

DEMANDS FOR GRANTS (GENERAL),
1985-86—Contd.

[English]

Ministry of Health and Family Welfare

SHRI DIGVIJAY SINGH (Surendranagar) : Mr. Deputy speaker, Sir, I wish to dwell on a subject, which to my mind, is the most critical and the most crucial one for the entire future of this country. This is the subject of population growth.

Before, I make my observations, may I ask a specific question to all the Members here to sincerely tell me as to how many of us raised the subject of population control while canvassing in the elections? Around four thousand candidates stood for the Parliamentary elections two and a half months ago; and thereafter in the months of February-March, we had around 25,000 candidates who stood for the Assembly elections.

13.24 hrs.

(Mr. Somnath Rath *in the Chair*)

So, 25,000 candidates for the Assembly elections and 4,000 candidates for the Parliament elections contested, and I would like to ask how many of these candidates belonging to any political party raised the most critical issue facing the country, which is the population issue. I do not know whether others did, and if they did, may I ask not only Government but the entire population of this country through the media to ascertain and to introspect as to what extent they are committed to this cause. We say that family planning programme is the people's programme. Well, the people's aspirations, the ethos of the society, are reflected during elections and if we did not raise this issue whilst canvassing for an election, I personally feel that to whichever place we get elected we are not committed to the cause. What is the use of talking about any issue with great expertise after the elections if you don't talk of it while canvassing? Where does the fault lie? I think it is time that we introspect. Every person who is in public life has an opportunity to introspect. Let me try and tell you the gravity of the problem.

We initiated the family planning programme in 1952, 33 years ago, and when we initiated the programme, our net annual increase of population rate at that time was somewhere around 1.25 per cent. I agree that the death rate was much higher than the birth rate and the birth rate may be 45 per thousand, but the net annual increase rate was 1.25 per cent because the death rate was high. Today the birth rate may have come down from 45 per thousand to 36 per thousand, but correspondingly our death rate has come down to 13 per thousand because of modern medicine. Therefore, our net annual increase rate has risen to 2.2 per cent today—2.2 per cent at the end of 33 years of family planning. Where is it going to lead us to? I have statistics which have been given out by the Ministry of Health and Family Welfare and they tell us—I dare say they have done a good job, they have done their best. I do not have any grouse against the performance of the Ministry of Health and Family Welfare, I think, under the circumstances and the set-up that we have today. Even if they have done their best, but look at the outcome, look at the result. We have today reached a population figure of 740 million—these are today's statistics. And the estimations are that by the turn of the century it would be somewhere around 970 million. The plans are that we achieve the goal of a net reproduction rate of one, which means one woman replaces one woman. That is the net reproduction rate of one. If we achieve that goal of net reproduction rate of one, thereafter the population explosion can be, to some extent, brought under control and the earlier we reach this net reproduction rate of one, the nearer we can reach our target or goal of zero growth.

The Government's estimate is that the net reproduction rate of one percent would be attained or achieved by the year 2,000 A.D. I have my grave apprehensions because our birth rate today is 36 per thousand and one cannot achieve a net reproduction rate of one percent until you bring your birth rate down to 21 per thousand. May I ask whether anybody believes that the birth rate can fall from 36 per thousand to 21 per thousand in the course 15 years? I have my gravest doubt. I feel that this net reproduction rate of one percent will not come down until at least 2010 if not 2015 A.D. That means, the birth rate will not come

down to 21 per thousand right until 2010 or 2015. If this happens, the projected growth of population is expected to rise to 100 crores or 110 crores by the time we reach 21 per thousand. Thereafter, if the goal is to reach a zero growth rate, even the Governmental Statistical Department feels that until the 22nd century, we cannot reach the zero growth rate. That means, we will reach a population of anywhere up to 1400 millions or 140 crores. I feel this is a very optimistic figure. The World Bank figure says that the population of India will stabilise at 1,800 millions or 180 crores. Now, if our population stabilises anywhere between 140 and 180 crores, have we been able to ascertain the impact of this explosion which to my mind is more explosive and dangerous than any other problem which the country is facing? The way of life, the method of our offering civic amenities to the people is affected. The impact on the environment will mean the destruction of forest, excessive grazing of grass land, soil erosion etc. More than that, look at the impact of this population explosion on the urban settlement in this country. It is estimated that in the year 2,000, out of the 10 largest cities in the world 3 may be in India. Three out of the 10 largest cities will be Indian cities in the year 2,000 and it is also estimated that half of the population in these cities will be living in slums. This is not restricted to these cities alone. The total urban spectrum, the whole urban life in this country is going to move towards a larger and larger percentage of slum population and unauthorised colonies. I feel that a time has come when we have to take some steps, which have to be certainly drastic. I have introduced an Amending Bill to the Constitution whereby we will have to make constitutional provisions to see that this explosion of population does not engulf the whole future in this country, whereby the next generation or may be the generation after that will feel what kind of barbarians lived two generations ago when they could not think of taking stern steps to see that the population growth was curbed at that time.

I also feel that it is a very unique opportunity that Eighth Lok Sabha has of taking a stern decision and very firm measures to see that the population growth is curbed even earlier than planned by the Government.

I shall not take more time of the House because I am sure I shall have an opportunity of taking on this issue when the Constitution Amendment Bill is discussed. But I do expect a very strong and a firm commitment of every elected representative in this country, whether he is a Parliamentarian or a legislator or a Municipal Corporator or a Panchayat Sarpanch to be committed to this cause and to see that his performance as a leader of society is trend-setting. I hope, this warning will open the eyes of the Government.

SHRI S. KRISHNA KUMAR (Quilon) :
Mr. Chairman, Sir, I support the Demand. I particularly welcome the enhancement in the outlay for the Department of Family Welfare to Rs. 500 crores from an average annual outlay of Rs. 160 crores during the Sixth Plan period. This is a quantum jump of three times signifying the importance attached to the population issue by the dynamic and forward looking administration of Prime Minister, Shri Rajiv Gandhi.

Since Independence, almost a new India has been born in terms of numbers, our population doubling to 70 crores the accretion to the population every year being of the order of 13 million which is equivalent to the population of the entire continent of Australia. Our performance on the population front is going to spell the difference between achievement and non-achievement of a beneficent spiral of economic growth and rising real incomes. It is going to determine whether we are going to succeed in our fight against poverty and destitution. It is ultimately going to determine our very national destiny.

India was the first country in the world to have a governmental programme for family planning. The programme has grown, with the Plans and we have succeeded in averting about 60 million births uptill now. The growth rate of 1.9 per cent achieved by us compares very favourably with most of the third world countries in Asia and Africa. But we are far behind China and some of the small countries, like, Singapore. We have been constantly falling short of the targets set by ourselves with our population control objectives receding farther and farther into the future. If our present goal of net reproductive rate of unity is to be achieved by 2000

AD, 100 millions couples have to be persuaded to accept family limitation.

The working group of Seventh Plan has determined that we have to achieve a sterilisation equivalent of 43 millions during the Seventh Plan period. If this is a result-oriented Government, I requested the Ministry to give serious thought as to how we are going to achieve this massive population objective. I submit that the programme suffers from three major deficiencies. Firstly, there is no proper functional linkage or sufficient coordination between the four major aspects of the programme, namely propaganda, person to person motivation, incentives and services. Each of 100 million eligible couples has to be taken from non-awareness to awareness and acceptance in an unbroken chain of action. This linkage is missing to a large extent. Secondly, it is still a largely bureaucratic programme and no other evidence is required for this than the paltry amount of Rs. 1.5 crores set apart in the Budget this year out of a total of Rs. 500 crores, constituting less than 0.3 per cent, for the involvement of voluntary organisations. The mobilisation of voluntary agencies has not been achieved to any significant extent at the grass roots level.

Thirdly there is tremendous under-utilisation of existing infrastructure. There are 75,000 family welfare centres and sub-centres or facilities in the country, almost one million paid working-medical, para-medical village guides and trained dais and multi-purpose workers, engaged in the programme.

If one family planning centre is able to motivate one family in three days or one worker paid from the exchequer is able to persuade one couple in 43 days to accept family limitation, we will be able to fully achieve our Seventh Plan target.

The key, to success in the programme therefore, is organisation of a mass movement and better programme management.

At the village level, the Mahila Mandals, youth clubs, teachers, village libraries, indigenous medical practitioners and other charge agents have to be mobilised behind the programme. An average Indian village has only

1,000 population with 160 eligible couples. It has been demonstrated in many villages that success is possible.

I quote from the Statesman of January 2, 1984 :

“In Akhempura village in Sikar district, Rajasthan, all eligible couples of 60 houses have got themselves sterilised.”

There are many other Parivar Kalyan villages which are almost realising 100% acceptance. The mass movement for family planning at the grass root level, in my opinion, can be linked with our efforts for literacy, anti-dowry drive agitations and afforestation, rural development and employment to provide the linkage with other on going socio-economic development programmes of the country. The structure for implementation of the mass movement has to be built up from the grass root to the block, district and State level. At the national level, I propose that there should be a population council headed by the Prime Minister to oversee the programme though, of course, the programme has to be implemented by the Health and Family Welfare Ministry which is the nodal Ministry, as family planning cannot be serviced divorced from the medical and child health infrastructure.

All the elements of the family planning programme require qualitative improvement—we are going to spend Rs. 12 crores this year for the mass media. Kindly get out of the hackneyed structure of the mass media. Let us mobilise the very best professional and creative talent in the country as also the modern VCR, television and other new communication technology for mass media effort. Our incentive per sterilisation has increased from Rs. 50/- to Rs. 150/- but still it is less than 1/100th of the incentives that are given in countries like China. In China, for instance, there is subsidised housing and increased stipend throughout the career of eligible couples who accept family limitation. There is need for massive training of the huge staff to improve their managerial and communication skills and attitudes. There is need for sufficient equipment for methods like laparoscopy. We must even fabricate or import sterile mobile units or modules which can give safe conditions for sterilisation and

other services in the remotest villages of the country.

There is also need for a qualitative shift in the programme to the spacing methods which cover only 5.5% of couples now protected. The importance of spacing methods is specially relevant for the purpose of penetration of acceptance to the younger couples.

I congratulate the Ministry for improving the IUD performance in Copper T-200 the efficacious and widely accepted. IUD method acceptance of which has increased from 0.7 million to 3 million in the last two years. I request the Government to seriously consider manufacturing the required capacity of 4 million Copper-T annually within the country as against imports under the auspices of the public sector Hindustan Latex.

I also beseech the Government to implement without further delay the US aided contraceptive Marketing Organisation Project.

A word to ICMR to please speed up the introduction new technologies of contraceptive the injectibles and subdermal implants which will make a sea change in the delivery and acceptance of family planning services.

Sir, the Ministry should concentrate their attention in four States, namely, U.P., Bihar, Rajasthan and Madhya Pradesh, whose lacklustre performance is dragging the entire programme down.

A word on population education about which we have been talking so much. Even a fundamentalist Muslim country like Iran has compulsorily introduced family planning education in the higher secondary schools and colleges. We must introduce comprehensive health, demographic and family planning education as the child grows and comes to the reproductive age.

A word to my fellow-Parliamentarians. I request my fellow-Parliamentarians, irrespective of the party affiliations, to raise our voice in unison and give our entire support for the programme in our constituencies, in the entire nation.

Finally, I welcome the initiative taken by the Hon. Minister, Shrimati Mohsina Kidwai, who has addressed letters to all Parliamen-

tarians and who has also called upon persons from all walks of life already to find ways and means to make the programme more mass-based and to improve programme management.

Let us fervently hope that the next five years shall witness a tremendous upsurge in the family planning movement giving a powerful thrust to our national endeavour to build under the leadership of Shri Rajiv Gandhi, who is having a second look and is streamlining all aspects of development programme in a modern, socialistic welfare State in our country.

SHRIMATI VYJAYANTHIMALA BALI (Madras South) : Mr. Chairman, Sir, I would first like to begin by saying that health is wealth and only a healthy man can be an asset to our society and to our country. What is health? It is not the absence of disease, but it is the presence of positive energy in the human body. This is a well-established fact that, when one is weak, one is susceptible to various diseases, one can catch a disease easily and fast. One single factor in our diet which keeps the resistance high is the protein-content in our food. Lack of protein it is proved in medical science, leads to lowering one's resistance to infection. Such a vast country like ours, India, fared badly in the Olympics not because we do not have good talents, good athletes. Our critics have done the post-mortem analysis and have always thrown the blame on lack of training facilities, lack of good practice, lack of trained coaches, and so on and so forth. But I would say that it is mainly because of lack of stamina. To reach that excellence, to reach that peak one has to be physically fit and one has to put in his or her best effort to reach that excellence. The reason for our athletes not coming up to the international standards is lack of stamina; they get exhausted at the final stages. I would say that our team can do well if they are physically fit; and they can come up to the international standards with that electrical charge which brings the finish and enables the athlete to sustain physical endurance for a longer period, if they have the stamina, and this stamina comes from a high-protein diet.

I can say that the diet of an average Indian is sub-standard, lacking in protein and vitamins and making millions of our people sick. What is the cure? Not the costly

medicines. Not the hospitals. Not the doctors. They all come later. Sir, as the old adage goes, prevention is better than cure. The standard of our diet has to be improved by evolving and giving our people a diet which can give nutrition and which is well-balanced and which is rich in vitamins, fats and carbohydrates,

Our urban and rural people suffer from diseases caused by contaminated water, stagnation of water, scattered garbage, open gutters and improper drainage. All these lead to breeding of mosquitoes, flies and rats. Diseases like malaria, cholera and gastro-enteritis which were totally eradicated—are back again in Tamilnadu, Kerala and Bengal.

Despite our five-star hotels, no foreigner trusts our water and he prefers to drink aerated water. He is afraid that he may catch some abdominal ailment, I think this is a shame that we cannot have good drinking water.

Contaminated water causes diseases like filaria, meningitis and brain fever called encephalitis. Children and adults can go blind because of trachoma and suffer from night blindness due to Vitamin 'A' deficiency.

Another common disease is leprosy which can be totally curable provided it is diagnosed early and the patients must be given the full course of treatment. Here I will suggest that a separate department should be set up to look after and rehabilitate them so that they are not looked down upon as outcasts of our society and our country.

