

>12.16 hrs.

Title: Regarding situation arising out of non-supply of medicines in CGHS dispensaries and steps taken by the Government in regard thereto, moved by Shri Basu Deb Acharia.

MR. SPEAKER: Now, the House shall take up the Calling Attention. Three Members, S/Shri Basudeb Acharia, Prasanna Acharya and Prabhat Samantray, have given notices to me. Members are requested to ask clarificatory questions. On the Calling Attention notice, no speeches are allowed.

SHRI BASU DEB ACHARIA (BANKURA): Sir, I call the attention of the Minister of Health and Family Welfare to the following matter of urgent public importance and request that he may make a statement thereon:

"The situation arising out of non-supply of medicines in CGHS dispensaries and steps taken by the Government in regard thereto. "

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI SHATRUGHAN SINHA): The Central Government Health Scheme or CGHS as it is generally called, is a welfare scheme of the Central Government which takes care of the medical needs of Central Government employees and pensioners in the cities where the CGHS scheme is in operation.

The medicine supplies to CGHS dispensaries throughout the country is, as per procedure, made after the CGHS makes annual indents to the Medical Stores Organisation, that is, MSO which is a subordinate office under the Directorate General of Health Services. This procedure has been in vogue since the year 1981. The MSO floats the tenders calling suppliers and manufacturers of medicines and drugs to supply medicines as per the requirement in respect of the drugs specified in the tender along with the required quantities. After the tenders are received and scrutinised by the MSO, the concerned manufacturers and suppliers who have been short-listed are awarded the tender for supplying the medicines. After this, the manufacturers and suppliers supply the medicines and drugs to the seven Government Medical Store Depots, that is, GMSD, in the country. The GMSDs then supply the medicines and drugs to the CGHS Medical Store Depots from where they are further distributed to the various CGHS dispensaries.

The medicines which are not supplied by the MSO to the CGHS or which are not available in the dispensaries are indented with the authorised local chemists appointed under CGHS for supplying these medicines to the dispensaries.

A list of medicines is recommended by a Committee of Specialists in the respective fields which is adopted for a period of two years as the drug Formulary for purchase by MSO.

- a. The current Formulary was notified in March, 1996 with its validity upto 31.3.1998. This Formulary had been extended from time to time for short periods. It takes about four to six months to process the supply of medicines by MSO after receipt of an indent.
- b. The number of Drugs in this Formulary were 317 (both Generic and Proprietary).
- c. A comprehensive combined new formulary for CGHS/MSO was approved in February, 2002 by the Government. This could not be made operational due to certain complaints about the recommendations and reservations expressed by the Internal Finance division. This formulary had the following number of drugs.

1. Generic - 507 drug items

2. Proprietary - 655 drug items.

Of late, that is since the year 1998 onwards, due to non-finalisation of the formulary for drugs, the MSO has not been able to process the procurement and supply the medicines to the CGHS in required quantities indented by the CGHS. Therefore, the CGHS had to depend on the authorised local chemists for supplying medicines to the CGHS dispensaries against the individual prescriptions of the beneficiaries.

In this connection, the following points are important with reference to the present supply situation of medicines and drugs in CGHS dispensaries:-

(a): The Annual Indent for Allopathic medicines was placed with the Medical Store Organisation, Directorate General of Health Services on 17.6.2002. However, due to non finalisation of the formulary since 1998, the MSO has not been able to process for procurement of drugs.

(b) During an earlier strike by the local chemists under CGHS Delhi in April, 2002, it was decided to procure 92 generic drugs from the Safdarjung Hospital for a period of one month as per their rate contract. The cost of medicines supplied was Rs.13.45 lakh. The drugs received were since distributed to the various dispensaries in Delhi.

(c) Limited quantity of medicines numbering 34 required for emergency were also procured from Kendriya Bhandar and distributed to the dispensaries which extend emergency service after OPD hours.

(d) The Local Chemists in Delhi went on strike since 1<sup>st</sup> November, 2002 and refused to supply medicines. As a stopgap measure, an indent has been placed with the Hospital Services Consultancy Corporation (India) Limited (HSCC) for procurement of medicines for a period of five months against 203 items (138 generic and 65 proprietary) for supply to CGHS Delhi and other cities outside Delhi. These include:

(i) 138 generic items as per the drug formulary of GNCT of Delhi

(ii) 65 proprietary drug items based on the commonly indented medicines purchased from Local Chemists under CGHS.

