

*Demands for Grants, 1985-86 in respect of the Ministry of Chemicals and Fertilizers
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 the House	
1	2	3		4	
		Revenue Rs.	Capital Rs.	Revenue Rs.	Capital Rs.
9.	Ministry of Chemicals and Fertilizers	2,06,31,51,000	27,27,83,000	10,35,04,22,000	2,58,24,17,000

17.58 hrs.

Ministry of Health and Family Welfare

MR. DEPUTY SPEAKER : The House will now take up discussion and voting on Demands* Nos. 43 to 45 relating to the Ministry of Health and Family Welfare for which three 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 15 minutes indicating the serial numbers of the Cut Motions they would like to move.

A list showing the serial numbers of the Cut Motions 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. 43 to 45 relating to the Ministry of Health and Family Welfare."

*Demands for Grants 1985-86 in respect of the Ministry of Health and Family Welfare
Submitted to the Vote of Hourse*

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	
		Revenue Rs.	Capital Rs.	Revenue Rs.	Capital 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	88,94,33,000	1,86,33,000	4,44,71,65,000	9,31,67,000

*Moved with the recommendation of the President,

17 hrs.

DR. T. KALPANA DEVI (Warrangal) :
Sir, the Government wants to provide primary health centres at the door-step of the people, but unfortunately even after thirty-seven years since we got independence, people are not getting the care even from a reasonable distance from their door.

In spite of significant expansion of infrastructure for rural health, health care attendance is received by not more than 15 to 20 per cent of the population. If this is the pace, how can we attain the goal of 'health for all by the year 200' ?

Where health centres are in operation, lack of motivated skilled staff or lack of essential drugs, does not often inspire sufficient confidence amongst rural population. That is why in rural areas the quacks are flourishing endangering the lives of our rural people. So I request the hon. Minister to improve the medical facilities and provide proper skilled and motivated staff in the health centres and we must also impart health education to our people especially in rural areas and make the people health conscious.

Measures for control of environmental pollution are still in the early stages of development in general and not enough attention has been given to the promotion of food hygiene practices and health education for households. So people should be educated in these fields through health education and through the multi-purpose workers and health guides.

Then, Sir, lack of safe drinking water supplies and inadequate facilities for the disposal of sanitary waste result in the high incidence of diarrhoea, intestinal parasites and skin diseases and nearly 40,000 children die every year because of infection and diarrhoea. Primary health care measures are supplemented by water supply programmes. But in our country there are 190,000 problem villages which have no assured water supply. Whatever water-supplies they get are endemic to water borne diseases like cholera, guinea-worms and excess salinity, iron and fluorides. So I request the Minister to give special

attention to this provision of drinking water to our villages.

Then what is the budget allocation for the control of these endemic and water-borne diseases ? Because of the lack of adequate facilities for the disposal of sanitary wastes the incidence of communicable diseases and malnutrition is very high and acute respiratory infections continue to be among the leading causes of sickness and death in rural population and urban slums. Malaria, Tuberculosis, leprosy and infective hepatitis are important public health problems which account for a high morbidity.

The main problems we are facing are :

1. Improper utilisation of existing health facilities.
2. Lack of properly trained and motivated health workers.
3. Net shortage of health resources.

So I feel these problems must be solved by implementing :

1. Community participation.
2. Mechanisms for involving health and health-related development sector.
3. Higher allocation and effective utilisation of the national budget for health development is required.
4. Equitable distribution of resources in primary health care among the population is required.

The high degree of centralisation in health administration tends to inhibit local initiatives and aggravates the neglect of peripheral institutions. Owing to the adverse economic conditions, the government is not able to provide substantial increase in the Health budget which has led to an effective declining in the per capita allocation to health in real terms.

Regarding the National Health Programme, in the field of maternal and child health care studies were made about the extent of deficiency in nutritional supplementation.