Our poor women, due to repeated pregnancies, fall a prey to tuberculosis and bronchitis. They produce unhealthy children who suffer from rickets due to calcium deficiency in their diet. All these fill up our hospitals with patients who could be prevented from falling sick.

Sir, our poor people's earnings go towards doctor's fees and costly medicines. What is the duty of the Government? Sir, the government can distribute adequate funds to adopt preventive measures rather than go in for curative treatment. Let

us introduce modern technology to make the lives of poor people easier by giving solar energy and bio-gas smokeless choolas which will reduce health hazards and not damage the eyes especially of our rural women. The use of saw-dust and husk should be popularised.

The unconventional sources of energy such as animal dung can substitute charcoal and wood which later on form useful fertiliser ash. All this should be done on a large-scale programme.

Every school, whether in urban or rural areas, should teach children hygiene and clean habits in the initial stages.

I would like to stress dental care. Practising doctors are few and that too only in the cities and the charges are high which poor people cannot afford. Dr. Sushila Nayar, once said on the floor of the House, 'If we do not have dental care, the country will become toothless.' Sir, I am afraid we will have political tooth-ache and the country may really become toothless.

There are hardly 30 dental colleges in the country. In the whole of India there are about 125 Medical Colleges. Delhi did not have a Dental College until two years ago.

Now, regarding Family Planning, I would like to say this. The one single cause of ailment in our country is the uncontrollable population explosion. It is stripping all our efforts to provide essential supply lines and it is hindering our growth towards the national economy. Unless we tackle this problem it is bound to increase. Irrespective of caste, creed, colour and religion, it should be made compulsory. Compulsory measures should be taken to restrict the family after two children.

I would like to say here that although incentives are there, care and proper handling are important. Just to achieve ambitious targets, it is also important to carry out the surgical operations in only certain months in the year. For instance, May and June are very hot months especially in the South. I think these months should be avoided for any surgical operation because

the cases can become septic and healing will take a long time.

In conclusion, I would like to emphasise that Family Planning can only succeed with positive and active participation and involvement of all the people in the national interest. As Prime Minister pointed out, every M.P. should go out and tour his or her constituency and see that this problem is solved. They should take up this issue and convince our womenfolk about the need to restrict the family, of course, with the help of their men. Everybody should see to it that Family Planning becomes reality in the future. With these words I conclude. Thank you.

SHRI SATYAGOPAL MISRA
(Tamluk) : Sir, I oppose the Demands for Grants of the Ministry of Health and Family Welfare.

The discussion of the Budget of the Ministry of Health and Family Welfare should be done in the background of the National Health Policy announced by the Government in the year 1982. It is well known that Government announced its health policy in the year 1982. It took a long period of 35 years since our independence to declare the national health policy. I do not know how many more years it will take to implement this policy.

Prior to this policy being announced, Government appointed certain expert committees like the Bhor Committees, Mudaliar Committee, Hathi Committee, Srivastava Committee and other committees. These committees in their wisdom recommended many things. Finally the National Health Policy was announced in the year 1982. There is nothing new if we discuss it in the light of the recommendations given by the different expert committees. In the National Health Policy of 1982 it was announced that the slogan will be 'Health for all by 2000 AD'. As a slogan it is no doubt very good. But I would like to emphasise and tell them : Don't keep it at the slogan stage only, Slogans should not be used as only slogans. But the ruling party always used to use slogans for their purpose. In 1971 they used *garibi hatao* slogan. Now they are using this slogan. My point is this. Some priority should be there. But Government has not

given priority to Health and Family Welfare programmes. On Colour TV and ASIAD and other things they spent lot of money. But when it comes to Health and Family Welfare programmes only very meagre amounts are set apart for this purpose.

14.00 hrs.

Then the question of political will of the ruling party becomes a very major factor.

Another slogan is the drinking water will be provided to all the people of the county by 1990. Now, we are able to provide drinking water for 31% of our population. At this rate, if we want to cover all the people of our country under drinking water supply scheme, it would require Rs. 15,000 crores. I would like to ask a very simple question. From where will the money will come from for this purpose? The Government has always given a very rosy picture in this respect and they make a complacent announcement in this regard.

There are two aspects of this problem. One is preventive measure and the other is curative measure. Coming to the preventive measure, we must discuss it in the light against the socio-economic background of our country. The preventive part of the health problem should be discussed in the background of the socio-economic conditions prevailing in the country. Sir, poverty is increasing in the country. More than 50% of the population of our country live below the poverty line and the Government are trying to ignore the reality of poverty situation. They are always interested in giving re-definition to the poverty line by changing the figures, by manipulating the statistics. The old and new 20-Point Programmes have become absolutely irrelevant because 50% of the population of our country are below the poverty line even after 37 years of independence. The most important point is that despite the impressive advances made in our foodgrain production which stood in the year 1983 at over 151 million tonnes, resulting in buffer stock of 21.5 million tonnes of foodgrains as on December 1, 1984 in the same year, we noticed under-nutrition and infections. Of the 23 million children who were born, 3 million will have died before one year, another million dying before the age of 5, while 9 millions will have been growing

into adulthood with impaired physical stamina, low productivity and poor mental abilities and 7 millions will grow into adulthood suffering from milder form of malnutrition resulting in their physical and mental impairment. Thus only 1/8th of the 23 million born in 1983, that is, 3 million babies will become healthy, physically fit and intellectually able persons.

The problem of malnutrition in our country including the problem of malnutrition in our children is a problem of inequitable distribution rather than of insufficient food resources. Sir, we have enough food resources. But what we are lacking is the proper distribution system. The World Health Organisation has pointed out that ours is the country which has the highest incidence of infant mortality. Even those surviving survive with low physical and mental health. What is the reason for this? We are at present providing drinking water only for 31% of our population and only 5% of our population are enjoying the basic sanitation facilities.

This is the situation now. Unless the people are given enough food, all these programmes become fruitless and all these slogans will remain on paper only.

Coming to the curative part of the problem, firstly, I want to deal with the medicine problem. Eighty per cent of medicines that are sold in India are of non-essential category. Seventy eight per cent of medicines of our country are still in the hands of multinationals. Sixteen per cent is in the private sector and six per cent in public sector. We are having control of only six per cent of medicines. I do not know what type of medicine we are supplying to the patients in our country.

In the year 1974, the Director General of World Health Organisation warned that the Third World countries were becoming the dumping ground for medicines which multinational corporations were unable to dispose of in their home countries; these medicines sometimes included the drugs banned in their own countries.

Even a small country, Bangladesh, our neighbouring country, took strong measures

in this respect, but I do not know why we are avoiding strong legislation or administrative measures in this respect.

Some strong lobbies of multinationals—yesterday, the hon. Minister also admitted it—are working in our country and they are working within the ruling party with in the administration and within the Government, and they have been able to create enough pressures on the Government not to take strong measures against the multinationals so far as medicines are concerned.

I want to quote an example from China, not because that it is a socialist country. They have developed their indigenous medical system called acupuncture. They have modernised it. We can also in the same way develop our indigenous systems like Siddha, Unani, Homeopathy, naturopathy, yoga and Ayurvedia. They are very good systems, They only need some modernisation and in that way, we can make a lot of progress in the field of health.

Physical education is also very necessary. None of my friends has mentioned about it. I would request the hon. Members from the ruling party not to lead the youth of our country at least in the International Year of the Youth to the world of violence, crime and sex of cinema, but lead them to the playgrounds. That will help them to develop their stamina and health to a great extent.

Health education should be made a compulsory subject in the school curriculum. I remember my childhood; in the old days, health education was there in the curriculum, but that is not so now. I would request the hon. Minister to take note of it and see that in the school level, some sort of health education is given to our students, so that they can take care of their health. Mid-day meals should also be provided to them.

1409 hrs.

[Shri Zaimul Basher *in the chair*]

Much has been said about doctors and nursing staff. There are some problems for doctors and nursing sisters. They want housing accommodation. Their scales of pay

need revision. A situation should be created whereby the doctors and the nursing staff can help the patients and create a very smooth atmosphere for their treatment.

Now, there are Community Health Guides in our Health Programme. They are getting a minimum remuneration. They do not have any pay scales. At present the remuneration is Rs. 50 per month. Nowadays, fifty rupees is nothing, as you know very well. I humbly request the hon. Health Minister to make it at least Rs. 100 per month, so that at least the pocket expenses are given to them. This is a very good idea and I urge that the Government should go ahead with it.

Sir, many of my friends have spoken about family planning. This is a must in our country. Nobody is denying that. But the point is how we can make it a successful programme. The problem is, more the poverty, more the superstition and more the superstition, more the population. The problem is linked with poverty, superstition and illiteracy. If we can eradicate poverty, if we can eradicate illiteracy, then automatically, family planning will get a very good jump. So, I will put the emphasis on solving these two problems, that is, eradication of poverty and eradication of illiteracy. This should be taken note of. Sir, I would like to quote from a book 'Geography of Hunger, in which the author has rightly pointed out that in a family, where there is poverty, where there is illiteracy the population is more and more there. Therefore, for a successful family planning programme, we must take note of these two things.

Lastly, I would like to point out that whatever we have achieved during these 37 years in the field of health and treatment, we are having it only in the urban sector. A vast population of our country, which lives rural areas is still denied or deprived of the opportunity of getting health and medical facilities. I have no objection if you build more hospitals in urban areas. But in the rural areas, there should be more hospitals and more facilities for the common man.

The hon. member who spoke prior to me pointed out that health is wealth. A new definition should be given to this proverb.

In our country, the treatment for health has become a commodity. You can purchase it. If you have wealth, you can purchase your health, that is, you can purchase your treatment. But anybody who has no money, who is poor, who is living below the poverty line, will not be able to have the facilities for better treatment. This is related to socio-economic conditions and unless we can change the social order of our system, I do not think we will be able to do justice to our people.

One more point. According to the National Health Policy which has been announced, there would be one Primary Health Centre for 50 thousand people, in hilly areas and tribal areas

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI MOH-SINA KIDWAI) : It is 30,000 and not 50,000. For hill areas it is 20,000.

SHRI SATYAGOPAL MISRA : I stand corrected. Now, we are having only six thousand primary health centres. Calculations can be made, how many primary health centres should be constructed within 15 years to implement this idea which is there in the National Health Policy.

More than 1,000 primary health centres should be built every year, if we are serious to have Health for all by 2,000 AD. Government should take note of this. But from where the money will come. Thank you.

SHRI SOMNATH RATH (Aska) : While supporting the Demands for the Ministry of Health and Family Welfare, I congratulate both the Minister and the Ministry for having circulated a fine Annual Report containing very good information and statistics.

Our achievements in agriculture, industry and science and technology are spectacular. But all these achievements will be diluted unless population explosion is checked, and due importance is given to this problem. As far as family planning is concerned, the policy that has been enumerated is that by 2000 AD. our birth rate would be 21 per thousand. Death rate, of course, is steeply falling, but it must be 10 per thousand. In-

infantile mortality should be below 60 per thousand, and effective couple protection should be 60%, and life expectancy at birth should be 64 years. Though the birth rate is falling, the death rate is also falling. It has now come down from 27.4 per thousand in 1951-52 to 12.5 per thousand in 1981.

To achieve these targets, family planning is very important. All the incentives should reach the beneficiaries. Socio-economic conditions should improve. For centuries, the Adivasis and Harijans have been subjected to exploitation. This should be removed. To ensure this, our Government has introduced sub-plans for tribes, and other schemes for Harijans together with the Minimum Needs Programme for all. What is necessary is that the poor people and villages should be educated, for the simple reason that 80% of our population lives in rural areas. They long for more children because they think that more children necessary for them to earn their livelihood, and also as a security for their old age. So, if their standard of living is improved, if their socio-economic condition is improved and they are assured of the longevity of their children, I think this plan will succeed. To do so, we must involve the people's representatives, beginning from an elected member in a ward, to that of an M.P., and also voluntary organizations like Lions Club, Rotary Club etc., and cooperatives, so that it can become a people's movement. People must be educated through our different media. What is most important is that we should inspire confidence in the minds of the people, more so of the villagers. Family planning will enhance the living conditions of the people.

It is said that we should resort to one child norm in family planning as is in China. That is not possible in our country by coercion. In China, if one child norm is violated the couples are project to wage cut and they are deprived of many benefits. But our policy is to adopt family planning by persuasion and not by coercion; and it should be and above political factions. There were setbacks in family planning in 1977-80 as it was given a political colour. There was much witch hunting at that time. In the words of Prof. Madhu Dandavate, the mountain in labour only produced a mosquito, because we know are the findings of the commissions appointed by the Janata Government to probe into

the family planning. I myself was the victim because, as Health Minister of Orissa, I was the recipient of Karve Award as Orissa stood first in family planning. Nothing found out against Orissa, as far as family planning was concerned, as the family planning was by persuasion not by coercion. Let us forget the past. It is a good augury that every political party is thinking of this problem as a national problem. We should reach our goal or else within 50 years what will happen is that the population in India will be one-third more than China's population today. We must be very cautious about of the explosion.

As far as health for all by 2000 A.D. is concerned, we should also give more stress on Indian medicine and homeopathy. In every PHC, there should be a doctor of Indian medicine or homoeopathy. Three doctors are said to be posted in PHC as mentioned in the Report, but I find only two doctors. It is a welcome steps but there will be a lady doctor BHC. It is a welcome step, but rarely find a lady doctor; somehow, they manage to remain in urban areas: they hesitate to go to rural areas. If they are married, then the couples also choose not to remain in rural arsa or PHC. We know that every second doctor in PHA is meant for family planning, so that the incentives meant for the beneficiaries can be better utilized being supervised by him.

About communicable diseases I am of the view that it must be cent per cent centrally sponsored scheme. We have got spectacular achievement in eradicating small pox. eradication of communicable diseases should not be left to States alone. It is not that we should leave it to the States, because if a State or a Union Territory fails, it will spread throughout the country. Steps should be taken to eradicate communicable diseases like leprosy and T.B. and to do so, we must see that the assistance given by the Central Government to the States are utilized for that purpose. Our officers of the Health Department going to different States should not satisfy themselves by discussing in the Secretariat or with the Director of that State; they should go to villages without notice and supervise on the spot whether the norms mentioned in the schemes are being implemented or not.