So far till 13<sup>th</sup> December, 2002 CGHS Delhi has received 71 items which include 48 proprietary and 23 generic drugs. The total supply is expected to be completed in the next few weeks.

The system of Authorised Local Chemist under CGHS:

(a) Prior to 1991, CGHS Delhi was procuring non-formulary drugs prescribed by the Government specialists and the medicines not available in the dispensaries through Super Bazar. This was a time consuming process and the indented medicines were supplied on the 4<sup>th</sup> or the 5<sup>th</sup> day and the process was cumbersome as there was only one outlet at Connaught Place, New Delhi, catering to more than 80 dispensaries all over Delhi. It was, therefore, decided to introduce a system of Local Purchase by appointing authorised local chemists in the strategic places all over Delhi within two to three kilometres distance from the dispensary for the convenience of the beneficiaries. The process of selection of the chemist is through open tender. The chemists are appointed for a two-year period after going through the codal formalities and the terms and conditions fixed by the Government. One of the major criteria for the selection of the Authorised Local Chemist for CGHS is based upon the maximum discount given by the applicant chemists on the maximum retail price of the medicine.

(b) The issue of Sales Tax:-

A complaint was received through the Cabinet Secretariat in September, 2001, where evasion of Sales Tax by the empanelled chemists of CGHS in collusion with the Additional Director (HQ), CGHS, and Accounts Officer, CGHS, was alleged. It was mentioned that the chemists are merely furnishing a certificate along with their bills to the effect that they have paid the sales tax for all the medicines supplied to the CGHS but with collusion of officers, a system has been devised whereby the CGHS pays the sales tax on the Maximum Retail Price (MRP) whereas the chemists procure the medicines at a lower price.

The matter was enquired into and placed before the then HFM who ordered that this should be referred to the C&AG for inquiring into the matter of overcharging and recovery of sales tax. This was referred to C&AG on 24.12.2001.

The Office of C&AG has sent an interim report on 3.12.2002 observing that a random check of the bills of local chemists under CGHS Delhi has revealed overcharging and that the Department should get the bills checked through Internal Audit. Accordingly, the Chief Controller of Accounts of the Ministry has been requested on 13.12.2002 to take up the audit for the last three years and the current year.

About sales tax, the C&AG has intimated that a separate report will follow. Meanwhile the 10 per cent deduction from the bills of local chemists has been done pending final clarification from C&AG.

(c) Strike Notice by the Authorised Local Chemists:

The Authorised Local Chemists are on strike with effect from 1.11.2002 till date regarding the following:

I. "Immediate release of amount withheld @ 10 per cent from their bills for last one year.

II Payment of their regular bills for the last three months."

Payment of the bills were cleared up to mid-August 2002 from the budget estimates allocation of Rs.55 crore, out of which the pending liability was Rs.11.60 crore. An additional amount of Rs.8 crore was allocated in November 2002 and the bills received from the Authorised Local Chemists in CGHS (HQ) up to September, 2002 have been

cleared.

The projected additional expenditure for making payments up to March 2003 is Rs.56.00 crore.

To avoid inconvenience to the beneficiaries on account of non-availability of medicines, the following steps have been taken to augment the supplies of medicines to CGHS.

A contingency plan has been implemented for allowing the beneficiaries to purchase medicines from open market and get the expenditure reimbursed as under:

- For serving beneficiaries from their respective departments.
- For pensioners beneficiaries from the CGHS Headquarter through their respective dispensaries. Payment is being made in the dispensaries to avoid inconvenience to the beneficiaries.
- i. An indent for supply of 203 medicines has been placed with the Hospitals Services Consultancy Corporation (HSCC), a Government of India Undertaking. The first batch of supplies of proprietary items has been received on 29.11.2002 and till 13.12.2002, 71 items have been received - Generic 23 and proprietary 48.
- ii. The number of medicines received through HSCC as on 13.12.2002 is as follows:

Generic – 23

Proprietary - 48

It may therefore be seen that efforts have been made to make available medicines to beneficiaries through bulk purchase and through authorising the beneficiaries to purchase directly from market. Efforts will be made to improve availability of medicines further.