Several studies conducted all over the country have revealed that 10 to 15 per cent of the children belong to severe grades of malnutrition (Grade III and Grade IV) and nearly 60 to 65 per cent of children belong to grade II and grade I (mild and moderate) malnutrition. So, it is imperative to start supplementary nutrition and feeding programme throughout the country. Minimum of 10 gms. of proteins and 300 calories should be added to the daily diet of all poor and economically backward children throughout the country. This will facilitate the normal growth and development of children. This supplementary feeding programme should be started in non-ICDS blocks also. At present ICDS blocks are having SNP programme.

Now, a word about immunization services. To give an example in Andhra Pradesh the coverage of immunization since 1st April, 1984 is T.T. in pregnant women (2 doses) 25.8%; BCG 21.9%; DPT (3 doses) 14.0%; Polio (3 doses) 8.4% and D.T. (2 doses) 4.1%. This shows poor coverage of immunization in pregnant women and children. The same is applicable to many States except a few. The coverage is better in ICDS blocks.

I would like to know from the hon. Minister the reason for this low coverage. It seems it is due to shortage of vaccine and irregular supply of vaccine. Then there is lack of cold storage facility for polio vaccine at Taluk and PHC level. Every effort should be made to improve the "cold chain facility at rural areas". Polio vaccination should be stepped up because incidence of poliomyelitis in rural areas is on the increase. Better coverage is also essential in urban slums.

Then, Sir, even though BCG vaccination has been started in 1950's in our country it has unnecessarily faced controversies and the coverage is very poor in rural areas. It definitely protects very young babies from severe forms of tuberculosis, viz., miliary tuberculosis and T. B. meningitis. Freeze dried vaccine production should be increased in the country. School health services should be implemented throughout the country. School going children form nearly 20 to 25 per cent of the population. They

have every right for full health protection. Periodic health check up, protective immunizations like D & T and polio vaccination, typhoid vaccination should be made available in all school health clinics. School health medical officers and school health nurses should be appointed. Midday school health programmes should be started in all backward, tribal and rural areas and in urban slums. Separate budget provision should be made by the education and social welfare departments.

At present there are ten million infective (open) cases of tuberculosis in the country. Every year new cases are being added. Many of the cases go undetected. The facility in rural areas to detect cases of tuberculosis is meagre and non-existent at present. The multi-purpose workers should be better motivated in smear examinations and BCG vaccination coverage. The mass miniature radiography which is at present available only in district headquarters should be made available at bigger Taluk level also. The drugs which are being supplied to TB patients are inadequate and irregular. Only isoniazid and ethambutol are made available. The other patient anti-TB drugs are still very costly and most of poor patients can not afford it. Drugs should be made cheaper and their supply should be regulated.

It has been observed in recent years that more malaria cases are occurring in almost all regions. Many States have reported resistant malaria cases also. Drugs for resistant malaria cases are costly and are not easily available for common man. Their cost should be reduced.

The surveillance and maintenance phases of control programme are not going on energetically in many States. Shortage of insecticides should not hamper effective control programmes. The anti-mosquito drive is neglected in many towns. Shortage of larvicidal drugs is a problem. Every effort should be made to check up the re-emergence of malaria in the country.

I wish to say something about control of blindness programmes. Nutritional blindness due to Vitamin A Deficiency is an important cause of blindness in children

[Dr. T. Kalpana Devi]

in our country. Nearly 40,000 people are becoming blind every year due to this deficiency.

The Vitamin-A Prophylaxis Programme is being implemented in Primary Health Centres; but it is not reaching the rural and remote areas. Certain studies conducted in the country have shown that only 30 to 45 per cent of the children from six months to five years are receiving it. We should be able to extend this programme to cover 100% of the children.

We should have the inclusion of 'primary health care' as an integral component in the health-care system. Definite responsibility should be fixed for effective implementation at all levels.

Now, I conclude with the opinion that the attainment of "Health-for-all by the year 2000 AD" calls for a sustained and strong commitment on the part of the Government itself.