There are hospitals, Health Centres constructed under the U. K. aid programme. Surgical instruments are supplied to different States with UK aid. But at places the State Governments have not posted any doctor. In due course of time, either those buildings constructed with UK aid will collapse or the surgical instruments will be rusted. In some cases there are doctors but medicines are not being supplied. It is not enough giving prescription by the doctor to the poor man in rural areas, because he has not the capacity to purchase it. So every dispensary, PHC and Hospital should be provided with medicines to be given to the poor patients free of cost. In the PHCs and hospitals we must have sufficient beds to accommodate in patients. In the Report it is said that there is a plan to convert dispensaries into hospitals. There should not only be provision for sufficient indoor patient beds but died should also be given to the poor patients. Unless you make provision for free medicines and diet for the poor patients, it is no use having in-patient beds. In order to reach the goal of health for all by 2000 AD Indian medicines, homoeopathy and also allopathy medicines should be made available to the poor patients free of cost. It is said in the Report that it will be made available at cheaper rates, but will not be suffice. There are people who cannot purchase the medicines at all. They should be given medicines free of cost.

About communicable diseases, of course, the stigma is there for leprosy. This can be removed by educating people so that leprosy can be eradicated. There are not sufficient technicians in PHCs to examine the sputum to detect TB. There must be sufficient technicians to examine sputum, detect patients of TB and to treat them in a large scale. Diseases like TB and leprosy are more prevalent in rural areas than in urban areas, because people live there in unhygienic conditions.

About malaria the less said the better. Earlier even in medical colleges the medical students were not able to collect malaria parasites for their examination. But we have missed the bus. Because of the wrong planning malaria has again raised its ugly head.

Capitation fee is still collected by some

of the medical colleges. Our late Prime Minister, Shrimati Indira Gandhi, was against it. It do not understand why it has not been stopped. The medical colleges which are collecting capitation fee, should be dis-affiliated from the University.

In the medical college, a student after doing his MBBS course, is required to undergo training for House Surgeonship for one year. Only then he is entitled for the Degree. To add to it, doctors who are under training for getting their Degrees, may be asked to serve in rural areas for one year so that they can learn to accommodate themselves in rural areas when they are posted in service. In this way, they will also develop the service attitude towards the poor patients in the villages. So all the medical students before getting their Degrees, should be asked to go to rural areas for one year.

For the entrance examination of MBBS the Indian Medical Council has not yet devised any method after the decision of the Supreme Court. I do not know what will be the fate of the MBBS entrants.

Much has been said about drugs. Even on the Demands of the Ministry of Chemical and Fertilizers, IDPL has been much criticised. But I am of the view that the assistance given to the States must contain 40 to 50 per cent by way of medicine instead of cash, and medicine must be supplied through IDPL agency as efficacy can be assumed. The IDPL should not only be a system for production of medicines, it must be a system for distribution also. The States should not be allowed to purchase medicines from central assistance fund, as they please to check malpractices. So, the Government may please consider this while giving financial assistance to the different States and more so a cent percent centrally sponsored schemes medicines require proper examination and checking. The common drugs and the life saving drugs must be made available at the door of the common man.

Provisions are there in the Drugs and Cosmetics Act to punish people dealing with the spurious drugs, and the Food Adulteration Act, 1954 provides punishment for food adulteration. This Act has been amended to the effect that if food adulteration causes death or grievous hurt the punishment may

be life imprisonment and not less than Rs. 5,000 as fine. But I would like to know from the Hon. Minister how many cases have ended up in conviction and how many persons have been prosecuted for adulterating food articles causing grievous hurt. We are hearing that many persons die not only because of spurious drugs but also drinking illicit distilled liquor. Provision can be made in the appropriate Act to punish person with life imprisonment who deals with illicit distillation of liquor causing death or grievous hurt.

Similarly, the Drugs and Cosmetics Act also requires some amendment to make it more stringent. We are not satisfied with prosecuting some hawkers here or there under the Food Adulteration Act, it is the wholesale dealer who does adulteration and sends the foods material in bulk to the market. is the real culprit and must be punished. We can register number of cases to show how we are implementing this Act, by prosecuting some of the hawkers and petty retail dealers but that is not the crux of the matter. The crux of the matter is that the persons who are responsible for adulteration, they should be hauled up.

So, Sir, I once again congratulate the Health Department for taking very positive steps in the field of family planning and family welfare, such as immunisation and material and child health care centre. I am confident that India will progress if we can make progress in the fields of family planning and family welfare and achieve the goal of health for all by 2000 A.D.

SHRI CHIRANJI LAL SHARMA (Karnal) : Mr. Chairman, Sir, I rise to support the Demands for Grants of the Ministry of Health and Family Welfare. I would not take much time of the House because being a heart patient, I have been advised not to talk much. But I would certainly be lacking in the discharge of my duties if I keep mum over matters of public importance, which deserve attention of the Government.

I am saying this only on the basis of my personal experience, because it is only the wearer who knows where the shoe pinches. I had the misfortune—or should

I say privilege—of being admitted to the Ram Manohar Lohia Hospital as a heart patient. I was there for thirty days.

The medicines that are supplied in the Government hospitals are on the rate contract system. This means that the firms quoting the lowest rates get the order for supplying medicines. The lowest rates are invariably quoted by small manufacturers. And once they get the order, the rates are so low that they cannot meet the quality of the medicine. I talked about this to the doctors and it would be highly improper on my part to name those doctors. During my stay in the hospital my wife was looking after me. One night I had some trouble and she had to make a dash to the Sisters' Room. The doctors turned up and senior doctors were sent for. I was immediately attended to properly.

14.37 hrs.

(**SHRI VAKKOM PURUSHOTHAMAN**
in the Chair)

Unfortunately for my wife, she had cordial trouble coupled with bronchial asthma, hyper tension and thyroid. When she went to the Sisters' Room in the biting cold, she herself was confined to bed. But she could not be given proper medicine in the hospital, not because the doctors did not want to do so, but because the doctors round themselves helpless under the rules. After about ten days I said : Doctor what are you doing ? You are playing with her life. The reply was : Panditji, get her admitted in the hospital. I said : Well, I will be happy, if you give her a room in the Nursing Room and I will have to pay only Rs. 20/- for diet charges. I asked whether that was the only reason standing in the way of her treatment. But his reply was that the medicines which are being supplied to them were of sub-standard quality. The doctors said with responsibility that sub-standard medicines are being supplied in the hospital not only in the Ram Manohar Lohia hospital, but in other hospitals too. That is why they are not to be blamed. This is something very serious and the Government should take note of it. These tablets and capsules act best in the body of the patient when the raw material is microfinned. This facility of microfinning

the raw material is not available to the small manufacturers. Hence poor quality; standard is lost sight of. It is because the rate contract is there, small firms are just given the opportunity to quote low rates and they make capital out of it.

The injections and mixtures retain their potency when prepared under sterilized conditions. This facility of keeping the plant sterile and germ free does not exist with small firms. The result is sub-standard mixtures and injections which can even cause reaction on patients.

These small manufactures do not have adequate testing laboratories to test their own drugs and hence they cannot monitor their own drug quality. These small units send their samples for passing by Government laboratories. Once the sample is passed, then the product manufactured is different from the sample got passed. How the samples are passed is an open secret. I hardly need throw any light on this. Moreover, the Government only does the chemical analysis. The Government does not undertake the therapeutic analysis, i.e., the rate of absorption in body, the rate of break up in body, the rate of passing out of body and ultimate cure rate. The therapeutic efficacy is only attained by the reputed manufacturers.

It is also a fact that due to fear of poor therapeutic effect, the good doctors of Government hospitals do not use these drugs of small firms available in their hospitals on their families and themselves. When I say this, I shall quote the doctors telling me, 'Panditji, honestly speaking, when any member of our family falls a prey to some ailments, we get medicines from the markets and, not from the hospitals.'

I had another bitter experience. I was a heart patient. I was removed to a hospital at Karnal on 16th of December, 1984 and later on I was removed to the Ram Manohar Lohia hospital on 24th December where I remained up to 25th of January. I have absolutely no complaint to make against any doctor. They were all good, but they were helpless. I was lying as a patient in that hospital. Well, Calcigard was not available in the hospital. I purchased this medicine for Rs. 135/- from my

pocket. I know it for certain that being a Member of Parliament I am entitled to free treatment, but what does this free treatment mean ?

MR. CHAIRMAN : Please conclude.

SHRI CHIRANJI LAL SHARMA : I have to make one submission. The speaker just preceded me spoke for about half-an-hour. Therefore, in all humility I request you to kindly permit me more time.

MR. CHAIRMAN : But unfortunately the problem is there are so many Members of the Congress Party who want to speak.

SHRI CHIRANJI LAL SHARMA : That is correct. But there should be no discrimination between a Chairman and a Member. As a matter of fact, in the list my name appeared before his name.

MR. CHAIRMAN : There will not be any discrimination on my part.

SHRI ZAINUL BASHER : In fact his name was first, but he was sitting in the Chair at that time. Therefore he could not speak.

(Interruptions)

AN HON. MEMBER : The co-chairman has come to his rescue.

SHRI CHIRANJI LAL SHARMA : Any-way, Mr. Chairman, what I was going to submit is that the Government should take note of all these things.

Medicines are prescribed by the doctors or specialists. I personally went to the Dispensary at Curzon Road. I said, the doctor at Ram Manohar Lohia Hospital prescribed medicines for 12 weeks. The doctor at the Government dispensary, Curzon Road said, "I am helpless; I cannot give you medicines for more than a month; I have no powers". I am living at Karnal. My coming from Karnal to Delhi, when Parliament is not in session, and going back would cost me not less than Rs. 300 if I come by car. I said, "The doctor at the R.M.L. Hospital had prescribed for a period of 12 weeks; why are you bothering me ?" He said, "Sir, I cannot do. I have no power to give beyond one month". The result was, I had to come after a month

again because I needed medicines. These are technical things which the Minister can look into. I did not want anything for anybody else but for myself. These are matters towards which I wish to draw the attention of the Hon. Ministers. Fortunately, both of them are present here.

Then, I come to the medicines purchased from Super Bazar. The people at the Super Bazar say, medicine is not there. We have to get a non-availability certificate. One has to go from pillar to post from shop to shop to find out whether a particular medicine is there. Why do you go to Super Bazar? I do not understand. I can say with confidence, may with sense of responsibility that we can get better type of medicines, standard medicines from other shops than from the Super Bazar. Therefore this restriction should be removed.

Mr. Chairmans, the thread that is used for stitching wounds just at the time of operation is of substandard quality. I am saying this on the basis of personal knowledge. My colleague, Chaudhary Rizaq Ram, ex-Member of Parliament was operated upon at Ram Manohar Lohia Hospital. Eight months have elapsed but his wound has not since been healed. Only the other day, I happened to talk to him. I asked him as to what is the trouble was? He told me that the thread that was used for stitching after the operation was of substandard quality. It has simply sent a shudder into the core of my heart? I was shocked to know that in the standard hospitals where Members of Parliament and VIPs are treated, substandard threads are given for stitching wounds. I would request the Hon. Minister to kindly look into this aspect of the problem as well.

MR. CHAIRMAN : Kindly wind up.

DR. KRUPASINDHU BHOI : Mr. Chairman, he will speak on behalf of me also.

MR. CHAIRMAN : You cannot give him time. Only your Party can give.

DR. KRUPASINDHU BHOI : My name is in the list. But I will not speak.

MR. CHAIRMAN : You don't have

any time. Only the Party has got the time.

SHRI CHIRANJI LAL SHARMA : Mr. Chairman, I had the privilege of being a Minister for 5 years in Haryana and PWD was under my charge. So, I have my finger on the pulse of the officials/offices of the Department. I know where the fault lies. The CPWD officers/officials attached to the hospitals care *tuppenny* for the Medical Superintendent or the CMO. It was in the month of December, when it was biting cold, hot water was not available in the Nursing Home, Ram Manohar Lohia Hospital, not for a day, but for 4 days. Being a patient, I personally called on Dr. Bhargava, the Medical Superintendent. He was good enough to ring up the senior officers of the CPWD. I called on Dr. Choudhary, CMO. He took cognizance of the matter. But all this was an exercise in futility. Officers and officials of the CPWD would come to my room and ask, "What is the trouble?" and I will say, "This is the trouble. I am not getting hot water." After half an hour, another batch of officers will come. Again, another batch of officers will come. But to no avail. I rebuked them, "Well, officers, dear friends, you are not human beings. You are heartless creature" These were the words I used because I was a patient, I was suffering and it was biting cold, and hot water was not available.

I have to make one suggestion in this regard. The CRs of all the officers working in the Hospitals should be countersigned by the CMO or the Medical Superintendent of the particular Hospital with which they are attached so that they know that these senior doctors could make adverse entries into their personal files. That will be bad to the efficient functioning by the officers of the CPWD. They will discharge their duties and obligations with sincerity of purpose and "devotion to duty" will become a maxim of their life. I know it. When I was a Minister, this system was introduced in Haryana when the reports of officers of all the Departments used to be counter-signed by the Deputy Commissioner of the district because he was the administrative answerable to the Government. Everything became all right. Coming to health and education ..

PROF. N.G. RANGA : Are you going to another subject now? Why don't you

write it down and send it to the Minister ?

SHRI CHIRANJI LAL SHARMA : As you please. But I want to say a few words.

MR. CHAIRMAN : You have already taken more than 15 minutes. I am really sorry; you have to conclude now.

SHRI CHIRANJI LAL SHARMA : Lastly, I would request the Hon. Minister to make arrangements for physiotherapy in district and subdivisional Hospitals. This is a must because nowadays spondylitis, lumber spondylitis and cervical spondylitis have become so common that patients have to make a dash very often to Safdarjung Hospital, Dr. Ram Manohar Lohia Hospital and other big Hospitals. The only treatment that is prescribed is physiotherapy. So, I have this suggestion to make to the Hon. Minister. It does not cost much. It costs at the most about Rs. 1 lakh. This will give relief to a large number of people who have to rush to big cities for this treatment.

I had so many points to make but because of the bell that is ringing, I have to abide by your orders. With these words, I support the Demand and I do hope the Hon. Ministers will look into the genuine grievances to which I have drawn their kind attention without prejudice to anyone, without any sort of complaint against anyone, because Facts are facts and they must be squarely faced.