MR. SPEAKER: Mr. Minister, I must mention to you that the rule says that the statement should be brief. I have not been able to define it, perhaps.

SHRI SHATRUGHAN SINHA: I am new to the job, Sir. Next time, I will be more careful.

MR. SPEAKER: Now, at least the hon. Members can make brief statements.

**श्री रामजीलाल सुमन (फिरोजाबाद) :** अध्यक्ष महोदय, श्री शत्रुघ्न सिन्हा जी या तो हाउस में आयेंगे ही नहीं और आयेंगे तो वे जवाब इतना लम्बा चौड़ा देंगे जिससे सदन का समय बर्बाद होता है। वे इसे सदन के पटल पर रख सकते थे। **â€œ**(व्यवधान)

**अध्यक्ष महोदय :** उन्होंने जवाब तो दे दिया है। आपको इस संबंध में कोई प्रश्न पूछना है तो वे आप पूछ सकते हैं।

...(व्यवधान)

**श्री शत्रुघ्न सिन्हा :** अध्यक्ष महोदय, मेरे बारे में सदन में बार-बार यह कहा जाता है कि मैं सदन में नहीं आता हूँ। मैं आपकी इजाजत से बताना चाहता हूँ कि मैं सदन की बहुत इज्जत करता हूँ। मैं जब कभी भी सदन से बाहर रहता हूँ तो आफिशियल काम से रहता हूँ, आपकी आज्ञा से रहता हूँ, आपको इन्फार्म करके रहता हूँ, प्रधान मंत्री जी की आज्ञा से रहता हूँ। मैं कोई खेलने कूदने नहीं जाता हूँ, काम के सिलसिले में बाहर जाता हूँ।

**अध्यक्ष महोदय :** आपके ऊपर किसी ने आरोप नहीं लगाया।

...(व्यवधान)

**श्री शत्रुघ्न सिन्हा :** माननीय सदस्य कह रहे हैं। **â€œ**(व्यवधान)

**अध्यक्ष महोदय :** वे इतना ही कहना चाहते हैं कि आप पूरा लम्बा उत्तर दें।

...(Interruptions)

SHRI SOMNATH CHATTERJEE (BOLPUR): And do not be so touchy.

SHRI BASU DEB ACHARIA : Although the Minister for Health and Family Welfare has made a long statement, I do not find anything in it to show that an attempt has been made to resolve the problem. The authorised chemists are on strike from 1<sup>st</sup> of November. Also, they went on strike in the current year in the month of April and stopped supplying medicines to CGHS dispensaries for a few days. Then they called off their strike because there was some assurance from the Government that their problem would be looked into. They waited for a few months. But that problem has not been resolved.

He has stated that he has made some contingency plan. What is that contingency plan? The Hospital Service Consultancy Corporation has been asked to procure some medicines. What have they procured and supplied so far? They have supplied only 23 generic medicines and only 48 proprietary medicines.

Out of thousands of medicines which are to be supplied to the dispensaries of CGHS in Delhi, only this number of medicines, -- 23 generic and 48 proprietary -- have been supplied to the dispensaries. Every day we are receiving telephone calls, particularly from the senior citizens about this. There are about 5,000 pensioners or senior citizens who are dependent on these dispensaries. If it is five thousand, then you have to add another four or five thousand to this number. Then, see how much is it? Most of them are senior citizens. One Shri J.L. Chadha is a Central Government pensioner and he is drawing only Rs. 4,000 as pension. He is a heart patient and his monthly medicine bill comes to Rs. 1,000. For him, getting medicine was not at all a problem till recently. He is a beneficiary of CGHS. Getting only Rs. 4,000 as pension, how can he purchase medicines also? The hon. Minister in his reply has stated:

"For pensioners beneficiaries from the CGHS Headquarter through their respective dispensaries. Payment is being made in the dispensaries to avoid inconvenience to the beneficiaries. "

Now, the patients will have to purchase medicines. Heart patients, kidney patients and cancer patients are required to purchase medicines to the extent of Rs. 10,000 to Rs. 20,000 per month. ...(Interruptions)

SHRI BASU DEB ACHARIA : After kidney transplantation, a patient is required to purchase medicines to the extent of Rs. 5,000 to Rs. 15,000. The CGHS card holders used to get medicines of whatever value. But since 1<sup>st</sup> of November, this is not so. I am particularly talking of senior citizens and I am not talking of serving Government employees. My concern is for senior citizens, older people and the pensioners, who get a very paltry amount as pension. How can they purchase medicines and then submit the bills for reimbursement? We know how much time it takes. We have the experience. Some times we have to submit bills for reimbursement. But it takes about two to three months.

