to produce the accused before the Magistrate on time. This rule has not been followed by the police officers in the State. Even the directives of the National Human Rights Commission have also been violated by the State police.

I would like to request the Government that there should be an enactment to prevent custodial torture, which would apply uniformly to all States. The National Law Commission in 2014 had recommended for enactment of a law for the prevention of custodial torture. The Report also presented a draft Bill for prevention of torture in

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police custody to the Government. It is high time for us to have such a law having uniform application across all States.

Thank you.

SUSHRI MAHUA MOITRA (KRISHNANAGAR): Hon. Speaker, Sir, thank you very much for giving me this opportunity to speak during 'Zero Hour'. I am actually going to call attention to a point already brought up by our leader Shri Sudip Bandyopadhyay.

We note with surprise and worry that the Parliament of India is increasingly being converted into a forum to discuss the law and order issues of West Bengal. While Uttar Pradesh and some other States are witnessing a spate of uncontrolled violence, the State of West Bengal is being singled out unfairly for discussion ... (*Interruptions*)

“Hum aah bhi bharte hain to ho jate hain badnam,

Ve katl bhi karte hain to charcha nahin hoti.”

We also note with concern the over generalisation and the communal nature of these discourses. Our discourses in Parliament should be more nuances, sensitive and truthful. To summaries, the Parliament and the Government of India should avoid politicised discussions in Parliament with focus on only one State and should desist from fallacious communal biases inherent in these sweeping generalisations. This is not good for anyone. I hope, this would be taken into account.

Thank you.

[*Translation*]

DR. SHAFIQR RAHMAN BARQ (SAMBHAL): Hon. Speaker Sir, the treatment being done with the Muslims in this country now-a-days has, across the country....

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(Interruptions) please listen, pay heed to us as well, mob lynching is being done on various places. Recently in Jharkhand, a boy named Tavrez was beaten to death....

(Interruptions) Apart from this, Sanaullah Sheikh was also killed in Malda.....

(Interruptions) A person named Mohan Lal, who owned a fruit-shop in Jharkhand,

was..... *(Interruptions)* please listen to me, why don't you listen. In this scenario

how will Muslims feel safe in India.... *(Interruptions)*

A decision should be taken in this regard. We have sacrificed our lives to liberate this country.... *(Interruptions)*

SHRIMATI RANJANBEN BHATT (VADODARA): Hon. Speaker Sir, thank you for allowing me to speak during Zero Hour. Hon. Speaker Sir, I am here to discuss the operationalisation of "hub and spoke" model at the newly constructed Green Airport Terminal Building (of International Standards) for International Air Flight Service in Vadodara. The country's second newly constructed Green Airport Terminal building in Vadodara has been inaugurated by Hon. Prime Minister. All the air passangers in 33 districts of Gujarat were depended travelling via Ahmedabad International Airport for international air travel.

Hon. Speaker Sir, the newly constructed Green Airport Terminal building of international level is not only a viable option for Vadodara and its adjoining 10 districts but also for entire Gujarat, as Vadodara is the 18th largest city of the country and the third largest city of the state. I urge the hon. Minister to operationalize the Vadodara Green Airport Terminal Building, start custom-immigration-security services and air cargo services from 9 to 10 adjoining districts to Vadodara. Thank you..... *(Interruptions)*

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HON. SPEAKER: Kunwar Pushpendra Singh Chandel and Shri Naranbhai Kachhadiya are permitted to associate themselves with the issue raised by Shrimati Ranjanben Bhatt.

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): Hon. Speaker Sir, this is something of utmost importance.

HON. SPEAKER: Hon. Member, please sit down, kindly give a separate notice.

.... *(Interruptions)*

DR. BHARATIBEN D. SHYAL (BHAVNAGAR): Thank you Sir, for providing me the opportunity to speak. First of all, I would like to convey my thanks to the hon. Prime Minister Narendra Modi Sir and our newly formed Government....

(Interruptions)

HON. SPEAKER: I give opportunity to everyone.

.... *(Interruptions)*

DR. BHARATIBEN D. SHYAL: Hon. Speaker, Sir, through this August House, I convey my thanks to the people of my parliamentary constituency Bhavnagar and Botad who have showered their blessings on me and elected me to this House for the second time. Sir, I belong to Bhavnagar. Bhavnagar and Surat both are diamond cities. Both are commercially, economically and socially so connected as if they were twin cities, their business are similar also. Thousands of people commute between Bhavnagar and Surat on daily basis. More than 600 private buses run between Bhavnagar and Surat. There is always heavy traffic jams on this route. Many a times, we have also lost precious human lives in serious accidents. Sir, I have been

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repeatedly demanding that an intercity train be run between Bhavnagar and Surat. Through you, I earnestly urge again the hon. Minister of Railways to run an intercity train between Bhavnagar and Surat and open the doors of development for Bhavnagar and Botad.

HON. SPEAKER: Kunwar Pushpendra Singh Chandel, Shri Naranbhai Bhikhabhai Kachhadiya, Smt. Ranjanben Bhatt and Smt. Darshana Vikram Jardosh are permitted to associate themselves with the issue raised by Dr. Bharatiben D. Shyal.

[English]

SHRI B. MANICKAM TAGORE (VIRUDHUNAGAR) : Hon. Speaker Sir, I would like to draw the attention of the Government to the issue of educational loans across India.

The UPA Government headed by Dr. Manmohan Singh started the system of educational loans by which many poor and middle-class students got an opportunity to get into professional colleges. There are many success stories of families, which saw their children, enter into great institutions.

After the change of Government, the priority of the Government has changed. I would like to make some suggestions to which I would request the attention of the Government.

Most of the applications are not processed in 15 days' time. Due to such delay, parents are forced to borrow money from the money lenders. Due to unemployment among engineering students, banks are reluctant to give loans to students studying in Tier-III and Tier-IV engineering colleges. There is no grievance redressal mechanism set up by the banks as well.

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Therefore, I would request the hon. Finance Minister to take up educational loans on priority in the forthcoming Budget, as it was done by the previous Government.

If possible, the youth who have not got employment, their education loan should be waived off.

Thank you so much.

[Translation]

HON. SPEAKER: Kumari Ramya Haridas.

Hon. Members, may give a round of applause for her, as she is a new Member of Parliament and rises here in the House to speak for the very first time. She has been the President (Adhyaksh) of Block Gram Panchayat and has done great job there.

[English]

KUMARI RAMYA HARIDAS (ALATHUR): Speaker Sir, my Constituency, Alathur, is mainly an agriculture-based area where paddy and various types of vegetables are cultivated. But our poor farmers do not get even minimum price for the agricultural products. Many vegetables and fruits are coming from a nearby area which is highly polluted. We are cultivating all types of vegetables and fruits through organic method. Unfortunately, we do not have any facility to preserve these products. We do not have any modern type of cold storage facility to preserve the vegetables and fruits. So, I request the Central Government to allow a modern type of procurement centre to preserve agricultural products and improve the supply chain to help the poor farmers in my area, Alathur.

Thank you.

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SHRI GAJANAN KIRTIKAR (MUMBAI NORTH- WEST): Thank you, Speaker Sir, for giving me this opportunity.

I would like to raise the issue of acute drinking water scarcity in my State of Maharashtra. The State of Maharashtra is facing the problem of water scarcity because of scams in the irrigation department committed by the previous Government. The present Government prepared a proposal of Rs. 6,496 crores to develop 21 irrigation projects in the State. This proposal is pending with the Ministry of Environment, Forests and Climate Change for the forest clearance. The Government of Maharashtra has allocated Rs. 1,332 crores but it is lying unutilised for the want of environmental clearance. It is also meant for developing six other irrigation projects. Therefore, I request the Government of India to convey its approval to this project at the earliest. Thank you.

[Translation]

HON. SPEAKER: Kunwar Pushpendra Singh Chandel is permitted to associate himself with the issue raised by Shri Gajanan Chandrakant Kirtikar.

SHRIMATI REKHA ARUN VERMA (DHAURAHRA): Hon. Speaker Sir, I would like to thank you for giving me an opportunity to speak.

Sir, National Highway 24 connects Lucknow to Delhi via Bareilly. It is an important route to connect Delhi. The construction work is in progress on the stretch between Sitapur to Bareilly for last several years on this route which has not been completed till date. The work is being carried out at a very slow pace. This is causing inconvenience to local people and frequent accidents are taking place on this route.

Therefore, through you, I would like to request the Government to expedite the construction work on this route and complete the same at the earliest. Thank you.

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HON. SPEAKER: Hon. Members please put forth your point in one minute so that maximum Members get a chance to speak.

SHRI GURJEET SINGH AUJLA (AMRITSAR): Hon. Speaker Sir, I would like to draw your attention towards a very serious incident. 600 Kg. of heroin was seized at Pakistan border a few days ago, which would have affected 6 lakh children, if consumed in India. It is being bought via Integrated Check Post, which was set up in 2013 at the time of beginning of export-import business. A Truck Scanner had to be installed inside it. This was recommended by Land Port Authority and Atomic Energy Regulatory Board. The Check Post was inaugurated in the year 2013 and the proposal to install Truck Scanner was submitted in 2008, but still Indian Officials have failed to do so while Pakistan installed Truck Scanner in the year 2008 itself. I would like to draw the attention of the Government of India to the fact that Shri Kiren Rijiju visited there in 2017 and inaugurated the work of installing Truck Scanner, but this work was not been completed till 15 March, 2018. The completion date was extended upto 15th September later..... (*Interruptions*) Sir it is an important issue. Hon. Minister of Home Affairs is present here and this issue is related to his Ministry... (*Interruptions*)

HON. SPEAKER: Please raise your issue only.

SHRI GURJEET SINGH AUJLA: Sir, Hon. Minister of Home Affairs is present here, and through you I would like to ask him whether the Government is not paying attention to this issue or the officials are careless? Whether these officials are working in collusion with Pakistan and hence the drugs are being supplied in Punjab and thereby the lives of youths there are being ruined. I would request the Hon. Minister of Home Affairs to conduct an enquiry in this regard as the the culprits arrested by the custom officer were not remanded and sent to jail directly. So, this matter should be

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investigated and the persons responsible for delaying it for eight to ten years should be punished. The lives of our young generation have been ruined due to consumption of drugs.

SHRI RAMESH BIDHURI (SOUTH DELHI): Hon. Speaker Sir, I would like to raise a very sensitive issue related to 10 lakh people of Delhi. During emergency, when Congress was in power, plots were given to landless people for constructing houses. They were given houses but, in its 10 years long tenure, the U.P.A Government provided houses to 14 lakh people. Our Prime Minister has got the houses constructed for 1.5 crore people and handed over the registry of these homes to females whereas the people who were given houses forty years ago have still not received their ownership. Construction of proper roads or any other development work does not take place there. Officials from Delhi Government like B.D.O etc. go there and extort money from these poor people.

Sir, through you, I would request the Delhi Government to stop treating these people in such a manner and stop harassing and torturing them for the support they extended to B.J.P by casting their vote in its favour. They should get the ownership of their houses. Government should give ownership of plots given to landless people in Asola, Ambedkar Nagar, Aya Nagar, Lalkuan, Bijwasan colonies. Through you, I would like to make this request.

HON. SPEAKER: Dr. Manoj Rajoria is permitted to associate himself with the issue raised by Shri Ramesh Bidhuri.

[English]

SHRI JAYADEV GALLA (GUNTUR): Hon. Speaker Sir, the admission season in the Delhi University has begun and all sorts of problems have already started, first

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with the High Court case and now the decision of the Delhi University to count CGPA 10 or A1 as 95 percent.

The current batch of Andhra Pradesh State Board students is the first to be given CGPA. Admissions in DU are based on subject-wise marks obtained by an individual student. But students from Andhra Pradesh Board have got CGPA which is the sum of all subjects. When the State Board has released subject-wise marks, the Delhi University should have taken into consideration these marks and prepared the First Cut-Off List. Instead, it took the mid-point conversion which goes against the interests of the students of Andhra Pradesh who, otherwise, would have got more than 95 percent. There are many students who have got A1 and their marks are in the range of 97 and 98 percent. But, if the Delhi University considers it as 95 percent, how will they get admission?

So, in view of the above, I request the immediate intervention of the hon. Minister of Human Resource Development to direct the Delhi University not to take the mid-point conversion, but to take the real marks released by Andhra Pradesh Board for admission in DU College. I also request for an extension of the admission date on the basis of the First Cut-Off List by three days and prepare a new Cut-Off List taking into account the marks of Andhra Pradesh students in their Class XII Exam.

[Translation]

SHRI MOHAN MANDAVI (KANKER): Hon. Speaker Sir, I have got an opportunity to speak in the House for the very first time. I thank the people of my constituency and the entire House. Mid-day meal is provided in most parts of our country. The people, who cook mid-day meal, are being paid very lower wages. They get minimal honorarium of one thousand rupees only.

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*“Vishwa Bharan Poshan Kar Joi,
Taakar Naam Bharat As Hoi.”*

Our country nurtures the world. I have been elected from the interior region of North Baster Kanker. I want that everybody should get a respectable honorarium. I don't want to take more time. I restricted myself within the given time limit only so that the ringing of the bell may not be required. Thank you.

HON. SPEAKER: Dr. Sanjay Jaiswal is permitted to associate himself with the issue raised by Shri Mohan Mandavi.

SHRI SUNIL KUMAR SONI (RAIPUR): Hon. Speaker Sir, I thank you from the core of my heart for giving me an opportunity to speak for the very first time.

Sir, they are indeed voiceless but they are not helpless. Animals are suffering from diseases and malnutrition due to improper compliance of the provisions of the Wild Life Protection Act, 2002. On 17 June, 2019, in Kanan Pendari Mini Zoo in Bilaspur District of Chhattisgarh, a female hippopotamus named Sajani had died. A baby was found in her womb during the post mortem of Sajani, which clearly indicates that routine check-up of wild animals is not being conducted, be it in case of Ostriches or any other animal. While Chhattisgarh Government is earning lakhs through the entry tickets of different Zoos, but they are not making any efforts to protect the animals. I humbly request the State Government to investigate into the above matter.

HON. SPEAKER: Kunwar Pushpendra Singh Chandel is permitted to associate himself with the issue raised by Shri Sunil Kumar Soni.

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SHRI BIDYUT BARAN MAHATO (JAMSHEDPUR): Hon. Speaker Sir, I represent Jamshedpur Lok Sabha constituency. It has both large and medium enterprises. It has thousands of enterprises under MSME and automobile sector. These enterprises are engaged in importing and exporting their parts. Besides this, Iron ore, Uranium, Manganese, and Gold mines are also located here. As a result, the people of our country as well as other countries visit there. For the last few years, there has been a demand for construction of an airport at Dhalbhumgarh. Though 'Bhumi Pujan' was performed by the previous Government under the leadership of then State Minister in the Ministry of Civil Aviation, Shri Jayant Sinha and our Hon. Chief Minister, Shri Raghubar Das but the construction work of airport has not started till date. A number of students go to Bengaluru, Bhubaneswar and West Bengal for studies. So, it is essential to construct an airport here.

Hon. Speaker Sir, through you, I would like to request the hon. Minister to start construction work of airport in Dhalbhumgarh without any delay.

HON. SPEAKER: Kunwar Pushpendra Singh is permitted to associate himself with the issue raised by Shri Bidyut Baran Mahato.

[English]

SHRI PRADYUT BORDOLOI (NOWGONG): Hon. Speaker Sir, it is very kind of you for allowing me to raise this issue of national importance. We have a very few biodiversity hotspots in the country today. These hotspots do exist in a string of rainforests that we have in upper Assam, which extends up to across Arunachal Pradesh and Hukawng Valley of Myanmar. It is a matter of regret that for nearly three years now, a very organized coal mafia has been indulging in rathole coal mining inside the forest reserve and also in Dehing Patkai Wildlife Sanctuary in Tinsukia district of

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Assam. What is very, very regrettable is that this coal mafia is in connivance with the local administration. They have a big nexus and they have been running it. What is also very important to mention here is that we have certain insurgent elements/insurgent outfits who operate from across Myanmar and they get sustenance from the slush money that is generated by this rat-hole coal mining and coal trading. When they indulge in rat-hole coal mining, scores of daily wagers have been dying because these rat-hole coal mines are very unsafe and very unscientific. My request to you is to form an inter-Ministerial fact-finding team, comprising of the representatives of the Ministry of Environment, Forests and Climate Change, Ministry of Coal and Ministry of Home Affairs. This fact-finding team should be deputed immediately to find out the details

[Translation]

SHRI HASNAIN MASOODI (ANANTNAG): Hon. Speaker Sir, through you, I would like to draw the attention of the Government towards the traffic accident that had taken place in Kishtwar yesterday. 36 people died in this accident including 17 women and 11 children. Six days ago, another accident took place at Mughal road in which nine girls lost their lives and before that an accident had taken place at Ramban. In the last 4 months, around 1600 traffic accidents took place in Jammu-Kashmir. Most of these accidents occurred on the National Highways. What is the reason for such a hike in traffic accidents? Roads are in bad condition and the officials responsible for managing traffic are not working properly. I would request the Government to issue a statement giving an estimated date for completion of Banihal Qazigund tunnel and also state the time by which traffic on Ramban and Banihal sector would be made smooth.

Besides this, I would like to mention it particularly that recently, the entire Kashmir welcomed Amarnath Yatra. It is obviously essential to make security arrangements for

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Amarnath Yatra, but it should not cause inconvenience to the local people and their source of income.

I would like to request that arrangements should be kept in check. Even though I accept that this is a reasonable concern, but it should not be to that extent that Bijbehara-Pahalgam road is closed and restrictions of movement **have been** imposed on National Highway. It is the lifeline of Kashmir. If restrictions are imposed on that highway, it will adversely affect small landowners and small businessmen. I would like to request the Government to take steps in this regard.

SHRIMATI RITI PATHAK (SIDHI): Hon. Speaker Sir, thank you very much for giving me this opportunity to speak for the first time in the Seventeenth Lok Sabha. I would also like to thank B.J.P and the people of my constituency, Sidhi-Singrauli who expressed their faith in me with their votes and gave me an opportunity to speak in the House.

There is a road from Rewa to Singrauli in my parliamentary constituency, Sidhi. It is national highway no. 39. The construction work on Rewa to Sidhi road is almost complete and the remaining work is in progress. However, the works from Sidhi to Singrauli is stalled due to disinterest in contract work. I had informed the Hon. Minister of Road Transport about the said matter during the last session and he had given assurance to take action in this regard.

Sir, through you, I would like to draw the attention of the Hon. Minister towards that matter once again. This is the Monsoon season and the roads are in a very bad condition there, which cause frequent accidents.

Therefore, through this House, I would like to request the Hon. Minister of Road Transport to take action in this regard at the earliest.

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[English]

SHRI T. N. PRATHAPAN (THRISSUR): Hon. Speaker, Sir, I am raising a very important issue concerning my State Kerala.

The Central Government has been constantly cutting down the share of kerosene to our State. Yesterday, the Ministry of Petroleum and Natural Gas has issued a notification to block 85 lakh households from getting kerosene. The fishing community would be the worst affected section due to this act of negligence by the Central Government.

Now, one household will not get even 500 millilitres of kerosene a month in Kerala. The Central Government is allocating only 9,000 litres of kerosene. It was 13,000 litres earlier. So, there is a serious situation prevailing in Kerala. Why is the Centre continuing with the inimical stand towards Kerala?

Hon. Speaker, Sir, the fishing community of Kerala have already been demanding more kerosene with subsidy. There are more than 25,000 outboard engine boats, which use kerosene as fuel. Now, they are compelled to use diesel or kerosene from outside markets, and they are not able to afford it.

Finally, Sir, the poorest of the poor of the State will have to bear the burden of price rise of sea products.

Sir, I need to remind the Central Government that they just cannot judge Kerala as a wealthy State by merely seeing the number of households with electricity and gas connections. We cannot generalise the situation in all the States. Each State has got a different situation.

I would, therefore, request the Central Government to restore the kerosene share with subsidy and also increase the share of kerosene to Kerala. This demand of ours

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should be considered positively, and the last notification of the Ministry of Petroleum and Natural Gas be withdrawn immediately. Thank you.

[Translation]

SHRI DILIP GHOSH (MEDINIPUR): Thank you, Hon. Speaker.

With your permission, I would like to draw the attention of the House and the hon. Minister of Home Affairs towards a very serious issue. A Member of this august House, my colleague and Member of Parliament from Barrackpur Constituency, Shri Arjun Singh is sitting here besides me. He is facing deadly attacks repeatedly.

Hon. Speaker Sir, we can understand the law and order situation of the state where an MP's life is under threat. Ten candidates for Member of Parliament election were attacked during this election and I am one of them..... *(Interruptions)* Our Hon. Minister of Assam, Shri Biswa Sarma visited there and he was also attacked..... *(Interruptions)* Our Minister Shri Babul Supriyo was also attacked..... *(Interruptions)* You have seen that video..... *(Interruptions)* Rupa Ganguli was pulled by her hair and harassed and beaten in streets..... *(Interruptions)* They are not ordinary people..... *(Interruptions)* they are renowned artists of the world..... *(Interruptions)* Our 158 workers are injured and hospitalise. ... *(Interruptions)* Hundreds of our workers have been falsely charged with cases related to narcotics and imprisoned ... *(Interruptions)*

Sir, the Government and police of that area are involved in this conspiracy.... *(Interruptions)* It is a serious matter.... *(Interruptions)* It should be looked into.... *(Interruptions)* Opponents are being charged and imprisoned in false cases of *Gaanja*..... *(Interruptions)* so, through you, I would like to request that special attention should be given to this matter..... *(Interruptions)* The Government of that State may be Checked..... *(Interruptions)* life and property of the people of that area is not secure..... *(Interruptions)* Open firing on the streets is very common.....

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(Interruptions) The people who came to protect them were shot at, due to which two persons lost their lives *(Interruptions)* A team from Centre has also visited that place..... *(Interruptions)* Violence has stopped in the entire country..... *(Interruptions)* Sir, the Force went to search their houses yesterday *(Interruptions)* Thank you..... *(Interruptions)* .

HON. SPEAKER: Kunwar Pushpendra Singh Chandel, and Dr. Manoj Rajoria are permitted to associate themselves with the issue raised by Shri Dilip Ghosh

The proceeding of the House is adjourned till 2.30.

13.31 hrs

***The Lok Sabha then adjourned till Thirty
Minutes past Fourteen of the Clock.***

14:32 hrs

***The Lok Sabha re-assembled after Lunch
at Thirty-Two Minutes past Fourteen of the Clock.***

(Shri A. Raja in the Chair)

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MATTERS UNDER RULE 377*

[English]

HON. CHAIRPERSON: Hon. Members, the Matters under Rule 377 shall be laid on the Table of the House. Members who have been permitted to raise matters under Rule 377 today and are desirous of laying them may personally hand over text of the matter at the Table of the House within 20 minutes. Only those matters shall be treated as laid for which text of the matter has been received at the Table within the stipulated time. The rest will be treated as lapsed.

* Treated as laid on the Table.

02.07.2019

(i) Need to extend benefits of Ayushman Bharat Yojana to more categories of people

[Translation]

SHRIMATI RAKSHA NIKHIL KHADSE (RAVER): Jan Arogya Ayushman Bharat Yojana is a medical facility available for five crore grassroot level families, which has benefitted more than 4.5 lakhs patients in my parliamentary constituency so far. This facility is available to any member of yellow card holder family only. The Mahatma Jyotiba Phule Jan Arogya Yojana was launched in Maharashtra from April 1, 2017 and today people of Maharashtra are getting its benefits. The yellow and saffron card holders of all categories are getting benefits under this scheme. Whereas only the members of yellow card holder families can get the benefits of Ayushman Bharat Yojana. So, I would request the Government to expand the coverage of beneficiaries under this scheme like the scheme implemented in Maharashtra for the members of yellow and saffron card holders families, so that maximum number of families could get the benefit of Central Government Jan Arogya Ayushman Bharat Yojana and as a result, this would strengthen our country and make it more healthier. The common and poor people are deprived of various private special medical treatments due to the amount provided to the hospitals by the Government under this scheme being less in comparison to the cost of current medical treatment and facilities. Therefore, I would request the Government to provide sufficient amount to the hospitals and to include maximum number of medical treatment private hospitals under this scheme to benefit poor patients.