[*Translation*]

DR. CHANDRA SHEKHAR TRIPATHI (Khalilabad) : Mr. Chairman, Sir, I support the Demands for Grants of the Ministry of Health and Family Welfare and want to congratulate the Health Minister for introducing a detailed scheme for extending medical facilities to the rural areas also. In this connection I would like to give certain suggestions. For example, there is a direction that life-saving drugs should be stored in refrigerators. Government have supplied refrigerators to all the Primary Health Centres in the rural areas but most of these refrigerators are either out of order or because of non-availability of power in the rural areas for weeks together, these refrigerators remain off with the result that the life-saving drugs go waste. I want that the Hon. Minister should make arrangements to ensure that these life-saving drugs do not go waste.

Here, I consider it appropriate to draw the attention of the Hon. Minister towards the corruption prevalent in hospitals. I have no hesitation in saying that even how Banaras Hindu University and Sir Sunder Lal Hospital are the two hospitals where doctors serve the patients with the utmost sincerity and devotion. But there are other medical colleges where without charging money, doctors do not prescribe medicines dressers do not dress the wounds and compounders do not administer injections without charging extra money. The entire country is affected by this sort of corruptions. This affects those poor people most who buy medicines by selling their utensils. I would request that these people who exploit the poor should be punished by the administration without any mercy. Diseases like Malaria, T.B., blindness and leprosy have been brought under the National Health Programme. In addition, goitre, filarix, cholera and cancer are spreading in India very fast. These should also be brought under the National Health Programme. A cancer patient comes to know of his disease only at a very advanced stage. At that time it becomes very difficult to save his life. Government should see that if in the district hospitals, the patients cannot be treated due to lack of equipments etc., then at least arrangements should be made to diagnose Cancer at the primary stage so that the life of the patient could be saved. This arrangement must be made. Government in their report have acknowledged that incidence of malaria during the past few years has increased and mosquitoes have not been controlled. Fogging technique has also been adopted. Fogging is done once in four months. But after four months the mosquitoes breed again because there are no regular arrangements to remove dirt and insanitation. Attention should be paid to this side. Everyone admits that our whole progress comes to naught because of increasing population. Every year a lot of money and staff are being provided for the speedy implementation of family planning schemes. In this connection I would submit that there are couples who are ready to undergo operation even after the first issue. If some casualty occurs and their child dies there should be some provision in the law to help them in their old age. The incentives being given for adopting family planning programme should be further enhanced. For one hundred seats in the Engineering and Medical

Colleges, fifty thousand applications are received. I would suggest that the children of the parents who adopt family planning methods should be admitted to these colleges on priority basis. In service also, they should be given priority. I would also say that the Ayurvedic system of medicine had imparted medical knowledge to the whole world but same system has been neglected in our country. For admission to the M.B.B.S courses candidates are required to be Inter Science with Biology whereas for getting training in Ayurveda *i.e.* for admission to B.A.M.S. or allied courses, the minimum qualification prescribed is Inter Science (Biology) with Sanskrit. I would also like to submit that in a country like India, indigenous drugs should be encouraged because these have no side-effects, they are cheap and the poor can afford them and

15.00 hrs.

they will not have to dip into their savings, I request the Hon. Minister to make special provision for this keeping in view the economic condition of the country.

I have yet to raise several points, but as you have rung the bell I would restrict myself to one or two important points. I would like to point out on the floor of this august House that infectious diseases are taking an epidemic form in the entire country. The main cause is the tumblers in which water is served in hotels. A T.B. patient, a person suffering from V.D. and leprosy patient drink water from the same tumbler. The tumblers are cleaned in cold water and again water is served in them to other persons. These tumblers carry germs of these diseases and healthy people also get infected by them. In this way, infectious diseases are spreading rapidly. The second cause responsible for the spread of these diseases is our telephones, which are used by all types of persons. It is a serious matter and it should be studied in depth so that the spread of these diseases could be checked. I would like to say that the earthen pots should be used in small hotels to serve tea or water, They can be destroyed after use. In big hotels, tumblers must be cleaned with boiled water or water mixed with potassium permanganate so that these diseases could be checked from spreading.

Sir, in the end I would like to submit

that doctors do not want to serve in the villages. Besides, health centres have been set up far away from villages and there is total lack of ANM in them. The reason being that they are provided with residential accommodation at places far away from the village and having no means of communication. There are no arrangements for supply of water and electricity there. No arrangements are made even for their security. That is why patients in the rural areas are deprived of the benefit of medical attention. I would like to say that Government should take steps to improve the situation. Only then our family welfare programme could prove to be a success.

[English]

DR. V. VENKATESH (Kolar) : Mr. Chairman, Sir, I would like to start with the universal truth, "If wealth is lost, something is lost, but if health is lost, everything is lost." According to the W.H.O., health is a state of complete physical, mental and social well-being and not merely the absence of diseases or deformity.

One of the fundamental rights of every human being, irrespective of the race or religion he belongs to or the political belief he holds, is to be ensured a good health. Owing to several factors like lack of health-consciousness, low per capita income, lack of adequate education, non-availability of proper sanitary conditions and safe drinking water, unhealthy social taboos, etc., it has not been possible to secure good health for all Indians. Though we have eradicated plague and small-pox, various other diseases like cholera, malaria, leprosy, tuberculosis, blindness, filariasis and several other diseases have not yet been contained.

There is a wide prevalence of insanitary conditions in urban and rural areas. The provision of protected water supply and drainage is totally inadequate. Even after so many years since we got independence, the women, to answer the call of nature, have to go to open places where there is no privacy. The food consumed by the average Indian is both insufficient and ill-balanced.

The curative and preventive health services are totally inadequate. At the time of inde-

pendence there were one doctor for every 6,300 people, one nurse for every 43,000 people, one health visitor for every 4,00,000 people and one mid-wife for every 60,000 people; there was only 0.24 bed for every 1,000 people. But even after independence; the position in respect of doctors, nurses, health visitors, mid-wife and provision of bed has not sufficiently improved.

Hospitals and dispensaries, particularly in rural areas, are grossly insufficient, and the quality of service is very poor. Today we have failed to provide adequate medical care; we have failed to provide all consultant laboratory and institutional facilities for proper diagnosis and treatment.

They have failed to provide all consultancy, laboratory and institutional facilities for proper diagnosis and treatment. They have failed to serve the rural population of the country who are very much ignorant and poverty-stricken by providing mobile dispensaries to remote places.

The Government has not taken up any efforts to unify and integrate the organisation at various levels. The eradication of small pox, malaria, filaria, tuberculosis and leprosy should be taken on an integrated approach both at organisational and treatment levels. The burning problems in the country in the field of health are tuberculosis, leprosy, malaria, filaria and over-population with malnutrition and high infant mortality and blindness. In this regard the government is not taking enough preventive measures.

The Government is eager to have modern industries without checking the pollution hazards. The country is having insufficient food supply and there is more adulteration in food materials supplied causing more and more incidence of cancerous conditions. There are not adequate diagnostic facilities and treatment institutions to serve the rural population of the country.

In the field of maternity and child health women generally suffer from the worst form of malnutrition, especially in poor families. Men are given the first claim, children the second claim and the mothers the last claim.

Mal-nourished mothers give birth to unhealthy infants and have problems to adequately nurse them. Such infants often die. When they lose the infant, they go in for further pregnancy. Thus women in poor families conceive quickly and that diminishes their occupational and economic status. Repeated pregnancy not only increases the population but exhausts the mother and weakens her health.

About 50% of the pregnant women in India suffer from nutritional anaemia in the last 3 months of pregnancy. The number of pregnant women adds up to 23 millions every year. An estimated 76% of them are from rural areas. The problem of nutritional anaemia among expectant mothers is thus more pronounced in the countryside.

An effective prophylaxis programme to prevent blindness due to vitamin A deficiency among the children in the age group of 1-5 is very much needed. We should also have a maternal and child health programme to bring down the present high rate of morbidity and mortality among mothers and children. In this direction, the Government of Karnataka has given certain economic benefits to pregnant women in the last 3 months of pregnancy in order to keep mother and child healthy. I request the Government of India also to provide in the same manner certain economic benefits to women of weaker sections throughout the country.

I come from Kolar district which is very backward. It has no sufficient water even for drinking purposes and is periodically visited by drought. In recent years the outbreak of Japanese encephalitis is very common. The KFD (Keshnoor forest disease), a deadly viral disease causing permanent disability is causing much disaster to the rural population in Karnataka. The Hon. Health Minister has not taken any note and no specific measures to manufacture vaccines to fight these peculiar diseases have been taken.

Every time our heart beats there are approximately 2 more births than deaths. The world birth and death ratio is 29 and 12 respectively for every 1000 people. Thus we are living in an age of population explosion. If the present rate of population growth continues, it would take only 12 1/2 years to add

one more billion to the world population. At sunrise on the 1st day of the next century there would be at least 6.2 billion people on this planet, each sharing an area of 0.02 sq. km. India being in the second rank in population explosion will suffer the worst.

We all want to give a better life, for our women, a better life for our children. There are 3 basic improvements needed in the lives of women which have a direct influence on the infant mortality rate and healthy growth of the children. 1. More nutritious food for the women during the crucial time of pregnancy and breast feeding and for children during the weaning time. 2. More choice for the women to decide about the size of their families and the interval between the births. 3. More education to increase women's access to vital information.

The Government of India have not taken specific measures in this direction. I want the Hon. Minister for health to have some specific programmes to achieve these aims.

Then, Sir, regarding incentives for family welfare, to make a worthwhile dent on the population control, the government has not come out with any package of incentives considering the shortcomings in the family welfare performance over the years. It is high time that the Government adopts a minimum national action programme on incentives such as cash incentives for couple undergoing terminal method of family planning. Special benefits for voluntary opting for one child should be given. Special increments should be given to those who are working and opting for one child. Allotment of houses, loans at lesser interest, leave and travel concessions and income-tax rebate, reduced electricity and water tariff for those adopting the small family norm should be considered.

Special efforts should be made to provide jobs for women on a par with that for men. We should train more women to be teachers and technicians. We should have methods both for men and women and contraception should be the responsibility of the family.

Our doctors are underpaid and as a result they are going abroad for a better life and facilities causing more vacancies in country-

side hospitals and dispensaries and malpractices increase in the medical profession.

In order to contain these maladies the Hon. Minister for Health has not come out with the proposal of nationalising the medical profession. I propose to provide a minimum pay of Rs. 5,000/- and ask the doctors to serve the suffering population in the rural areas, providing housing facilities etc. There by the Government can also check the 'brain drain' which is a menace to our developing country.

I conclude with the universal truth that "prevention is better than cure."

PROF M. R. HALDER (Mathurapur) :
Mr. Chairman, Sir, having got the privilege to speak on the health budget I would like to support this budget because this budget is matured by very healthy statistics. I have gone through the booklet which is published by this government, namely, National Health policy and also the Report of this department for 1984-85. I have gone through these books intuitively which follows that the policies and the steps taken by this government are praiseworthy. It follows from the Report that this government will try to instal primary health centres and subsidiary health centres and subcentres in different areas of our country with certain norms.

It is written for 30,000 population one primary health centre would be constructed and in some special cases like scheduled tribes areas and hill areas there are some concessions. Where there are 20,000 people one health centre and where there are 5,000 people one subsidiary health centre will be formed. I would like to draw the attention of the Hon. Minister to the fact that I am coming from Mathurapur Parliamentary constituency which is in Sunderbans area which is most neglected since Independence. I have already written to the Hon. Minister regarding health problems of that area. I wonder whether any parallel to the type of problems faced by our area is available in our country. In Sunderbans there are seven to eight Islands and each Island is at least ten to fifteen kilometers away from the headquarters. Then there are the areas from where if a patient is taken in an emergency to the headquarters it will take 3 to 4 hours. Since Independence the people of

Sunderbans have been neglected from their health point of view.

A little while ago one of my friends from the Opposition said that there should be coordination between water supply and environment pollution department.

I agree with that proposal. A few days ago, I put a question in this Parliament and I got a reply from the Minister in charge of Housing. In the reply it was stated that in the year 1984-85, Rs. 12 crores of money was refunded by West Bengal Government to the Centre. What is it due to? It is due to the inefficiency of the Government of West Bengal. They have not been in a position to maintain the other charges so that the money could be spent. I am of the opinion that there should be correlation between this Department and Water Supply Department along with Environment Pollution Department. But at the same time I would be congratulating the Hon. Minister if something is done to the people of the Sunderbans area. People are not only suffering from water problems but they are suffering from many other problems.

Here I would like to point out another very important matter. It is known to everybody that most of the Blood Banks are situated in city areas. But what about the people of the rural area? It is known from statistics that majority of our people are living in rural areas. A peasant who is seriously injured or in disease needs blood. But for getting blood he has to go to a city which is about 100 miles away or 200 miles away from the rural area. My suggestion to the Hon. Minister is this. In each sub-divisional hospital there should be provision for keeping blood. There should be blood banks established in each sub-divisional hospital. For X-Ray, the peasants have to go to cities only. There are no provisions for X-Ray in the rural areas. I wish to suggest that in each Primary Health Centre there should be provision made for taking X-Ray.

I wish to tell the Hon. Minister something about life-saving drugs. It is known to everybody that there are so many ingredients by which medicines are manufactured. Those ingredients are imported from outside the country. There are so many agencies in our country. Only a few companies are importing

those ingredients for manufacturing life-saving medicines as a result of which poor people are not getting the needed life-saving medicines. So, my suggestion is, Government should take necessary steps so that Government itself may import these ingredients of life-saving medicines and supply them to all the companies, big as well as small, so that they may manufacture the essential life-saving drugs. Regarding the prescription of medicines, the WHO has cautioned that a few medicines are back-dated which are not only harmful but also have adverse effects. These are being prescribed by doctors in this country although they know these things fully well.

In this context, I would like to draw the attention of the Hon. Minister so that she may take necessary immediate steps to stop using those medicines in our country. Otherwise they may have adverse effect on the patients.

In this connection, I would also like to request the Hon. Minister to do something for the people of Sunderban areas in West Bengal because the people of those Islands who will be constituting not less than 15,000 or 20,000 deserve special care and attention of the Health Minister and the Health Department. I also take this opportunity of inviting the Hon. Minister to visit my constituency so that she may be in a position to know the condition of the people living there, especially in the matter of health and sanitary conditions in those areas. My friend, Shri Sanath Kumar Mandal is also representing the Sunderban areas. On behalf of the people of my area, I would again request the Hon. Minister to pay a visit to my areas so that she will be in a position to get the first hand information regarding the health conditions there. With these words, I support the Demands for Grants of the Health Ministry.