SHRI BASU DEB ACHARIA : The hon. Minister in his reply mentions:

"It may therefore be seen that efforts have been made to make available medicines to beneficiaries through bulk purchase and through authorising the beneficiaries to purchase directly from market. "

Mr. Minister, this is not the solution.

I say this because in this very House, when this matter was raised, Mr. Minister, you assured the House that this problem would be resolved within one week. That assurance was given on 27<sup>th</sup> November on the floor of this House. Today, it is 16<sup>th</sup> December. ...(Interruptions) The assurance was given on 27<sup>th</sup> November saying that the problem would be resolved within one week. Mr. Minister, you could not resolve the problem. You are asking the authorised chemists to do this....(Interruptions) Ten per cent is being deducted from the bills as they are over-charging. It was referred to the C&AG one year back. The C&AG had given the interim report on the first week of December, 2002. On 13<sup>th</sup> December, the Ministry asked its Internal Audit and Accounts Department to have a

thorough check....(*Interruptions*)

MR. SPEAKER: Shri Basu Deb Acharia, will you please conclude now? I call Shri Prasanna Acharya to speak next.

...(*Interruptions*)

SHRI BASU DEB ACHARIA : I would like to know whether the Ministry did not get sufficient time to call the authorised chemists to discuss the problem and resolve the issue....(*Interruptions*)

MR. SPEAKER: Shri Basu Deb Acharia, please take your seat now. Shri Prasanna Acharya to start his speech now.

SHRI BASU DEB ACHARIA : The hon. Minister is not resolving the issue. Today, thousands and thousands of pensioners are suffering.

MR. SPEAKER: Shri Prasanna Acharya, you can ask only questions. Please start.

...(*Interruptions*)

SHRI BASU DEB ACHARIA : Sir, most of them are not getting the life-saving drugs. What effective steps the hon. Minister has taken or the Government has taken to resolve this issue when the assurance was already given. It is not only so for the Allopathic medicines....(*Interruptions*) I would like to know about this from the hon. Minister.

MR. SPEAKER: Shri Basu Deb Acharia, please sit down. You know the rules very well.

SHRI BASU DEB ACHARIA : Sir, you can go to any of the Ayurvedic Dispensaries. ...(*Interruptions*)

MR. SPEAKER: Should I go?

...(*Interruptions*)

MR. SPEAKER: He said that I could go to any of the dispensaries.

...(Interruptions)

SHRI BASU DEB ACHARIA : You can visit any of the Ayurvedic Dispensaries or the Dispensaries where Indian system of medicine is given. The hon. Minister is talking of giving importance to Indian system of medicine. But, Mr. Minister, if you go to any of the Ayurvedic Dispensaries, you will not find any ayurvedic medicine. In a *Unani* Dispensary, you will not get any *unani* medicine....(Interruptions) You can go to any of the Ayurvedic and Unani Dispensaries. For the last eight months, not a single ayurvedic medicine is available in the Ayurvedic Dispensaries. The situation is not there where the chemists have stopped supplying the medicines. ...(Interruptions)

MR. SPEAKER: Shri Prasanna Acharia, you can start your speech now. Your name will be dropped if you do not start your speech. Please start it.

...(Interruptions)

SHRI BASU DEB ACHARIA : For the last eight months, why the ayurvedic medicines are not available in the Ayurvedic Dispensaries? I would like to know about this from the hon. Minister....(Interruptions)

MR. SPEAKER: I will not allow to take on record what Shri Basu Deb Acharia is saying if he does not conclude now.

SHRI BASU DEB ACHARIA : Sir, I will complete it in a minute.

I demand that a Committee of Members of Parliament should be constituted and they should undertake visit to all of the dispensaries, both Allopathic and Ayurvedic, to find out the problems of non-supply of medicines.

MR. SPEAKER: Your suggestion is noted. Please sit down.