02.07.2019

**(ii) Need to provide adequate medical facilities in
Maldaha Uttar Parliamentary Constituency, West Bengal**

[Translation]

SHRI KHAGEN MURMU (MALDAHA UTTAR): There is a huge scarcity of medical facilities in my Parliamentary Constituency Maldaha (Uttar) West Bengal. The people of my area have to face hardships due to non-availability of adequate medical facilities. People of my area are forced to visit other places even for minor illness, which cause a lot of inconvenience to them.

So, I would like to request the Government to provide better medical services in my Lok Sabha Constituency in view of problems faced by the residents of that area and to construct a hospital similar to the standard of AIIMS so that maximum number of people could be benefitted.

02.07.2019

**(iii) Regarding setting up of Railway Coach Factory at
Srinivasapura, Karnataka**

[English]

SHRI S. MUNISWAMY (KOLAR): Railway Coach Factory at Srinivasapura Taluk, Kolar was proposed in the budget 2012-13. In 2014, a MoU (Memorandum of Understanding) was signed between the Government of Karnataka and the Ministry of Railways to share the project cost on a 50:50 basis, with land to be provided by the state government.

I request the Government to kindly ensure that Railway Coach Factory becomes operational at the earliest.

(iv) Regarding development of Dubri Sanjay Tiger Reserve in Madhya Pradesh

[Translation]

SHRIMATI RITI PATHAK (SIDHI) : I am proud to draw the attention of the hon. Minister for Environment and Tourism towards the fact that white tiger Mohan was first spotted in Dubri Sanjay Tiger Reserve in my parliamentary constituency Sidhi. During the previous tenure, on my request, the Central government had provided 290 crore rupees for the expansion of this reserve but adequate development could not be undertaken. Despite wanting to visit this reserve blessed with nature's bounty, tourists do not come here due to lack of facilities. I request the hon. Minister to take an initiative to send a central team to inspect the said area and ensure adequate expansion to promote tourism and environmental and wildlife conservation which would indeed be a commendable step.

02.07.2019

**(v) Need to start operation of Akashvani Kendra in Rajgarh Parliamentary
Constituency, Madhya Pradesh**

[Translation]

SHRI RODMAL NAGAR (RAJGARH): Rajgarh has an Akashvani Kendra equipped with the state-of-the-art recording studio which is not able to play recordings or broadcast programmes locally only due to lack of staff. Disuse and lack of maintenance will make the studio dysfunctional. We have been demanding for staff for a long time. If the staff from vacated posts of Doordarshan Kendra is deployed in Akashvani Kendra, then recording and local broadcasting from Akashvani Kendras can be done smoothly. Hence, I request the hon. Minister to post the staff of Doordarshan Kendra in Akashvani Kendra in Rajgarh and grant permission for putting the studio in use for recording and broadcasting of programmes at local level.

02.07.2019

**(vi) Regarding production of fighter jets by Hindustan Aeronautics Limited,
Ojhar in Dindori Parliamentary Constituency, Maharashtra**

[Translation]

DR. BHARATI PRAVIN PAWAR (DINDORI): There is a large aeroplane manufacturing unit of Hindustan Aeronautics Limited(HAL) in Ojhar in my parliamentary constituency Dindori but production of fighter jets has been stopped here at present. Indigenous fighter jets can be produced here under the Make in India project thereby saving the foreign exchange spent on procurement of fighter jets from other countries. HAL is instrumental in giving work to a number of small, local enterprises that employ hundreds of people. But it is regrettable that fighter jets are not being produced in HAL. This has put the job of 5000 labourers and officials employed in HAL in danger. 3000 people out of the above 5000 persons are engaged in production work. If production is stopped, then these 3000 labourers and engineers may lose their jobs. Earlier HAL had put in all-out efforts in the production of various type of fighter jets. HAL may be given the production work of Sukhoi MKI so that the production work of the fighter jets may be started at HAL.

I would like to request that the manufacturing and production of fighter jets may be started in HAL unit situated in my parliamentary constituency Dindori as that of earlier so that the labourers employed there are able to keep their jobs.

02.07.2019

(vii) Regarding improving train journey between Balurghat and Siliguri Junction

[English]

DR. SUKANTA MAJUMDAR (BALURGHAT) : There is only one Train that runs from my constituency Balurghat to Siliguri. Though the Train runs daily, it gets frequently cancelled for weeks and even more leading to completely paralysing the normal life of people of my constituency.

I, therefore, urge the Minister of Railways to take steps in this regard.

The train carries patients for advanced treatment to Siliguri but does not have a sleeper coach or Air conditioning facility. As you know travelling in such a condition for about 300 kilometres is painful for the patients as well as the attendants. I request the Minister of Railways to attach few sleeper coaches for the smooth travel of patients of my area.

The train never reaches on time. It needs to be improved. After the train detours via Thakurganj, it gets further delayed.

I urge the Minister of Railways to take note of the worsening condition of the rail journey between Balurghat and Siliguri Junction and take urgent necessary measures to improve the situation.

02.07.2019

(viii) Need to provide funds for construction of Metro Rail Services Phase- II in Jaipur, Rajasthan

[Translation]

SHRI RAMCHARAN BOHRA (JAIPUR) : In his previous tenure, Hon. Narendra Modiji had named Jaipur amongst the first 20 cities selected under the Smart City Project and, I alongwith the people of Jaipur express our heartfelt thanks to the hon. Prime Minister Narendra Modiji. But due to the rising population, the transportation system in the city has crashed. There are frequent accidents. Traffic jams have become a norm. I would like to say that only Jaipur has been nominated to be designated as a World Heritage City from India. I would like to express gratitude towards all of you on behalf of the people of Jaipur for this honour.

I would like to draw your attention towards the fact that work on first phase of Metro which connects areas from Mansarovar to Chand Pol, has been completed long ago, but we have to start work on phase II of Metro soon because there is heavy movement of traffic on the route from Chand Pol to Chomu via Harmada. I would like to request that if the second phase of work of metro is started, it would benefit people travelling to Vishwakarma industrial area and Chomu as well as it will reduce accidents. This would also help Jaipur deal with the problem of ever rising levels of pollution.

I would like to request that funds for the second phase of Metro be sanctioned at the earliest after discussion with the State Government with a view to strengthening the infrastructure in the city, reducing accidents, and bringing down the rising levels of pollution.

02.07.2019

(ix) Regarding irrigation facilities in Kodarma Parliamentary Constituency, Jharkhand

[Translation]

SHRIMATI ANNPURNA DEVI (KODARMA) : I would like to draw the attention of the Government towards the lack of irrigation facilities in three districts under my Parliamentary Constituency Kodarma, viz. part of Hazaribagh, some parts of Giridih and Kodarma. The farmers in these areas are very poor and are totally dependent on rains for irrigating their farms. There is oftenly drought here. There are rivers flowing through these areas but I regret to say that the farmers of the area are not getting the benefits of the irrigation projects implemented by the government. There is a Kesho reservoir here but work on this project has been lying pending for years. Despite the fact that there is adequate quantity of water in Tillaiya dam, Kodarma and Hazaribagh areas are not being supplied adequate water for irrigation. Panchkhera irrigation project has been completed but adequate number of canals for supply of water have not ben constructed. Kodarma, Hazaribagh and Giridih Districts under fall under my Parliamentary Constituency, have remained deprived of irrigation facilities for years due to which farmers are not able to carry out optimum cultivation.

I would like to request the Government to appoint a central team to review the extent to which the benefits of the irrigation project works are reaching to the farmers in Kodarma, Hazaribagh and Giridih districts of my Parliamentary Constituency so as to ensure adequate supply of irrigation water to the poor farmers in all the blocks in my Parliamentary Constituency Kodarma.

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(x) Regarding development of water saving irrigation techniques in the country

SHRI AJAY MISRA TENI (KHERI) : Many parts of the country are facing shortage of drinking water as well as irrigation prior to monsoon. Experts have also expressed apprehensions about deficient monsoon. Niti Aayog has also termed water crisis a big challenge. While underlining the acute water crisis, it has also delineated reasons for the same. Alongwith discussing the reasons we also need to ponder over the measures to deal with the crisis.

Hon. Prime Minister has recently written to the sarpanches of all the gram sabhas across the country to give serious consideration to this issue and find a solution for it. On his call, water conservation programmes were held on 22 June in all the Gram Sabhas in Uttar Pradesh .

Crops needing heavy irrigation may not be planted in areas facing acute water crisis because when such crops are cultivated by exploiting ground water resources, the water level falls further and the water crisis deepens. The situation in Maharashtra and Punjab illustrates this point.

I urge the government to develop ways to ensure irrigation through use of less water, save water and protect it from contamination alongwith formulating rules and laws in this regard.

02.07.2019

(xi) Need to introduce Ayushman Bharat Scheme in Rajasthan

[English]

SHRI DUSHYANT SINGH (JHALAWAR-BARAN) : The scheme Ayushman Bharat was announced by the Hon'ble Prime Minister during his Independence speech in 2018. This Scheme is the biggest welfare scheme to help 10 crore families.

But the State of Rajasthan has not adopted this scheme. Till now, the old health scheme is in operation in the State.

I urge the Central Government to ensure that the state government implement the Scheme. As the beneficiary gets a 5 lakh insurance cover, implementation of this scheme will help those covered by the Social-Economic Caste Census (SECC), 2011.

The rural and urban areas will be covered and the process is cashless and paperless. This scheme will include more women and children with no limit relating to age and size of families. The Scheme will cover my constituency of Jhalawar - Baran. As my district belongs to the 114 inspirational district, it will help this region. This will provide medical facility to the poor and needy people.

I, therefore, urge the Government to ensure that the scheme is introduced in the State and all the necessary steps for its implementation are taken at the earliest.

02.07.2019

(xii) Need to recognise Baba Raghav Das Post Graduate College, as Agriculture University

[Translation]

DR. RAMAPATI RAM TRIPATHI (DEORIA) : Baba Raghav Das Post Graduate College located in Deoria district headquarters has been providing research, teaching and information services in the agriculture sector since 1964 . This college is running 12 agricultural teaching institutes through its own resources. This college honours the memory of renowned freedom fighter Baba Raghav Das. The Government has resolved to undertake agricultural development. It is necessary to develop agricultural education and techniques in order to double the income of farmers. This college is working in this direction even though it has not been accorded the status of University. Establishment of a University would lead to upliftment and development of farmers in this area.

Hence, in view of the above facts, Baba Raghav Das Post Graduate College may be recognised as a University so that condition of farmers from Poorvanchal to adjoining areas of Bihar may be improved.

02.07.2019

(xiii) Need to expedite doubling and electrification of Jhansi-Manikpur railway line

SHRI R.K.SINGH PATEL (BANDA) : Work on doubling and electrification of rail line from Jhansi to Manikpur via Banda-Chitrakoot Karvi under North Central railway is going on. This rail division is the lifeline of Bundelkhand region. It is the only means of transportation for the local people.

Hence, I urge the Union Government to complete the doubling and electrification work of Jhansi-Manikpur rail division expeditiously to facilitate the local population.

02.07.2019

(xiv) **Regarding proper implementation of Ayushman Bharat Yojana in Muzaffarpur Parliamentary Constituency, Bihar**

[Translation]

SHRI AJAY NISHAD (MUZAFFARPUR) : I would like to draw your attention towards the highly ambitious scheme of the hon. Prime Minister, the Pradhan Mantri Jan Aarogya Yojana (Ayushman Bharat). A target of distributing golden cards to 5 lakh 19 thousand 625 persons in Muzaffarpur district has been set in the first phase but till now only 10-12 thousand persons have received the cards and from this it can be estimated that it can take upto 6 months and more for all the beneficiaries to receive their cards. This process of preparation of cards is going on in the Sadar hospital and the primary health centres but the work is proceeding slowly due to shortage of workers. Besides, Vasudha Kendra has also been given the responsibility of preparation of said cards but even the said centre does not have adequate number of working hands. In addition, the said centre is operated by private players who are charging people illegally for making the cards. There is one more thing worth mentioning. These cards have to be renewed on an annual basis. If cards are not prepared within the prescribed time limit then how will the cards can be renewed annually?

I would like to urge the Government to make adequate arrangements for preparation of cards in all the hospitals and primary health centres in other districts to ensure that the target in this regard is achieved within the stipulated time frame. There is also a need for strict vigilance to keep a check on private hospitals, which try to avoid treating card-holders or are committing irregularities to ensure that people do not have to face routine harassment any longer.

02.07.2019

(xv) **Regarding publication of final NRC**

[English]

SHRI ABDUL KHALEQUE (BARPETA): As final NRC is likely to be published on

31st July, 2019, I urge the Government to bring a bill to abolish the 'D' voter system of Assam, through which many genuine Indian Citizens are being harassed.

02.07.2019

(xvi) **Regarding condition of Government Schools**

SHRI GURJEET SINGH AUJLA (AMRITSAR): Government Schools in rural areas are in total neglect. With old and dilapidated school buildings, the quality of teachers are areas of major concern. I urge the Government to take remedial steps in this regard.

02.07.2019

(xvii) Need to construct new railway line connecting Ariyalur, Perambalur, Thuraiyur and Namakkal in Tamil Nadu

DR. T. R. PAARIVENDHAR (PERAMBALUR) : My constituency Perambalur in Tamil Nadu is an under developed one. 70% of people are engaged in agriculture. In the absence of rail transportation, farmers are not able to move their produces to different markets to realize better price. If the rail connection is provided, it will be of great help to the farmers. Their produces could be sold at fair price in the nearby markets. Absence of rail route also deters industrialists from establishing new industries. The industrialists will come forward to establish industries only if there is rail line connectivity.

Sometime back there was a proposal to lay down the rail lines connecting Ariyalur-Perambalur-Thuraiyur and Namakkal. The distance connecting these four Centres, is about 108 kms. It will also provide vital link to all the main rail routes. The Government of India surveyed the land a few years ago at a cost of Rs.16.5 lakhs. Still the project has not taken off and the reasons are not known.

Considering the helpless farmers' and unemployed youth's plight, I urge upon the Union Government through this august house to take necessary action for laying of new rail lines which connects Ariyalur-Perambalur-Thuraiyur and Namakkal.

02.07.2019

(xviii) Regarding problems afflicting powerloom weaving

SHRI S. JAGATHRAKSHAKAN (ARAKKONAM): Arakkonam, which is my constituency in Tamil Nadu is famous for powerloom weaving. The power loom weaving industry in the country, especially in Tamil Nadu is facing a long-drawn recession. The Association has urged the Union Government to conduct a detailed survey of the impact of GST. More than 80,000 workers have lost their jobs in weaving sector in the State.

The condition of weavers has deteriorated and many of them are not able to sustain the weaving and spinning job. GST is levied when the weaver purchases the yarn. And when it is given for dyeing, again GST is levied. When the finished product comes for sale, again another slab of GST is slapped. The price of their finished products becomes uneconomical because of levy of GST at three stages. The scheme for Rebate of State and Central Taxes and Levies for garments and made-ups should be extended to all the textile products especially yarn fabrics.

Moreover, if the Government wants the weavers to sustain and continue in the job, they should be given electricity free of cost. The load of electricity for powerloom is very less and the Government can extend this facility as subsidy. There should be a scheme to give pension to the weavers who have attained 60 years of age.

I would, therefore, urge upon the Hon'ble Textile Minister to examine the whole issue and provide relief at the earliest.

02.07.2019

(xix) Need to construct flyovers in Rajahmundry, Andhra Pradesh

SHRI MARGANI BHARAT (RAJAHMUNDRY) : I want to raise a very important issue relating to construction of flyovers in Rajahmundry, Andhra Pradesh. In the absence of flyovers at Diwancheruvu, Lalachervu, Vemagiri and Jonnada junctions, accidents are taking place frequently and people are losing precious lives in the accidents. Of course, flyover at Morampudi has been sanctioned. I would request the hon'ble Minister to sanction the remaining flyovers also so that precious lives of citizens of Rajahmundry, Andhra Pradesh can be saved.

02.07.2019

(xx) Regarding problems faced by farmers in insurance claims under Pradhan Mantri Fasal Bima Yojana in Hingoli Parliamentary Constituency, Maharashtra

[Translation]

SHRI HEMANT PATIL (HINGOLI): India is an agrarian country and the larger portion of the rural population is dependent on agriculture. The Government started Pradhan Mantri Fasal Bima Yojana for safeguarding the farmers from suffering loss of crops but the farmers are being exploited in the name of this scheme and the benefits are being reaped by private insurance companies.

The farmers in my Parliamentary Constituency Hingoli have not got the benefits of Fasal Bima Yojana. Farmers in Maharashtra had paid a premium of 16000 crore rupees but they got merely 3634 crore rupees as insurance. This means that the insurance companies earned a net profit of 10,000 crore rupees. I urge the Government to take cognizance of the problems being faced by the farmers in claiming insurance money and to streamline this process so that the farmers are able to get their dues without any obstacles. I request the Government to hold comprehensive discussion on this sensitive issue in the House and resolve it expeditiously.

02.07.2019

(xxi) Need to take flood control measures in Bihar

SHRI MAHABALI SINGH (KARAKAT): Bihar is a state where one half territory remains affected by floods and the other half by drought. Due to heavy rainfall in catchment areas of Nepal, lakhs of people lose their homes and property of crores of rupees is damaged every year due to flood in Kosi and Gandak rivers. Hence, I urge the Government to hold talks with the Nepal Government for taking concrete steps to prevent floods.

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(xxii) Regarding including Rangeilunda Airport in Odisha under UDAN Scheme

[English]

SHRI CHANDRA SEKHAR SAHU (BEHRAMPUR) : In my parliamentary constituency since pre independence a small Airport is functioning. Now the Airport which is in Rangeilunda is under state government. It is well maintained. Only small Air craft and helicopters are occasionally landing there. Gopalpur-onsea is a tourist place and Beharampur, the main city of South Odisha is only 10 Kilometers from the Airport. So I request the Civil Aviation Ministry to include the Rangeilunda Airport under "UDAN" scheme, so that this Airport becomes functional and will connect places like Vishakhapatnam, Bhubaneswar, Jharsuguda, Kolkata etc

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(xxiii) Regarding providing Central Assistance for Nehru Trophy Boat Race

ADV. A.M. ARIFF (ALAPPUZHA): I request the Central Government to provide assistance for Nehru Trophy Boat race on the Punnamda Lake, in my constituency Alappuzha, Kerala which is held on the second Saturday of August every year. On the day of this fiercely fought boat race, the tranquil lake front is transformed into a sea of humanity with an estimated three lakh people, including tourists from abroad, coming to watch the event. It was on 1 July 1969 that the trophy was renamed as Nehru Trophy. It was decided in the NTBR meeting held on that day. The financial assistance given by the central government for the promotion of Nehru trophy boat race is very low. So I request the Tourism ministry to provide atleast Rs. 5 crore for Nehru trophy boat race from this year.

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(xxiv) **Regarding completion of Madurai to Bodinayakkanur railway gauge conversion project in Tamil Nadu**

SHRI P. RAVEENDRANATH KUMAR (THENI): I would like to urge the Government to expedite the gauge conversion project of 90.41 km from Madurai to Bodinayakkanur which is pending for long period . This railway line has historical value since it had been used since pre independence period particularly for transporting cardamom, coffee and other agricultural products to other parts of the state and for exports. The gauge conversion project was sanctioned in the year 2008- 09 and this line was closed for works. In the year 2016 the estimated amount of Rs.302.90 cr was also sanctioned by the Government. But due to nonallocation of adequate fund in time, this project has been pending and the works are being undertaken very slowly. In case of completion of this project and introduction of rail services again on this line, more than one lakh people will be benefited everyday besides generating significant revenue to the Railways. Therefore, I request the Government to allocate the sanctioned amount of Rs.302.90 crore immediately and take necessary action for the early completion of this project.

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14.33 hrs

**STATUTORY RESOLUTION RE: DISAPPROVAL OF INDIAN MEDICAL
COUNCIL (AMENDMENT) SECOND ORDINANCE, 2019**

AND

INDIAN MEDICAL COUNCIL (AMENDMENT) BILL, 2019

[English]

HON. CHAIRPERSON: Hon. Members, Item Nos. 10 and 11 will be taken up together. Shri Adhir Ranjan Chowdhury.

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR) : I beg to move:

“That this House disapproves of the Indian Medical Council (Amendment) Second Ordinance, 2019 (No. 5 of 2019) promulgated by the President on 21 February, 2019.”

**THE MINISTER OF HEALTH AND FAMILY WELFARE, MINISTER OF
SCIENCE AND TECHNOLOGY AND MINISTER OF EARTH SCIENCES
(DR. HARSH VARDHAN):** I beg to move:

“That the Bill further to amend the Indian Medical Council Act, 1956, be taken into consideration.”

[Translation]

Sir, to understand the context in which I have just moved the Indian Medical Council (Amendment) Bill, 2019, we, in this House, will have to understand the chronology of events in the past few years, only then we would be able to understand its importance. Hence, I would like your permission and that of the hon. Members to explain this Bill in detail.

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Sir, we know that the Indian Medical Council known as the Medical Council of India was established under the Medical Council Act, 1956. Its main responsibility was to regulate the standards of medical profession in the country. It was given the important responsibility of maintaining the ethical standards of medical professionals, monitoring them, giving permission for setting up new medical colleges and new medical education institutions with a view to increasing the number of seats in MBBS and post graduate courses from time to time and revision of medical education curriculum from time to time. In the course of time, especially in the last two decades there has been a perception across the country as well as in the medical profession that the Medical Council has failed to discharge its responsibility and that it has become a hub of corrupt practices. A number of medical colleges which maintained a high standard were denied permission to run their colleges, on the other hand, such colleges which were not maintaining the prescribed standard, were given permission. People were made to wait for a long time and a perception was formed that this council had become a hot bed of corruption. I was surprised to when hon. Adhir Ranjan Choudhary ji opposed the introduction of this Bill. I do not wish to go into old history. I would rather like to recount the story from 2010 onwards. Dr. Manmohan Singh ji's government was in power in 2010 and you were also perhaps a minister in the government. As far as I know, you were the Minister of State for Railways...

(Interruptions)

[English]

SHRI BHARTRUHARI MAHTAB(CUTTACK) : Sir, Shri Adhir Ranjan ji is not opposing the introduction. He has just disproved the Ordinance.

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DR. HARSH VARDHAN : I will explain the necessity of that Ordinance. Anyway, in whatever form you are opposing it, I just want to take you back to 2010. *[Translation]* When Manmohan Singh's Government was in power, the perception related to Medical Council of India reached its extreme somehow. Those connected with the Medical Council of India were also arrested. At that time which was done, has been done exactly by our Government now and it has been done after a series of events. Even Dr. Manmohan Singh's Government was compelled to take the same action. A Board of Governors comprising experts was constituted in 2010 by superseding Medical Council of India. All the powers of Medical Council of India were given to that Board of Governors and it functioned nearly till the year 2013. In this context and with this background, the said perception was made about Medical Council of India. Thereafter, our Government came into power in the country in May, 2014.

At that time keeping in view the background of the overall functioning of the Medical Council of India, to review it, our Government constituted a committee under the chairmanship of Prof. Ranjit Roy Chaudhary who was a well known expert and now he is no more but he was given a great respect in the Academic world of Medical Profession and even today he occupies the same place. The said committee was asked to give its opinion to the Government about the functioning of the Medical Council as what the Government should do. *[English]* This was in the context of what the earlier Government had done for those three years. *[Translation]* After the completion of those three years, Medical Council of India again conducted election, *[English]* they had brought back the original Medical Council of India. That Committee was led by Prof. Ranjit Roy Chaudhury. *[Translation]* A comprehensive report has been submitted by that Committee. But I beg your patience so that this matter comes to our knowledge through their report. I would like to quote some parts out of that report in this House. There is a paragraph on page no. 10 in which that committee has observed -

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[English]

“In practice, it has been the Medical Council of India that has exercised control under the Act. Over time, through frequent and piecemeal amendments to the original Act, the MCI has gained a tight control over every aspect of medical education. Through its power to frame regulations for the establishment and inspection of medical colleges, the MCI has a virtual stranglehold over every detail of medical education, from permission to establish medical colleges, start post-graduate courses to the details of the curriculum. Through its supervisory provisions, it stipulates the requirements for infrastructure and teachers, and demands strict adherence.”

I quote from page 11.