SHRI ANANTA PRASAD SETHI (Bhadrak) : Mr. Chairman, Sir, I rise to support the Demands for Grants relating to the Health Ministry. Sir, it has been very well stated that 'Health is wealth'. A well-fed healthy people are the greatest national asset because human beings are not only the end, but also means of all economic developments. Human welfare and efficiency go together. Healthy people are the greatest national asset. To achieve this, we all should have a joint effort

to enable the citizens to live in a healthier and better life. It is no doubt that the Government is quite aware and the Government is taking every step relating to family welfare as also medical health care services, preventive measures, curative measures, etc. A sizeable fund has also been allotted for this purpose in the recent budget provision. I am sure that in the coming five years, our Government will no doubt achieve its targets and endeavours.

Sir, first of all, removal of malnutrition is the biggest step in promoting health of the people especially children and expectant mothers. I know that the Government is aware of these problems and taking effective steps for a promotive, preventive, curative and rehabilitative health care for mothers and children under 20-Point programme. We all have accepted that in medical cases, preventive methods should be adopted and priority should be given to this aspect than curative measures. But practically what we are doing is that we continue to allocate 80% of the allocated resources to curative aspects. So, unless malnutrition is abolished, drinking water, sanitary amenities are provided, housing for the poor is improved and basic health education is imparted, no amount of hospital and drugs is going to help. In this connection, I request the Hon. Minister to initiate and take determined action to strengthen preventive measures for promotion of public health.

No doubt, the Health Ministry is taking steps for controlling major diseases like TB, leprosy, small pox, malaria etc, which are mostly confined to rural areas. These diseases are there in these areas, because there are no hospitals with proper facilities to take care of these people. The Government is also taking necessary steps to carry out cataract operations on a large scale by providing financial assistance to voluntary organisations in order to check blindness, which is found mostly in the remotest corners of this country. Government is aware of it and taking necessary steps in this behalf.

Then, facilities for cancer diagnosis and treatment have been developed in almost all major hospitals in the country. But instruction and suggestion should also be given to the people side by side to remain free from alcoholic drinks which are most harmful to the

health. This could be done by campaigning through different media in the remote areas.

The modified plan of operation for control of malaria was conducted during 1984-85 by which the incidence of malaria has declined from 6.5 million in 1976 to 2.18 million cases in 1982. The national filaria control programme strategy to tackle the problem of rural filariasis is in progress. The infant mortality rate which was at the level of about 127 or above for a number of years has declined to 114 in 1982. More attention should be given to reduce this rate more rapidly. In this connection, I request the Hon. Minister to appoint village health guides to every additional primary health centre for better health promotion. This will remove the social stigma which has crept in our society since a long time.

Much has been said in regard to our family planning programme. The rapid growth of population has been one of the greatest impediments in the way of improving the standards of living of our people. Ever since the dawn of the era of planned development in 1951, the Government has been treating population as a central issue for the national developmental effort. In developing countries like India, the high fertility can outstrip the efforts to faster prosperity. It was in recognition of this fact that India launched an official family planning programme to promote decline in birth rate. Government has taken it up boldly, and steps have been taken to ensure public involvement through a massive programme of educational campaigns and publicity.

The mass media particularly Door Darshan and AIR are being utilised for the motivational campaign. Spacing, methods are encouraged as much as terminal methods and the two childred family norm is now emphasised for the implementation of this programme. In this connection, I would request the Hon. Health Minister to keep a vigilant eye on the adoption of this programme even in the remotest areas where it is needed much.

Besides, I would like to refer to the health conditions prevailing in my State. Our State Government has projected a sum of Rs. 12,399.00 lakhs for the Seventh Five Year Plan and Rs. 2408.00 lakhs for Annual

Plan 1985-86. But the ceiling for the Seventh Five Year Plan has not yet been received from the Planning and Coordination Department, in the absence of communication from Government of India.

Now I want to discuss the suggestions of the State Government as to how far the Working Committee has recommended for the development of health and family welfare in Orissa.

First of all, the suggestion was to establish 100 new Primary Health Centres, 25 upgraded PHCs, construction of 300 sub-centres and conversion of 39 Ayurvedic and Homeopathic dispensaries in the Seventh Plan period for which a sum of Rs. 1657.17 lakhs was projected. But the Working Group has recommended the establishment of 50 new PHCs, conversion of 450 rural dispensaries into PHCs, construction of 500 sub-centres and conversion of 42 sub-divisional hospitals and 135 community health centres. They have recommended Rs. 3402.00 lakhs for the Seventh Plan period and Rs. 675.00 lakhs for the year 1985-86. I would request you to go deep into the matter and see that more allocation of funds be sanctioned from the Centre for the implementation of the programmes immediately. As Orissa is a poverty-ridden State and the general health condition of the people is worse, more care and initiative should be taken for the promotion of health, by providing more accident units in National Highway Hospitals additional beds in district and sub-divisional headquarter hospitals and construction of staff quarters.

Secondly, as per the requirements of the Government of Orissa, the State Government has projected a sum of Rs. 3410.95 lakhs for medical education and Rs. 30 lakhs for research work during the Seventh Five Year Plan. For this, the Working Group has suggested Rs. 700.00 lakhs for medical education and research. But Orissa medical colleges and research institutes need more modern, scientific and sophisticated hospital instruments for further research.

As there is no medical research institute in Orissa, I would request the Hon. Health Minister to establish a centrally sponsored research institute in Orissa, especially in Bhubaneswar.

Since ISM and homeopathy systems of treatment are getting more popular in the State day by day, the Government of Orissa has suggested that 126 homeopathic dispensaries, 126 Ayurvedic dispensaries, 25 Unani dispensaries and three hospitals—one Ayurvedic, one Homeopathic and one Naturopathic—should be established. For this purpose, the State Government has projected a sum of Rs. 1016.82 lakhs and the Working Committee has recommended Rs. 500 lakhs in the Seventh Plan. So, I would request the Ministry to allot more funds for establishing the above mentioned hospitals and dispensaries. A vigilant eye should also be kept on the sanitary conditions and maintenance of the hospitals and operation theatres. Arrangements should also be made to supply free medicines to the poor and needy patients who cannot purchase costly medicines from the outside market for their treatment. These poor people, who are not able to maintain their families with their earnings, how will they be able to purchase the medicines from the outside market? So, more attention should be paid to poor people from backward areas, where especially, Scheduled Caste, Scheduled Tribe and backward classes people are living.

I would like to mention another most pertinent problem of Orissa. The State has always been affected by natural calamities since long. At the time of these calamities like flood, drought etc., the distressed people in the interior areas are not getting medical facilities due to which very often, they are losing their lives.

15.35 hrs.

[SHRI SOMNATH RATH *in the Chair*]

Taking this problem into account, I would request the Central Government to implement a permanent programme by which the age-old problems may come to an end.

In conclusion, I welcome the National Health Policy's goal of 'Health for All by 2,000 A.D.'. I am sure that under the effective and dynamic leadership of our young Prime Minister, we will definitely and without doubt be successful in fulfilling our aims and objectives. Thank you.

DR. C.P. THAKUR (Patna): Sir, I

thank you for giving me this opportunity to speak on the Demands for the Ministry of Health and Family Welfare. I congratulate the Government for reducing the import duty on Linear Accelerator and Magnetic Resonance and other vital sophisticated equipment. But here, I would like to give a suggestion : there should be a provision also, that when these instruments are purchased, the company which gives these instruments should give a guarantee for the supply of spares and repair facilities for at least five years. Otherwise, in most of the institutions, such costly instruments become junk.

Secondly, I also congratulate the Government for reducing the duty on intermediates which are used in the manufacture of Refampicin, a drug which is used in the treatment of tuberculosis and leprosy. Here, I would like to mention that in the treatment of tuberculosis, we start with three drugs. This is very costly. So is the case with leprosy. I suggest that Government should either heavily subsidize the treatment of these two diseases, or there should be a free supply of the medicines to the patients. Otherwise, the patients cannot afford to continue the treatment. They leave the treatment, and then they develop drug resistance.

By our sustained efforts, fertility rate has been reduced, life expectancy has been increased and mortality rate has also been reduced. But here, in the booklet given by the department, it is said that with the increase in life expectancy, we are now going to face the problem of old age, i.e. geriatrics. There is no mention in the book about how to tackle the problem of geriatrics.

Now I come to the question of medical education. It is very unfortunate that the standard of medical education in this country is going down. No less a person than the Chairman of the Indian Medical Council has openly said to the Press that the standard of medical education is going down in this country. The reason for this is not far to seek. The educational institution controlled by the Centre, viz. Jawaharlal Nehru Institute of Post-Graduate Medical Education and Research at Pondicherry is under the threat of de-recognition by the Indian Medical Council. If that is the fate of a Centrally-controlled institution, then you can very

well imagine the fate of the institutions governed by the provincial Governments.

Here, I will suggest that there should be a yearly quality assessment of all medical colleges in the country. Otherwise, we will produce sub-standard doctors, and people will say that possibly, the Department wants to do family planning in a roundabout way. So, the standards of education should be improved. There should be some quality control among the medical colleges.

I would also suggest that in each State, at least there should be one hospital which should be a complete hospital, provided with all facilities—at least one in each State. If possible it should be financed by the Centre. In Bihar, there is no single institution, except the very old Mental Hospital in Ranchi, which is financed by the Centre. That is all. There is no institution worth the name in the health sector, financed by the Centre. I suggest that the Indira Gandhi Institute of Post-Graduate Medical Education and Research should be taken over by the Centre, and it should serve as an apex body for the whole of the State of Bihar.

I would also mention that the Indian Council of Medical Research under the Ministry of Health has taken over one very big institute, viz. the Rajendra Memorial Institute at Patna; but they are doing nothing there.

They are not able to appoint a Director in the last 4-5 years in that Institute. So, I think that Institute also should be developed into a very good research institute for tropical diseases.

Health education in India has not been given proper attention. If we want to achieve health for all by 2000 A.D., then we have to lay more emphasis on health education. In this programme, doctors, para medical staff of the health, retired persons and health guides should be involved. Priority should be fixed and many of the programmes of family planning, prevention of diseases, immunization, etc. can be propagated through this health education programme.

Now, coming to the family welfare programme, I do not know how they have given

this name to this programme. What welfare to the family is done by this Department? Now, at least some persons from the Department, after the marriage of any couple, should go to the couple and explain about the family planning, their advantage, etc. Last year, I was doing a survey and I found that still women were coming with 10 children, 11 children, 12 children and even 13 children. I can say about my province that except in a very highly educated family, people don't think about family planning unless they have at least four children and that too two sons and two daughters. If they have four daughters, then they will go on producing children till a son is born. So, that is the state of affairs there. I suggest here that more propaganda is needed in this system also. In that family welfare programme, the government is providing two pills and these pills contain very high concentration of oestrogen; and after the modern research it has been found that if we give high dose of oestrogen, that would produce breast cancer and cervical, and cardiac vesicular diseases. So, I think the government should take note of it and see that these pills should not contain that much concentration of oestrogen.

Coming to eradication of diseases, in that paper, there is no mention about eradication of kalaazar. There were two questions recently in Parliament—one from Bihar MP and another from Bengal MP—saying that Kalaazar is rampant in that part, If a proper scheme is funded by the Central Government, then this disease can be eradicated by spraying DDT.

ICMR has been doing research on anaemic in pregnancy. I think this government at least can do one thing, they can supply free iron tablets to the pregnant ladies; that itself will serve a big purpose in our society because so many women die because of anaemic problem during pregnancy and during delivery. They lose a lot of blood during delivery and they die because of that; and that anaemic control programme will go a long way in improving the life expectancy of the women in the country.

In spite of many years of freedom, we have not evolved a food policy. Every government should evolve a food policy especially in our country. It has been now

proved by research that brain develops more during intra-uterine period and in early part of infancy. So, you must provide adequate protein to the mothers, to the children in the early part of their life. So, there should be some food policy for the prevention of sub-development of nervous system including brain and also for the prevention of protein and energy mal-nutrition and deficiency disease and also prevention of heart disease in the elderly age group. So, the government should come out with a food policy for the whole nation.

Some of the life saving drugs are not available since years. One drug is busulfan; this is for the treatment of chronic myeloid leukaemia. The patient runs from pillar to post to get this medicine and they spend a lot of money; still they do not get it. So, all the life saving drugs at least should be available in this country. The Minister of Chemicals and Fertilisers has said that the Government is going to have a drug policy soon. There should be a drug policy according to the necessity and priority of our country. In our country infectious disease is very common. The infectious disease should be given priority in formulating the drug policy.

[Translation]

SHRI RAMASHRAY PRASAD SINGH (Jahanabad): Mr. Chairman, Sir, today we are having discussion on an important and basic problem. Everybody knows that our country's population is 70 crore 40 lakh today and the number of hospitals has not increased in proportion to the increase in population. I would like to say something about the existing hospitals in the country. Today, two types of hospitals are functioning in the country, that is, the government hospitals and the private hospitals. The condition of the private hospitals is better than that of the government hospitals functioning in the rural areas and the district hospitals. Why is it so? The reason is that it is the affluent section of the society which gets treatment in the private hospitals. These hospitals are run by those doctors who are employed in other hospitals. People are losing faith in your hospitals. Today, 50 per cent of our people are living below the poverty line. When they go to hospitals for treatment, they do not get medicines there

also. I have seen that patients have to purchase even bandages, what to say of medicines. I am talking about the Patna Hospital. Patients have to purchase bandage from outside, what to say of the availability of medicines there. You say that medicines are supplied in hospitals free of cost. Where do these medicines go? You will have to answer it. The poor die in their houses without medical treatment and they die in hospitals also. You must pay attention to this aspect. You will have to see to what extent medical facilities have been provided to the poor people and whether sub-standard medicines are being supplied to them. Sub-standard medicines are purchased because the dealing officer gets commission. Besides, the agents of drug manufacturers offer samples, which are approved by your officers and medicines are purchased from them only. These sub-standard medicines can even cause death of the patients. Today, people are dying due to non-availability of medicines or due to sub-standard medicines. It is a slur on the Government of a country where a large section of the people die either without medicines or due to sub-standard drugs. We shall have to think how we are to remedy the situation. There are many doctors in Bihar who have passed their examinations but are sitting idle. Government should remedy this situation.