SHRI BASU DEB ACHARIA : I demand that the Government should immediately take effective steps not only to supply 125 medicines out of the thousands of medicines but all the medicines which were available prior to first week of November, 2002....(Interruptions)

MR. SPEAKER: Shri Basu Deb Acharia, you are a senior Member. You must understand the difficulties of others also.

SHRI BASU DEB ACHARIA : Even the common medicines are not available. By when will the Government of India take steps to supply all the medicines? By when will it resolve the issue and normalise the situation? I would like to know about these things.

SHRIMATI SHYAMA SINGH (AURANGABAD, BIHAR): We have a recommendation to make. We have the Prime Minister's Relief Fund. We do get some relief from that. Time taken for processing the cases should be reduced.

SHRIMATI RENUKA CHOWDHURY (KHAMMAM): They do not have uniform reimbursement policy. When you take



a CGHS pensioner, you are supposed to service the CGHS beneficiary anywhere in India. You have recognised institutions which come under the umbrella of CGHS because you cannot set up independent authorities to look after all of these. ...(*Interruptions*) Now, you are saying that you cannot pay the bills because you have to go by the AIIMS rates. AIIMS gets medicines on free import duty. But you do not give this facility to other institutions. So, this is not a uniform policy.

SHRI PRASANNA ACHARYA (SAMBALPUR): Mr. Speaker, Sir, I am happy that the statement of the hon. Minister was glamorous....(*Interruptions*)

MR. SPEAKER: Hon. Members, if possible, clarifications can be asked. No other speech is allowed. Those hon. Members, who have given notice, will only be permitted. Please sit down.

SHRI PRASANNA ACHARYA : As I was telling, he has made a very glamorous statement. The statement was as glamorous as the hon. Minister himself. But I am sorry to say that the Ministry has taken away the glamour of all the Central Government employees and the ex-employees because of its inaction. As you are aware, since the last two months, there is not a single medicine which is available in the CGHS Dispensaries..

Sir, I would also corroborate the statement made by Shri Basu Deb Acharia that no medicine is available in all the Ayurvedic Hospitals also since last eight to 10 months. Even common medicines like Envas and such other medicines are not available in CGHS Dispensaries.

As you know, after retirement, and while in service also, most of the people are now-a-days affected by diabetes and even Insulin is not available in CGHS Dispensaries. So, you can well imagine the condition of those patients. I would like to cite just one example here. I am not going to cite the example of any employee or ex-employee. I would just refer to the miserable situation faced by one of the sitting hon. Member of this House. He is Shri Jagannath Mallik. He was here and because of his ill-health he has now left the House. He is a diabetic and for the last several years he has been taking Mixtad Human Insulin Cartridge. He went to Annexe but Insulin was not supplied to him. So, he had to take some other medicine prescribed by the doctor from the open market and after taking that medicine he was about to collapse. He was immediately rushed to RML Hospital and the doctor said that had he come an hour late, the hon. Member would have died. If this is the condition of an hon. Member of this House because of the continued inaction of the Ministry of Health, then you can well imagine as to what would be the fate of other Government employees who are poorly paid and ex-employees of the Government of India.

MR. SPEAKER: Shri Prabhat Samantray.

SHRI PRASANNA ACHARYA : Sir, this is a very important matter. Please allow me two minutes more.

MR. SPEAKER: I will not be able to take up 'Zero Hour' today. There will be no 'Zero Hour', if Members go on speaking like this.

SHRI PRASANNA ACHARYA : Sir, as you know, a particular amount is being deducted from the salaries of Central Government employees for availing the facilities in CGHS Dispensaries and it is a contract between the Government of India and employees and ex-employees. So, I think, it is a breach of contract on the part of the Government because the employees are paying for it, the ex-employees are paying for it, we, the Members of this House, are paying for it and the ex-Members are paying for it. It is a contract between those who are paying for it and the Ministry of Health and, I think, it is a breach of contract because for the last several months even common medicines are not being supplied to CGHS Dispensaries.

MR. SPEAKER: Please take your seat now. Shri Prabhat Samantray, you please start your speech.

SHRI PRASANNA ACHARYA : Sir, I would request you to please give me one minute more.