“The rules and regulations for setting up medical schools are outdated and not aligned with current global norms of medical education. MCI has restricted its role purely to that of a regulator for granting permission to start a new medical college, permit continuation or recommend rejection even on minor variance from its listed infrastructural or faculty norms. This centralised opaque structure has led to questionable practices and decisions leading to a large number of litigations.”

Then, on page 12, there is a paragraph which says:

“The public perception is that the medical regulatory body protects its own members rather than the public. In recent times, due to the tardy processes of the Councils, State and Central, the medical profession is seen in poor light by the public and has lost much of its stature.”

Then, on page 14, the Expert Committee says: -

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“If the overall objective of providing healthcare, and not just treat disease, to all the citizens of this country is to be achieved, there is need for radical changes both in the medical training processes and in the oversight over the practice of medical professionals. We need to acknowledge the problems that exist in the current system and establish a system that has adequate transparency and accountability to win the confidence of the profession and the general public. The goal should be to provide competent ethical and professional healthcare to all the citizens of India. There is an urgent need to restore faith in the profession and its regulatory mechanisms. The concentration of power in a single agency, which lays down the educational standards, approves the creation of institutions for UG and PG education and also oversees professional conduct of practising physicians, has not served its purpose.

The structure of the present Council is such that actions are unidirectional leaving no room for dialogue. Its structure violates the general principle in education, which is that laying down the educational standards and accrediting organisations based on their capability in achieving these standards need to be done by different agencies.”

Then, on page 15 there is a paragraph, which says: The regulatory mechanism should be responsible for protecting the interests of the general public and encourage that medical competence is sustained and medical practice is ethical. In order to achieve this, major reforms in the existing structure are needed. In keeping with global standards and as is the practice in other educational fields in our country like All India Council for Technical Education (AICTE) and University Grants Commission (UGC), regulatory structures should be run by persons selected through a transparent mechanism rather than by the current process of election and nomination.

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Then, Sir, I want to bring to your kind notice a report of the Parliamentary Standing Committee on Health and Family Welfare. *[Translation]* In the context of this report, the Department related Parliamentary Standing Committee had taken up this matter suo-moto in its discussion. I would like to put some of its observations before you.

[English]

The Department Related Parliamentary Standing Committee on Health and Family Welfare in its 92nd Report observed that the challenges facing medical education are truly gigantic and cannot be addressed with an ossified and opaque body like Medical Council of India (MCI). Calling for game changer reforms immediately and urgently, the Committee observed that if revamping of the regulatory structure is delayed any further on any grounds including political expediency, it will be too late as too much momentum will have been built to offset attempts at reversing the direction later with the result that our medical education system will fall into a bottomless pit and the country will have to suffer great social, political and financial costs.

[Translation] The Parliamentary Standing Committee has submitted a very comprehensive report. *[English]* I am just referring to a few very relevant paragraphs.

The Committee is shocked to find that compromised individuals have been able to make it to the MCI. But the Ministry is not empowered to remove or sanction a member of the Council even if he has been proved corrupt. In this day and age, when the need for sturdy systems and enhanced transparency regimes are being increasingly emphasised, such state of affairs indicates that the Medical Council of India has not evolved with the times. Such a state of affairs is also symptomatic of the rot within and point to a deep systematic malice. Otherwise, how could it happen that the MCI which has laid down elaborate duties and responsibilities of the physicians under the Indian

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Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 could have at its very top a person who was arrested on charges of corruption in 2010.

Then, the Committee is of the view that there is too much power concentrated in a single body and it has failed to create a transparent system of licensing of medical colleges. The MCI currently sets standards for recognition, inspects and licences medical colleges, oversees registration and ethical conduct of doctors. ...
(Interruptions)

HON. CHAIRPERSON: The hon. Minister is entitled to express his views

. . . . *(Interruptions)*

HON. CHAIRPERSON: Do not worry. Definitely, a discussion will take place.

DR. HARSH VARDHAN: I think the hon. Members need to be enlightened on the total history of this whole subject. ... *(Interruptions)*

HON. CHAIRPERSON: The hon. Minister is just elaborating it.

... *(Interruptions)*

DR. HARSH VARDHAN: I think, there are a lot of new Members who probably do not know much about MCI. These are the extracts from a Report of a Parliamentary Standing Committee related to our Department; this is not a report which has come from someone who is an outsider. This is a Report of a Committee consisting of the Members of Parliament. I am pointing out just some salient features. I would seek your permission and I seek the patience of the hon. Members also. I will try to cut it short.

I will speak in the end also, but just to give you a brief as to why it was necessary and why it became necessary for their Government also to do that in 2010. It reads:

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“The Committee is of the view that there is too much power concentrated in a single body (i.e. the MCI), and it has failed to create a transparent system of licensing of medical colleges. The MCI currently sets standards for recognition; inspects and licenses medical colleges; oversees Registration and Ethical Conduct of Doctors. It now proposes to undertake accreditation as well. Such concentration of powers creates a serious conflict of interest and provides a fertile ground for misuse of authority. The Committee, therefore, favours bifurcation of the functions of MCI and recommends that different structures be created for discharging different functions.”

I want to make one more reference about the observation made by the Supreme Court during the same period. Hon. Supreme Court, keeping in view these recommendations in its judgement dated 2nd May, 2016, in the matter of Modern Dental College and Research Centre and Others versus State of Madhya Pradesh and Others, issued directions to the Central Government to consider the recommendations of the Standing Committee and to take further appropriate action in the matter at the earliest. Then, the Apex Court had also arranged for the constitution of an Oversight Committee for the interim period till an alternate mechanism was put in place by the Central Government in place of MCI.

Sir, these are the few observations made by different bodies. The Supreme Court said that an Oversight Committee should be made and the Supreme Court itself suggested and a committee headed by Justice R.M. Lodha, the former Chief Justice of Supreme Court, with Dr. Sarin and Shri Vinod Rai was made. This committee had a tenure of one year. During that period of one year, this Committee, while it was observing the functions of the Medical Council of India as Oversight Committee, gave two reports to the Supreme Court through the Registrar. In those reports, it mentioned that the MCI was not cooperating with them and it was virtually difficult for them to discharge their duties. They were supposed to be overseeing everything that was being

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done there. So, at the end of one year, their term, in fact, expired and then a new Oversight Committee was formed with Dr. Paul, who is right now a member of the NITI Aayog. Under his leadership, another committee was formed. Everything is done under the direction of the Supreme Court itself. This Committee also, after a year or so, wrote a long letter to the Government of India. If you have the patience, I will read some contents of the letter whereby they have also said that they could not, in fact, function properly because the MCI was not cooperating; rather they were creating all sorts of hurdles.

HON. CHAIRPERSON: You give only the substance and pith of the letter.

DR. HARSH VARDHAN: In fact, suddenly, because of the non-cooperation from the MCI, this Oversight Committee also resigned. The Government again went to the Court. After that, it was suggested that the Government should constitute another committee.

The Medical Council of India was, by a decision of the Cabinet, like it was done in 2010, superseded. In fact, it was replaced by the Board of Governors.

I would come to the details of what the Board of Governors had done in the last couple of months. As there has to be continuity in the work of the Medical Council of India, as it is a regulatory body and also because the Parliament was not in session, an Ordinance was promulgated. Then, in the next session, in 2018, this Amendment Bill was passed by Lok Sabha. But it could not be taken up in Rajya Sabha. Again it was brought as an Ordinance, but once again it could not be taken up in Rajya Sabha. Now, again this is being brought as an Amendment after it was cleared by the Cabinet.

In the meantime, based on the recommendations of the Ranjit Roy Chaudhury Committee, the Government has already drafted the National Medical Commission Bill, which it proposes to bring before the Parliament in the near future after getting the

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clearance from the Cabinet. So, this Amendment Bill is a simple procedural issue. It is the need of the hour.

I would like to bring to the knowledge of the Members about the exemplary work that the Board of Governors has done in the last six months. Of course, ultimately we intend to bring the National Medical Commission Bill in the near future. But right now, to have continuity and as a legal norm – because every Ordinance has ultimately to be converted into a law passed by Parliament – which has to be facilitated by the Members, we have brought this Bill here.

HON. CHAIRPERSON: Motions moved:

“That this House disapproves of the Indian Medical Council (Amendment) Second Ordinance, 2019 (No. 5 of 2019) promulgated by the President on 21 February, 2019.”

“That the Bill further to amend the Indian Medical Council Act, 1956, be taken into consideration.”

SHRI ADHIR RANJAN CHOWDHURY : Sir, at the outset I would like to remind hon. Minister, Shri Harshvardhan ji, who is a very accomplished doctor himself, that I have never opposed the introduction of the Bill as has already been pointed out by my esteemed colleague, Shri Bhartruhari Mahtab ji. What I have opposed is the way the Government has been resorting to the route of promulgation of Ordinances, which is unhealthy for democracy.

The Constitution, under article 123, provides for the issue of Ordinances by the President subject to the condition that the Parliament approves them within six weeks. We know it. But when the Ordinance was promulgated, it was a case of re-promulgation of this Ordinance. There is a time and space dimension to every discussion. When elections were afoot and a change in the composition of Parliament

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could have been possible, the Executive should not have issued this kind of Ordinance because it is contrary to morality. That is the reason why the Constitution provides for Vote on Account, generally resorted to by the out-going Government. That is only for four months. The Vote on Account is an established instrument of Parliament which is resorted to before the elections. That is I strongly object to the time of invocation of this Ordinance.

15.00 hrs

Sir, it may be safely called that this is an Ordinance-turned legislation upon which we are going to have our discussion. Hon. Health Minister has been rolling out chapter after chapter, para after para in order to substantiate his argument but I think everything has been ended in smoke because he has failed utterly to convince anybody whosoever in this House to substantiate the argument for the Ordinance. *[Translation]* You were saying that there is such a perception about Medical Council. We are also aware about the perception regarding MCI. It has become a scam tainted authority and we are also aware of it.

15.01 hrs

(Shrimati Meenakashi Lekhi in the Chair)

[English]

The 1956 Act provides for supersession of the MCI and its reconstitution within a period of three years from the date of its supersession. In the interim period, the Act requires the Central Government to constitute a Board of Governors to exercise the powers of the MCI. The Bill amends the Act to reduce the time period for supersession of the MCI from three years to two years. This is the first issue.

Secondly, the Act provides for Board of Governors to consist upto seven members including persons of eminence in medical education appointed by the Central

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Government. The Bill amends the provision to increase the strength of the Board from seven members to twelve members.

Further, it allows for persons with proven administrative capacity and experience to be selected to the Board. The Bill provides for the Board of Governors to be assisted by a Secretary General appointed by the Central Government. So, your objective is to ensure accountability, quality and everything which are imperative for a structure like MCI.

In your statement, you have pointed out that the Standing Committee on Health and Family Welfare has proposed for National Medical Council Bill. May I ask you why you are adopting this kind of a piece-meal approach. Why are you not adopting the way for a permanent solution, that is, to bring a holistic and comprehensive legislation?*[Translation]* If you are saying that perception regarding our MCI is not good, and if perception is not good, how shall we maintain quality, accountability, and transparency? Who has stopped you from bringing a comprehensive legislation? Why are you resorting to promulgating ordinance and re-ordinance again and again? We also propose that a comprehensive legislation should be brought.

[English]

So, I subscribe to the view expressed by the Hon. Minister that this is nothing but a very procedural Bill and also it does not address the issue at hand. It is a mere stopgap arrangement. Considering the MCI's repeated flouting of directives, one can safely argue that such a parallel structure will not be effective in handling the issue at hand. You are simply replacing MCI to Board of Governors. Do you think that the constitution of Board of Governors will be an efficacious structure to deal with this deteriorating situation across the country?

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The Government's commitment to resolve the issue could be put to test through the National Medical Council Bill in the light of the broad issues of NMC ranging from over-centralisation which has been pointed by you, underrepresentation of States, and field-specific issues like entry of Ayush doctors, flouting of medical ethics, silence over curriculum indifference towards capitation fee, etc. These are all indicative of the Government's incompetence and unwillingness in revamping the field.

On the one hand, you are talking about revamping the sector, but in reality, you are not at all serious and rather indifferent. Hence, the sector is not being revamped. However, there is enormous potential in the health sector, which is known to everybody. The sector has been growing by leaps and bounds. We need a driving force of quality education in order to revamp this institution. Ageing of population, rising incomes of middle-class, occurrence of newer diseases, and development of primary care facilities are expected to save the sector in the future provided you are serious enough.

Fake faculty, patients on hire, and rented medical equipment are some of the dubious means adopted by several medical colleges across the country aimed at duping Inspectors who visit colleges to scrutinise facilities before granting or renewing permission for admissions before the start of every academic session.

Now, I would like to refer to an RTI query. An RTI query has revealed that only 920 Government medical college seats were added in the last five years against an approval of 10,000 seats. To place this statistic in perspective, India today has just one Government allopathic doctor for over 11,000 people according to the findings of the National Health Profile 2018. This is against the WHO norm of 1:1,000. When private practitioners are taken into account, the ratio looks more respectable at one doctor for

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about 1,600 people. But private care is both expensive and of uncertain quality for which the state of medical education is substantially to blame. Hence, a robust, regulated private health space needs to co-exist with a growing presence of Government hospitals and colleges.

Hon. Minister, you have failed to refer to one of the other suggestions of the 92nd Report of the Standing Committee that this Government has been stingy enough to expend on this sector because the expenditure on health vis-à-vis our GDP is as abysmal as 1.8 per cent. However, the Standing Committee repeatedly has been proposing for 2.5 per cent of GDP to be spent on the health sector.

According to the Medical Council of India, which regulates both medical practice and education, there are about 500 private and Government medical colleges offering nearly 62,000 seats whereas our country needs one million doctors per year of which the Government medical colleges accounts for about half the number. The paucity of Government doctors is, therefore, also due to the large number of graduates opting for private practice.

Medical education was thrown open to the private sector about three decades ago to address the sheer paucity of doctors. Today, a cocktail of unethical practices, sheer incompetence and lack of inclusiveness needs to be dealt with. It is an open secret that seats in medical colleges can be bought for a price that can go up to a few crores of rupees. Such colleges produce dubious doctors who are focussed on recovering their expenses. ... *(Interruptions)*

HON. CHAIRPERSON : You have exceeded the time allotted by three minutes. So, please conclude. The time allocated was 10 minutes. You have already taken almost 15 minutes. There is one more Member to speak from your Party.

... *(Interruptions)*

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SHRI ADHIR RANJAN CHOWDHURY: At the other end, even reputed institutions such as the new AIIMS facilities in small towns lack faculty and infrastructure. Doctors would rather work or teach for larger sums in private hospitals. ... *(Interruptions)*

HON. CHAIRPERSON: You have a right to reply.

...*(Interruptions)*

SHRI ADHIR RANJAN CHOWDHURY: Madam, kindly give me five more minutes to speak. ... *(Interruptions)*

HON. CHAIRPERSON: Please conclude now. Otherwise, your Member's time will be cut. ... *(Interruptions)*

SHRI ADHIR RANJAN CHOWDHURY : I know it, Madam. He is under my care.

To level the scales, working condition in Government hospitals need to improve. As far as medical education is concerned, there can be no substitute for the varied hands of clinical experience that public hospitals can provide.

I would like to refer to two newspaper reports. First, there is an 82 per cent shortfall in specialists, which puts healthcare in sick bed, Dr. Harsh Vardhan ji.

The crisis in India's public health infrastructure is laid bare by stark official statistics that reveal that the country faces a shortfall of around 82 per cent in specialists. ... *(Interruptions)*

HON. CHAIRPERSON : Shri Chowdhury, please speak when you get a chance to respond. Whatever else you want to bring up, bring it up in your response. ... *(Interruptions)*

SHRI ADHIR RANJAN CHOWDHURY : What? ... *(Interruptions)*

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HON. CHAIRPERSON: You have to speak anyway. You will get extra time when you get time to respond. ... *(Interruptions)*

SHRI ADHIR RANJAN CHOWDHURY : But why are you restricting me? Our Party's time is half an hour.

... *(Interruptions)*

HON. CHAIRPERSON: No. It is 11 minutes.

... *(Interruptions)*

SHRI ADHIR RANJAN CHOWDHURY : Then, I would sit. ... *(Interruptions)*

HON. CHAIRPERSON: Eleven minutes is your Party's time. You have already exceeded that.

... *(Interruptions)*

SHRI ADHIR RANJAN CHOWDHURY : I know that half an hour has been allocated to us. ... *(Interruptions)*

HON. CHAIRPERSON: No, Sir. Eleven minutes have been allocated, out of which, you have already taken more than 14 minutes.

... *(Interruptions)*

SHRI ADHIR RANJAN CHOWDHURY : Okay. I have two more points. Then, I would conclude my speech. ... *(Interruptions)*

HON. CHAIRPERSON: Whatever else you want to say, kindly do so in your response. You have the right to respond also.

... *(Interruptions)*

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SHRI ADHIR RANJAN CHOWDHURY : Doctor, would we be able to achieve the Sustainable Development Goals for 2030 in this situation? For people between the age of 30 and 70 in India, according to The Lancet Report, the risk of dying from one of the four major NCDs was 20 per cent in women, 27 per cent in men. The Committee is dismayed at the increasing burden of Non-Communicable Diseases in the country. As the statistics suggest the country has made limited national progress in the NCDs front. The Committee, therefore, recommends that the Ministry should take effective measures to reduce the risk factors of NCDs and promote lifestyle changes.

HON. CHAIRPERSON: Thank you.

[Translation]

DR. SANJAY JAISWAL (PASCHIM CHAMPARAN): Hon. Chairperson, thank you for allowing me to speak in support of the India Medical Council (Amendment) Bill.

Hon. Adhir Ranjan Ji is taking away the rights of Shri Premchandran Ji. We have seen him opposing the Ordinance for the last five years. Hon. Health Minister has very clearly stated in his speech as to why there was need for promulgating ordinance. This date is being extended since last one year again and again. He explained the reason for promulgating ordinance very thoroughly. Revolutionary changes have taken place in the medical field three times. The first change was brought by Charak and Sushrut Muni two thousand years ago from today. He codified surgery and medicine. It may be possible that members of our opposition may not agree to it. Even yesterday, I observed that Nishank Ji was saying how we believe in things that are thousands of years old, Not only us but the whole world believes that Charak was the father of surgery. His statue has also been installed by the name of father of surgery in foreign countries. No, sorry, father of surgery is Sushrut and father of medicine is Charak. Statues of father

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of surgery - Sushrut have been installed across the world. Then foreigners believe this and Congress has always been good in believing the foreigners.

The second biggest revolutionary change took place in the year 1956, when Medical Council of India was granted full autonomy by this temple of democracy. After making autonomous Council, a very good discussion was held in the temple of democracy about issues such as the regulation of Medical Colleges, the ethics of doctors in Medical Colleges, their functioning, their requirements, and consequently, autonomous council (MCI) was granted full autonomy. At that time, Medical Council of India did very good work. I still believe that Medical Council of India did good work and Dr. A. K. N. Sinha from Bihar was also associated with it. Medical Council of India has done good work in the field of education in our country. It is evident through the fact that if you travel to any country of the world, you will find that all the top doctors there are Indians.

At least 50 per cent doctors are Indian in any top Institute. We cannot say that Medical Council of India gave a bad performance..... (*Interruptions*) let me complete... (*Interruptions*) please listen to me. What was the basic purpose of MCI? In the year 1946, Sir Joseph Bore constituted a Committee and recommended that there should be a Medical College for 10 lakh people in the country and that only can benefit our country. This was said during the British rule. This was before our Independence, but we agreed to it. Recommendations of Professor Joseph Bore were very good and work was being done accordingly.

Where did the problem arise? Problem arose in the year 1993, when an amendment was made in MCI- 10(a). The right that was granted to the state as well as Government of India for establishing medical college was taken away and was granted to MCI. The work of MCI was only regulation and functioning. MCI was definitely not

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set up to consider as to which territory should establish Medical College and which state should establish Medical College. The root of the whole problem is amendment 10(a) of the year 1993, through which unlimited rights were granted to MCI. State governments would not have the right to establish Medical Colleges, Government of India would not have the right to establish Medical College but this right shall only and only be reserved for MCI. The corruption and the entire controversy arose from this point onwards. Private Medical Colleges were also being established earlier also. They were well-established and of great standard. There is a saying in English- [English] “Power corrupts and absolute power corrupts everything”. So, the absolute power was given to the MCI which was the genesis of all the faults which we are seeing today.

[Translation]

After that, MCI started making rules and regulations. The Bhor Committee Report of 10 lakh was kept in abeyance. 9 private medical colleges were opened in Puducherry where the population is only 5 lakhs and till 2014, there were only 9 Medical Colleges in Bihar where the population is 11 crore. This regional imbalance started from this point. After that, the quality of MCI got diluted. Not only that, such filmsy rules were formulated to establish Medical Colleges that became troublesome for the Government to abide by. A rule was formulated that Library should be 40 thousand sq. feet in size and 276 International Journals should be there in every Medical College. In present times when you can see the whole world through Google in your mobile, the rule for 276 Medical Journals was formulated. There should be an auditorium. Students and Studies are essential in Medical College. What is the need of auditorium there? MCI formulated the rule. There should be four examination halls. Such rules were formulated. It was very easy for the Private Colleges to have 276 Journals at one place. Wherever an inspection was held, 276 journals were placed there and they get recognized. A scam started with Government Colleges stating that they

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didn't subscribe to International Journal and they don't have that, so they will not be given permission. Hence, it became necessary to correct MCI. You also tried in the year 2010 but you tried to capture MCI and not to improve it.

The third biggest change that took place in this country occurred in the regime of Narendra Modi, when Hon'ble Harsh Vardhan Ji and Hon'ble J.P.Nadda were our Health Ministers. This is the biggest change. Just now Adhir Ranjan Ji was saying that dubious students come to our Private Colleges by spending crores of rupees. At present, no dubious student can come. It is due to the efforts made by Hon. Prime Minister Modiji, Nadda ji and Harsh vardhan Ji that there is complete transparency here. There is centralized counselling in Private Medical Colleges. Someone having the higher rank can get through only. Many of my friends are owners of Medical Colleges. They are in Lok Sabha and Rajya Sabha as well. They ask us for a seat so that they can get the admission of their children. They don't even have that power by which they can get admission of their sons in their own medical colleges. This is due to Modiji. This is due to J.P.Nadda ji and Hon. Harsh Vardhan Ji that you may be the owner of Medical College but you cannot get your child admitted there for studies.

Changes have been introduced in the field of education through NEET, Massive changes came with that and the whole country was regulated through it. Hon'ble Leader of Opposition was saying that 920 seats have been added. Please correct the figures. Total seven AIIMS have been being set up. I cannot help you count, but 1200 students took admission in seven AIIMS and the figure of 920 is wrong. Apart from this, 81 Medical Colleges have either been established or are in the process of establishment. The biggest change brought in the Government of Narendra Modi Ji during the years 2014 to 2019 was that we codified it so that one Medical College is set up in one of three Lok Sabha constituencies. This is the biggest game changer. If today five states of our South compete with the global health standards, there may be significant role

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played by Private Medical Colleges, MCI also has a role to play because it formulated the rule for giving 75% of beds free of cost, and tests should be conducted at 20% costs. There are norms for Private Colleges as well. You have to provide 75% beds free of cost. That is why 70 % Colleges were there in Southern States before three years. They took a giant leap in field of health.

The question arises and it is asked time and again as to why do we want to do it? Why should the Medical Education be under Central Government? There is no country in the world where Government does not have a role to play in policy making and regulation because Government represents people, it is responsible for the good and bad outcome for the public. If the Government doesn't have that power, and others have that power, then they will have no responsibility, whether the outcome is good or bad. Another game would have started in the name of autonomy. Therefore, it is very essential. There are no Ministers but Secretaries in America who have knowledge of health. I was looking at a paper recently, [English] he is the pharmaceutical official. [Translation] We cannot even imagine of this word here in our dreams. Someone will speak on politics but they are very good orators. Their Surgeon general is the most famous qualified Doctor who drafts all health policies.