So far as family planning is concerned, a lot of amount is being spent on this programme, but the result has not been commensurate with the expenditure. What are the reasons for that? I belong to a rural area. I have come to know that the employees are warned that if any of them is not able to achieve the target, his services would be terminated. They give the names of those people who have already undergone sterilisation operations. On paper, it is shown that so much work has been done in a particular area, but the reality is somewhat different. That is why this programme has proved a failure. A house to house campaign should be initiated to educate the people that increase in the country's population is responsible for the deteriorating conditions in the country. We have observed that even the poor are taking to family planning wherever the family planning programme has been launched. Doctors do not work properly in the rural hospitals. Bihar tops in every respect. All the evils can be seen in Bihar. I do not hesitate in saying that all kinds of evils are

there in Bihar. The poor do not get medicines there. The doctors are being appointed at the same place where they reside. They are earning money by doing private practice. If you want to improve the situation there, you will have to ban private practice. Every year the situation is discussed and would continue to be discussed. But the situation is getting worse day by day. Government are receiving various suggestions from here. These suggestions will prove beneficial only after the shortcomings have been removed. Only after that, we shall feel that Government have given benefit, to the common people, of the suggestions which were given to them. But it does not happen so. Nurses have been on strike for the last several days in the Lok Nayak Jaya Prakash Narayan Hospital. In fact, their demands are not-so significant. Government have conceded some of their demands. Despite that, the officers concerned are not fulfilling those demands. Who is suffering on account of this strike? The officers are not following Government's orders. Government should conduct an enquiry to find out why their orders are not being implemented. Patients are being put to great difficulties. Government should pay attention towards it. Bihar Government had appointed Sunil Mukherjee Committee. This Committee had submitted its report to the Bihar Government in which the Committee had recommended the setting up of a medical college there. The said report has been sent to the Central Government. But the Central Government have not accepted this recommendation. We want the Central Government to reconsider their decision and accept the suggestion of the Bihar Government for the setting up of a medical college in Bihar so that more and more people could get the benefit of medical treatment.

SHRI MADAN PANDEY (Gorakhpur) :
Mr. Chairman, Sir, first of all, I would like to congratulate the Hon. Minister that in the Budget proposals of the Ministry of Health, an attempt has been made to provide medical facilities in the rural areas. Though the intention is good, yet there may be shortcomings for one or the other reason. While congratulating him I would like to draw his attention towards these shortcomings. I shall take up family planning first. A lot of publicity is made in respect of family planning. If emphasis is laid on its implementation aspect, I feel it will prove more successful be-

cause an atmosphere has been created in its favour. Both the rich and the poor in the country have now realised that if population is not controlled and if family planning methods are not adopted, our country will slide backward. Mr, Chairman, Sir, we are facing a difficulty in this regard. I read in the newspapers one or two days back that now deluxe Nirodhs are also available. Now a situation has developed when Nirodhs have also been categorised. While drawing the attention of the Hon. Minister I would like to submit that the atmosphere of categorisation created in other fields should not be allowed to be created in respect of Nirodhs and family planning.

A serious situation has been created in our medical field that owing to mismanagement people have almost lost confidence in the Government hospitals. In Delhi you will see that the number of private nursing homes of course not of the size of All India Institute of Medical Sciences is increasing. You will see a great rush in them and people are having more and more faith in them because of better facilities. I feel that capitalism has started entering the medical field also. While drawing the attention of the Minister, I would like to say that Government must take steps to change this trend and he must touch this point while replying to the debate.

Dhanvantari and Hakim Lukman used to be guiding stars for our medical practitioners. When we see the country's budget, the Hon. Minister deserves commendations, in so far as other things are concerned.

But, at the same time, I would like to submit that Allopathy should not be imposed on us as the English language has been imposed. The Indian system of medicine, is recommended everywhere but out of the total allocation of Rs. 537 crores in the budget for the year 1984-85, only Rs. 29 crores have been earmarked for the Indian systems of medicine. It is a matter of serious concern. A meagre sum of Rs. 29 crores would be spent for the development of Indian systems of medicine which includes Homeopathy Ayurvedic, Yunani and other system of medicines. All of them have been provided with only Rs. 29 crores. I would like to request the Hon. Health Minister to examine if a conspiracy is not being hatched to ridicule the Indian systems of Medicine. Homeo-

pathy is gaining popularity these days and the children of all the M.Ps. want to receive Homeopathic treatment. It is a matter of shame for us that the Indian systems of medicine are neglected and Ayurvedic is becoming extinct in a country which had produced medical practitioners like Dhanvantari and Lukman. The Vaidyas are rightly blamed for such a situation. Previously, pathological tests were carried out by simply feeling the pulse, but they did not train their disciples in this art. I would like to ask Government what they have done for the development of the cheap Indian systems of medicine? I agree that your intentions are very good, but, for the present atmosphere and situation, we all are responsible to great extent. I would like to submit to the Hon. Health Minister that like Allopathy necessary allocations should also be made for Indian systems of medicine, whether it is Homeopathy or Ayurvedic or Naturopathy. You should explore the *vaidyas*. No expert *vaidya* would come to you to ask for a job with the qualifications which you have prescribed for them rather you will have to look for him. You will have to honour them and ask them to do research work for the development of the Indian systems of medicine. If you do this, you will find that you would not have to spend billions of rupees on health. Drugs and medicines worth billions of rupees are being imported in the country from abroad. Every Hon. Member of this House has expressed concern about spurious drugs. How much helpful could you prove in the efforts to check such spurious drugs? If you take steps to eliminate such activities, you will find a definite change in the situation.

I would like to mention one more thing in this regard. I had raised this matter under Rule 377 also and this matter is regarding the mosquito menace. Three fourths of the diseases in India are caused by mosquitoes and flies.

16.00 hrs.

In New Delhi you have controlled mosquitoes and flies, but in Outer Delhi, this menace is still there. The menace of mosquitoes and flies in the old Delhi area beyond the railway line, is as great as in the rural areas. Till now you have implemented the malaria eradication programme and Kala-Azar eradication programme, but if you

initiate mosquito and fly eradication programme, the diseases like Malaria and Kala-Azar could be eradicated. I would request you to do as much as possible in this Budget. The bell has been rung and the Hon. Chairman is very kind. If I find an opportunity, I would give you suggestions in writing also. With these words, I congratulate you and urge you to provide more funds under this Head.

SHRI MANOJ PANDEY (Bettiah) : Mr. Chairman, Sir, first of all, I would like to draw your attention to the speech of our late Prime Minister, Shrimati Indira Gandhi, which she had delivered in the World Health Assembly in 1981. She had said :—

(English)

“In India we should like health to go to homes instead of a large number gravitating towards centralised hospitals. Services must begin where people are and where problems arise.”

[Translation]

The greatest need of today is of paying attention to the health programmes being implemented in the rural areas of our country. I would like to say a few words about the Primary Health Centres.

During the First Five Year Plan, there were 725 Primary Health Centres and 17,521 Sub-centres and at the end of the Sixth Five Year Plan, the number of Primary Health Centres and Sub-centres has risen to 5,955 and 65,643, respectively. This in itself shows how much importance we attach to it and we have made tremendous progress in providing medical facilities in the rural areas.

There are mainly four functions of the Primary Health Centres—the first is the curative part, the second one is the preventive part, the third is health promotional aspect and the fourth is family planning. Many Hon. Members have expressed their views about the family planning. I would like to draw your attention towards the preventive part.

The preventive part consists of sanita-

tion, water supply and nutrition, our food-stuffs are being adulterated, which is the cause of many problems.

I would like to say a few words about water supply. I come from North Bihar, where most of the areas are affected by worm infestation. There are worms in the stomach of the people which cause many diseases. These diseases are prevalent not only in our State, but there is worm infestation in every part of the country. Many medicines have been produced for this purpose and there are no two opinions about it that these medicines have their effect also, but we have not been able to launch any-control programme against this menace. Why would we not have a centrally Sponsored Control Programme against worms so that the persons suffering from worm infestation could be protected from various kinds of diseases and such diseases could be controlled?

Secondly, I would like to speak about the rehabilitation of health education. Hon. Members have given very good suggestions about many aspects of the health education. I would like to say in this regard that there are many diseases like leprosy and tetanus whose main part is rehabilitation. The poor people living in the villages do not have any knowledge about the diseases they are suffering from. Therefore, the diseases should be detected first so that these could be treated. I would, therefore, request that the Government of India should allocate more funds under this Head.

Sir, there is worm infestation in a major part of our country and where people are suffering from goitre, iodised salt is distributed to them. There is shortage of salt for the last several years in our country. It is difficult to say what the reason for this shortage is. It is not shown, if it is due to fall in production or there are other reasons. I would like to say that there should not be shortage of iodised salt and its production should be sufficient to meet the requirement. It should be available to the people at reasonable prices. Sometimes, iodised salt is sold at a price higher than that of the ordinary salt and naturally the poor people will purchase the cheaper salt. With a view to provide protection to the people, iodised

salt should be made available according to the requirement in the rural areas and it should be cheaper than the ordinary salt.

I would like to speak about private practice also. Private practice is allowed in Bihar. It is an open secret that all the Government doctors are doing private practice. If private practice is stopped all of a sudden, it is not going to solve the problem. This is the situation there. Once earlier private practice was banned in Bihar, but the situation worsened instead of improving. There are 1800 beds in the Patna Medical College Hospital, but the number of patients is not less than 3000 or 3500 on any single day. Patients are found lying on the floor of the hospital. We wanted to improve the situation by banning private practice; but the situation could not be improved. Private practice has to be banned in phases. When people would understand the situation, it could be abolished.

In the end, I would like to express my thanks to the Hon. Minister and support these Demands.

SHRI MOOL CHAND DAGA (Pali) : Mr. Chairman, Sir, the Government of India have formulated the National Health Policy recently, in which it has been said that health for all would be guaranteed by 2000 A.D. A very good message has been given. All the people would then have good health. But, at present, 50,000 persons die of tetanus whether they die in the hospitals or outside the hospitals. Similarly, 25,000 persons die of Diphtheria and 3,300 persons suffer from whooping cough and 30 lakh children fall victim to night-blindness every year.

16.10 hrs.

[SHRIMATI BASAWA RAJESHWARI in the Chair].

One crore people in the country are blind even today. Their number goes on swelling. How is it that even today 16 lakh people in two lakh villages do not get potable drinking water... (Interruptions). . . Let it be 14 lakhs. The situation is so grim. The report submitted by the Bhore Committee indicates how schemes are formulated.

[English]

If India lives in villages, the focus of health-care should be the village.

[Translation]

The Bhore Committee report goes on to say that keeping in view the magnitude of the population in villages, we should focus our attention on villages. But, what happens? You may be straight forward, but the officials of the Health Department are not straight forward in their statements. Instead they conceal the truth. The fact remains that the allocation of funds to the Health Department is very meagre. If you have a look at the plan allocation of this Department, you will find that in the First Five Year Plan, the allocation was 4.5 per cent of the total plan outlay, in the Fourth Plan it was 2.9 per cent and in the Sixth Plan it was further reduced to 1.9 per cent. Thus, its allocation has successively decreased. Then, how do you hope to achieve health for all in future? Even now, at least 3 crore people in the country are such that they do not have proper arrangements of latrines in their homes and one crore people carry their night soil. A British women journalist had passed a remark which was very very shameful that India was a big latrine where people eased themselves here and there. This is the situation of the country and you tell us that the health of the countrymen will improve. They make big claims but conceal these things. You just think why these things are concealed.

This report makes a beautiful presentation. Its cover is very beautiful. The proverb "much cry little wool" comes true here. On the face of it, the book gives a very good look, its cover is so fine that the hand slips over it, then why read it? They claim that your average age by 2000 A.D. will be 64 years. I ask, what your average age is today? Why do they not reveal it? The average age even in small countries is 70 years. You take the case of Mongolia, Morocco, Jamaica. Compared to which country is your average age high? The rate of mortality in Sri Lanka is 3 per cent. What about you? When you quote figures, you select in countries whose figures are low and you project them. What do you propose to feed us with when you say that by 2000 A.D. our average age will be 64 years? I ask what the average age is today. You are not telling about 1984-85, but you say that it will be 64 years by 2000 A.D. This is how you present the figure and mislead the people. But, your department cannot

escape the sharp eyes of the people. Have you ever heard, where your medicines are sold? All these hospitals are dens of corruption.... (Interruptions). This is written in your book. The Estimates Committee of this House has said in its report :

[English]

"Medicines amounting to Rs. 1.34 crores in 1978-79, Rs. 1.18 crores in 1979-80 and Rs. 1.60 crores in 1980-81 were purchased direct by Chief Medical Officers in the various cities where CGHS is in operation, without any check whatsoever. That there was no approved testing house in Patna..."

[Translation]

Patna is very famous. Those belonging to Patna do not even hang their heads. The report goes on to say :

[English]

"No check was made in Bangalore either, even though approved testing houses were there. The direct purchases made there amounted to Rs. 41 lakhs in 3 years. This is negligence of a high order which deserves to be condemned."

[Translation]

You may condemn them as you like but there doctors purchase sub-standard medicines. And what is the situation with regard to the system of issuing medicines. A member of Parliament was saying in connection with the services of your C. G. H. S. in the villages that he had to make rounds far a month for the medicine. It further says.

[English]

"From the memoranda received and the evidence heard by the Committee, it appears that perhaps the weakest and the most criticised area of CGHS is the present system of dispensing medicines. Medicines are not readily available; indented medicines take a few days, sometimes up to 7 days, to arrive; "

Quality of medicines does not inspire confidence."

[Translation]

This is the report of your Estimates Committee; you just go through it. They have also dwelt on the health policy. You say that the funds are not allocated. Its very first chapter reads :

[English]

"It was thoroughly discussed . "

I do not know whether it was discussed. "Hospitals and dispensaries for providing medical relief to the people particularly in rural areas were grossly insufficient and quality of service was very poor."