SHRI PIYUS TIRAKY (Alipurduar) :
I beg to move :

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need for immediate steps to check spread of malaria in North Bengal.] (1)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to provide funds for electrification of primary health centres especially those in the districts of Jalpaiguri, Cooch Behar, West Dinaypur and Darjeeling.] (2)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to ensure adequate supply of drugs including life saving drugs in Government hospitals.] (3)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to provide doctors, nurses, midwives and other medical staff in primary health centres especially those in Jalpaiguri, Cooch Behar, West Dinaipur and Darjeeling districts of North Bengal.] (4)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to provide funds for setting up Herbal Farms, at Baxa Duar, Jainti, Chillapala, Joldhapara and Nagrakata of Jalpaiguri district, West Bengal.] (5)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to start a training centre for medical multipurpose workers (both male and female) at Birpara in Jalpaiguri district of West Bengal.] (6)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to ensure cleanliness and humane treatment of patients in Government hospitals especially in the district of Jalpaiguri, North Bengal.] (7)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to provide funds for a mobile van for forest villages of Buxa range in North Bengal.] (8)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to educate the rural masses about sanitation and hygiene through films and other media of Publicity to prevent diseases.] (9)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to ensure adequate supply of vaccine for D.P.T., Polio BCG, DT, Typhoid and TT for children and pregnant women in North Bengal.] (10)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to check growth of private nursing homes in urban and semi-urban areas especially in North Bengal districts.] (11)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to set up a 50 bed homoeopathic hospital in the homoeopathic college at Alipur Duar.] (12)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to set up an ayurvedic college at Bispara in view of the abundant availability of herbs in this region.] (13)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need for special steps to check filaria, kalaazar, leprosy, tuberculosis and japanese encephalites especially in North Bengal districts.] (14)

"That the Demand under the Head Medical and Public Health be reduced by Rs. 100."

[Need to set up an iodisation plant at Alipur Duar in Jalpaiguri district of North Bengal.] (15)

MR. DEPUTY SPEAKER : The cut motions are before the House.

SHRIMATI KISHORI SINHA (Vaishali) : Sir, I am happy to congratulate the Government for having committed itself to the most desirable goal of the Alma Ata Declaration of "Health for all by 2,000 A. D." This commitment represents a great hope, a brilliant bright new star in the surrounding dark firmament. The dynamic leadership of Shri Rajiv Gandhi gives us faith that our country will reach the goal despite great difficulties in our way.

Sir, our villages are constantly under the threat of such diseases as Malaria, Kala-azar, Hepatitis, Diarrhoea, Blindness, Measles, Filariasis and many more tropical diseases and parasitical attacks which affect our people's capacity to work and which render them incapable to work for long periods, sometimes, even for their whole lives. Even doctors can do very little in the case of many of these diseases, once any of these diseases strike a person. For instance, tape-worms and guinea-worms are some of the worst parasites affecting our people and it is mainly due to poor sanitation. You will all agree that insanitary conditions are prevailing particularly in our slums and rural areas as well as in our congested and ill-planned urban areas.

While we need more and more Doctors and Hospitals for our people, the greater priority is to be given for a workable system of ensuring public health and delivery of those public health services, which alone can lift them from the misery of endemic diseases.

I am sorry to say that in all our discussions, in all our Plans, we speak more of Doctors and Medicines and much less of public health. I do hope that under the sincere and earnest leadership of our new Health Minister this emphasis will change. I urge upon her to do so.

We have been able to achieve some success in eradication of Smallpox. During the last ten years, no case of Smallpox has been reported. This success has given us a great hope that several other scourges could also be eliminated. But, we did not have the same level of success with Malaria which, after being more or less eliminated, has recurred again. The Ministry, in its report, has admitted that there has been an increase of 18.1 per cent in the incidence of Malaria over 1983.