The problem here is that Babudom rules over here. Those who are I.A.S. become specialists of O.N.G.C. and Petroleum tomorrow and next day they become specialists of health. They think that we will be able to play any role. That is why Doctors are required in this field more than ever. Not only that, all the government medical colleges were being stopped to function to remove MCI. I have myself been successful in getting a Government Medical College established in Betia. If J.P.Nadda Ji had not been the Minister, we would not have been able to put pressure and I would not have been able to establish the College even for five years. Only one Government Medical College was opened since our Government came in power. A hospital is being established in

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my constituency at a cost of 811 Crore rupees. The entire expenditure is being borne by the Union Government, so I am grateful to the Union Government. A big hospital is being established in Bihar by the Government of Bihar and the Central government on the occasion of completion of one hundred and fifty years of Champaran Satyagrah of Gandhiji. I would like to say that we should focus upon it a bit, I have some suggestions. I would not say a lot. So much has been said about Standing Committee that it has said this that it has removed that. I was a member of Standing Committee in 2016. We did a lot of hardwork so as to reform the Medical Council. A number of recommendations were made. All this happened because of those recommendations. When NMC bill was prepared, then also recommendations of the Standing committee were considered. All of us did a lot of hard work for it. I feel that there should be check and balance. It should not be that the system of check and balance is removed otherwise we will face the same situation again. I would like to give two suggestions to the Hon'ble Minister that when they bring NMC, Members of Board of Governors should be increased from seven to twelve. I support that.

Please remember that we people have a lot of respect for Dr. V. K. Paul and Randeep Guleria,.They are very efficient people. The things that Hon'ble Minister said regarding ethics, regulation, colleges but do these people have the time for all that? If you expect from Randeep Guleria to leave AIIMS Delhi and look after 500 Medical Colleges the entire day, it is not practical. The public has put their faith in us and has given us full majority, I would say to the Hon. Minister of Health that since the public of whole country trusts Hon. Narendra Modi Ji so keeping this faith intact, well qualified professors should be recruited in the Medical College and MCI needs to function properly with them, work with whole timers. The responsibility should not be with Part time people, those who come sometimes and don't come in the end at all. An

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IAS officer was deputed as Secretary General and it was found that only he is doing everything and others are doing nothing.

Your proposal to increase the number of Members to 12 is very good, kindly note that only eminent professors are taken. This list looks very good. ILBS Director, AIIMS Director, Director of PGI Chandigarh and Director of NIMHANS are all members of BoG. It sounds very good but do they have time to run 500 medical colleges honestly? You must think over it. The whole country is with you. The decision you will take in favour of medical college shall be abided by all of us but my only request is that please look for whole time professors.

We should let private medical college continue to function. For God's sake, please don't stop their functioning under the influence of Supreme court. The only good decision of the Congress regime in terms of health sector was the implementation of NEET throughout India, but Hon. Supreme Court Judge, Altamash Kabir Ji stopped it one day before his retirement. Now the question arises that when he was to retire next day, where was the need to give such a major judgement in favor of Private Colleges and how was it given? But we have holy cow here, no one can even ask about Judges of Supreme Court. Such a bad judgment was passed and we could not do anything. Now at least 5,000 children of our country are going abroad. We are losing crores of dollars and all those children want to study in India. The guidelines should be formulated for MCI and NMC. Both should flourish. Private as well as government Colleges should flourish. It should be ensured that Private Medical College are established only where there is no Government Medical College. There is a norm in MCI that 75% beds shall be free of cost in Medical Colleges. It would facilitate the people there, it should also be continued. We are wasting crores of dollars. The students are going abroad. Earlier all the students from Nepal used to come to Patna Medical College for studies. Now 100 Medical Colleges are established in Nepal and all are

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functioning because of Indian students. Why are we not doing this in our country? Why are we sending students of our country to foreign countries? It should also be contemplated and honestly considered that the Government Medical Colleges have been working very well. I am grateful to Hon. Prime Minister that he has proposed to establish one Government Medical College in every three Lok Sabha Constituencies and he has not only made the proposal but permission for nearly 22 Medical Colleges has been granted in my constituency.

I am really grateful that NMC Bill will be introduced and it will incorporate all the issues. The doctors of India are valued throughout the world, this status should be continued. With this, I fully support the IMC Bill, 2019.

[English]

SHRI GAUTHAM SIGAMANI PON (KALLAKURICHI): Hon. Madam, Vanakkam!

Madam, in this maiden speech of mine, I wish to remember and thank the great Dravidian forefathers Thanthai Periyar, Aringnar Anna and Dr. Kalaignar. I would not have been here but for the self-respect movement spear headed by them towards the goal of social justice. And I am thankful to our great leader Thalpathi M K Stalin, who relentlessly pursues the Dravidian ideals and is in the forefront of defending the federal structure of this nation and has achieved a historic victory. I would like to thank my father and mother and also T.R. Baalu Sir, who is the leader of the Parliamentary Board of DMK and other office bearers.

I rise to strongly oppose the Indian Medical Council (Amendment) Bill 2019 and the National Medical Commission Bill. At the outset, I want to draw the attention of the House to the Statement of Objects and Reasons appended to the amendment Bill. It is evident from the same that the previous Government, under the present incumbents,

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had also allowed the National Medical Commission Bill 2017 to lapse, the reason stated being the dissolution of Lok Sabha. But the actual reason is obvious. The Bill could not be passed in the Upper House for want of majority.

This Government, under the guise of containing the so-called arbitrary actions of the previous Medical Council of India, had been running the Medical Council on ad hoc basis through a series of Presidential promulgations from the year 2016 onwards. These amendment Bills are just excuses to overcome legal objections. The very spirit of the National Medical Commission is to favour and privatise medical education by removing regulation for starting medical colleges and by having fees regulatory mechanism on 40 per cent seats of private colleges. These measures are pro-rich, pro-private management and against the socio-economic groups.

I wish to bring to your kind notice that this Bill undermines the State Medical Councils founded under sovereign State legislative authority. Moreover, the NMC allows only five States out of 24 to be represented at a time on rotation basis. Many States ruled by the Governments of Opposition parties may never find a place in the body. The role of the medical universities is side-lined and they have no place in the Council functioning. The provision to allow AYUSH practitioners to practice modern medicine is unethical and will legalise quacks. The provision to permit foreign medical graduates to practice freely and clamping Indian graduates with licentiate examination is atrocious and mala fide.

Any effort of a Government in introducing a law should be an attempt at improving the administrative structure of the country. But unfortunately, it seems that this Government's main intention is to undermine the powers of the States. This effort encroaches the State power quite often and causes great damage to the federal structure of this vast nation of multiple linguistic, religious and cultural diversities. One nation,

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one language; one nation, one religion; one nation, one tax, and now one nation, one ration card is not good science. Every move by this Government is towards creating a unitary State. We want to register our strong protest against this.

Repeated acts of destroying autonomous institutions has become the very character of this Government. The medical education is one of the most vital sectors in this country and any action even to improve the same could be done only by taking the stakeholders into confidence.

Ruining of the important autonomous body which has produced talented, eminent doctors of world repute is not acceptable. The medical fraternity is deeply hurt and agitated. The autonomous Medical Council should be allowed to be run by a body of eminent doctors democratically elected through a transparent process.

The Amendment Bill seeks to replace medical experts with administrators from other fields which is thoroughly condemnable. Nomination of administrators of other fields who have no medical expertise is not acceptable and the move will be stiffly resisted by the doctors' fraternity. Expertise in respective field should be recognised and encouraged. This is the primary importance in respect of medical field. Intentional undermining of expertise of medical fraternity, that too when the Ministry is headed by a medical doctor, is not fair.

I want to know the status of the Tamil Nadu Government's Bill unanimously passed by the Legislative Assembly seeking exemption from NEET sent for the President's acceptance two years ago. The NEET for Tamil Nadu is thoroughly unwarranted. The nation knows that Tamil Nadu has the largest number of medical colleges and medical seats and 80 per cent seats of Indian superspeciality studies. Tamil Nadu is the top medical tourism destination and we rank among the top in medical education and healthcare. Compulsory imposition of the NEET is an act against the

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poorer sections of the society. The NEET is nothing but an entrance examination for business proliferation to the tune of Rs. 12,000 crore. We do not want the NEET to kill the poor and depressed class, who otherwise through the system followed by Tamil Nadu, would have made it to medical colleges.

I use this opportunity to plead with the Health Minister for upgradation of Government hospitals at Kallakurichi and Athur in my Parliamentary constituency till the Government establishes the medical college due for Kallakurichi.

So, on behalf of our DMK Party, I would request the Government to withdraw this amendment Bill which seeks to undermine the medical fraternity.

Finally, I would like to conclude with a couplet from Thirukkural, written almost two thousand years ago in Tamil, by the great Ayyan Thiruvalluvar:

Idipparai illa yemara mannan

keduppar ilanum kedum.

This is roughly translated as, the ruler who is not indicted by wisemen, loses even without an enemy.

Thank you, Madam.

DR. KAKOLI GHOSH DASTIDAR (BARASAT) : Thank you, Madam. We are discussing the Indian Medical Council (Amendment) Bill, 2019, which actually is a prelude to another Bill, preface to another chapter, the NMC.

The Indian Medical Council (Amendment) Bill, 2019, is to repeal the Ordinance promulgated by Mahamahim Rashtrapati ji on 12th January, 2019. This Bill has also been scrutinised by the Department-Related Standing Committee on Health and Family

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Welfare. This was not the first Ordinance. There had been three Ordinances promulgated earlier, one each in 2010, 2018 and 2019.

Let me clarify first that my Party, All India Trinamool Congress, is always against this attitude of the Government to by-pass the elected House of People and pass Ordinances. In the last few years we have seen the Government coming out with the Bills and the Ordinances in the ratio of 10 to four, whereas, after Independence, in the first 30 years the ratio was one Ordinance to ten Bills and in the next 30 years we saw two ordinances to ten Bills. It is undemocratic and unhealthy for our democracy.

The question is, why the Bill on such a serious matter was allowed to lapse several times from 2016. It has seen many deaths, in particular more than 50 deaths in only one State of our nation. So, I consider it my sacrosanct duty, as a responsible Opposition, to sound out to the Government that promulgation of Ordinance is a peril to democracy.

The Medical Council, which was formed in 1933, formulated the first Indian Medical Council Act in 1956. But thereafter, rampant all-pervasive corruption had crept in. The function of the Medical Council was: to make recommendations to the Central Government in the matter of medical qualification; Determine the course of study; Examination of such study at the end of the syllabus; Inspection of examination; and Maintenance of the register of medical practitioners.

As per the Constitution - Seventh Schedule, Article 246, List-II – Health is a State subject. So, the Central Government should not formulate rules to interfere in this provision of empowerment of the State.

This Bill deals with the fate of those whose face we see first when we are born and the last when we die, the doctors. A former HRD Minister, if I may quote, contradicted the Darwin's Theory of Evolution stating that none of our ancestors have

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seen an ape turn into a man. Such statements are not only dangerous but highly irresponsible as they attack the very fundamental principles on which modern medical science has been built.

It has been stated and I quote:

“Cancer is the result of past life sins and a form of divine retribution.”

It is ridiculous. Some have stated that cow urine or gomutra can cure cancer. That is absolutely against the present scientific standard of research all over the world.

The Vice Chancellor of a State University claims that the test tube baby technology existed in ancient India and he referred to the Kauravas.

According to the Indian Constitution, the development of scientific temper, humanism, and the spirit of inquiry and reform is the duty of every citizen, and implicitly, it is the responsibility of the States. So, the States should take cognizance of this fact. However, it is highly unfortunate that irresponsible statements have been made by individuals holding high public offices which attack the very basis of Medicine. We agree that India has a very rich cultural heritage. The history of medical sciences dates back to Charaka Samhita in the 200 BC and the Sushruta Samhita. Sushruta was known as the ‘Master of Surgery in India’ in the 13th Century. But we have come a long way from that. Today, we have stem cells research, in medicated coronary stents in vitrofertilization, and preimplantation genetic counselling. ...
(Interruptions)

HON. CHAIRPERSON : Sorry, Ms. Ghosh, please give me one minute. Mr. Barq, I have to warn you. Newspapers are not allowed here. Barq Sahab, newspapers are not allowed. Please continue.

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DR. KAKOLI GHOSH DASTIDAR : Today is the age of modern developments, like stem cells research, medicated coronary stents, in vitro-fertilisation and preimplantation genetic counseling. Today's modern medicine is very strong. The inspiration doctors get is from practitioners like Leonid Rogozov, a Soviet GP, who had the strength to perform appendectomy on himself alone on his 6th Antarctic Expedition, when he was stationed in the Novolazarevskaya Camp. The doctors are not kathputli or puppets.

A 16 years old or 17 years old foregoes movies with friends, family reunions, shopping sprees with mother to sit and study for 16 to 18 hours a day to crack the medical entrance examination. Students, of our country with multiple linguistic areas and regional sentiments, should be allowed to sit for the exams in their mother tongue in which they are proficient. The National Eligibility cum Entrance Test has seen deaths. I may particularly quote one such incident from Tamil Nadu where one girl, a topper committed suicide because she could not crack the NEET. So, what do we suggest? We suggest that so many suicides should be prevented. We should do away with this entrance test. We should depend on the class 12th qualifying examination marks to get entrance into the medical college, depending upon the quality of the results. It is because students study very hard for this exam. They study 12 hours a day for six years to become a Bachelor of Medicine and Bachelor of Surgery, MBBS, as it is called. Can these rigorous six years be diluted by a six months abridged course of a quack? For the clinical training, many junior doctors perform emergency surgeries throughout the day and night, and being also a human being, they feel tired. So, they sleep on mackintosh – which is used while doing operative procedures - on the floor of the OT. I do not know any other professional who sleeps on the floor of his office while performing his duty.

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Doctors are nearly Gods. An accepted mortality rate is there in the statistics of Medical Science. But in India, today when a moribund patient expires, the family of the said patient have the gall to beat and hurt the healer. It is not unusual in this lynchisthan of ochlocracy. This is condemnable.

Socrates once asked, "Tell me: Is a doctor, in the precise sense, a moneymaker or someone who treats the sick." Plateau remarked: "Is the practice of Medicine a science, an art, a trade, a craft, a business, a profession or a combination thereof." Well, a doctor, nearly for ten years, after back-breaking training, is a godly figure. But to run his family and himself, he requires money. So, he should not be blamed for earning. His life, property and personal safety should be looked after by the State and the Government. Security fund should be increased. The budgetary allocation for the medical curriculum should be increased. In our country, we have less than two per cent of the budgetary allocation for medicine. None other than Shri Arvind Panagariya Ji had commented that the rural health-care in India faces crisis unmatched by any other sector. So, instead of trying to enhance the budgetary allocation, we are trying to rein in the doctors.

I agree that the MCI has been very corrupt. The officers have been arrested. We know this. It was actually, so to say, that there was all-pervasive rampant corruption by medical mafia.

So, we have to do away with this but we should not over run the State Government's responsibility because health is a State subject and it should remain with the State. There should not be nomination. When it is quoted that people in the nominated body or Board will be from medical education and of proven administrative quality; though I agree, administration is required to run the back office administrative qualification holders will not know the scientific nuances, will not know the cutting-

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edge technology and will not know the science of the medical fraternity. So, it should be manned by medical people only. It should be through election process in all the branches of the State. The doctors should be allowed to elect their chosen members who will come and form the Central body. The bureaucrats would know that they have no quality at all to run the Medical Council because they have no idea as to the cutting-edge technology.

HON. CHAIRPERSON : Please conclude. Dr. Ghosh, you have exceeded your time.

DR. KAKOLI GHOSH DASTIDAR : Madam, just one minute. Raising the number of members from seven to 12 is a ridiculous thing because if the unqualified people are there, they will not be able to take decisions as to the medical curriculum and as to the examination (*Interruptions*) . So, there has to be inclusion of doctors. This is a State subject and the doctors of the State should be allowed to elect amongst themselves. The qualified doctors will represent and run the whole country's medical system. This federal system should not be tampered with.

DR. SANJEEV KUMAR (KURNOOL) : Hon. Chairperson, at the outset, I would like to thank you for giving me this opportunity to participate in the discussion on the Indian Medical Council (Amendment) Bill, 2019, on behalf of my Party - YSRCP.

I would like to take this opportunity to express my sincere gratitude to my mentor and my beloved leader, YSRCP President and hon. Chief Minister of Andhra Pradesh, Sri Jagan Mohan Reddy Garu, and the people of my constituency as also my Party colleagues who have helped me to come here. I also take this opportunity to congratulate all the Members of this House for having got elected to the 17th Lok Sabha.

Our Party - YSRCP, strongly feels that the Indian Medical Council (Amendment) Bill, 2019 is a necessity and need of the hour and hence we support the

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Bill. However, I would like to tell the hon. Minister that like him, I am also a medical doctor. I am a General Surgeon, a Urologist and an Andrologist. I have conducted 45000 surgeries till date. I come from a family of 23 doctors. With this background, I have some suggestions to improve the medical field in India. I hope Dr. Harshvardhan Ji would take note of my suggestions. I am a first time MP and this is my maiden speech. I thank all of you.

Now, coming to the Bill, there are three major valid points. The Bill seeks to amend the Act to reduce the time period for supersession of MCI from three years to two years. We welcome this. The Bill seeks to increase the strength of Governors from seven to twelve. We strongly support this move and we welcome it. The Bill also provides for the Board of Governors to be assisted by a Secretary General appointed by the Central Government. This is also a genuine requirement and we strongly support this initiative.

Despite strong support to the Bill, on behalf of my Party, I would like to draw the attention of the hon. Minister to the following suggestions. Firstly, the rules for recognizing medical colleges should be liberalised. There are 10 lakh MBBS doctors and seven lakh AYUSH doctors in India. There are 529 medical colleges and 71,000 MBBS seats as of now. Out of this, 50 per cent of the MBBS seats are in private sector. In the last academic year, 80 colleges were denied admissions for simple reasons like lack of a conference hall or lack of 1-2 professors, due to which we lost nearly 12000 seats in the last academic year. So, these 12000 seats were abolished and the students were forced to go to countries like China, Russia and Philippines to study MBBS. We are stringently following the rules to recognize medical colleges of India whereas we are not following the same rules with regard to the foreign medical institutions.

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We are conducting an examination for two hours and we are granting permission to those students who are studying in foreign medical colleges. In the process we are losing a sum of Rs. 400 crore per year. In order to prevent migration of students we need to be liberal in sanctioning medical colleges in India.

Secondly, special incentives should be given to the colleges located in rural areas. Though we have a good number of doctors, yet our primary healthcare is not as expected. This is because most of the doctors are living in urban areas. Only 23 per cent of the doctors are in rural areas and are serving 66 per cent rural population. People in rural areas are forced to travel to cities and spend more money and more time. This discrepancy can be corrected by encouraging rural medical colleges.

Madam, the third point that I would like to make is that though we are about to reach the target of 1:1000 doctors as suggested by WHO, we are way behind many countries in HAQ index ranking. HAQ is HealthCare Access and Quality Index. We are ranked at 145. We are far behind countries like Bangladesh and Sudan. It is sad to note that we are lagging behind even the BRICS countries also. Nations like Brazil, Russia, China and South Africa are way ahead of us in this regard. There is a small consolation at the end and that is we are better than Pakistan and Afghanistan. The reason for this poor HAQ ranking could be inadequate funding and inadequate number of paramedics.

The next point is that our 63-year old curriculum needs to be changed. For the benefit of reservation to Economically Weaker Sections, the Government has increased the number of seats in Government medical colleges. The same provision should be made in private medical colleges also. This is one way to prevent migration of students to foreign countries.

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Madam, last but not the least, attack on doctors needs to be tackled seriously. If that is not done, then a day may come when parents will not allow their children to pursue medical profession. We have got a good number of doctors but paramedics are very less in number. We should concentrate on that aspect.

Madam, the biggest fortune of any individual is his/her health -- Arogyame Mahabhagyam. With good health comes productivity. If our rural India is sick, then productivity will decrease and consequently earning also will decrease. This vicious cycle will continue. Modi ji's vision of Sabka sath, sabka vikas aur sabka vishwas' will not get reflected on the ground. So, I would like to urge upon the Government to take appropriate measures to improve the primary healthcare facilities. Budgetary allocations should be increased.

In conclusion, I would like to say that I am a novice in politics; I am a first timer. I will follow the footsteps of my predecessors. I shall participate in the deliberations in this Pavitra Devalayam, in a meaningful way. A doctor means a teacher. I am a doctor of medicine and I will try to be a doctor of politics also! I shall try and live up to the aspirations and expectations of my Party and also the people of my constituency. I represent the Kurnool District, which was once represented by stalwarts like the late Neelam Sanjeeva Reddy, our ex-President and the late P V Narasimha Rao, our ex-Prime Minister.

Madam, I would like to end my maiden speech with a few words in Telugu to thank the people of my Kurnool Parliamentary constituency.

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You have sent many great personalities to this august House in the Past. I thank people of Kurnool constituency for sending me to this temple of democracy by believing in my honesty, commitment and capability. And I will be indebted to them forever. I will work hard to the best of my ability to solve problems of Kurnool constituency. I thank Hon. Speaker for giving me this opportunity.

[Translation]

DR. SHRIKANT EKNATH SHINDE (KALYAN): Hon. Chairperson Madam, today I rise to present my views on the Indian Medical Council Amendment Bill, 2019. Through this Bill, the proposal for taking over of MCI for two years has been made to bring transparency, accountability as well as quality in the field of Medical Education in the country. The Board of Governors and Governing Council have been constituted. It will have the powers of MCI so that it can do the work of MCI. The number of its members has been increased from 7 to 12. This Bill is extremely important because it is going to transform the Medical Education. I think that through this Bill, the ground is being set for moving NMC Bill in the near future. A lot of criticism has been done and objections were raised about the activities of MCI. Whether it was malpractices or inability to improve the standard of education or other such things due to which MCI has always been in controversy, and therefore now the time has come to replace MCI.

** English translation of this part of the speech was originally delivered in Telugu

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The objective of this Bill is to improve the standard of Medical Education and provide equal opportunities of Medical Education. I also extend my heartiest congratulations to the Government for having brought amendment in the IMC Bill 2016 and provided equal opportunities to all through NEET, I am thankful to the Government for that. I am also very thankful to Hon. Prime Minister and Ex-Health Minister Shri J.P.Nadda Ji. Today lakhs of students in the country are getting a level playing field through which they can get admission in Medical College of their choice. I think that if there is anyone who has brought standardization in medical education for the first time in 70 years after Independence, It is our Government. I express my thanks to this Government.

I suggest that NEET has come into force throughout the country, so the syllabus of NEET should be uniform. At Present, different states have different boards. Maharashtra has SSC board, but the syllabus of NEET is CBSE derived. In the ensuing time, the Government should gradually eliminate such disparities and bring uniformity in the syllabus of NEET exam so that no one has to face any sort of injustice.

Further, I would like to suggest that students who qualify NEET should be given preference in their respective states because if a student from North qualifies NEET and gets admission in the college of South, then there is always a communication gap between the student and the patient. This communication gap is one of the root cause of problems that the doctors are facing these days.

I urge the Minister concerned to pay heed to the suggestion made by the Parliamentary Standing Committee, constituted with respect to the NMC, I was also a Member of that Committee. The suggestions made by the Parliamentary Standing Committee should be further incorporated in the NMC Bill.

I would like to refer to the bridge course. The bridge course was one of the biggest issues for which the nationwide agitation against NMC Bill was made. Today,

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the Government is introducing the bridge course because the ratio of doctors and patients is abysmally low. At present, the ratio of doctors and patient is 0.7 per thousand patient. There are 331 medical colleges and 63 thousand medical seats in our country. There is a shortage of about seven lakh fifty thousand doctors.

The Government proposes to begin Bridge Course today. I have also been a student of MBBS and then I did M.S. (Orthopaedics). We study MBBS for five and a half years, side by side we have to do practical as well. I think if B.A.M.S., BDS or Homeopathy doctors are asked to attend a six-month's bridge course and then they are allowed to practice allopathy, it will result in sharp rise in the cases of attacks on doctors and their condition will only deteriorate further.

Today, I would also like to make a suggestion here. As I have already mentioned that 63 thousand MBBS doctors pass out every year throughout the country and we have only 23,729 Post Graduate seats. This means that the rest of the doctors are either doing private practice or reappearing in the exam. It is a matter of serious concern. Therefore, the Government should also think to increase the number of post graduate seats. The Government has to establish one lakh and fifty thousand Wellness Centres under the Wellnes Centres scheme, those MBBS graduates or doctors who do not get admission in post-graduation, be given permanent job in these wellness centres. This will not only serve the purpose of the Government but will also provide job opportunities to unemployed doctors.