[Translation]

You make wild claims of the achievements to be made by the year 2000 A. D. I would say that they raise such hopes for the future that the disease and the patient both may remain alive. This is the speciality of the Health Department that the disease and the patient both should remain alive. They have said :

[English]

"In Health Dispensaries, there was only 0.24 bed per 1,000 population."

[Translation]

Such is the situation. What can be discussed on this policy? In the 20-Point Programme also, you have stated that you will eradicate leprosy. But how are you going to do that? That by time, many more lepers will join the fold. You read there policy further :

This is the answer given to me on 15th March, 1984.

"The Working Group set up by the Government of India..."

MR. CHAIRMAN : Please try to conclude.

SHRI MOOL CHAND DAGA : This comes under 20-Point Programme in which you are very much interested. The programme

is, 'Leprosy Eradication by 2000 A. D.' If you want me to conclude..."

MR. CHAIRMAN : We have to conclude the debate today.

SHRI MOOL CHAND DAGA : This is a long answer—I will not read it—where they say that the Leprosy Act should be amended and all that.

You would have read in the papers this news-item that blood is sold. These are the headlines : "Terrible life of blood traders". When the Government is trying for voluntary donation, it should ban professional donation or at least the professionals should be licensed.

[Translation]

Blood sellers keep standing outside the hospitals for selling their blood,

AN HON. MEMBER : What will happen to blood suckers ?

SHRI MOOL CHAND DAGA : This will be answered in the next age, not in this age. We shall also be guilty of that. Those who support by remaining mute are also guilty. Such is the situation prevailing in the country. I do not know how you are going to achieve your family planning target. Today, you are not in a position to achieve your target. There are no proper arrangements in the hospitals. An Hon. Member was just now saying that as many as three patients were kept on one bed. Is it so that out of the three, one belonged to C. P. I. (M), another to C. P. I. and the third to some other party ? Such is the situation in the hospitals today. The only remedy for it that we should not read books. I request you to pay surprise visit to hospitals and then the whole position will be before you which otherwise does not find place in the books or reports. This situation is not reflected in your speeches and assurances. You kindly pay visits to the hospitals and have an assessment to the entire situation and make your speeches accordingly. Neither preventive measures nor protective measures are being taken in the hospitals.

With these words, I conclude.

[English]

DR. G. VIJAYA RAMA RAO (Siddipet) : Sir, in our country the system of medical care is mainly through the complex of the State-owned Primary Health Centres and hospitals in rural areas. The heart of India lies in villages. Majority of the Indian population live in villages. However, 80 per cent of the doctors are concentrated in cities whereas 80 per cent of the people live in villages. Health refers to the state of complete physical, mental and social well being of an individual. For this, it has to be adequately attended by preventive, curative and promotive health services. The basic unit at the rural level which offers these services is the Primary Health Centre. The majority of these Primary Health Centres in India are run by a single doctor. A single doctor cannot provide preventive, curative and promotive services to a population of more than one lakh.

If preventive measures at the PHC level are perfectly exercised, we would not have this lot of rush at big hospitals. Most of the diseases are due to lack of preventive measures. We still find dysentery outbreak, dengue fever, malaria fever, etc. The most important problem in rural India is blindness. To day we find 9 million people are blind and 45 million people have impaired vision. Why ? Because most of them have vitamin A deficiency and other vitamins deficiency.

Not only this, we have got a number of infectious diseases like TB, leprosy and so many other diseases. For TB particularly we have got no sufficient resident hospitals after giving the preliminary line of treatment. The second line of treatment of TB which includes rifamin and pyrazinamide is very costly and our people cannot afford it. They are not manufactured in our country. So I request the government to make these medicines within our country.

Then we still find serious outbreaks of tetanus, epidemics like meningitis, infective hepatitis, cholera and so on. Specially in cholera preventive immunisation is also inadequate. You still find polio myelitis, diphtheria and tetanus.

Then, Sir, in rural India we find most patients come for snake-bites. The anti-venom

sera which is used in treating snake bite is not available in all PHCs. I request the Minister to see that the antivenom sera is available not only at the government hospitals but also in the market for the benefit of private medical practitioners who also treat these cases.

The basic structure, the basic unit which provides services to rural India is the PHC. But the PHC is looked after only by one doctor. But every year we are turning out 17000 doctors and 10,000 specialists. In spite of our turning out so many doctors, we are not able to provide medical facilities for our rural india as our doctors are not willing to go to rural areas and they prefer to go abroad because of better pay and other facilities and our government is also encouraging them to go abroad by not giving them employment here and by not giving them more incentives. So I would like to request the Government of India to provide more incentives and other concessions like house and rural allowance and better salary etc. so that we can retain them here and can give a better service to our rural people,

Then our Primary Health Centres are not in a position to give a comprehensive medical care at the primary health level because the PHCs are not having not only qualified doctors but there are no specialists like radiologists, micro-biologists and pathologists

A single doctor has to do the clinical investigation of the patients. He does not have the other supporting investigation hands and as such, the patient does not receive the proper treatment. With the result the patients do not get cured and they come to urban hospitals. In the urban hospitals also there is lot of rush and one finds the patients lying in varandahs and also on the ground. There is lot of rush both in the urban and rural hospitals. To meet this rush we have to increase the number of doctors. The poor people are suffering like this whereas the well to do and those who occupy high positions are running abroad for treatment. Most of these well to do patients are attended to by doctors of Indian origin. I find no effort is being made to retain these well qualified doctors here. I request the government to take necessary action to retain the well -qualified doctors in India and also provide medical aid to the poor people. Thank you.

[Translation]

16.32 hrs.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI MOH-SINHA KIDWAI) : Madam Chairman, I am thankful to all the Hon. Members who have expressed their views on the Demands for Grants of the Ministry of Health and have also given some good suggestions. A number of Members have participated in this debate and this is a proof of the interest evinced by the Members of Parliament in this Ministry. They have particularly drawn the attention of the House towards the lack of facilities and other shortcomings in the rural areas. I am very grateful to all of them.

So far as the question of health is concerned our hospitals, doctors, nurses and medicines also are linked with it. Many Hon. Members have said in their speeches that the preventive aspect of disease is more important than its cure. This is absolutely correct. I think to be healthy does not mean only to be free from a disease. It means that we should be mentally and physically fit because it is only a healthy person who can be a good citizen of the country. In the Seventh Five Year Plan, emphasis has been laid on these things, i.e., food, productivity and work and, I think, productivity is directly linked with health. Unless a person is completely healthy, he cannot work properly. Therefore, I am of the view that as long as we are not completely healthy, the country cannot become healthy and the developmental works linked with health cannot be executed properly.

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My sister Dr. Kalpana Devi, sitting on that side, has said that many immunisation programmes in the rural areas are not implemented properly. Many of our colleagues have said that medicine are not available in the Primary Health Centres. If we go by what Shri Daga has said, he has even given up hope, which sustains life.

I would certainly like to learn from all that has been said in the House. I would also like to make a mention of the respective views expressed by many of our Hon. Members.

The Budget allocation for our Ministry in the Sixth Five Year Plan was Rs. 2,831 crores. We have sought an allocation for Rs. 9,866 crores in the Seventh Five Year Plan. The Seventh Five Year Plan has not been finalized yet. So far, we have been spending three per cent of our total budget on health. If we get an allocation of Rs. 9,866 crores, our expenditure on health will come to 5.5 per cent. We have to depend on the size of the allocation made for health. By the time the Seventh Five year Plan is finalised, a picture will emerge before us as to how much money we have been allocated under different heads.

There are two fields of activities under the Ministry of Health. One is Health and the other is Family Planning. There are a number of programmes under health, such as the Malaria Eradication Programme, the National T.B. Control Programme, the National Blindness Control Programme, the National Leprosy Eradication Programme as also drug control. Goitre Control is also under it. Apart from these two departments, we have a third wing for research work. All these Departments constitute our Health Ministry.

First of all, I would like to speak about Family Welfare. I am glad that so far as the work of Family Welfare or Family Planning is concerned, all our Hon. Members belonging both to the ruling party and to the opposition have said that we should speed up the work of arresting the growth of our population. I feel happier when Hon. Members from the other side also insist upon this programme. I would like to congratulate all the Members for that. Really, this programme is very necessary and it is in the national interest. I would like to say to the Members of both the sides that we should think and express our views on the programmes which are of national interest by rising above party politics. I think the biggest problem of our country today is to arrest the population growth.

But the Health Ministry cannot work in isolation on such programmes. The Health Ministry is seeking the cooperation of the other Ministries for these programmes. As some of the Hon. Members have rightly pointed out, we should seek people's participation and this we have done. About its awareness you will see that in 1911-1921, the

death rate in our country was 47 per thousand and the birth rate was 48 per thousand and the difference was just marginal. Subsequently, after independence, with the spread of education, health facilities also increased, and there by we could reduce our death-rate significantly. We have controlled all the epidemic diseases like plague, small pox and cholera. The result is that our death-rate has come down. But it is true that the decline in our birth-rate has not been as significant as the decline in death-rate. This has resulted in an increase in growth rate and India is the first country which has paid attention to the family planning. In 1930 when other countries had not even thought of it, Karnataka took initiative in this direction and started a clinic for this purpose. Since then, this programme has been going on. In 1935, when Pandit Jawahar Lal Nehru became the Chairman of the National Planning Committee, he gave this programme the utmost importance and asked Government to implement this programme. When Shrimati Gandhi became the Prime Minister she set up a full-fledged Department which could look after this programme. We can check the death-rate by providing medicines and treatment and by creating awareness among the people but so far as family planning is concerned, it is a personal matter and in this personal matter we are trying to mould the feelings of the people by educating them, motivating them and by establishing person-to-person contact. A few years back, unfortunately, the family planning programme was given a political colour and it was said that the Government was doing this work with a particular motive. I want to say, and I have no hesitation in saying this, that during that period of three to four years, this programme in India had been pushed back by many years. Today, we feel happy that we have such a big infrastructure. With the Alma-Ata Declaration, we have created an infrastructure here which is quite good. There will be a sub-centre for a population of every five thousand, Primary Health Centre for a population of 30 thousand and a Community Health Centre for every one lakh population. It is our endeavour, and this is being done also, that in each Community Health Centre there should be 5 to 6 specialists, e.g., one Gynaecologist and 5 other doctors, who may look after the health of the people of the area. In a Primary Health Centre, three doctors are posted. Just now Shri Pandey referred to the Indian System of

Medicine. We have written to the State Governments that out of the three doctors, one should be of the India system of Medicine, may be a Vaidya, Hakim or Homeopath. I want to tell you all this because by 1990 our infrastructure will be complete. In the Seventh Five Year Plan period, we have proposed 50 thousand Sub-centres and 10 thousand PHCs for the whole country. This infrastructure is expected to be completed by 1990. Our efforts are that doctors, midwives and ANMs may be posted there. Shrimati Kishori Sinha was saying that the condition of the PHCs was bad and another Hon. Member had complained that ANMs and Health Guides remained absent. I agree that at certain places they may be absent. May be they have some personal difficulties. Under the Health Guide Scheme, a population of one thousand is covered. They are not posted from outside. Villagers propose their names and they are appointed by them. They are not paid any salary. They belong to the village concerned and are given Rs. 50 as honorarium and Rs. 50 for medicines to treat minor ailments. We have tried to implement a universal immunization programme. Some arrangements have been made for expectant mothers also. Dr. Thakur had suggested that they should be provided with supplementary medicines, like folic acid, iron, etc. For your information, I would like to tell you that we have a scheme for this purpose. Alongwith family planning programme, we give importance to mother-and-child care also, because to my mind it is necessary to run the two programmes simultaneously. These can not be separated from one another. For a healthy child the mother must also be healthy. The mother should know about the precautions to be taken during pregnancy. It is quite necessary that she is given education about such things, because the future of the new generation is linked with the education of women. It is the duty of all of us to educate expectant mothers about the pre-natal and post-natal requirements and about child care.

It has rightly been said that infant mortality rate is sufficiently high in India. On the high side, just now Shri Daga was saying that the Health Ministry held out so many hopes to the people. I think it is the foremost duty of a doctor to infuse the will to live in his patients. If we say to a patient that he will die very soon, he will not live even for two days. I

do not say that there should not be any criticism, but the good deeds should also be appreciated. You should be aware of the difficulties of the field workers, mid-wives and other persons working in the Primary Health Centres. 20 per cent of our people live in cities and 80 percent live in villages. Our plans are prepared according to the size of the population so as to extend them the facilities to which they are entitled. For that cooperation of all of you is solicited. We require the help of the voluntary organisations, the Members of Parliament, and the Legislators as well. The Members of the cooperatives, the Panchayats and the District Councils should also come forward to help. I think our programme can progress only when there is people's participation. The need of the hour is to push this programme forward. As I was saying, we have chalked out a universal immunization programme for the expectant mothers and the children. We have decided that by 1990 all the children up to the age of one year and the expectant mothers should be immunised against all those diseases which cause death of thousands of children. At the time of birth, the children are affected by tetanus, respiratory problems and diarrhoea. Till now five protective injections of Tetanus, Whooping Cough, Diphtheria, B.C.G. and Polio used to be given to the children. Now we are adding one more injection for measles. We shall be giving these six injections to them upto 1990. In addition, the expectant mothers will also be immunized, Iron, Folic Acid and Vitamins are also given to them. Vitamin 'A' is also being given to the children to prevent blindness. I cannot give all the figures at the moment due to paucity of time, the infant mortality rate is coming down gradually. Shri Daga was saying that instead of talking of 2000 A.D. we should talk of the present. I want to tell him that our figures give us a lot of hope and we should hope that the plan we have formulated would be implemented. At present, the birth rate is 33.6 per thousand. I am giving you figures for 1983. The death rate is 11.9 per thousand. The infant mortality rate which was 114 in 1980, came down to 110 in 1981. This shows that the programmes we have taken in hand are bringing the figures down. This gives the hope that our infrastructure will be further strengthened. It was said that the doctors did not go to the rural areas.

It is true that the doctors do not want

to be posted in the P.H. Cs. willingly. You know that the Finance Commission has sanctioned an allowance of Rs. 400 for those doctors who are working in rural areas, Rs. 250 as rural allowance and Rs. 150 as rent for residential accommodation to those who have not been provided with government quarters. At present the number of midwives is five lakhs. Similarly, the number of Health Centres is more than four lakhs. The persons working in sub-centres include A. N. Ms., etc. We are determined to complete our infrastructure by 1990.