The Ministry, in its report, has stated that action for the eradication of leprosy and control of T.B. has been intensified and higher allocations have been made. The task is stupendous. I do not think that the allocations are in proportion to the magnitude of the problem. Besides, I am afraid the same urgency and anxiety is not being shown by the States. I would

[Shrimati Kishori Sinha]

refer to the conditions in Bihar to impress upon the House the need for more allocations and greater administrative efficiency. I will confine myself to the efforts being made to control the T.B. as there is no time to speak about other national programmes. The programme to control T.B. is not yet a centrally sponsored one. It is being run on 50 : 50 basis. You know that the States in general have not been able to mobilise resources as required and so is Bihar which is chronically poor and backward.

The Centre wants TB Centre in each district but six of the districts in Bihar do not have the Centre. Similarly Bihar has not provided for 2 TB centres on the basis of the population of the District exceeding 20 lakhs. There are 7 districts which qualify for 2 TB centres on the basis of criterion fixed.

According to the plan drawn up by the Centre, there should have been 4 thousand beds for TB patients in Bihar. But we have only 1900 beds, that is, less than half of the required number. It is not a matter to ponder over? The whole of North Bihar does not have a single sanatorium. I strongly plead with the Minister to establish at least 2 TB hospitals with 200 beds each in North Bihar.

The majority of the TB patients are at the primary health centres. But the performance in Bihar at this level is very poor. Under mass TB detection programme at the Primary Health Centres, a target of 3 lakhs and 30,000 of sputum examination was fixed, but the achievement during the last year was only 30,000. Is it the way to detect and control T.B. effectively? The government of Gujarat and others have solved this problem by providing exclusive staff at each primary health centre by posting TB Assistants and TB workers, etc. There is need for such staff. The Centre ought to provide 100% funds for the same. Tuberculosis is the disease of the poor and if the poor are not given generous treatment by the Centre, this problem will assume a more menacing position and will spread to neighbouring areas thus causing colossal waste of natural resources.

Now that the Finance Minister has been good enough to exempt refmyein from duty, this drug should also be included in short term chemotherapy for TB patients at least in sputum positive cases.

Anyway most of these diseases are the result of bad sanitation and lack of safe drinking water. Provision of drinking water is the responsibility of the Ministry of Works and Housing. I would suggest that even at the Secretaries' level, there should be complete co-ordination between Health Ministry and the Works Ministry. With a proper co-ordination and integrated approach, effective implementation of a package of measures designed for a total village public health like provision of drinking water, sanitation, public health centre, etc. may achieve a break through in public health.

17.19. hrs.

(SHRI SOMNATH RATH *in the chair*)

On the subject of primary health centres, I would plead with the Minister not to depend too much on the figures supplied. The claim of the primary health centre being established in major parts of the country is at variance with the reality of the situation. I am saying so on the basis of my personal experience. If there are doctors, there are no medicines. Quite often even the para-medical personnel are not found at the centres.

The Minister recently lamented that despite an incentive of Rs. 400 per month, the doctors are not coming forward to live in rural areas. This will take us to the kind of education imparted. There is need for orientation courses. Living conditions in the rural areas have to be improved. I understand the PHC concept is regard as outdated. Even WHO feels the same way. In its place, primary hospitals could be established with full equipments. Our medical graduates are not able to deal with all kinds of cases. There is need for surgeons, there is need for pathologists. Can we achieve our objectives with single doctor health centre or do we need, a whole set of staff including para-medical staff? We should have a realistic assess-

ment of resources and see how much could be provided and then decide to provide the full complement of personnel and equipment plus drugs at primary hospital centres in place of primary health centres. It should be recognised that modern medicine can only be delivered through an integrated team approach.

The family welfare programmes are crucial to our success in every field. Great success achieved by Kerala and Goa underlines the almost organic link between education and motivation. But in States like Bihar both education and motivations are lacking, perhaps a powerful impulse of a social movement can help progress towards two child norm. In my opinion, this impulse for family planning can be generated through a vast network of voluntary bodies aided and supported by public funds, all party Committees with all India Women's organisations giving the lead. We need a programme of ensuring public health combined with a programme of delivering modern medicine with supportive and expanding base of family planning for taking us towards our goal. The present piecemeal approach is largely self-defeating as can be seen from persisting incidence of tropical diseases, untenanted public health centres and doctors crowding in urban areas.