16.00 hrs

We always complain that the doctors don't go to the villages. Through this we can ensure the availability of doctors in the villages. I believe every pathy is unique in

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its own way. Allopathy has its own, Ayurveda has its own uniqueness and in a similar manner, Unani has its own features. The Government has set up Ministry of AYUSH. I think, instead of introducing this bridge course, these different pathies need to be promoted. In this manner, different pathies can prosper and this will further pave the way for the diligent and expert doctors.

Madam Chairperson I would like to suggest something with regard to the shortage of doctors across the country today. If we may convert District Hospitals into Medical colleges, we will have specialist doctors in the District hospitals and thus we will be able to meet the shortage of doctors. In my view private players should be encouraged and the PPP model should be implemented throughout the country. The Government is continuously striving to open more and more Medical Colleges, but everything is not over in the hands of the Government. Thus, we should experiment with the PPP model also. People should be made stakeholders and, at the same time, the Government should also be a stakeholder, which will result into the generation of capital, and the Government will also be able to have a direct control over that Medical College.

Madam Chairperson, I will conclude in 5 minutes. At the same time, I would like to raise few points regarding the foreign medical graduates here. Foreign Medical Graduates come into our country. Today, we have 6 thousand foreign medical graduates who appear in the exams for three, four or five times, but are unable to succeed. How these foreign medical graduates should be treated? In my view, these foreign medical graduates should be sent to the villages, they should be asked to sign a bond. It will not only ensure the availability of doctors in the villages where the shortage of doctors is a frequent problem but will also provide job security to these foreign medical graduates who otherwise remain unemployed for many years. This will

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straightaway ensure the availability of these 6,000 doctors. At the same time, before sending a doctor to the village or countryside, we should ascertain well-maintained infrastructure in the villages so as to make these doctors feel secure there. If a female doctor is posted there, then her security needs to be taken care of so that she may feel self-secured and can fearlessly go there and practice.

16.02hrs

(Shri Rajendra Agrawal in the chair)

Hon. Chairperson Sir, today, I would like to request the hon. Minister that rather than just focusing on the size of auditorium and the library as well as the strength of teachers- the norms with regard to setting up of Medical colleges should be simplified a bit. This will enable us to set up more and more medical colleges, which in turn will help in having more and more medical graduates in our country.

Sir, now I come to Budget. We are investing in health today. At present, we have 1.4 percent of our GDP which is less than even Nepal, Bhutan and Bangladesh. We are fortunate to have such a proficient Health Minister like you with us, who is a practicing surgeon also. I believe that in the coming time, you will increase the budget allocation of health sector. Thus, the infrastructure work in the country will further flourish.

HON. CHAIRPERSON: You may please conclude now.

DR. SHRIKANT EKNATH SHINDE: Hon. Chairperson Sir, I am concluding within 5 minutes. Today, the total budget allocation for the health sector is Rs. 14 thousand crore, which is 21 percent less than the projected allocation. Parliamentary Standing

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Committee on Health always insists on increasing the budget allocation for health. This time Dr. Harsh Vardhan has been appointed as the Minister of Health. Hon. Chairperson Sir, you have also been a Member of the Committee on Health. You have also suggested the same. The healthcare in our country will improve in future.

Today, I would like to discuss another issue pertaining to the violence against doctors. 75 percent of the doctors have been a victim of violence, whether it may be verbal or physical violence. Maharashtra too has witnessed, 50 such incidents during the last 2 years. Doctors went on strike and agitated. I had also put forth a Private Member Bill during the last session with regard to enacting a legislation to reduce the attacks on doctors.

These days, people have become intolerant. Vandalizing the properties of hospital and beating the doctors in case of death of a patient is not justified at all. In the coming time, an effective legislation needs to be passed to stop violence against the doctors,. Lastly I would like to recite a poem:

*Moti-Moti kitabon mein apna aadha jeevan khapana,
 Apna waqt bhi auron ko de pana,
 Aasan nahin hai ek doctor ho pana.
 Personal life fir bachti kahan hain,
 Lambi chutti fir milti kahan hai,
 Jee jaan laga kar sabki jaan bachana,
 Gar naa bach pai to fir bhi maar khana
 Aasan nahin hai ek doctor ban paana.
 Janta fir sirf kehti kahan hai,
 Apna gussa in par nikale bina rehti kahan hai,
 Arey doctor bhi insan hai pyare,*

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*Kya insan ke haath mein hai kisi ko zinda rakh pana,
Hum Goa, Manali jaate hain ye chuttiyan bhi library mein manate hain,
Inki aankhon ke kaale ghere dekh to jaana,
Aasan nahin hai ek doctor ho paana.*

I believe that since you yourself are a doctor, therefore you will proficiently be able to deal with the problems being faced by the doctors. Thank you.

[English]

SHRI ANUBHAV MOHANTY (KENDRAPARA) : Mr. Chairman, Sir, I, Anubhav Mohanty from Biju Janata Dal, rise to support this Bill.

The Indian Medical Council (Amendment) Bill, 2019, introduced by the Government, seeks to replace the Indian Medical Council (Amendment) Second Ordinance issued during the previous regime. This Bill shall supersede the Indian Medical Council for a period of two years. During the period of supersession, a Board of Governors, which is an alternative mechanism, shall be carrying out the functions of the Medical Council of India, that is, to oversee the medical education and practice and shall exercise all powers and functions of the Medical Council of India under the Indian Medical Council Act, 1956. This move shall ensure transparency, accountability and quality in governance of medical education. The number of members in the Board of Governors will be increased from the existing 7 to 12.

Now, the reason why this Bill has been brought is because the arbitrary action by the Medical Council of India is in disregard of the provisions of the Indian Medical Council Act and it came to the notice of the Health Ministry. The Supreme Court appointed an Oversight Committee to oversee the functioning of the Medical Council of India. The Medical Council of India did not comply with the instructions

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of the Oversight Committee. This led to the resignations by all the members of the Oversight Committee. The Government, under these circumstances, brought an Ordinance and dissolved the Medical Council of India. This is how the functions of the Medical Council of India have been entrusted to the Board of Governors. These are the normal features of the Bill.

But I have few questions and I would request the hon. Minister to clarify them. I would like to put those questions, through you, to the hon. Minister.

My first question is this. If there were provisions which were misused by the previous MCI, what precautions has the Government taken to ensure the same things will not be repeated?

My second question is this. What are the new measures that the Government is taking to ensure that the members of the Medical Council of India are kept under constant check and vigil?

My third question is, how is the Government planning to strengthen the accountability of the Medical Council of India?

My fourth question is, what action has the Government initiated against those who grossly misused their position and authority as the members of the Medical Council of India?

Sir, I have made my speech very comprehensive and very straight forward. I am not going to speak much on this Bill. But my questions are very important and very straight forward to the hon. Minister. So, I would expect him to answer all the questions.

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My fifth question is, what are the reasons to increase the number of members of the Board of Governors?

My sixth question is, is the Government planning to create space for their loyal, retired bureaucrats in the Board? If not, please clarify your stand for including bureaucrats.

My seventh question is - will that not create a tussle between the doctors and the bureaucrats and hamper the functioning of the Council? My eighth question is – will such a move, in any way, curtail the autonomous character of the Council? My ninth question is, after which only one question will be left, what are the steps the Government is taking to ensure the spirit of the purpose when the larger interest is upheld. My last question is, how does the Government propose to settle the grievances of the public against the wrong decisions of the Medical Council of India?

While thanking you for the opportunity given to me to speak, I shall honestly request the hon. Minister kindly to address my questions. As I represent one of the wonderful constituencies of Odisha, which is Kendrapara, through the State Government, from my side and from the people of Kendrapara, I request the hon. Minister to kindly set up a medical college in Kendrapara. Why should we not have in each district of the country, a medical college like in Phulbani or Bhadrak in Odisha? It will help those patients who come because people have to travel a long way otherwise. We have wonderful medical colleges, but to travel, to communicate, to reach the place on time or on the right time is really difficult. As the Minister himself is here, I would expect an answer from him. All support shall be provided to him from the State Government and he shall not face any kind of hurdles or any kind of problems. We are open. Please open a medical college for Kendrapara and other districts of Odisha.

With these words, I conclude.

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DR. SUBHASH RAMRAO BHAMRE (DHULE) : Sir, I thank you for giving me this opportunity to talk on such an important subject, which deals with the healthcare of the people. Reforms in the field of medical education, to give push to the goal of quality health coverage to the citizen of India, has been one of the major pillars of the NDA Government led by our beloved Prime Minister, Shri Narendra Modi Ji. Keeping this spirit alive and to fulfil yet another promise of the Government, the Union Cabinet chaired by the Prime Minister, Mr. Narendra Modi, has approved the Indian Medical Council (Amendment) Bill, 2019 to replace the Indian Medical Council (Amendment) Second Ordinance, 2019. Through an Act of Parliament, the Bill will be introduced in the ensuing Session. The move will ensure transparency, accountability and quality in governance of medical education in the country.

The new Bill provides to supersede the Medical Council of India for a period of two years with effect from 26 September 2018. During this period, the Board of Governors shall exercise power and functioning of MCI as assigned under the MCI Act, 1956. The number of members in the Board of Governors will be increased from the existing 7 to 12, because the Ministry of Health and Family Welfare had come across certain arbitrary actions by MCI in regard to the provisions of MCI Act, 1956 and the regulations made there under. Further, the Oversight Committee constituted by the Supreme Court to oversee the functioning of MCI had also cited the instances of non-compliance of their instructions and subsequently all members of the Oversight Committee tendered their resignations. That is why, the Government had no other option but to bring this Bill. Yesterday, all of us celebrated 'Doctors' Day'.

I am a member of medical fraternity. I am an Oncosurgeon. I am running a Cancer Hospital and *[Translation]* I have been providing health care

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services since the last 25 years. *[English]* As a medical student and as a resident *[Translation]* I have witnessed the functioning of both Government and Private medical colleges. I would like to commend our Honorable Prime Minister, our former and present Health Minister, Hon. Shri Nadda and Shri Harsh Vardhan. All the medical practitioners and the consultants associated with the medical fraternity all over the country have raised their voices with regard to the reforms in medical education and I have expressed my view at every forum even before becoming MP. Our Minister has rightly observed that the perception regarding MCI in the minds of the medical community is apt and quite clear. So, I support the Bill moved today.

[English]

Sir, the Statement of Objects and Reasons very clearly says:

“The Indian Medical Council Act, 1956 was enacted to provide for the reconstitution of the Medical Council of India and the maintenance of a Medical Register for India and for matters connected therewith. The main function of the Medical Council of India (the said Council) is to make recommendations to the Central Government in matters of recognition of medical qualifications, determining the courses of study and examinations required to obtain such qualifications, inspection of examinations and maintenance of register of medical practitioners, etc. ”

We also expect the MCI to maintain uniform standards of medical education for both undergraduates and postgraduates.

There are recommendations for recognition, derecognition, qualification of medical institutions in India and for permanent registration and provisional registration of medical doctors with recognised medical faculty.

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[Translation]

Sir, this is the root cause of corruption. *[English]* The MCI is supposed to regulate and monitor the medical profession from granting approval for setting up a medical college to allocate seats. *[Translation]* This is what leads to corruption. This is so because we have total 460 Medical Colleges in our country and half of them are private. While granting permission to private medical colleges or allocation of number of seats to them, the corrupt practices start. Some private medical colleges are good. The kind of education being imparted there is as per our expectations and proficient doctors pass out from such colleges. But there are many such medical colleges which are not so good, I have even witnessed this on my Parliamentary Constituency Dhule, which is a District Headquarter and where there are two Medical Colleges. One is private and the other is Government. I have seen both the Medical Colleges and the quality of education being imparted there and the present dismal state of such colleges. It is disheartening to see that private medical college has been allocated 150 undergraduate seats and 100 post graduate seats. But the Government hospital that is a Government Medical College in spite of a good number of patients and in spite of good experience in the hospitals, has only been allocated 50 seats for the under graduate course. We have been fighting for post graduate seats for last thirty years, but no action has been taken. Are you aware of the reality of the private college that has been allotted more than hundred post graduate seats? Through you, I would like to inform this House that those are mere buildings. If you go and have a look at surgical wards, you will find no more than three or four patients. Similarly, there are no patient at Medical Ward and no teaching faculty for Medical graduates.

Only one or two operations are conducted in a month. You tell me that if parents pay a hefty amount of rupees two crores for PG seats and their children

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take admission in that college where there is no teaching faculty, no patients and no operations are being done there. Kindly tell me if a student takes admission in MBBS or in PG in such a Medical College, he may be awarded a degree, but having passed out from such a college, one may wonder how proficient in practice they would be? This is my question. There is a famous saying, 'He that plants thorns must never expects to gather roses' (Boye ped babool ka to aam kahan se aaye). If such Medical Colleges are allowed to be set up and are being allocated post graduate seats, then I object this move. This is not the case with one just one college. There are many such colleges. Private medical colleges were granted permission after 1970.

[English]

HON. CHAIRPERSON: Now, please conclude.

... (*Interruptions*)

[Translation]

DR. SUBHASH RAMRAO BHAMRE: Chairman Sir, I have been granted ten minutes.

HON. CHAIRPERSON: Your ten minutes are over. I am looking at the clock. You may please conclude.

DR. SUBHASH RAMRAO BHAMRE: Chairman Sir, I want to say that when it comes to granting permission, *[English]* many changes are required in granting approval for setting up a medical college. *[Translation]* This matter was raised in Parliamentary related Standing Committee. I was the member of the Parliamentary related Standing Committee in the year .2016 Jaiswal Sir was also a part of it. We had done a lot of deliberation, attended many meetings due to which these recommendations have been sanctioned. *[English]* The working of the said Council has been under scrutiny since long time and the same

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was examined by various expert bodies including the Department-related Parliamentary Standing Committee on Health and Family Welfare which in its 92nd Report in March, 2016, severely indicted the said Council. The Committee recommended that the Government should bring a new comprehensive Bill; revamp the regulatory system of medical education and medical practice; and to reform the Medical Council of India.

[Translation]

Hon. Chairperson Sir, if the recommendations are implemented in real sense, then I believe, we will succeed in replacing the MCI with a new system. I have a lot to speak, so I may be allowed for 5 more minutes. I would like to congratulate our Government.

HON. CHAIRPERSON: The time is limited. Its reply has to be given as well.

[English]

DR. SUBHASH RAMRAO BHAMRE: Sir, I will take only two minutes.

I thank the Government which has taken many policy initiatives like strengthening of existing medical colleges and converting district hospitals to new medical colleges to increase the number of doctors and specialists in the State with large human resource deposit. The policy recognises the need to increase the Post-Graduate seats. The policy supports expanding the number of AIIMS like centre's for the continuous flow of faculty for medical colleges.

[Translation]

Sir, just last two minutes. I would like to suggest something to Hon. Harsh Vardhanji. As far as our Government hospitals are concerned, I believe that though infrastructure-wise, they are not sound enough, yet, as a medical student, one definitely gains experience and practical knowledge in the wards. Today we witness a large number of patients in every medical teaching institutions and

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Government hospitals. The actual place where our medical students gain maximum experience are wards. As you can see that the doctors who have gained experience from Government hospitals like AIIMS, KM or other top Government hospitals, their expertise is no less as compared to any other doctor in the world. I can assure that, whether in surgical expertise or in medical expertise, the doctors of our country are better in every manner than any other doctor of the world.

Sir, I would like to suggest something. The reason for the lack of faculty is that whenever one passes MBBS or completes post graduation, he applies for lecturership to gain experience. As far as teaching experience is concerned, a minimum of five-years of teaching experience is required to get the faculty recognised. *[English]* As a medical student, after completing my post-graduation, I apply for the lecturer's post. *[Translation]* One's sole aim is to gain two-year experience and then go for private practice which results in the dearth of faculty. I urge Honorable Health Minister to make it compulsory for every lecturer not to resign before completing a minimum tenure of five years to ensure no faculty deficiency.

KUNWAR DANISH ALI (AMROHA): Hon. Chairperson Sir, I rise here to speak on the Indian Medical Council Bill, 2019. Doctors are considered next to God but the widespread corruption prevalent in the field of medical education, the cognizance of which was even taken by the Hon. Supreme Court, compelled the Government to bring in an ordinance to eradicate this prevailing corruption and this bill has been introduced to give legal form to the provisions of the said ordinance. As everyone is aware, the Medical Council of India has been running the medical education system of the country for the last several decades. In the past few years, this institution has been charged of serious corruption charges against itself. It has been alleged that this institution used to take bribe to set aside the rules and regulations in setting up medical colleges. A number of such

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complaints have come to light. Therefore, to usher in comprehensive reform in the Medical Council or to dissolve it is indeed a step in right direction, but the alternate body that the Government is contemplating to bring in its place to supersede it is not entirely satisfactory. The Bill provides for setting up of a Board of Governors to supersede the MCI and to divest its function. The Medical Council of India was an elected body and the Government is replacing it with a nominated board. It would have been better if the Government had left the management of medical education system of the country in the hands of a new body elected solely by doctors keeping in view the democratic ethos. The intention to centralize the power in its own purview seems obvious in every decision of this Government. Now, the Government wants to have its control over the medical education of the country. Did you make an effort to discuss the issue with the doctors before setting up a new democratic system? What is the reason behind monopolizing everything? Do you doubt the capability of the doctors of this country?

Hon. Chairperson Sir, I would like to ask another important question from the Government as to whether this Government has faith in the medical knowledge enshrined in our ancient scriptures? We heard from them only that plastic surgery and stem cell technology existed in ancient India. A large number of people in our country have faith in Ayurveda. But the Government of the country seems to have no faith in Ayurveda. Perhaps this is the reason why this Government is of the view that Ayurvedic doctors should prescribe Allopathic medicines. Have you lost faith in Ayurveda?

Sir, all Ayurvedic Doctors are distressed with their insult by the Government. Government has to explain if it wants Ayurveda and Homeopathy to survive or not? We heard recently that the Government is contemplating to make an arrangement to introduce a bridge course for Doctors of Ayurveda and Homeopathy in rural areas. What is this Bridge Course? Whether the objective of

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this Bridge Course is to teach Doctors of Ayurveda and Homeopathy to prescribe allopathy medicines.

This step of the Government will completely ruin thousand years old Ayurveda system in the country. It is disheartening that the Government, which talks about Make In India, is taking a step to ruin a well established and developed system of medicine in the country even when crores of people have faith in it. Sir, on one hand, the Doctors of Ayurveda and Homeopathy are annoyed with the Government that the Government does not trust their knowledge and they are being asked to prescribe Allopathic medicine and on the other hand, the Allopathic doctors' community is also displeased with the decision of the Government of taking initiatives to have Doctors of Ayurveda and Homeopathy prescribing Allopathic medicines.

Hon. Chairperson Sir, we are well aware that there is shortage of Doctors and hospitals in the country and I am not talking about the present Government, or the Government during last five years, but even earlier Governments withdrew from social sector, health sector. The poor people look for Government hospitals. Poor people cannot afford to get treatment from branded hospitals like Apollo and Fortis, being run by corporates. This is true that this Government has introduced an insurance policy but we are still far from the reality. Even today lakhs of people do not get treatment for minor ailments and they lose their lives. The entire families got ruined. As this Bill is being discussed here, through you, I would like to draw the attention of hon'ble Health Minister towards the dire need of huge investment in health sector and making invest does not mean giving permission to the corporate houses to open Hospitals. When a patient gets admitted there, he/she is asked the name of the insurance company along with the amount of insurance, only then treatment begins. We are somewhere getting diverted from the basic question.

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Hon Chairperson Sir, I want to share my pain, pain of people of my constituency, pain of the poor people of this nation and expect that the Government and hon'ble Health Minister would bring such a scheme under which poor people are able to get proper treatment.

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SHRI MOHAMMAD AZAM KHAN (RAMPUR): Sir, it is a good Bill. There was a lot of disappointment when it was initiated by the last Government. It was initiated very well and a good message was given. Sir, it was stated here that there is difference between the Government and Non-Government Medical Colleges, but that is not true. The competition between private universities and Government Universities; and between private Medical Colleges and Government Medical Colleges is for their own survival. That is why efforts are made to have better results. Good hospitals provide good treatment and good medicines. It is known to all our hon. Members that private practitioners or those who run their own small hospitals or nursing homes, have their own dispensaries; and medicines prescribed by these doctors can not be found in any shop across India except with the same doctor. It is a big irony. This Bill can give a lot of hope to the people from weaker section who are looking for proper treatment.

Sir, it has two basic things - one is infrastructure and the other is faculty. Given that we have good infrastructure, I would like to say to the Government that faculty was also a medium of corruption. Several crores of rupees had to be arranged for setting up a Medical college. The faculty was arranged and everything was kept ready for inspection throughout the year. It was not known when the inspection would take place.

Sir, I had requested the other day also that my medical college is under construction and is ready to a great extent; and I would like to say before the House that if there is a better medical college in whole of India, then I will not seek recognition for medical college. My hospital has been functioning for the last 3 years. I had to approach the Supreme Court, because the MCI refused to carry out inspection. The Supreme Court ordered them to go, inspect and even ordered that if there was any irregularity, they may not reject, but will inspect again after pointing out the irregularities. If there are irregularities again, they will not report it to the Government but to Supreme Court.

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Sir, there is no doubt that MCI caused too much problems and this is also true that if you go through the records of that time, you would find that if 10 percent faculty was required for medical colleges, and now if you put those faculties together, there are not as many doctors in entire country, as were shown on paper.

Sir, this was a big issue of corruption. If the infrastructure is 10 times higher than your quality standard, then I feel that the condition regarding faculty should not be imposed, rather a chance should be given to arrange faculty within 3 months, 4 months, 6 months and then due recognition could be given. You may give temporary recognition. If you are going to give 150 seats, just give 100 seats or 50 seats, but the recognition to a medical college should not be denied only on the basis of faculty. It will be in justice with the medical college.

Sir, in my medical college, which is not functioning yet, it is only a hospital as of now and has been functioning for 3 years. There are 8 operation theatres. A better operation theatre would be in New York only and not in India. My medical college is like Rashtrapati Bhavan. People there do not need to come to Delhi. My children will study there. (Interruptions)

DR. SANJAY JAISWAL (PASCHIM CHAMPARAN): Sir, I have a medical college. . . (Interruptions) It is not correct to say that I have a medical college. . . (Interruptions) It is not right way of talking here. . . . (Interruptions) I have a point of order. . . . (Interruptions)

SHRI MOHAMMAD AZAM KHAN: Sir, you must be happy that one of your colleagues has such a big asset for the society. . . . (Interruptions) That is yours. . . . (Interruptions) That is also for your coming generations. . . . (Interruptions) I am just its custodian. . . . (Interruption)

SHRI ANUBHAV MOHANTY: Sir, it is not right to say so. . . . (Interruption)

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SHRI MOHAMMAD AZAM KHAN: No, it is completely right to say so. . . .
. . . . *(Interruptions)* If the Government thinks so. . . . *(Interruptions)*

HON. CHAIRPERSON: Please do not disturb. Please be seated and let the hon.
Member speak.

. . . . *(Interruptions)*

SHRI ANUBHAV MOHANTY: It is not right to say that my medical college is
the best. . . . *(Interruptions)*

HON. CHAIRPERSON: Let him speak. He will complete his speech.

. . . . *(Interruptions)*

SHRI MOHAMMAD AZAM KHAN: Sir, all colleagues here have mentioned
about their colleges, their practice, their MBBS, their MS, their MD. . . .
(Interruptions) If a college is being built or built already, it is the responsibility of
the Government to promote it and help it.

Sir, I would just like to say that you may give recognition or not, whom
you would give it or not. Firstly, there should not be too many officers involved
in it. It should also have technocrats. It should have medical technocrats and
doctors as well so that they can understand the right thing and take the right
decision. Apart from this, I want to emphasize on this basic thing that the
infrastructure must be given priority and the condition regarding faculty should
be imposed later.

Sir, it should not be assumed that the doctors of private Medical Colleges
will not be as good as doctors of Government Medical colleges perhaps everyone
is aware that the degree is awarded by the same authority and test papers also
come from the same place.

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Sir, thank you very much.

[English]

SHRI SUNIL DATTATRAY TATKARE (RAIGAD): Sir, thank you very much for giving me the opportunity to speak on the Indian Medical Council (Amendment) Bill, 2019. Thanks to my leader, Supriya Ji also.