Sir, as the hon. Member was mentioning, the reimbursement process is a time-consuming one. So, I would like to know from the hon. Minister, through you, whether he will find out a simpler process of reimbursement and will allow the employees and ex-employees to purchase the medicines from the open market. I would also like to know whether the Minister will specify a time period – for example 15 days or one month – by which the Ministry will reimburse the money to those patients who have purchased medicines from the open market. Then, what are the steps that the Government is taking to immediately resolve the so-called strike of the chemists because it has appeared in a section of the Press and it is rumoured outside that the strike is not due to any sales tax problem, but they have gone on strike due to some clandestine reason? As we come to know from a section of the print media, some malpractices are going on in the purchase of medicines and that is why this problem has arisen.  
...(*Interruptions*)

**अध्यक्ष महोदय :** सामंत रे जी आप शुरू करें, नहीं तो आपका नाम नहीं रहेगा।

SHRI PRABHAT SAMANTRAY (KENDRAPARA): Mr. Speaker, Sir, we have given the Calling Attention notice and probably the hon. Minister has misread the Calling Attention because he has not mentioned anything relating to the situation arising out of non-supply of medicines in CGHS Dispensaries in his statement. He has mentioned about his difficulties and he has mentioned what steps he is going to take. My question is: what for the Central Government Health Scheme has been introduced? The objective says:

"The Central Government Health Scheme was started in 1954 with the objective of providing comprehensive medical care facilities to the Central Government employees and their family members; and"

"(b) to avoid cumbersome system of medical reimbursement."

That being the objective, where is the question of reimbursement coming up? It is not a question of reimbursement. It is a question of providing medicines to the patients or the beneficiaries or the card-holders. You know that under the CGHS, the number of beneficiaries is 42,37,088 while that of the card-holders is 5,77,805.

The hon. Minister has stated that this problem is continuing since 1998. I do not find any reason whether the system has collapsed or is still alive. If the system of the Central Government Health Scheme is under dispute since 1998 and no final decision has been taken on that, I believe, nobody should claim any credit that he is running a Ministry. It is not a question of the present hon. Minister.

Since 1990, a decision has been taken. Why is that system still there? Why is the Director-General of Health Services still there in office? Why are they not resolving it? What are they for there? If the Government is going to decide it tomorrow, why can they not do so today? There is a loss of lives of the beneficiaries. A breach of contract has been forced upon the beneficiaries. They are paid for this. They have to get the benefit out of that. It is duty of the Central Government Health Scheme.

MR. SPEAKER: Mr. Minister.

SHRI PRABHAT SAMANTRAY : They have to rise to the occasion. My simple question is this. The hon. Minister should tell us today as to when he is going to provide, with whatever the system he is at command the medicines – not reimbursement – to the beneficiaries. He must assure this House today.

श्री मुलायम सिंह यादव (सम्भल) : अध्यक्ष महोदय, माननीय मंत्री जी ने बहुत अच्छी तरीके से अपना ब्यान दिया है और एक अच्छा आश्वासन दिया है कि आने वाले समय में यह सवाल नहीं करेंगे। मैं आपसे एक छोटी सी बात कहना चाहता हूँ, हो सकता है कि यह बात इस सवाल से संबंधित न हो। गरीब किसान और मजदूर जब खेतों में काम करते हैं, तो उनको सर्प काट जाता है। सर्प काटने की दवा अस्पतालों में उपलब्ध नहीं होती है। जब उत्तर प्रदेश में हमारी सरकार थी, तो हमने आदेश दिया था कि हर अस्पताल में सर्प काटने के इलाज के लिए इन्जेक्शन की व्यवस्था बाकायदा रहनी चाहिए। ~~वे~~ (व्यवधान) कुत्ते के काटने की काटने की दवा / इन्जेक्शन की भी व्यवस्था की थी। कुत्ते के काटने का तो फिर भी इलाज हो जाता है, लेकिन सर्प के काटने से व्यक्ति पांच मिनट में ही मर जाता है। सर्प बहुत जहरीले होते हैं। इसलिए निवेदन है कि प्रत्येक अस्पताल में आप अपने स्तर पर या राज्य सरकारों के स्तर पर सर्प काटने के इलाज की दवा रखने का इन्तजाम करें और इस बारे में प्रचार भी करा दें कि दवा उपलब्ध है।

MR. SPEAKER: The procedure is that those Members who have given a notice to me can only ask the questions. But since Shri Mulayam Singh Yadav is the leader of his party in the House, his question may be answered if you desire. But it need not be taken as a precedent

SHRI SHATRUGHAN SINHA: Thank you very much, Sir. Before I proceed, in a humble way, what I would like to know from you is this. Does the rule apply only to me while I am making a statement? I suppose it also applies to the hon. Member? ...*(Interruptions)*

MR. SPEAKER: The rules always apply to those who obey them.