All this could require large fund. I would plead that ten per cent of our budget should be provided for health, if we are serious about our commitment to have a health for all by 2000A .D.

[Translation]

DR. G. S. RAJHANS (Jhanjharpur) :
Mr. Chairman, Sir, I would like to say one or two things based on my own experience as we, the Members of Parliament, in Delhi have some sort of experience daily. 20 to 25 persons approach us here for arranging employment for them and 5 to 10 persons approach us to help them in getting admission into hospitals. Perhaps, we may not be able to provide them employment, but the experience of seeking admission into hospitals here is harrowing. I would like to narrate my own experience. About 8 to 10 days back a

person came from my constituency. He told me that he had been knocking at the doors of All India Institute of Medical Sciences, for the last two months, but he had not been able to get admission there. I saw all the documents available with him and decided to have first hand knowledge in this regard. It was a neuro-surgery case and he was told to be present in Rajkumari Amrit Kaur Block at 7.30 hours. I along with that patient reached Rajkumari Amrit Kaur Block at 7.20 hours. The gatekeeper did not allow us to go. He told the people who had one there that they could not enter the ward at that time. In the meantime, a person came and he gave him something. I do not know what was given to him. He allowed him to go inside. I asked him to allow me also, but he refused. I told him that the patient had been asked to be present there at 7.30 hours and now it was 7.25 hours. How will we be able to see the doctor? He said that he would not allow us to go inside. I again asked him to allow us to go for God's sake, but he refused. I told him that I was an M.P. and, therefore, I should be allowed to go. He replied that everybody there called himself as M.P. I showed him my identity card. Thereupon he saluted me and said why I did not tell him earlier that I was an M.P. I said that I had told him that I was an M.P. but that he did not listen. I am narrating the true incident. When I went inside, I requested the doctor. I have the name of the doctor with me here but I do not want to disclose it in the House. It told the doctor that that man might be admitted as he had been knocking at the doors of the hospital for the last two months. The doctor told me that he could not be admitted upto next two months. I said that he had come from Bihar and he might be admitted for God's sake or else how he would get his treatment as he had no other means. He replied that the patient would not be admitted. I asked him the reasons therefor. He said, "who are you to know the reasons?" I told him that I was an M.P. He said, "Are you an M.P.?" I replied in the affirmative. I showed him my identity card. He told me as to why I did not tell earlier that I was an M.P. I told him as to how many people I had to tell that I was an M.P. I asked him whether he

[Dr. G.S. Rajhans]

meant to say that in future every M.P. should wear his identity card round his neck as is done by Government employees and only then would he admit the patient. After this the said patient got admission, was operated upon and now he is alright. I met the head of that department. He took good care of that patient. What I mean to say here is that everything is alright at higher level but at lower level, there is much irregularity. I had met the hon. Minister also. She told me that in such cases Medical Supdt. should be approached. I would like to state something in this respect also. When a telephone call is made to Safdarjang hospital to contact the Medical Supdt., somebody is made to tell that doctor is not present whereas the voice of that doctor bidding that person to say "Not present" is clearly heard on telephone. We can easily understand what the matter is.

[English]

MR. CHAIRMAN : You are also a doctor.

DR. G.S. RAJHANS : I am a different sort of doctor. I am from newspaper. Shall I give some inside information.