The National Medical Commission Bill is unlikely to provide a dynamic new thrust to medical care in India. There is no doubt that the Medical Council of India has outlived its utility and should be reformed or replaced. The remit of the proposed new body, the National Medical Commission, should be clear, direct and workable. A regulatory body should be expected only to regulate and not to formulate the policy which is the function of the Parliament; and it requires inputs from a number of sources, preferably, with different points of view.

The fundamental flaw in the proposed Medical Commission is the lack of clarity on its functions. Unfortunately, in the National Medical Commission Bill, 2017 in the chapter titled “Powers and Functions of the Commission”, the phrase ‘lay down policy’ occurs repeatedly. The Commission is also expected to “assess the requirements in healthcare, including human resources...” Such complex tasks, which require inputs from multiple agencies, will be done poorly, if at all, by the Commission. The Commission should only be expected to monitor and regulate the training of health-care personnel and maintain professional standards.

Sir, I would like to say that in 2006, WHO identified India amongst 57 countries facing a critical shortage of health workforce. Doctor-patient ratio in India is 1:2000 instead of the ‘1,000 people norm’ of the WHO. Inequitable presence of doctors, lack of doctors in rural areas, prevalence of quacks and unqualified medical practitioners are other issues aggravating this situation. For

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example, two per cent providers of modern medicine in rural areas do not have a medical qualification.

Since 2010, the Medical Council of India (MCI) has been surrounded by controversy when the erstwhile President of the Council was accused of corruption and bribery while granting permits to medical colleges. In 2016, a Parliamentary Committee's report revealed that the Medical Council of India was largely responsible for corruption in health care. It observed that the Medical Council of India had failed in its duties in setting up high standards in health care.

Sir, dissolving the Medical Council of India and the proposed appointment of members of National Medical Commission (NMC) by the Centre would adversely affect the functioning of medical profession. This would make the body completely answerable to bureaucracy and non-medical administrators. Further, it will also give greater control to the Government in running the Commission. There will be inadequate representation of the States.

Moreover, lack of clarity in the functioning of National Medical Commission is a major issue. The Bill mandates the National Medical Commission with the task of laying down policies and assessing requirements in healthcare including human resource. These tasks however require inputs from multiple agencies. Assigning these tasks to the Commission will render poor results.

The Medical Advisory Council (MAC) has not been given an autonomous status. It includes members of the National Medical Commission as its ex-officio members and is headed by the chairperson of the National Medical Commission. Critics are of the opinion that views and suggestions of Medical Advisory Council are expected to be prejudiced.

Sir, many of my colleagues have already expressed their feelings about NEET in this august House. NEET replaces all State-based medical entrance

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exams and has been highly criticised as it violates the rights of the States. Further, it is considered to be highly biased and disadvantageous for non-CBSE students. The Bill fails to provide a holistic approach to healthcare. It excludes nurses, paramedics and other medical professionals from its ambit.

I would request the Government to increase the number of doctors and impart them proper training in their respective fields. There should be presence of public and private healthcare in the remotest regions. The problem of brain drain should be addressed. Emigration of doctors is a major factor contributing to shortage of doctors. The issue of reluctance of doctors to serve in rural areas should be addressed. National Medical Commission should limit the emigration of newly graduated doctors.

The Bill should also include paramedics, nurses and other medical professionals under its ambit. There is also a need to revamp the admission test system. Further, there is no scope for testing ethics of an aspirant. Countries like Thailand have successfully adopted a measure to limit the emigration of doctors way back in 1972.

Their policies mandate three years of the Government work for all post-graduates. The first year is spent in provincial hospitals while the second and third years are spent in rural or community hospitals. So, such rules should be strictly followed in our country also.

Sir, I would like to suggest one thing. When I happened to be the Finance Minister of the State of Maharashtra because of my leader, hon. Pawar saheb, at that time, I had sanctioned one medical college in my Raigad area. I will urge the Central Government, through you, that medical college in the Raigad District should come up in the coming new year.

I would also like to suggest to the hon. Minister that there are a number of medical practitioners in this august House; and if at all, any one or two, which the

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hon. Minister selects as this is his prerogative, of those Members of Parliament are appointed in this Council, it will be better for the future of the MCI.

Thank you very much. Jai Hind. Jai Maharashtra.

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HON. CHAIRPERSON: Shri Kesineni Srinivas.

[Translation]

DR. NISHIKANT DUBEY (GODDA): Hon. Chairperson Sir, I have a point of order under Rule 255. What Azam Khan Sahib said just now can not be stated as per Rule 255. This is my objection. I request you to kindly expunge all those lines in which he has used the expressions such as mine and our as this is the Parliament. It is a matter of his direct interest and no Member can take part in a discussion if there is a conflict of interest. If he has to take part, he can do so with the permission of the Speaker. As he has not sought permission of the Speaker, his entire speech may be expunged.

[English]

SHRIMATI SUPRIYA SADANAND SULE (BARAMATI): Sir, he is not here to defend himself.

[Translation]

HON. CHAIRPERSON: Hon. Speaker will take a decision in this regard.

[English]

SHRI KESINENI SRINIVAS (VIJAYAWADA): Sir, I thank you for giving me this opportunity.

The Indian Medical Council (Amendment) Bill is hanging fire for quite some time. The Government is still grappling with the issue of getting in place a suitable and credible successor in its place and as a result, the regulation of medical education and other important areas is left in doldrums.

The World Health Organisation three years back revealed certain startling facts about the state of affairs relating to qualifications and professional competence of medical and paramedical professionals in the country. According

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to that report, only 19 per cent of medical practitioners practicing in rural areas have the requisite professional qualifications and that 57 per cent of medical practitioners in the country do not possess accredited medical qualifications.

Sir, the share of expenditure on the health sector out of the total GDP of the nation is less than two per cent, which is very low as compared to the developed nations. As per WHO norm, there should be one doctor per thousand population whereas in India, the doctor to population ratio is very low at 0.7 per 1000 population while it is 3.2 per 1000 population in Australia, 2.7 per 1000 population in the UK, 2.5 per 1000 population in the US and 1.4 per 1000 population in China.

Sir, I have seen in the last few years that due to inadequate health facilities and infrastructure and lack of proper hospitals, especially in the rural areas, many poor middle class people became poor, poor became the poorest of the poor and the upper middle class became middle class because they were not able to pay the bills of big hospitals or corporate hospitals in connection with their health-related problems. All said and done, whatever is the Central Government or the State Government, they should consider providing free health facilities or services to all sectors of people or all sections of society because due to their expenditure on health facilities, people are becoming bankrupt. They are becoming debt-ridden and committing suicides. The number of suicides on account of people going bankrupt on account of health-related expenditure is also very high in our country.

As per the NITI Aayog Report, there is a need for 6.40 lakh beds in all hospitals in the country and as per the Government estimate, under Ayushman Bharat Scheme, there is a need for setting up 2,500 modern hospitals in small towns and cities.

Even those hospitals which were set up recently do not have adequate medical staff. The Government has so far not formulated any comprehensive

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action plan to provide adequate medical staff in these hospitals. India needs 20 lakh doctors and 40 lakh nurses. Till 2017, 462 medical colleges in the country are imparting education to 56,748 medical students and 3,123 nursing colleges are providing education to 1,25,764 students. As per the Nat Health Survey, an apex organisation of health care industry, by 2025 there will be a requirement of 2 to 2.5 crore doctors and other medical and para-medical staff in the country.

Keeping in view the huge requirement of medical staff and professionals in the country, the Government should set up more Government medical colleges and hospitals in each district and also in each *mandal* or tehsil of the country. So, the Government should take steps expeditiously for converting or upgrading all district hospitals into medical colleges. Further, under Ayushman Bharat, the Government wants to cover 50 crore people under medical insurance which is quite laudable. However, for the scheme to become a success, availability of doctors and provision of medical infrastructure is essential. Presently, for 135 crore population, there are an estimated 23,582 hospitals in the country. Therefore, the Government should allocate more funds in the coming Budget to the health sector, more particularly for medical education.

I hope the present Bill will suitably address all these issues and help promote spread of quality medical education in the country.

The Government should also introduce Tele medicine in a big way and should formulate a comprehensive policy in this regard.

In the end, I urge upon the Government to allot sufficient funds to the AIIMS being set up in Mangalagiri in Andhra Pradesh and complete it expeditiously so that the people of the recently carved out State of Andhra Pradesh will have access to world-class medical facilities.

I would like to put forth a few questions before concluding my speech. What is the need to create an interim structure of Board of Governors? Why could

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the MCI not be re-constituted before two years? What are the changes being envisaged with respect to the responsibilities of Board of Governors or the MCI? How will you ensure that the BoG or the MCI does not become one more mafia?

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

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DR. HEENA VIJAYKUMAR GAVIT (NANDURBAR): Mr. Chairman, Sir, I rise to Support the Indian Medical Council (Amendment) Bill, 2019. I would like to thank the Government and the hon. Minister for bringing in this important Bill to supersede the MCI, the scam-tainted body, and to introduce reforms in the field of medical education in order to give a push to the goal of quality health coverage to the citizens of India. Providing quality health care to the citizens of India has been one of the major objectives of the NDA Government led by Prime Minister Modi ji. By bringing this Bill, the Government has kept the spirit alive and fulfilled the promise of the Government. This move will ensure transparency, accountability, uniformity and quality in the governance of medical education in the country.

I would like to throw some light on the fact as to why this Bill is important. The Medical Council of India has faced a lot of criticisms from different parts of the society and different parts of the country over the past few decades. The criticisms include some serious charges of corruption as well.

The MCI has a mandate to regulate two things. One is to regulate medical practice and the other is to regulate medical education. But it was seen that the MCI always focussed more on the education part rather than monitoring the ethical part.

The Standing Committee on Health and Family Welfare, in its 92nd Report has enumerated a long list of reasons for failure of the MCI. The prime reason is its failure to create a curriculum that would fit in for a country like India which has a much larger rural population to be catered to. I would specifically like to mention that when a student is studying in a medical college, he is taught about how to examine a patient, what investigations have to be done, what treatment has to be given, etc. That is the normal curriculum of a medical course. In the Indian context, especially in the rural areas, where there is no investigation

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facility, where all the drugs and medicines are not available, they should also be taught as to how practically a doctor should handle a patient or how a doctor should treat a patient.

So, this focus was missing in the curriculum that was framed by MCI earlier. There was an excessive focus on nitty-gritty, infrastructure and human staff etc. during inspections without a substantial evaluation of quality of teaching, training and imparting the skills.

While sanctioning a medical college or giving an approval for a medical college, there were certain norms fixed for infrastructure and these were completely non-practical. For example, in case of an examination hall, it was mandatory that there should be an examination hall where 200 to 300 students should sit. If there are four subjects and eight papers, the examination will go on for only eight days in a year and for the entire year, the examination hall will be locked. This had no practical implication. Such rules were made earlier.

Sir, I would also like to mention that today there is a shortage of doctors. Somewhere or the other the norms/rules framed by the MCI are responsible for this. The standard norm which is set by WHO with regard to doctor to population ratio is 1:1000. As per the Committee Report, today, in India, we have 1:1674. That is the ratio. So, we are behind in this respect.

There is a failure to rationalise the setting up of medical colleges in the country as per the need. Earlier, MCI used to sanction medical colleges as per their policy but it was not need-based. There was a geographical maldistribution seen in medical colleges.

Sir, I come from the State of Maharashtra which has the maximum number of medical colleges in the country. We have some other States which do not have a single medical college. Such States are also there. That is why, there was a need

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that the MCI should be replaced by another body. I thank the Minister for bringing in this Bill. MCI never had the focus on rural India.

Sir, the Government shows its commitment by taking different initiatives towards improvement of the healthcare delivery system. Our Hon. Prime Minister had announced earlier that there will be one medical college for every three Parliamentary constituencies which is definitely a very big move and I congratulate the Government for making this announcement. We are definitely sure that in the near future, we will be having a greater number of medical colleges.

Sir, the major problem that was seen earlier was about the capitation fees in the private medical colleges. By bring in the NEET for Medical Entrance, a uniform education system is being set up in the country, especially for those who are aspiring/deserving students. They will also get admission in the private medical colleges and will be able to do medical education.

Sir, I would also like to mention that in my State, Maharashtra, our Hon. Chief Minister Shri Devendra Fadnavisji has brought in a new policy of establishing a medical college in each district which is definitely a very big move for our State. My district is one of the aspirational districts. We are getting a medical college. It will definitely improve the health status of our area and also produce more doctors who can serve in that area.

Sir, lastly, through you, I would like to request the Hon. Minister that the Parliamentary Standing Committee has given some very good recommendations. I request the Hon. Minister to consider those recommendations when he brings forward the NMC Bill next time. Once again, I whole-heartedly support the Bill. Thank you.

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[Translation]

SHRI HANUMAN BENIWAL (NAGAUR): Hon. Chairperson Sir, today the Indian Medical Council (Amendment) Bill, 2019 is being discussed in the House. The Parliamentary Committee on Health and Family Welfare Department has stated in the objectives and reasons of the Bill that there was excessive corruption in MCI and its image was tarnished in the entire country. Medical colleges with dubious history used to apply and were granted recognition. The Parliamentary Committee submitted its report to the Parliament in 2016 to end this corruption. The initiative started in the year 2017-18. I would like to thank Hon. Minister for introducing this Bill here.

17.00 hrs

The Government will have direct intervention after the dissolution of MCI. Hon. Prime Minister has given a slogan to end corruption and you will have a major role in ending this corruption. Earlier, the elected representatives used to work as per their wish and the Government intervention was minimum. They treated the colleges as if they were their businesses. The owner of NIMS Medical College in Jaipur was arrested twice, once in a case of corruption and second time, he was sent to the jail for molesting a student there. The owner of Mahatma Gandhi Hospital was also arrested and was in jail for long time, even then, the recognition of the college was not cancelled because he was able to manage things in Delhi through MCI. Irrespective of any Government in power, they used to manage their affairs.

17.01 hrs (Shri Kodikunnil Suresh *in the Chair*)

Hon. Chairperson Sir, Hon. Prime Minister has resolved to provide quality health services to the common and poor man. Many good initiatives have been taken in this direction during 2014-19. Hon. Prime Minister as well as hon.

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Minister took revolutionary steps to provide high quality services to the public. I congratulate the Hon. Minister for the beginning of a new innings. Certainly, Hon. Minister is making all efforts to ensure that the benefits of health services reach to each and every citizen of the country.

The previous Governments of Congress party served the nation on papers or in the form of slogans only for 50-55 years. A number of slogans were given and work was done on paper which made our country sick. Millions of people were benefited from Ayushman Yojana. Everyone can avail the benefit upto five lakh rupees. The common man gets the medicines from Pradhan Mantri Jan Aushadhi Kendra easily. The Ministry of AYUSH has been constituted in the country for the first time. A Ministry for Ayurveda, Yoga, Naturopathy, Unani and Homeopathy was formed and an all India level AYUSH Hospital has been opened in Delhi under this. People benefited immensely from this. Ayurveda originated in India. It was promoted here also. India was the Guru of Yoga and it was once again acknowledged at the world level due to the efforts of Hon. Prime Minister. 157 district hospitals were converted into medical colleges, giving opportunity to about 10,000 new MBBS students, so that vacant posts of doctors may be filled. Efforts are being made to establish an AIIMS in every state. AIIMS is being set up in every state, even in small North-Eastern States. Many International Organizations are suggesting other countries to learn from India as to how it revamped the medical system during the year 2014-19. This is the statement of International Organizations.

Hon. Chairperson Sir, I would like to say one thing that Hon. Minister will certainly check corruption in MCI but what about the strikes throughout the country. Who is responsible for this? The doctors go on strike immediately as and when they wish so. They take salaries from the Government during strike period also. There was a strike in Rajasthan few days ago, 100 lives were lost. Who is responsible for this? Criminal cases should be filed against such doctors who

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provoke others to go on strike, unnecessarily go on strike any time and assault the patients who visit hospitals. The interests of doctors should be safeguarded, but interests of people should be kept in mind as well. Some people take undue advantage by putting pressure on the Government under the guise of strike. The responsibility should be fixed for this. The Government is establishing AIIMS Hospitals. There is AIIMS in Jodhpur and Delhi. In Jodhpur, 1000 personnel were appointed on contract on the basis of caste without advertising the vacancies. Now whether they will be regularised? AIIMS should not be operated like a shop where people of particular caste can be appointed. If this continues, people will lose faith in AIIMS and they will start moving to Private Hospitals. Hon. Minister Sir, you should get this investigated as well. In Jodhpur and in Delhi, whichever Government was in power, whosoever the Member of Parliament was a Member of Governing Council and appointed 300 persons from his caste, another appointed 600 persons from his caste. This became a business in a way. You need to get it investigated as to how to end this business.

One Member of Parliament is appointed to the Governing Council, I suggest at least five Members of Parliament should be appointed and two doctors, who are Members of Parliament in the Lok Sabha and Rajya Sabha, having knowledge of the field should also be appointed. If such a Member of Parliament is appointed, who is not aware about Medical Council and doesn't have knowledge of medicine, then what would be the result?

What can he do there as Member? I will take a minute. I am speaking well and everyone is liking it. I would like to say that all AIIMS, whether it is in Delhi or in Jodhpur or any other place within India, comes under the control of Hon. Minister, therefore in case of recommendation of the Member of Parliament, at least treatment should be given. I served as a Member of Legislative Assembly in the state for three terms. I used to call the senior most doctors in any state run hospital...* to see our patient and he had to examine the patient. Here nobody

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listens to an M.P. This is not my pain. This is the pain of the Ministers. The Ministers have to stand in queue and request doctors in AIIMS to get their patient examined.

SHRI RAJIV PRATAP RUDY (SARAN): I would humbly request to you that the matter under discussion pertains to doctors of all categories in the entire India. In the House, if we say that we should get the treatment by pressuring or threatening them, then kindly exclude it and make your next point. ...
(Interruptions)

[English]

HON. CHAIRPERSON: Please conclude. Your time is over.

... *(Interruptions)*

[Translation]

SHRI HANUMAN BENIWAL: Hon. Chairperson Sir, please give me a minute. Rudy Sahib, I am not talking about AIIMS. I am saying... *(Interruptions)*

*not recorded.

[English]

HON. CHAIRPERSON: Rudy ji, we will go through the records.

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... (*Interruptions*)

[*Translation*]

SHRI HANUMAN BENIWAL: I wanted to say that if a strike takes place and thereafter a compromise is reached. The strike went on for 100 days, but who is responsible for the loss of lives during the period of strike? Liability should be fixed, as to who was responsible - the doctor, the leader or the Government. I am not saying that doctor should stand up if I make a phone call to AIIMS. But, the Member of Parliament should also have little influence in AIIMS. If patients come from our constituencies and they are not able to get treatment in AIIMS, then what is the benefit of sitting Member of Lok Sabha? ... (*Interruptions*) I said that MPs should also get rights in this regard.

[*English*]

HON. CHAIRPERSON: Your clarification is enough. Your time is over.

... (*Interruptions*)

[*Translation*]

SHRI HANUMAN BENIWAL: Everyone should get treatment. This is the biggest Panchayat of the country and if any person comes from the constituency of any MP for treatment, he would ask us for our help in AIIMS. When we are not sure about ourselves, how will we help? Therefore, I have made this request. I do not want to be appointed there that I will go sit in AIIMS and open a shop. My desire is that if people from our area comes to get the treatment and we recommend them they should not get treatment. It is not my problem only, rather

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it is the problem of Members of Parliament from all over India, the problem of the Minister. I have given you two examples of Rajasthan.

[English]

HON. CHAIRPERSON: Nothing will go on record except the speech of Shri E.T. Mohammed Basheer.

... *(Interruptions)* *

SHRI E.T. MOHAMMED BASHEER (PONNANI): Sir, thank you very much for giving me this opportunity to speak on this very important Bill. The crux of this Bill is supersession of MCI for a period of two years. During this period, the powers of MCI would be vested with the Board of Governors and to increase the number of Board of Governors from seven to 12. That is all.

Cutting across party lines, we all agree that our ultimate aim is to ensure transparency, accountability and quality of medical education in our country. A question remains. Would this legislation serve that purpose? That is yet to be seen. Let us hope for the best.

I would like to make two suggestions. Firstly, while selecting the Board of Governors, it should have a clear-cut merit criterion. It should be on the basis of merit, not on the basis of any kind of recommendation. Secondly, instead of nominating the Secretary General by the Central Government, he should be picked up by a Select Committee of Experts. Instead of nomination, preference should be given to election. That would be a healthy practice.

We all know that there were certain shocking realities. My learned friends were saying about doctor-patient ratio in our country. In an article appeared in

*Not recorded.

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India Today weekly, an expert says that in India, one Government doctor for every 11,578 people; one nurse for 483 people.

See how deplorable the situation is. With regard to medical syllabus, doctors were also saying that the syllabus has to be updated. Unfortunately, medical syllabus has not been updated yet.

There is scarcity of quality teachers in the medical field. We have to ensure that there are adequate number of teachers in this field. Doctors are also going abroad. According to the latest figures, around 47,000 doctors went to the U.S. and 25,000 doctors went to the UK. There is corruption in the medical field. We have also seen fake degrees. Such kind of things are happening. There was a bribery controversy in MCI which was mentioned today also. It was just a tip of an iceberg. Corruption has encroached upon this Department. So, we have to look into that.

With regard to medical ethics, I have gone through the medical ethics. How nice that is! But medical ethics are now vanishing. We have to be very careful about that also.

Sir, now we are making this legislation. The very intention of this legislation is to ensure quality and such kind of things. But what about the patients? Here, most of the MPs were saying about doctors' grievances. I agree that they have grievances and they are being attacked also. That also has to be curbed, there is no doubt about that. But, what about the right of the patients? That is a problem. Where will he go? If you go through the legislations of various countries, they have legislations on rights of the patients. I urge upon the Government to come forward with a legislation on rights of the patients. That is the most important thing that we can do.

Sir, as far as the institutions are concerned, with the available resources, we may not be able to start institutions. So, we must have private institutions also.

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But as far as quality is concerned, there should not be any compromise. If we compromise on that, that would be suicidal. I do not want to take much time. I would like to appeal to the Government to take very, very strong action against the culprits of corruption.

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[Translation]

SHRI BHAGWANT MANN (SANGRUR): Hon. Chairperson Sir, thank you very much for introducing this Amendment Bill. I am not casting any doubts over the intention behind it. It has been brought with good intentions, but I have a few suggestions. I hope that the Government will pay attention towards them. According to WHO norms, there should be one doctor for 1000 people, but we have an average of one Doctor for 11-12 thousand people which indicates the shortage of doctors. The Government wishes to meet this shortage, but what is the way out? On one hand, there is a provision for practice of four and a half years and practicals thereafter. First theory is learnt and then practicals are done. Thus, the doctors study for five and a half years and on the other hand, it has been said that the Government will allow all those who have completed the bridge course of six months to undertake the treatment of patients. It means that you wish to raise the status of driver of a train to pilot of an aircraft in six months. How will this help? It might lead to such consequences which could cause problems in the health sector. Who owns Medical Colleges? Sir, mostly, medical colleges belong to the politicians or rich businessmen. The fees is so hefty that the children from poor family can only go to these places as a patient and not as a doctor and that is why we have the problem of brain drain. 45 percent doctors in America are of Indian origin.

Why don't they practice here? When applications were sought from doctors in Punjab, not a single doctor applied. They want to do private practice because the salary is not good and there are no facilities as well. That is why I want to say that now the Government want to take 'NEXT' test wherein those who have cleared MBBS will have to sit for another test. It means that another department has been set up for corruption. I want that non professional people should not be involved. On one hand, the Prime Minister is saying that Ayurveda will be promoted as a separate Medical system and on the other hand, the

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Government is proposing to set up MNC with non professional people. They will be from Ayurveda and other fields. I request you to prevent the scope of corruption and try to have more Medical specialists and Doctors. The cost of Medical studies should be lowered so that children of common man may also join these courses and become doctors and not patients. This is my request to you.

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[English]

SHRI BENNY BEHANAN (CHALAKUDY): Mr. Chairman, Sir, as Mr. Adhir Ranjan Chowdhury mentioned here, I am not opposing the content of the Bill but I am opposing some amendments now proposed because they are not in the interest of MCI and betterment of medical education in the country.