Mention has been made about the shortage of medicines in P. H. Cs. In my view it is because of the increase in population that everything is in short supply. At present an amount of Rs. 1,02,000 is being spent on one P.H.C. by way of medicines, etc. by both the Central and the State Governments. and, as you know, 5 to 7 sub-centres fall under the jurisdiction of one P.H.C. We have been very successful in implementing the Governments programmes in this regard. In order to achieve greater success, it is necessary to change the education policy, as has been suggested here. I would like to tell you that during our school time our syllabus included the two subjects of Basic Hygiene and Basic Health Education also. This was particularly in respect of girls education. We are trying even now that such subjects are included in syllabus.

Just now, an Hon. Member from the other side, perhaps Shri Satya Gopal, was saying that the Government were paying more attention towards colour T.V. and Vedio than to the rural health schemes. I would like to make it clear to him that now T.V. is not merely a means of recreation; we also want to educate the masses through T.V. We want to impart education to the people through T.V. Our network programmes cover almost 75 per cent population of our country and we want those people also to learn something. From these programmes, they can learn some basic things.

People from other countries are going to the Moon and the stars and science and technology are [making rapid advancement. We should see how we could use that knowledge in our life and make the people happy. We should see how we can make the best use

of science and technology in our educational and other programmes so that they may be helpful in achieving our objectives.

A complaint has been made about one of our National Programmes, i.e. the Malaria Eradication Programme. There are no two opinions that in 1965 we had a few malaria cases. But now this disease is again on the increase. The State governments and the Central Government share the expenditure incurred it, on 50-50 basis. Now, we have made arrangements P.H.Cs., for blood test. The test will reveal whether the patient is suffering from malaria or not. I would like to tell you that other factors are also responsible for the spread of malaria. Industries are growing rapidly in the country. Agricultural production is also increasing. The growth of industries gives rise to insanitary conditions which lead to breeding of mosquitoes on a large scale. This is the main cause for the spreading of malaria.

It has been stated by the Members from both sides of the House that there is shortage of funds with the State governments. But it is also true that we cannot function without the help of the State governments. 50 percent expenditure is to be borne by the state governments. It is the responsibility of the State governments to ensure timely sprays. If three sprays are undertaken in time, there is no reason why the disease could not be contained. Our Malaria Department is fully alert and it gives regular warning and provides help in such cases. Efforts are made to ensure timely sprays and the supply of medicines in the highly endemic districts or areas. So far as Malathion is concerned, it is supplied to the State governments by us and we meet the cost of that cent per cent.

Similarly, mention was made about leprosy. It is unfortunate that out of 12 million leprosy patients in the world, 4 million patients are in India alone. Only 20 per cent cases are infectious and, with the modern medicines, we can make them non-infectious within a period of one and a half weeks. The patient can get his treatment at home also. At present, the problem is that the people approach us when the disease is an advanced stage and as such their treatment takes time. It is a social evil in our society and it is detected late. With the modern medicines, we have been able to give

the patient treatment at his home itself. I would like to tell you that the total number of cases detected is 33.4 lakhs. We have given treatment in 33.1 lakhs cases and the number of patients discharged is 19 lakhs. There may be some variations in the figures but the point to be noted is that the programmes undertaken by us are proving more and more successful.

A lady Member has referred to TB control. T.B. patients are generally found at places where workers live in small and dirty houses. Efforts have been made to provide sputum test arrangements at every PHC so that we could detect the T.B. patients, in the country and give them immediate medical treatment.

We have opened sufficient number of hospitals, medical colleges, Ophthalmic departments and mobile clinics in the country for the control of blindness. There are 80 mobile units, which do cataract operations every year. Similarly, this facility is available in 2000 primary health centres and 404 district hospitals. We try to ensure that cataract operations are done there.

I am of the view that the children should be given immediate treatment as they have to live a full life. Old persons manage their affairs somehow but if a child loses his eyesight at an early age, his whole life is ruined. Efforts are being made to save children from blindness. Efforts should be made from both sides. The mother should also take care to save the child from blindness during pregnancy and after the child is born, he should be vaccinated so that he could be saved from this disease.

Diarrhoea also causes death of children. We are also trying to popularise household remedies, i.e., rice water mixed with salt and sugar can be given by mothers to their children to save their lives.

Mention has also been made about goitre. It is a fact that the incidence of goitre is on the increase, Iodized salt is a must for its treatment. We are trying to expand our plants. We propose to give subsidy to those who set up such plants. We propose to produce only iodized salt during the next plan so that we could get rid of this disease.

I would like to say something about ICMR. Our doctors worked with dedication at the time of the Bhopal tragedy. They have done a commendable job.

Chaudhry Saheb from Bihar was saying something about the three hospitals. He referred to the All India Institute of Medical Sciences. Somebody made a reference to the Safdarjung Hospital while others to the Dr. Ram Manohar Lohia Hospital. Shri Ch'ranji Lal Sharma referred to the Dr. Ram Manohar Lohia Hospital. I am sorry that he had to face some difficulty about getting medicines there. But I would like to say that there are doctors in our country who have earned a name in the world. They have earned a name for their country on account of their professional excellence.

In Tamil Nadu there is an Apollo Hospital where resident doctors from abroad have started all the departments. You will be surprised to know that Dr. Coolie is a world renowned doctor, who is expert in open heart surgery and his success is 98 per cent. In our Apollo Hospital also they have been successful in 97 per cent of such cases. It is the Indian doctors who are performing such operations.

The Medical Institute was set up in 1956. It does not mean that it should function like an ordinary hospital.

17.00 hrs.

The purpose was to make available all facilities with high level expertise under one roof. But the Medical Institute is functioning like an ordinary hospital. If it functions like an ordinary hospital, i.e. if patients suffering from ordinary ailments like bad cold, etc are admitted to it, it will not be able to provide specialised services. Medical facilities in respect of cancer and cardiology are available with us today. We are providing funds for them. Within a period of one year we have been able to undertake such operations and as a result the people are getting great relief. Crores of rupees are being spent on those who go abroad for health surgery. We should save this money and provide more facilities with that money to our doctors. It will increase their skill and our people will get more facilities.

Shri Vyas was saying that the ordinary people did not get admission to the hospitals.

SHRI GIRDHARI LAL VYAS : Big people will get admission even if they are suffering from cold. But the poor people suffering from serious diseases are not able to get admission.

SHRIMATI MOHSINA KIDWAI : That ought to be so but it is not that the poor people do not get admission at all. The average number of patients in O.P.D. of the Ram Manohar Lohia and Safdarjung Hospitals is above 3000. Their bed-strength is 1200 and 1500 to 1800 and patients are always there in the hospitals.

They do not turn away any patient. You may tell me what could be the other alternative except putting the patients on the floor, but we do not refuse to take any patient and we do not turn him away.

It is also correct that there are two patients on one bed. When there is a continuous flow of patients, what else can we do? At the pace at which the population is growing today, the requirement is not going to be met even if the entire Delhi is turned into a hospital.

17.03 hrs.

[MR. DEPUTY SPEAKER *in the chair*]

Until referred hospitals are set up in Delhi, the huge rush of patients would continue in the Safdarjung, Lady Hardinge and Medical Institute Hospitals. There is such a huge rush that, despite efforts, one or the other shortcoming remains. I agree that sometimes medicines are not available and people have to face difficulties, but I would not agree that nothing is being done and all doctors are useless. I would agree to the factual position and would make efforts to meet the shortage... (*Interruptions*)

SHRI NARAYAN CHOUBEY (Midnapore) : We do not get medicines.

SHRIMATI MOHSINA KIDWAI : I would like to tell Choubey ji that our health should be in such a good condition that there may not be any necessity for medicines.

Just now our friends from Tamil Nadu

were speaking, and our colleague, Vyjayanthiji was also speaking. I want to tell them that we have launched a ten week Family Planning campaign. I would like to remove the misgiving that it is our intention that if any State gets the award, this six week award would not be given to that State. The work done by any State during the period from March 1984 to March 1985 would be examined. The period of this ten week campaign would not be added to it. Secondly, you feel that the work of family planning should go on continuously, but four months of the summer season out of 12 months has not to be counted in our country. If four months of the rainy season are also not counted should we work only for the remaining four months? This programme for ten weeks has been launched so that the people could be accustomed to work throughout the year. The cases of sterilisation could be less during this period of campaign. About the summer season, it has been said that operations should be done in an operation theatre and people should be educated and motivated to adopt other methods for spacing. For all such things, a ten-week campaign has been launched. No specific targets have been fixed for this campaign. In this campaign the State Governments have been asked to focus their efforts on family planning and on speeding up their activities.

Some Hon. Members have asked what is being done by the I.C.M.R. I would like to tell them that many experiments are being conducted there. The most commendable thing is that research is going on to find out an injectible drug. One of the drugs can be injected and will be effective for one year to one and half years and the second method is of embedding a tube under the skin. Research is being conducted on both of them. Experiments are being conducted on about 1500 women and very good results have been obtained. We should hope that these would also succeed in the next one year or one and a half years and the injection would prove to be effective for a period of three to five years. Good research is going on in this direction and good results would be achieved through it.

Mention was also made about the blood banks. Vyjayanthiji had also referred to it. During the Seventh Five Year Plan, we want to increase the facilities of blood banks mental health and dental health. One of our

friends was saying that people sold their blood to the blood banks. At certain places, such things do happen

AN HON. MEMBER : This is going on at every place.

SHRIMATI MOHSINA KIDWAI : It is not a fact. Fifty per cent are donors. When people go to the All India Institute of Medical Sciences, they are asked to supply a bottle of blood of their friends and relatives. It means that it is not available there on commercial basis. Donors donate their blood voluntarily. It is very difficult to store it and utilize it. We are making efforts to provide more facilities of blood banks and to provide this facility to more and more people. But, as it becomes very difficult to store it and utilize it after a certain period, this work would be increased gradually. I hope during the Seventh Five Year Plan, we would be able to increase this facility.

Some Members had made a reference to drugs. Some friends have said that the drugs which are banned in foreign countries are being prescribed in India. But it is not that the drugs which have been banned in all the countries are being prescribed here. There are many drugs which have been banned in two countries or four countries, but in our country we do not prescribe any medicines without consulting the High Power Experts Committee. 38 drugs have been banned in other countries. Different countries have banned different drugs, but our Experts have said that out of those banned medicines, six medicines are less risky and are not harmful. These six drugs approved by them are being prescribed in our country. We have selected six drugs out of those 36 or 38 drugs.

Members have also spoken about sub-standard and spurious drugs. I would like to say that most of the drugs are purchased from I.D.P.L. which is a public undertaking. The Drugs and Cosmetics Act has been amended recently to make it more stringent. At present, testing facilities are available only at two places—one is at Calcutta and

other is at Ghaziabad, where 21 States are provided with testing facilities. These facilities have to be increased and we have written frequently to the State Governments and asked them to direct the Drug Controller and his entire staff to test the drugs thoroughly. Licensing policy has to be made more stringent so that spurious drugs and sub-standard drugs could be eliminated and the difficulties of the people could be reduced.

With these words. I thank you all once again.

[English]

MR. DEPUTY SPEAKER : I shall now put all the Cut Motions moved to the Demands for Grants relating to the Ministry of Health and Family Welfare to vote together unless any Hon. Member desires that any of his Cut Motions be put separately...I now put all the Cut Motions together to the vote of the House.

All the Cut Motions were put and negatived.

MR. DEPUTY SPEAKER : I shall now put the Demands for Grants relating to the Ministry of Health and Family Welfare to the vote of the House.

The question is :

“That the respective sums not exceeding the amounts on Revenue Account and Capital Account shown in the Fourth column of the Order Paper be granted to the President out of the Consolidated Fund of India to complete the sums necessary to defray the charges that will come in course of payment during the year ending 31st day of March, 1986, in respect of the heads of Demands entered in the second column thereof against Demands Nos. 43 to 45 relating to the Ministry of Health and Family Welfare.”

The Motion was adopted

**Demands for Grants 1985-86 in respect of Ministry
of Health and Family Welfare voted by Lok Sabha**

No. of Demand	Name of Demand	Amount of Demand for Grant on account voted by the House on 25th March, 1985		Amount of Demand for Grant voted by Lok Sabha	
1	2	Rs.	Rs.	Rs.	Rs.
43	Ministry of Health and Family Welfare	33,31,000	1,66,58,000
44	Medical and public Health	52,67,88,000	17,90,53,000	2,63,39,41,000	89,52,70,000
45	Family Welfare	18,94,33,000	1,86,33,000	4,44,71,65,000	9,31,67,000

Ministry of Irrigation and Power

17.72 hrs.

MR. DEPUTY SPEAKER : The House will now take up discussion and voting on Demands Nos. 63 and 64 relating to the Ministry of Irrigation and Power for which six hours have been allotted.

Hon. Members present in the House whose Cut Motions to the Demands for Grants have been circulated may, if they desire to move their Cut Motions, send slips to the table within fifteen minutes indicating the serial number of the Cut Motions they would like to move. These Cut Motions only will be treated as moved.

A list showing the serial numbers of the Cut Motions treated as moved will be put up

on the Notice Board shortly. In case any Member finds any discrepancy in the list, he may kindly bring it to the notice of the officer at the table without delay.

Motion moved :

“That the respective sums not exceeding the amounts on Revenue Account and Capital Account shown in the Fourth column of the Order Paper be granted to the President out of the Consolidated Fund of India to complete the sums necessary to defray the charges that will come in course of payment during the year ending 31st day of March, 1986, in respect of the heads of Demands entered in the second column thereof against Demands Nos. 63 and 64 relating to Ministry of Irrigation and Power.”

No. of Demand	Name of Demand	Amount of Demand for Grant on account voted by the House on 25th March, 1985		Amount of Demand for Grant submitted to the vote of the House.	
1	2	3	4	5	6
MINISTRY OF IRRIGATION AND POWER					
		Revenue	Capital	Revenue	Capital
		Rs.	Rs.	Rs.	Rs.
63	Department of Irrigation	29,77,31,000	4,41,34,000	1,31,18,53,000	13,81,71,000
64	Department of power	38,49,31,000	2,80,76,11,000	1,92,46,60,000	14,58,02,56,000