[Translation]

Two-three years back when the Hindustan Times had exposed the functioning Safdarjang Hospital and All India Institute of Sciences, all these people had quered before me and had requested me to stop publishing their irregularities. The lady correspondent who had done this work is unfortunately no more. She had created an impact in the entire country. She had exposed corruption, particularly in All India Institute of Medical Sciences. At that time these people were terrified. I went to All India Institute of Medical Sciences and told them not to compel us to expose their misdeeds again and that they should better listen to the poor. This relates to AIIMS. I will tell you about Safdarjang Hospital also. I am in the Press. Therefore, all the people from Hospital come to me and narrate their experiences to me. Presently, a serious infighting is going on between the senior

doctors and other doctors. With the help of union and a handful of other people, they are indulging in exchange of abusive terms. There is no one to take care of the patients there. Not only this, the loathsome things happening in Safdarjang Hospital, I just do not want to narrate in the House.

Therefore, I appeal to you to constitute a committee of the House to look into the functions of All India Institute of Medical Sciences and Safdarjang Hospital so that the dissatisfaction among the doctors is removed and they come out with the facts. The situation there is most appalling. Junior doctors have been brought in the forefront and the seniors have been pushed back. Their version is that if this bungling goes on, the present situation is not going to improve. To give people timely justice, it is necessary to constitute a committee of the Members of this House to look into the irregularities being committed in these hospitals.

People come to M.Ps. from their far off constituencies for treatment in Delhi. How can M.Ps. help them to procure treatment ? Doctors are not inclined to work because they are not getting justice, why will they listen to us ? Even Medical Superintendent does not listen to us. I am saying this openly. You have arranged for our treatment in Parliament House and Annexe. Same facility should be provided to those persons also who come to us for getting their treatment here. [Interruptions]. I am not asking for opening a separate hospital. There should be a department here itself and such arrangements should be made to enable us to get them admitted in Safdarjang Hospital or All India Institute of Medical Sciences.

One more thing I would like to tell. I come from a different background. When I go to villages I feel I find that the future of the country is dark. Earlier, about family planning, it used to be written everywhere in every village and at every station 'Hum Do, Hamare Do', This did not bring down the rate of our population but on the other hand we were ridiculed. Now we find written on the family planning hoardings : "Mummy, papa do, Mummy papa ke do" or "Mummy papa ke hum

do". I went to a village in Bihar and asked the farmers why they were not adopting family planning methods. They retorted back that that was meant for mummy-papa. In far flung villages they can understand "Maa baap" and not "Mummy papa". (Interruptions) Yes, the slogans should be written in the language which they understand. You should convey the things about family planning to the rural folk there in a language which they may understand well — may be Hindi or Maithali.

MR. CHAIRMAN, Sir, if you happen to go to countryside, you will find that some places are crowded like bee-hives. Perhaps you are not aware that old Darbhanga District which includes Jhanjarpur also is the most populated place in Asia and this has been accepted by WHO and other agencies. When I go for any meeting there, I find an ocean of human beings. You come across hordes of children who are hungry and naked, who have big heads and shrunken bellies and who, it seems, will die within 6 months, an year or two. On one hand you have done nothing there for the family planning and on the other, you are not doing anything for their health also. I have seen cattle and men bathing in the same pond. Clothes are also washed there and people use this after casing themselves nearby. People drink water from the same pond itself. Hundreds of people die of diarrhoea and dysentery in a single village. No one is worried about that. This is our India of which we are proud of. The real India is in villages and the people residing there are living a life of worms and insects. There is no one to take care of them. If you want to see the life they are living, you go to Indo-Nepal border wherefrom I come. People there are living a life of animals. What are you doing to rid them of this animal life, to improve their lot? The onset of monsoon is still more agonising for them. They die of cholera, kalazar, malaria and there is no one to come to their rescue. They say that their God is dead and in this life their lot is not going to improve. I have seen people in that area growing old at the age of thirty; they have no future before them. Our health policy is such that we do not do anything for them. This is a very

serious matter. First, people do not get medicines and even if they get some, those are spurious. No doctor is ready to live in a village. The conditions are deplorable there. Sir, our health policy should be such that those who have not been born, should not be allowed to take birth but who have already come in this world should be kept healthy. If you do not keep them healthy, they will become liability on the whole of the country. Today, our doctors are going to England, America and Canada, but the doctors living here are not ready to reside in villages because there is no incentive for them.