Sir, I do not think that the Medical Council of India is a sacred institution. There are many allegations against this institution. This is one of the corrupt institutions in the country. Hon. Minister Dr. Harsh Vardhan, you are a doctor and I would request you to change the bad name of MCI by legislation.

Sir, the Medical Council of India came into being in the year 1934 under the Indian Medical Council Act of 1933. The said Act was later replaced in 1956 which is now in force. The main objectives of the Council as per the said Act are: (1) Maintenance of a uniform standard in medical education; (2) Recommendation for recognition of medical institutions in India and abroad; and (3) Permanent registration of doctors.

In spite of the fact that MCI has been in existence from 1934 onwards, its main objective to maintain uniform standard in medical education for both undergraduate and postgraduate studies throughout India has not been achieved. As a result of this, the quality of medical education and healthcare is in a pathetic state in most of the States. In order to achieve a minimum uniformity, I would suggest that the MCI National Board must conduct a clinical examination, both theory and practical, for the final year undergraduate students throughout the country.

MBBS seats in our country are very less in number and hence a large number of students are going abroad for admission in various foreign universities across the world. In most of these institutions the students are not getting proper medical education and they lack clinical knowledge as they are not seeing the

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patients because many hospitals are not well equipped. The present practice followed by MCI in the case of such students is merely conducting an objective type examination for giving the registration. As a result, a large number of patients are suffering. So, in order to maintain a uniform standard in medical education, I would suggest that the MCI must conduct a theory and practical examination in all places before giving registration to the students who are having foreign qualifications.

On the other hand, because of the faulty procedure of admission followed by the Medical Council of India, many seats in PG courses are lying vacant and it is also because of the failure to complete the admission process within the cut-off date. In Kerala, we are facing a problem because the Fees Regulatory Committee has not so far fixed the fees of MBBS course because of which private self-financing medical colleges are refusing to admit students. This may also lead to wastage of thousands of seats. This happened because of the lethargy of the State Government also. The self-financing medical colleges are getting together and they want to raise the fee level.

Sir, in the olden days, education was a cultural activity which was guided by moral values.

But in this case, education is a financial activity determined by the profit motive. So, in such a situation, the medical council should be equipped to intervene.

Sir, the present practice followed by the MCI for giving recognition for new medical institutions or deemed institutions is to conduct an inspection before starting and to follow up with two more subsequent inspections in the subsequent years. The institutions are then given permanent recognition for the next five years. During that period no inspection is done by the MCI to reassess the deficiencies, if any. As a result, many private institutions and deemed universities

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are running with fake faculty members and without any patients in the OP/IP. Sir, this has led to the lowering of the quality of healthcare in the country. So, I would suggest that MCI should conduct yearly re-assessment to ascertain the deficiencies. Further, I would suggest, Sir, that a unique identification number may be assigned by the MCI to each faculty member of all the institutions in the country on the lines of Aadhaar.

Sir, regarding the objective of MCI to provide permanent registration to doctors, the present practice followed is that the State Medical Councils are empowered to give these numbers on behalf of the MCI. As a result, legally, the doctors are having difficulties in practicing in other States. This has led to various legal tangles and cases. So, I would, therefore, suggest that a unique identification number should be assigned for all the medical graduates in modern medicine.

Sir, the MCI is also responsible to keep minimum standard in healthcare that include regular inspection of hospitals. At present, to my knowledge, this function is not done by the MCI. There should be a periodical inspection of the hospitals to confirm that they have at least basic infrastructure. Many of the hospitals are functioning without qualified nursing and equipment. A classic example is the incident which led to the death of 75 children in the hospital in Gorakhpur, U.P., and Yogi Adityanath is the Chief Minister there.

One major problem which we are facing today is the cost of healthcare. The cost has gone up phenomenally because of the five-star hospitals. Sir, some five-star hospitals have started in our country which are run by corporate houses. They are spreading their wings throughout the country. These five-star hospitals are offering high perks and salaries and many of the doctors are leaving villages and Government hospitals. As a result, poor patients are not getting proper treatment and diagnosis. Sir, healthcare cannot be run like business, which is now happening. So, what can the Medical Council do in this regard?

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Sir, I am concluding now. The amendments proposed are not in the interest of the MCI and the betterment of the medical education of the country. So, I am opposing the amendment proposed in sub-section (2) of Section 3A of the MCI Act. The proposed amendment to reduce the period of the Council from three years to two years will lead to lack of continuity of the Council. Sir, two years is a very short period for the council to take any steps for the betterment of the medical education. The Council will not be able to conduct inspection or follow up inspection for giving recognition to the institutions. The present period of three years may be retained.

Finally, Sir, I am opposing the amendment to sub-section (4) of Section 3A of MCI Act 1956. The MCI is purely constituted for providing excellence in the field of modern medical education. Here, it is said that, "...and medical education or proven administrative capacity and experience". The present amendment will only help to lower the standard of the medical education if non-medical administrators are inducted into the Council. So, instead of the word 'or' the word 'having' may be inserted. So, I request the hon. Minister to consider my suggestions.

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SHRI K. SUBBARAYAN (TIRUPPUR): Hon. Chairperson, this type of Ordinance attitude is unhealthy for the democracy. I would like to make some points in this discussion. There have been several issues about the functioning of the Medical Council of India with respect to its regulatory role, composition, allocation of corruption and lack of accountability etc. But as a democratic institution, Medical Council of India should be protected. Proper reforms should be made by bringing changes in the structure of the Medical Council of India. It should be made to function in a more transparent and democratic way without any corruption. Abolition of Medical Council of India and replacing it with National Medical Commission will be against the rights of the States and the federal system of India. It will pave the way for more authoritarianism. Since most of the members of the National Medical Commission are to be nominated by the Central Government and the States are not to be represented, the formation of National Medical Commission will not solve the problem. The Medical Council of India should be restored to save the secular fabric of medical education and healthcare system. The shortcomings of the Medical Council of India should be rectified through suitable amendment in Medical Council of India itself. This is my appeal to the Government of India. In this context, I oppose the Bill.

SHRI P. RAVEENDRANATH KUMAR (THENI): Hon. Chairperson, I thank you for giving me an opportunity to place my views on this Bill on behalf of my AIADMK Party. Streamlining the field of medical education so as to attain the goal of quality health coverage to every citizen of the country has been one of the major pillars of this Government led by our hon. Prime Minister Shri Narendra Modi. Another major step is that the Government has now finalized and placed the Indian Medical Council (Amendment) Bill to replace the Indian Medical

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Council (Amendment) Second Ordinance, 2019. As such, I welcome this amendment Bill as it has been brought by the Government to ensure transparency, accountability and quality in the governance of medical education throughout the country. The Medical Council of India and the Dental Council of India are set up under Acts of Parliament with a view to regulate medical and dental education in this country. Unfortunately, several years ago the Ministry of Health and Family Welfare of the Government of India had come across certain malpractices by Medical Council of India. I understand that due to such malpractices, the amendment to the provisions and regulations of the Indian Medical Council Act 1956, especially as far as the approval and renewal of licences are concerned, had become necessary. Therefore, the present amendment Bill superseding the powers of the Medical Council of India will ensure uniform standards of higher educational qualification in medicine, accountability and recognition of medical qualifications. This amendment Bill is brought in continuance of an Ordinance enforced by the Government. In this amendment, the number of Members in Governing Board has been increased from 7 to 12 as per substitution of section 3A in the main Act. However, I would like to request the hon. Minister to inform us on what basis these 12 Members will be selected and what their roles and responsibilities would be.

I shall also be happy if proper representation is given to the States or the region in constituting the Governing Board which is going to be replaced by the Medical Council of India.

Sir, as per the World Health Organisation ranking, our country is at 112th position and this is mainly due to the shortage of doctors in our country. Therefore, there is a need to decrease the patient-doctor ratio by way of providing additional seats in medical colleges. The Governing Board formulated through this amendment Bill should consider increasing the seats accordingly. In addition to this, with adequate support and infrastructure if all the district colleges in the

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country are converted into medical colleges, we can increase the number of doctors as per our requirement.

I once again welcome and support this amendment Bill brought by the Government with the hope that medical education in the country will go to the next level. By providing adequate number of doctors and medical infrastructure in future, under the leadership of our hon. Prime Minister, Shri Narendra Modi ji, we will realise the vision of providing world-class medical facilities to every common citizen of the country. Thank you, Sir.

SHRI N. K. PREMACHANDRAN (KOLLAM): Thank you very much, Mr. Chairman, Sir. I rise to support the Statutory Resolution moved by Shri Adhir Ranjan Chowdhury, the Leader of the Congress Party in the Lok Sabha. I would also like to oppose the Bill. I am not going into the reasons as to why I am opposing the Ordinance because of the constraint of time.

You may see that by promulgating an Ordinance, invoking Section 3A of the Medical Council of India Act, 1956, the Government of India, unilaterally, without assigning any reason and without any provocation, has superseded the elected Medical Council of India. This was reconstituted by the Government on 5th November, 2013. The elected body is further replaced by the Board of Governors, upon whom the Government has total disciplinary jurisdiction and control. The act of supersession is done by the Government without assigning any reasons. The office bearers of the existing Medical Council of India were not even given an opportunity of hearing. The Medical Council of India is an elected body. The principle of natural justice has not been complied with before superseding the Medical Council of India.

I am not for the Medical Council of India. I know very well that it is a notoriously corrupt organisation. But it is unfortunate that when an elected body

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is being superseded, at least a chance of hearing should be given. Unfortunately, in this case no chance of hearing has been given.

Further, it is pertinent to note that the same exercise was done in the year 2010. On 15th May, 2010, at the time of the UPA Government, the Government of India promulgated an Ordinance superseding the Medical Council of India and a Board of Governors was appointed but such supersession was based on the logical reasoning of rampant corruption and the Chairperson of the Medical Council of India was also behind the bars. It is well known to the country. After promulgation of the Ordinance, the Medical Council of India is superseded by the Board of Governors.

Chairman Sir, you may see that from 2010 to 2013, three Board of Governors were appointed. In 2010, the first Board of Governors was headed by the Chairman Dr. Sarin. In 2011, it was headed by Dr. K.K. Talwar and in 2013, it was headed by Dr. S.K. Srivastava. Three Board of Governors were appointed between 2010 and 2013. Again, the elected Medical Council of India was reconstituted by the same Government on 5th November, 2013. The Five-year term of the elected Medical Council of India expired on 5th November, 2018.

Here is an interesting fact. As per the statutory rules, the Government of India was duty bound to reconstitute the Medical Council of India through due process of election.

The election process has to start by 90 days before the date of expiry of the time of the Medical Council of India. The election process was started. The notification was issued by the Ministry of Health and Family Welfare. All health sciences universities were given directions to conduct elections and give their nominees to the Medical Council of India. Almost all these processes have been completed, but all of a sudden, the Government of India invoked Section 3A of the Medical Council of India Act, 1956, superseding the Medical Council of

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India, without assigning any specific reason by promulgating the Ordinance in the year 2018 and subsequent Ordinance of 2019.

Therefore, the supersession of the Medical Council of India through an Ordinance without assigning any reason is not proper as it is not in the public interest, is not legally tenable, morally viable, and ethically responsible. Hence, I oppose the Ordinance route of the legislation.

Now, I come to the Bill. It is absolutely incorrect that we have to strengthen the Medical Council of India. I have no doubt in the intent of the Government of India in order to strengthen the Medical Council of India, for which the National Medical Commission Bill was pending before the 16th Lok Sabha. It was sent to the Standing Committee. The Standing Committee has also submitted a report. A big and elaborate discussion took place in this regard.

We are all in agreement with 'healthcare for all'. I would like to make one point. A huge amount of expenditure for healthcare and for research and development in the health sector in our country is being borne by the Government. It is from the public fund. The public fund is being utilised. It is quite unfortunate to note that medical science and technology is developing out of the public fund and we are investing a lot of money in research and development, but the fruits of innovative medical science and medical technology are not reaching the poor people of the country. Why is it so? It is because of the five-star culture of the hospital industry, which is denying better treatment for the poor and the downtrodden people of this country. In order to improve the healthcare system, the Government definitely has to commence more medical colleges and super-speciality medical colleges in the form of AIIMS. They have to be started so that the poor people in the country will also be benefitted from research, which is being developed out of the Government or the public fund.

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The National Medical Commission Bill is pending before the Lok Sabha. The Standing Committee has submitted its report. I urge upon the Government to come up with the National Medical Commission Bill with all the stakeholders being taken into confidence. The Standing Committee has given a very valuable report. The recommendations of the said report should also be taken into consideration. I urge upon the hon. Minister to come up with the National Medical Commission Bill so that we can avoid this promulgation of Ordinance year by year and have a comprehensive legislation in respect of medical education in the country. So many amendments have been proposed not only by the Opposition, but also by the Treasury Benches and so many suggestions have been given, as far as National Medical Commission Bill is concerned.

I would like to request the Government to come up with a comprehensive legislation instead of bringing these Ordinances one by one. With these words, I conclude. Thank you very much.

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[English]

SHRI M. BADRUDDIN AJMAL (DHUBRI): Sir, thank you first of all. I rise to support this Bill especially due to Dr. Harsh Vardhan and his entire Ministry. I have some suggestions to make. I would like to congratulate Shri Narendra Modi ji. In this Bill, some Hon. Members have said that medical colleges will be established not in every district but one medical college will be opened across the total area combining three constituencies. This is a big declaration and a big decision. We should all welcome it.

Sir, we have many problems that will be solved through this Bill very soon. In this matter, through you, I would like to say to Doctor saheb only that you are going to constitute a new committee modifying the MCI, about which at least I am not unaware. In this a lot of defamation and corruption has taken place and corruption had crossed all limits. Replacing the council by a new committee and bringing of new corrupt people cannot be its remedy. So, the reputed people of the medical fraternity should be included in it and the Government should monitor their functioning. It is a matter of joy that you are a competent Minister. I know a lot about you. If you will have a monitoring mechanism, then such issues will not occur and perhaps there will not be any need to replace it.

Sir, I come from Assam. There was a proposal to open a branch of AIIMS in Assam which has been left pending after being approved since three-four years. There was lot of hue and cry on the issue of the selection of the site. Your BJP is having a government there. Some people want it at this side of the river and some on the other side of the river. In this controversy, four years have passed. *(Interruptions)* I would seek your intervention in this matter. Kindly, as soon as possible, intervene in this.*(Interruptions)*

[English]

Thank you. Don't disturb me. ...*(Interruptions)*

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HON. CHAIRPERSON: Please conclude now.

...(Interruptions)

[Translation]

SHRI M. BADRUDDIN AJMAL: If someone speaks well, it should be appreciated. Only shouting is not enough.

[English]

HON. CHAIRPERSON: You address the chair.

[Translation]

SHRI M. BADRUDDIN AJMAL: According to WHO, the ratio in India as asserted by other friends and there is nothing new to add that the ratio is one doctor over eleven thousand patients which is very low. It needs to be increased. Through you, I would like to ask doctor saheb as what is the mechanism to increase it in the whole of India, so that maximum doctors are available across the country.

Secondly, I would like to say that there was a big strike in Bengal within one month. No doubt, one doctor heals 2 thousand to 5 thousand patients, even then no one goes with a bouquet to him to praise him and if one patient is not healed by that doctor, then the people of whole area come to beat him and to thrash his hands and legs. This is pitiable. We should appreciate the doctors for their good works. Similarly, recently in Bihar approximately 150 to 175 children died, wherein the Government has taken any big action is not in my knowledge. There is need to pay attention. I come from Dhubri in Assam. In Dhubri, after an effort of 10 years with great difficulty, we managed to start work on a Medical College there but the work on it is progressing with such a slow speed that it will

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not be completed in the next ten years. So, I would urge doctor saheb that please pay special attention to this matter. You send doctors in rural areas, I would like to say that untill concrete instructions are not given and untill the arrangement of their respectfully stay are not made, the doctors will not go there. In my Constituency, 255 doctors are enlisted but for 18 lakh people, there are only 112 doctors. All of them, quite frequently, develop connections with the Ministry and the officers and move to big cities. This practice should be stopped. I think that this is prevalent in the whole country, and that Doctor saheb will pay attention to this. Thank you very much for giving me this opportunity.

DR. MANOJ RAJORIA (KARALI-DHOLPUR): Hon. Chairperson Sir, thank you for giving me an opportunity to speak on the Medical Council of India (Amendment) Bill 2019.

At the outset, through you, Sir, I would like to bring to the notice of the House the reasons behind the need to bring this Bill? Hon. Chairperson Sir, in the year 2014, the people of India elected Shri Narendra Bhai Modi as the Prime Minister of our country. At the time of the swearing in of the Prime Minister, the condition throughout the country was such that the poor people especially the women going to the hospital from village for delivery could not find the Gynecologist. They used to suffer and think as to whether there will be any person to rule over the country who can understand their pain. Whenever some accident used to occur in the village, there was no hospital to be found till far away. If someone reached the hospital, they could not find orthopedic-surgeon and it gave a lot of pain. Similarly, when any aged person had to undergo a minor cataract surgery, then he had to wait for the ophthalmologist for months and years that there will be some camp and his eye sight would be restored some day. Such a misery was faced by the aged persons. Who will understand his misery? When some mother had a sick child in her lap, then she would feel the pain if some pediatrician will treat her child. If she goes to the hospital then she does not find

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the pediatrician. Such were the sufferings of those women, old people and accident victims, but they had a expectation only from one person and he is our Prime Minister Shri Narendra Bhai Modi.

Hon. Chairperson, Sir, I would like to draw your attention to the MCI Bill, about its reform which have been suggested by many of my friends. Luckily, I was also the Member of Standing Committee on Health. The 92 reports that were presented to the House last time, I was also the Member of that committee. I would like to congratulate all the Members of the Committee that they have realized the feelings to serve the poor people by the Hon. Prime Minister. They were confident whatever suggestions they will make, will be accepted constructively by the Government. The same thing happened because one Member of the Standing Committee was saying that they worked very deeply in the Standing Committee and made very good suggestions. I am proud to say that most of the suggestions made are included by the Government in this Bill.

The issue of Governing body was mentioned in that suggestion and a Governing body has been constituted. Sir, several Members talked about the corruption, but during the last 70 years, no one talked about checking of corruption. The person who talked about curbing corruption is the Prime Minister Shri Narendra Modi ji and in order to curb corruption the MCI Bill was brought in this House last time. It is unfortunate that the sixteenth Lok Sabha was in its leg and thus this ordinance was promulgated and endorsing the work of Shri Narendra Bhai Modi ji and approving his intention while asserting faith in his service oriented approach, the people of India have once again sent him here to serve them by voting for him with greater majority than before. So, I thank the people of India for this gesture.

Hon. Chairperson Sir, with your permission, it is told about this institution that a 12 Member Governing body has been constituted that will be under full

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control of the Government. All the Hon. Members will be heard. Wherever there will be corruption, it will be curbed. There will be no such system that may generate corruption. With this in the education sector, the curriculum, the syllabus of MCI, which was not revised in the last 22 years, has been revised. You are saying that fees amounting up to 2 crores is charged through NEET.

Hon. Chairperson Sir, one such transparent, honest system has been devised that National eligibility exam is being conducted in the whole country today. Today even a poor student is taking the exam through it and after passing it, gets selected to any college without any discrimination. Our Government and Hon. Prime Minister have brought in several changes. I would like to thank our former Minister of Health Shri J.P. Nadda that we got an opportunity to work in his close proximity in this Standing Committee and through you, Sir I would like to share a small information with the House that the intention of the Prime Minister that 'the poor person should be served, the last person should be served' has been taken on mission mode by our former Minister of Health Shri J.P. Nadda and converted into ground reality. Earlier, every representative of the people made this complaint that they have PHC and CHC but there is no doctor in the district hospital. It was the complaint of everyone and our Government, our former Minister and our Prime Minister have addressed this. Eventually, about 27,000 undergraduate MBBS seats have been increased in the last five years. So far 27,000 admissions have been made. When those students will pass out after five years, then it will be a big achievement.

Hon. Chairperson, Sir, I would like to seek special permission for some additional time because this is a very important subject. During the last five years, approximately 155 new Medical colleges have been opened across the country. This is the intention of the Hon. Prime Minister. Today my hon. friends have said that prior to this, such number of Medical colleges were opened in 70 years and now such number of Medical colleges have been opened in five years. One

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Medical College has been opened over every 3 Parliamentary Constituencies. This is a big reform that has been undertaken. Similarly DNB has been classified as equivalent to PG course.

Hon. Chairperson Sir, people in some of the metro cities were saying that old rules in the MCI also changed. The land requirement has also been reduced. Approximately 82 district hospitals have been converted into Medical colleges. Through you Sir, I would like to tell one more thing that there was shortage of professors in the Super Specialty Medical Colleges. Earlier, there was one student over one professor. After amending a small rule and placing two students over one professor, this problem has been solved and seats for PG college students have also been increased.

Hon. Chairperson Sir, with this I would specially thank Hon. Prime Minister and Hon. Minister of Health that in my Parliamentary Constituency Dholpur permission to open a Medical college was granted. I am grateful for this. Hon. Chairperson, I would take one more minute. During the last term of Lok Sabha, one big decision to provide 10% reservation to the poor of upper caste was taken. I can proudly say that the benefit of this went to Rajasthan also. This time in the MBBS admissions in my state, 450 seats were increased and poor students also got admission. I congratulate all for this and believe that as our Prime Minister has started serving 50 crore poor people through 'Ayushman Bharat', similarly I would request that cutting across caste religion and party all Members should try to implement this scheme in their respective States. Thank you.

[English]

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***DR. THOL THIRUMAAVALAVAN (CHIDAMBARAM):** Hon. Chairman Sir, Vanakkam. Thank you for this opportunity. I wholeheartedly appreciate the efforts taken by the Government in bringing regulatory mechanism in the field of medical education besides checking irregularities and corrupt practices. But the present Government is only engaged in renaming Medical Council of India as National Medical Commission. I with all humility want to ask the Hon Minister whether we can put an end to corruption by abolishing an organisation or by giving a new name to it? This Government is continuously engaged in renaming the organisations one after the other. Planning Commission was abolished and renamed as NITI AAYOG. This Government believes that such naming activity as an achievement or a revolution. Similarly the Medical Council of India is being renamed as National Medical Commission and the Government believes this as a great revolution. Without making any effort to put an end to corruption, merely renaming an organization by way of abolition shows only its authoritarian and undemocratic nature. Moreover, MCI is a body elected by its Members. It is democratic one.

*English translation of the speech originally delivered in Tamil.

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Now the effort to fill it with nominated members is totally undemocratic. I therefore strongly oppose and condemn this act of the Government. Even if it is named as National Medical Commission, I request the Government and Hon Minister to ensure that the Directors have to be elected by the Members of the Council. I see the present Government as the one functioning not on the basis of laws but which prefers to be run on ordinances.

This Government is functioning only based on rule of ordinances; not by rule of law. It is not seen as a Government run by laws. It can be a democratic Government only when it functions on the basis of laws enacted by the Members of both the Houses of Parliament. But this Government has brought so many ordinances and time and again sought the extension of their validity. This proves that the Government is of authoritarian nature.

I also wish to state that it is undemocratic. I do not welcome rather oppose this attitude of the present Government. While regulating the field of medical education, the Government should also try to improve the standard of Government hospitals in the country. People seek to approach private hospitals as their services are extremely good. People do not prefer Government hospitals for treatment purpose. If they go to Government hospitals for treatment of a particular disease, they come back home infected with a new disease. Government hospitals of the country lack in standard, cleanliness, sanitation and good maintenance, it goes without saying that there are in such a sorry state of affairs. Therefore, if the Government wants to serve the public, the fields of medicine and medical education should be reformed and regulated, besides ensuring better hospital administration in the country. Only then, all the Government hospitals in the country shall be upgraded with some standard practices. Doctors from our traditional systems of medicine such as Ayurveda and Siddha should be appointed in all the Government hospitals across the country.

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17.53 hrs(Hon. Speaker *in the Chair*)

It is my duty to make an appeal to the Government that the appointment of Dentists at the District Government Hospitals should be made mandatory. I have a pertinent demand. The Tamil Nadu Government in its Legislative Assembly has passed twice the resolution seeking exemption from NEET for medical aspirants of Tamil Nadu. But the Union Government has not taken a view point or stand on this issue. The people of Tamil Nadu, the State Government and the Leaders of various Political parties of the State are demanding for providing exemption from NEET to Tamil Nadu. I urge upon the Hon. Minister to reply in this regard in this august House. I am of the personal opinion that NEET should be abolished at the national level. Thank you for this opportunity. Vanakkam.