...*(Interruptions)*



MR. SPEAKER: It is up to you.

SHRI SHATRUGHAN SINHA: I am obedient.

Sir, first of all, I would like to say – to sum up the whole thing – I have heard them. I have heard certain cases about which they have mentioned, that is, regarding Shri Chadha and also an hon. senior Member of the House, how he fell sick, how he was rushed to the hospital. I am really concerned about that. I feel very sorry for that.

But I would also like to tell you before I proceed further or before I come to certain points that there is no breach of contract. I am not here for the breach of contract. I am here to strengthen the contract. Sir, do not, at least for God's sake, question my motive. I am trying to work it out. I am finding out a solution.

पहले जो हमारी दवाइयां आ रही थीं, ये कैमिस्ट की बात कर रहे थे, इसका दूसरा पहलू भी है। कैमिस्ट का यह पहलू कि सीएजी ने हमें कुछ ऑब्जेक्शंस रैज किये जिनको हमने रोका हुआ है। हमारा वह इरादा नहीं है। अगर आपको बता दिया जाए कि दिल्ली फॉर्म्युलरी को फोलो करते हुए अभी हम जो दवाइयां ले रहे हैं जिसकी डब्ल्यूएचओ ने सराहना की है, दिल्ली फॉर्म्युलरी से ले रहे हैं, हम बल्क परचेज कर रहे हैं। पहली बार हुआ है कि हमारे आने के बाद दवाइयां बल्क परचेज में हम ले रहे हैं और सदन को जानकर बड़ी खुशी होगी कि न सिर्फ टेस्टेड और मोस्ट एफैक्टिव और क्वालिटी मेडिसिन्स हमें मिल रही हैं बल्कि करीब-करीब बीस से लेकर पचास प्रतिशत तक सस्ती दवाइयां भी मिल रही हैं और सेल्स टैक्स भी बच रहा है। (व्यवधान)

MR. SPEAKER: Do not interrupt.

...(Interruptions)

कुंवर अखिलेश सिंह (महाराजगंज, उ.प्र.) : मंत्री जी, दवाइयां समय से नहीं मिल रही हैं। (व्यवधान)

श्री शत्रुघ्न सिन्हा : सर, मैं औबिडिएंट हूँ, इसलिए मैं चुप रहूंगा, मैं इनकी भावना की कद्र करता हूँ। मैं समझ रहा हूँ कि दवाइयां नहीं मिली है और बीच में दवाइयों की दिक्कत हुई है।

उन दवाओं के मिलने में कोई दिक्कत न हो और आगे बिलकुल भी दिक्कत न हो, उसी से संबंधित यह लड़ाई थी और संघर्ष था कि सब कुछ सुचारु रूप से होना चाहिए। मैं मानता हूँ कि जिन लोगों को तकलीफें हुई हैं, उनके प्रति मैं हृदय से दुख प्रकट करता हूँ। लेकिन साथ ही साथ मैं यह भी कहना चाहता हूँ, जैसा कि कहा जा रहा है कि हमने पिछली बार कहा था कि it should be resolved within a week's time. थोड़ा समय और लग गया है, लेकिन ऐसा नहीं है कि मैं कोशिश नहीं कर रहा हूँ। मैं आपके सामने इतना जरूर कहना चाहता हूँ कि फ्यू-वीक्स यानि एक महीने के अन्दर इस काम को करेंगे। जब आप मुझसे अगली बार मिलेंगे, तो यह सवाल नहीं करेंगे। कहीं पर भी दवाई की दिक्कत नहीं होगी। यही मैं आपके माध्यम से सदन को आश्वासन देना चाहता हूँ।

श्री शत्रुघ्न सिन्हा : महोदय, माननीय मुलायम सिंह जी ने जो सुझाव दिया है, उसकी हम बहुत कदर करते हैं और इस बात को हम अवश्य ध्यान में रखेंगे और पाजिटिव तथा सार्थक कार्रवाई करेंगे।