I wanted to say many things but in brief I shall conclude by saying that there is no use making speeches. We should be practical. You may have seen today's newspapers, the journalists sitting here have commented upon us that the debates going on in Parliament are dry. Demands are to be passed, whatever Members may speak. The whole discussion is meaningless. Therefore, my only appeal is that whatever we are discussing here should be considered seriously.

SHRI KOLANDAIVELU (Gobichettipalayam): Mr. Chairman, the health hazard is increasing more and more every day and therefore the Ministry of Health and Family Welfare is getting its importance in India because India is the biggest and the largest country, as far as population is concerned; and family welfare is actually the main problem which attracts a large number of people of this country; and birth control measures are being taken by the Department of Health and Family Welfare.

I welcome the demands of the Ministry of Health and Family Welfare and at the same time I want to say one or two points with regard to this. Health must reach the poorest of the poor; health must reach the rural based people.

Though our country is a country of poor people, it is not a country with poor resources. We have got resources enough. But how we should utilise the resources is the matter that has to be decided here. Every year measures are being

[Shri Kolandaivelu]

taken by this Department and allotment of funds is being given, the target is being fixed for this allotment for every State. And, Tamil Nadu is a State which is doing very well in this matter, and it has to be given the gold medal, particularly because the target which has been fixed by the Government of India has been attained by the Tamil Nadu Government. But some of the Northern States have not done well. They have not attained the target. That is why the time is being extended by two more months. What made the Government of India extend the time? To see that the Gold medal should not go to Tamil Nadu or Tamil Nadu should not get it?

MR. CHAIRMAN : You mean the Karve award ?

SHRI KOLANDAIVELU : Whatever it may be, the prize or the award and the cash. But unfortunately, the Ministry of Health and Welfare is doing this. On what basis are they doing it? May I know what is the criteria or basis for it? They are doing this because they want to give it to some other State which has not attained the target yet.

MR. CHAIRMAN : I do not think that it is correct.

SHRI KOLANDAIVELU : I think it is correct. The Minister may know it. The Minister knows fully-well that the time has already been extended. And I think proper methods must be taken by the Government. Otherwise I have to bring it to the knowledge of the Prime Minister, why our rights are being denied to us, and why our feelings are being injured.

Another point is, in India we are giving incentive for birth control. In some other countries the new born babies are given incentive. They are given incentive for each and every child. Here in India we are not doing that. That is why we are providing money in the budget and the allotment is being made for this purpose. And I feel this and also request the hon. Ministers, the Cabinet Minister

and also the Minister of State, both, to give wide publicity, so that the message reaches the poorest of the poor. We have got so many methods, vasectomy, tubectomy and laproscopy. I request the hon. Ministers to find out whether we could not evolve a method, by which, by giving some tablets birth control can be achieved. We must find out if there is any possibility of doing so. Because, science is developing every day we should find out this. Laproscopic method is an easy method, that is what they say, but even by means of tablets we should be able to control the birth. It must be a method which can reach the poorest of the poor and I request the hon. Minister for Health and Family Welfare to open many more Primary Health Centres in rural areas. In Tamil Nadu we are having only 400 primary health centres for a population of more than 50 million. You can imagine what 400 primary health centres for 50 million people means. At least for one lakh of people there should be one primary health centre. You must open one hundred more primary health centres in Tamil Nadu. In the whole country, you should see that there is one primary health centre in each and every taluk or each and every block. Therefore I request the hon. Minister of State and also the Cabinet Minister to look into this matter of Tamil Nadu. In this matter we are doing our best. We are exceeding the targets fixed by you. The targets are being exceeded by Tamil Nadu, because almost all the officers and the people are interested in having birth control. That is why I request that you must give incentive to those States which are doing their best. I request that this must be done immediately.

SHRI JAFFER SHARIEF (Bangalore North) : I am glad that the Ministry of Health and Family Planning has come before the House for approval of its Demands for Grants. It is a very important Ministry. As the famous proverb goes, prevention is better than cure, I think, that will have to be the approach of the Ministry for all times to come.