*[Translation]***HON. SPEAKER :** Hon. Minister.*... (Interruptions)*

DR. NISHIKANT DUBEY (GODDA): Hon Speaker, Sir, I had raised a point of order.

HON. SPEAKER : Under which rule you had raised the point of order?

... (Interruptions)

DR. NISHIKANT DUBEY : Hon. Speaker Sir, when Azam Khan Sahib was speaking here, there was a conflict of interest and I had raised the point of order under Rule 255. I had requested for expunging the entire speech. The matter is pending for your ruling... *(Interruptions)*

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HON. SPEAKER : I will look into it.

... (*Interruptions*)

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DR. HARSH VARDHAN: Hon. Speaker Sir, through you, I would like to express my heartfelt gratitude to all the Hon. Members of the House. A lot of Members from all the parties have expressed their views about this Bill in great detail. I am happy that several doctors and non-medicos have expressed their views on the subject in great depth. Everyone has put their point of view in their own manner about the important and very sensitive subject related to the medical profession, health care, medical education, hospital facilities, rural health care and AYUSH etc. Perhaps, all have broadly accepted the Bill's intention and spirit except one or two members. One idea has also emerged that whatever system is in force in India through the Medical Council of India, radical reforms are needed. May be everyone has accepted this.

Let me first clarify two points. There were two points in what Shri Adhir Ranjan ji had said. First meaning of what he said is that perhaps we are setting up this Board of Governance is as a permanent arrangement and he enquired of as why we were working in the Peace Meal? As there are a number of new Members here, they should remember that to change the corrupt system of the Medical Council of India, the Government under the leadership of Shri Narendra Modi took oath in May 2014 and in July a Committee was constituted under the chairmanship of Professor Ranjit Roy Chowdhury ji. He had submitted his report in two months. Thereafter, a study was done on the same and the Prime Minister himself constituted a four-member committee in the year 2016 under the Chairmanship of Arvind Panagariya, Vice Chairman of Niti Aayog. He had said that National Medical Commission Bill needs to be drafted. The said Committee drafted the Bill. Thereafter, the Standing Committee of Parliament scrutinized the same.

Hon. Prime Minister formed a Group of Ministers, he scrutinized the same. The amendments given by the Standing Committee were also incorporated. In the year 2018, this Bill was brought out in this Parliament. There were a lot of

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problems related to time due to various reasons. The Bill could not be presented during the Budget Session.

Therefore, the Bill was not passed in the previous Lok Sabha. But neither there was any shortfall in the Government's intention, nor there is any hiatus in the Government's attention even today... (*Interruptions*)

HON. SPEAKER: Hon. Minister, wait for a while.

Hon. Members, if the House agrees, should the time limit of the House be extended till the Bill moved by the Hon. Minister is passed?

SEVERAL HON. MEMBERS: Okay.

HON. SPEAKER: The time of the House is extended till the Bill is passed.

Hon. Minister, now you may speak.

DR. HARSH VARDHAN: Sir, as I said at the outset, these two procedures are going on simultaneously. There is an ultimate process, called the National Medical Commission Bill, on which the Government started work at the beginning of the last term. It could not be passed in the previous Lok Sabha. But very soon it will be brought before the cabinet and again presented in this Parliament and with the consent of all, it will become a permanent system. You and Premachandran ji have repeatedly asked as to why we have brought this ordinance, you have said that. I mentioned at the outset, even then I told you that in the context of judgement in another case when Supreme Court at some stage suo moto made remarks about the functioning of the Medical Council of India, they put a question mark and an Oversight Committee was constituted under the chairmanship of Justice Lodha. Its tenure was one year. Justice Lodha Committee had written to the Supreme Court twice in a year that Medical Council of India

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was not cooperating with it nor it has been able to do what it should be doing with ethical methods. After receiving suggestions and having elaborate discussions, the Supreme Court constituted another Oversight Committee which consists doctors including Dr. Paul. The Oversight Committee too wrote a letter to the Government of India in the month of July, perhaps on 06 July, 2018 and it was a descriptive letter. I mentioned at the outset that if you have the patience, I would like to read out its contents so that you will be able to know that the second Oversight Committee of the Supreme Court had written in its observations that the Medical Council of India was not cooperating with it. [English] They had their own view points and they their communicated their view points to the Government. [Translation] In the meantime, the Oversight Committee submitted its resignation out of frustration. That was the period when the five year tenure of Medical Council of India was about to end. There were no members in the Medical Council of India and a vacuum was created. You know that such kind of regulatory bodies are, [English] There has to be continuity of action to actually be able to pursue everything that they are supposed to do.[Translation] And in that situation, when this subject came before the cabinet [English] There was already a precedent [Translation] which was created by the Board of Governance in your Government in 2010 and because there was no member in the Medical Council of India there was complete Vacuum. At that time, the Board of Governance which was authorised to pursue the work forward, this process was implemented as per the procedure of 2010 and the members of oversight committee who were appointed by the Supreme Court and have given their resignation, were requested that you [English] please take over. [Translation] They took over in that context. As you are repeatedly talking about ordinance and you know that whenever that ordinance was moved in the Parliament and once it was passed. After that whenever it was moved, it was moved two times in year 2019 but ultimately it could not be passed in Lok Sabha and Rajya Sabha. Now it has again come back. The Board of Governors has been working for the last 8-

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9 months as per that ordinance. I regret that there are seven members in the Board of Governance. *[English]* They are the doctors of the highest repute. *[Translation]* I think if they are called the pride of the nation then it will not be an exaggeration.

The Supreme Court had appointed best doctors from the society with the approval of the Government. They are the same doctors. Many members expressed their reservations above highly qualified doctors like calling them unqualified. Many members have said that we want to abolish the autonomy of the Medical Council of India. We don't have any kind of such intention *[English]* they are functioning in the most independent manner. *[Translation]* The Government do not interfere in their work but the Government definitely takes notice of it, as it was said earlier about monitoring, whether they have been able to fulfill their assigned responsibility of monitoring the functioning of Medical Council of India. Whether they are able to work or not. I am giving you a brief account *[English]* so that this House can also be educated. *[Translation]* Dr. Jaiswal expressed his concern related to time but it is the experience of my life that those who have very busy schedule have more time to spare. *[English]* It is only intention that matters. *[Translation]* That is most important as what is your intention, what is your capability, what is your spirit, what is your vision. I would like to draw your attention for next five - ten minutes. I would like to tell that the Board of Governors is a temporary arrangement, basically when the National Medical Commission Bill will be introduced, the National Medical Commission will be constituted, there is very detailed arrangement in it. As soon as the Bill is introduced, long discussion will be made thereon. It has worked only for eight months till now. About 15 thousand seats of MBBS were created by B. O. G. Which is a record in the total history of Medical Council of India. There is an increase of 25 per cent seats in one year which is unique in itself. You can assume that 60,000 U. G. seats were available for counseling and admission, last year the

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number of seats were 60,680 and this time 75,543 UG seats are available for counseling and admission. They have done an extraordinary work. They have given permission to more medical colleges in comparison to list two year. In the year 2017-18, 14 colleges were given permission and in 2018-19, 21 colleges were given permission. This time, 37 colleges were given permission and you will see that number of Government colleges has increased in comparison to private colleges. Out of 37 colleges, 25 colleges are Government colleges and 12 colleges are private. Apart from this, all regulatory timelines were completed and positive decision was taken.

I will provide data in regard to appointment of teachers, I am providing you a broad statement. They have made major improvements in the appointment and quality of teachers, increasing seats and ease of working in these eight months. The quota of EWS in the UG course of the Government colleges in most of the states was implemented in mission mode within shortest possible time. They also started a very healthy dialogue with universities, state government and academic world and made access to these institutions within a period of eight months. They succeeded in introducing transparency of high level in the system. Data shows that the number of cases filed against the Medical Council of India, have come down and it has created trust, responsibility and rule of law in the country.

I have just told you about new medical colleges that clearance was given to 37 new colleges this year. The rate of positive decision in MBBS course, earlier used to be poor, as mentioned that it should be either be done or continue with harassment. But this time permission for establishment of new 74 medical colleges was sought with full subjectivity and this time 37 colleges out of the above i.e. 50 percent were given permission. In the initial years 2017-2018, 16 per cent got permission, 24 per cent got permission in 2018-19. Similarly, 86 per cent of those colleges which applied for renewal and permission every year got renewal. Last year it was 54 per cent. Similarly, the recognition is also allowed

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to 89 percent, as compared to 56 percent, last year. If we make a comparison of last two years between 2017-18 and 2018-19, it is revealed that the Board of Governors has decided more efficiently and positively on applications of permission for new medical colleges and renewal applications of permission of existing medical colleges and applications of permission for recognition existing medical colleges. This which I just said has increased MBBS seats by 15,000 It is probably an increase of 25 percent in a single year which is a record in itself.

About PG seats the BOG has decided more efficiently and positively on applications to start or increase PG seats, as compared to last 2 years. The percentage of approval is 72 percent this time in 2019-20. Earlier it was 42 percent or 49 percent. The number of PG seats in broad specialities has increased. There were 30,438 seats in 2018-19, which has increased to 32,158 in the year 2019-20. This is 1.5 times greater as compared to last year. Similarly, the super specialities, DM and MCH seats, in the year 2018-19 were 2,797. In the year 2019-20, these seats have increased to 3,204 by increasing 407 seats i.e. an increase of 14.5 percent. *[English]* We are talking about DM and MCH, which I think, as a doctor, I can say that it is a very significant number. *[Translation]* Just now many people have made such suggestions, Dr. Subhash ji also said that the faculty etc., come up with a lot of issues because of experience and all other things, people leave or have difficulties. Given his experience by taking a very practical and pragmatic view, because all those who are on the Board of Governors are teaching in big institutions, they have an academic experience of life-long teaching in big institutions, they have an academic experience of life-long teaching, they have also seen, the problems, understood them and they also know the problems of health care delivery systems within the country. Now, this time, to increase the number of faculty, doctors understand more, so today, the rest of the people also understand, which is the qualification of the DNB, for a very long time, there was a discussion on it, but no decision was ever taken. The

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qualification of DNB has been made equal to MD, MS and DM, MCH. The result is that DNB qualified doctors will also now be able to teach in medical collage along with clinical work. This is a huge task and it will greatly benefit us.

We are also building new AIIMS, doing other things, so there is a issue of lack of faculty everywhere. *[English]* So somebody has to take a call and solve those issues. *[Translation]* Similarly, the age of senior resident, who is in a way the backbone of the working of the hospital, has been increased to 45 years. This will help in the creation of additional faculty in the future. Then, we thought more deeply broadened the thinking, and also recognized the teaching of 27 army hospitals and the services of the faculty who have retired army doctors in it. Now, they can also be used as a faculty in the medical colleges.

The criteria for starting super speciality courses have been relaxed. Now, in super speciality courses, such faculty are being considered for faculty who have broad speciality qualification as well as two to three years of special training in the respective super speciality so that the number of super speciality faculty/teachers can be increased. In the old days when there were no D. AIIMS or higher qualification degrees, the number of such doctors was not the same, but now super speciality institutions are being developed. I understand that he took a very prudent decision. In the past, M. D. (Medicine) ought to be a cardiologist, and now, somewhere, D.M (Cardiology) is called cardiologist. This is a great revolutionary decision that has been taken.

Earlier, the applicants were not given an opportunity to be heard while the applications of the medical colleges were under process. *[English]* This was one way, I think, of harassing the people. *[Translation]* The Board of Governors has given an opportunity to the medical colleges to be heard by amending Clause 831 of Medical College Regulations.

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Sir, many people made wise comments: Dr. Hina Gavit said that someone used the small room-sized hall twice and there were certain conditions that led to rejections and due to which objections were raised. There was no facility for hearing. But, the number of finally approved applications has increased due to the said amendment.

Sometimes, minor discrepancies found by inspectors on the date of assessment led the applications for medical college to rejections. The Board of Governors relaxed the bed occupancy norms. This norm will be based on the average bed occupancy data of the last three months, that is, if there is an inspection on any day and things are not up to the mark on that day, then no one knows about that day. In the system that they have devised now, no one knows who will be inspected on which day and who will go for inspection: There is no information about this till the last moment. Its process has also been digitized. If you want, we will discuss its details. If things are not in order on that day, then the data of the last three months pertaining to that hospital will be considered. I think they've tried to handle it in a very practical way.

First, if a medical college wanted to have 200 M.B.B.S. seats and if there was any shortcoming in it, its application used to be rejected completely. Now what they have done is that after inspection, if some shortcomings are found, then there is no need to sanction 200 seats, rather they can sanction 150 seats or 100 seats. If you have a facility for 50 seats, you can be given an exemption for 50 seats also. The Board-of-Governors made a provision to allow less number of seats i.e. 150 or 100 seats in that medical college, if the infrastructure of that college is meeting the eligibility criteria for keeping less number of seats than the seats mentioned in the applications.

When there is honesty and transparency in mind, working, vision and thinking and if you really want to implement reforms then you have to think out-

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of-the-box afresh. Then we have to think how to find a way out. We have to shun the thinking of how to put a spoke in the wheel and this is what this Board of Governors has tried to do.

Sir, earlier there was a strange rule, I have also come to know about it now, I too did not know about it earlier that I.C.U. beds were not counted in the total number of beds. The Board-of-Governors decided to count the I.C.U beds as well in the total number of beds which increased the number of P.G. seats. *[English]* It was another revolutionary decision taken by them.

[Translation]

With the relaxation in norms for the number of P.G. students per faculty, the number of P.G seats has gone up. Suppose, there used to be one student for one professor. He saw that one professor or associate professor can train even two students. *[English]* He is capable of doing that and he should do that. *[Translation]* The criteria for that were relaxed and this led to increase in P.G. Seats etc.

[English] Somebody has spoken about public-private partnership. *[Translation]* In most of the suggestions given here, we have seen that most of the suggestions have been implemented.... *(Interruption)*

I want to say to the hon. Members that I have heard you all, so you all will have to listen a little to me too,

For establishment of new medical colleges, private-private, i.e. public-private is one thing, private-private are also two different private partners, they also want to work by forming their own consortium and to this end, they have amended regulations to allow them. The Board of Governors amended the rules and regulations to incorporate the number of beds in the Government Medical

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College together with co-located District Hospital and considering their Consultants as faculty in order to increase the number of P.G seats. Right now, many of you have a desire that a hospital should be opened in our district, a medical college should be opened or the district hospital should be converted into a big hospital, all these things cannot be made possible without such relaxation of rules etc. I understand all these things and our Prime Minister also has a vision, I have been assessing his views inside the cabinet for the last four-five years. He always had it in his mind that whatever rules are there, *[English]* people are not made for the rules, the rules are made for the people. People are not made for the rules, it is otherwise. *[Translation]* We need to make such rules that can solve people's problems,

The Board of Governors has agreed to allow visiting faculty to enhance the full-time team of the college to improve the quality and intensity of UG and teaching. This is another reform.

Only six cases have so far been registered in the courts against the BoG decisions relating to institutional reforms, reduction in litigation and consequent savings in expenditure, grant of approval for MBBS courses, while 80 cases were registered in the year 2018 and 75 cases in the year 2017. Imagine *[English]* what is the level of satisfaction and what is the level of happiness amongst the related stakeholders. *[Translation]* This has led to the reduction in the cost of legal charges. The government's legal charges, have also been reduced which led to the government savings of about Rs. 10.45 crore, which was used to pay for fighting cases.

The cut in establishment expenses, currently the Board of Governors has seven board members, while the MCI had 105 members. This has resulted in a total savings of Rs. 4.85 crore. Many people had asked this, and here too it was told as to why five more medical colleges are being increased. There is a lot of

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work in the medical council system for UG, for PG, ethics and a number of other tasks. You yourself have said that these seven people already have a lot of work to do. Therefore, it was proposed that [English] we should add a few more Members to that to, at least, make it more efficient. For transparency and objectivity, [Translation] the inspection of medical colleges was a very sensitive issue. The assessors and inspectors have been appointed by the Board of Governors using computerized system in a randomised manner, making the inspection transparent. The place where inspection is to be carried out is decided in a digital manner with the help of a computer. Who can go there? Suppose three people have been named, then they get automatic SMS. They are only asked about their availability by SMS. Ticket is made available to them from a different system in accordance with the city they have to visit. Only after going to that city, do they find out which medical college in that city they have to go to and until they reach there, they do not know whether that medical college is going to be inspected on that day. The dream of the Prime Minister's Digital India, on which he is working with so much passion I think we also need to consider it seriously.

Similarly, the monitoring system of online faculty attendance has been introduced. In order to facilitate admission of eligible differently abled students to MBBS, PG courses, the guidelines relating to differently abled have been finalised. These things have been introduced after a gap of 22 years from the inception of the competency-based MBBS curriculum to include attitude, ethics, and communization, apart from clinical skills from the academic year 2019-20.

There are also a lot more things, which are in the form of reforms. These are such detailed issues, but just like some gross appearance, our medical fraternity knows, I have just tried to give you a gross idea. I just want to say that [English] ultimately, the Government will come up with the Medical Commission Bill which will be far more detailed and which will have a lot more of remedies for the problems that we have faced over the last 60-70

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years.*[Translation]* The intention of the Government is absolutely sacred and pious. In the working of the hon. Prime Minister, people can see the good spirit, goodness, truth, honesty, vision and the intent as to how quickly we can provide the best health facilities to the people of our country, how to make the best doctors for them. You saw that he has conceived such a big Ayushman Yojana. It has not even completed a single year. Every day I have the access to data. 30-32 lakh people have benefited from that. 1.5 lakh health and wellness centres are conceived to be sit up all over the country. The hon. Prime Minister wants that more people should not fall ill, as treatment for the disease is provided there. To promote health, through preventive health, positive health measures, we have to see as to how we can avoid illness, how we can have a screening of non-communicable diseases, how we can work for communicable diseases. No child should be deprived of vaccine while Universal Immunization Programme is there. Hon. PM is taking further the concept of Universal Health with a very positive thought and comprehensive vision. To support all this, the government intends to bring in a Medical Education system, On a large scale where the most appropriate reforms can be incorporated. The government is working in that direction.

The hon. Members said why it was brought, why they came up with an ordinance? Everything happens in accordance with the need of the hour. I think, the subject is so significant that by looking at it with other glasses and delving inside the smaller technicalities, perhaps we will not understand the hon. Prime Minister's comprehensive vision. When the Board of Governors was formed in the year 2010, you had also brought the ordinance. It was not that you brought it to the Parliament after making decisions inside the cabinet. Parliament must not be in session at that time, that is why you brought the ordinance. I would like to say that politics has its own place, the opposition has its own place, but we should have a different approach towards the wider issues of public interest.

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If you will speak about the three or four amendments that have been proposed then let me also tell you that *[English]* I do not think there is any logic in any of those amendments. *[Translation]* An hon. Member opposed the amendments 7 to 12, I have told you the reason behind it. A Member gave an amendment of about 2 years. This committee, the Board of Governors, it's been already more than a year after their formation, so it's happening in retrospect, as it first happened in the year 2018. It has almost completed one year. In the next one year, I hope our second bill will come.

You spoke about retired persons. *[English]* The contract allows retired persons also. Otherwise, only serving officers can come on deputation. Hence, *[Translation]* this on-contract basis is written because of this. Broadly, you have put your mind and given some amendments, but we have also applied our minds and we think your amendments are not worth it and are not needed. Through those provisions contained in them it is just the beginning of reforms. Now in these 6-8 months, we have only this much to tell you. After 1-2 years, *[English]* I think you will see a radical reform in the medical education system of the country.

[Translation] I request all the hon. Members to pass this bill, so that our legal requirement is also fulfilled and it becomes the law of Parliament.

[English]

SHRI ADHIR RANJAN CHOWDHURY (BAHARAMPUR): Sir, I am entitled to my right of reply. I am the Mover of the Statutory Resolution. *[Translation]* I didn't get a chance to speak, so I have to say few things. Dr. Harsh Vardhanji, I appreciate you very much. But from the speech you have given, it seems that *[English]* you are eulogising the constitution of the BoG in a lavish

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manner as if the BoG could act as a panacea. *[Translation]* You appreciate the Board of Governors so much that I think there is no need for MCI. You put it on the Board of Governors, there will be no need for anything else. We say it is an elected body. Every year you can't keep it as a selected body. You mentioned ten years. Now it is 2019, you know the situation in which we had brought the ordinance in ten years. Nine years later, we are still integrating into old India or are we moving towards a New India. You are not progressing as you are doing the same thing which we have done, so I say that Health system itself needs surgery. As six crore people of India become BPL every year, so they cannot afford to meet the expenses of health. We are more concerned because six crore people come in the BPL category every year. It was being said that we should think out of the box, we are also ready to think out of the box. You formed an Oversight Committee twice and nothing came out of it. Who prohibited you from passing the National Medical Commission 2017, is it your fault or not? You tell us. An outgoing Government brought the ordinance and the incoming Government converts the ordinance into a Bill.

DR. HARSH VARDHAN: Hon. Speaker Sir, I am sorry. Adhir Ranjan ji, If someone does not want to understand, it is very difficult to make him understand. There are answers for logical points but one cannot respond to sophism. We have explained in great detail that we are going to bring the National Medical Commission Bill. Now, the Government has brought this Bill within fifteen days. Today, the second one was also in line, now we are going to bring several more Bills. We have said on record, we are not saying that we have put it on the shelf. But this is a legal requirement. It has to be brought to Parliament and the ordinance has to be converted into an amendment. It is the responsibility of the country, the law and all of us, so we are doing it.

SHRI ADHIR RANJAN CHOWDHURY: Hon. Speaker Sir, I said at the outset that this is a procedural Bill, you remember it, but the way you appreciate the

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BOG, I am very surprised. I am not saying that all the people in the BOG are corrupt. This is also not correct... *(Interruptions)*

HON. SPEAKER: Hon. Minister and Hon. Members please don't cross talk.

...*(Interruptions)*

DR. HARSH VARDHAN: Adhir Ranjan ji, I would not have discussed the developments in the Board of Governors during the last eight months, but a lot of people had put a question mark on its competence. [English] I thought I should keep the House informed about this... *(Interruptions)*

HON. SPEAKER: Hon. Minister and Hon. Members please don't cross talk.

...*(Interruptions)*

SHRI ADHIR RANJAN CHOWDHURY: Why is 1.2 per cent of GDP given to the health sector? In Muzaffarpur, 150 people have died of acute encephalitis. ...*(Interruptions)* Where was Ayushman Bharat? The Government should tell us. ...*(Interruptions)*

HON. SPEAKER: Now I shall put the Statutory Resolution moved by Shri Adhir Ranjan Chowdhury to the vote of the House.

The question is:

“That this House disapproves of the Indian Medical Council (Amendment) Second Ordinance, 2019 (No. 5 of 2019) promulgated by the President on 21 February 2019”.

The Motion was negatived.

HON. SPEAKER: The question is:

“That the Bill to further amend the Indian Medical Council Act, 1956 be taken up for consideration”

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substitute “and”. (3)

Page 2, lines 11 and 12, --

omit “or contract basis”. (4)

[Translation]

HON. SPEAKER: I shall now put amendments No. 1 to 4 of Clause 2 as presented by Shri N.K. Premachandran to the vote of the House.

Amendments No. 1 to 4 were put to the vote and negatived.

HON. SPEAKER: The question is:

“That clause 2 stands the part of the Bill.”

The Motion was adopted

Clause 2 was added to the Bill.

Clause 3 was added to the Bill.

Clause 1, Enacting Formula and the Long Title were added to the Bill

HON. SPEAKER: Hon. Minister may kindly move the motion that the Bill be passed.

[English]

DR. HARSH VARDHAN: Sir, I beg to move:

“That the Bill be passed”.

[Translation]

HON. SPEAKER: The question is:

“That the Bill be passed”.

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The Motion was adopted.

HON. SPEAKER: The House is adjourned to meet again tomorrow Wednesday, 3rd July, 2019 till Eleven of the Clock.

18.38 hrs

*The Lok Sabha then adjourned till Eleven of the Clock on
Wednesday, July 03, 2019/Ashadah 12, 1941 (Saka)*

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