Just now, my hon. friend from Tamil Nadu was talking about family planning and asking for opening of more primary

health centres and more incentives to be given. It is understandable. My other friend was mentioning about his own State, Bihar. I do not know whether there is any State or region which is not getting over-populated. I am doubtful whether any Government, whether at the Centre or in the States, will have the conviction and courage to go very seriously about family planning. Preaching is all right. But we will have more credibility if we practice it also. I am making a practical suggestion. I hope, hon. Members will take it very seriously. For those of us as representatives of the people, who have adopted family planning, it is all right. But as for those of us who are not adopting it, let us not be timids. Let us first adopt family planning ourselves.

My friend was telling about the All India Institute of Medical Sciences, Safdarjang Hospital and so on. I have seen in the hospitals that it is a professional jealousy which always create problems. Where there is a need for sanctity, there the whole sanctity goes away. Even with the highest education and specialisation, the noble profession has come to disrepute because of professional jealousy. And the hospitals have also got into a lot of problems. One doctor will not like to accept the responsibility of the other. This attitude should go. I would like to tell the Minister and also our friends** that there is a problem of ego in the minds of doctors. Medical education is a costly affair. Even brilliant people find it difficult to get this education.

MR. CHAIRMAN : Hon'ble Member should not refer to the Galleries.

SHRI JAFFER SHARIEF : I am not addressing them. I am just making a reference. I am merely reflecting the feelings of the doctors.

It is a costly education. In no way are they inferior to others. They have to get the highest possible marks for getting admission to this. It is a hard study. So, sometimes when others become the masters and dictate terms, they have the feeling. One should appreciate this. Many doctors go abroad for want of oppor-

tunities here and for earning more. There are also doctors who have love for the country, who have love for the people, so, they sacrifice what they can get outside and remain here and serve the people. I think our Government should try to find out the feelings of these people, particularly, I should say, the feelings of the lowest persons in the system—the Aayas and the nurses who take pains to work day and night and serve the mankind. We have to be very considerate to these sections of the people. They are doing the smallest job to maintain the sanctity of the hospitals. We have to see that the doctors also get better treatment so that they do not look at other countries. I was really touched when my friend was telling that doctors do not like to go to the rural areas mainly because they do not get the necessary facilities, even the accommodation. One day when I went to a rural area, the villagers there wanted me to visit the doctor's place which they had proudly provided. I thought it was a good thing for me to encourage them and see the place. When I went there, I found that it was just a small room in a cowshed. I was astonished to see the place. Then I had to criticise the leaders of that village in a Public meeting how they could expect a doctor to live there and said that it was the greatness of the doctor that he lived there and continued to serve them. Then they promised to change the accommodation. So, this is the condition. Neither the people realise nor does the Government do anything about it.

The Prime Minister has given a lot of thrust on the welfare of women and youth. I must congratulate him and compliment him for his concern about the future when he thinks about the youth. Here, if I talk of prohibition, I do not know what the Members will think about we. But the time has come when we have to think of this problem seriously. But we are concerned about the resources. The excise money is more important both for the States and for the Centre. So, we allow alcohol, we allow arrack, we allow them to open any number of centres without caring who takes that liquor—whether it is a farmer, whether it is an industrial

**Not recorded.

[Shri Jaffer Sharief]

worker, whether it is a slum dweller, whether it is a rich man who can afford to spend. There is no standard maintained. When we criticise them, they go to the worst, they take illicit liquor. So, I would request the Prime Minister that when he thinks of the welfare of women and youth, he should think seriously of finding out ways and means so that the people, particularly the poor, do not get this arrack or liquor. If they are fond of it, efforts should be made to see whether something could be offered to them at a lower price.

Secondly, if the Government has the will power for total prohibition, nothing like that; I think we would be going into a new era, even if anybody laughs at us on this.

Another thing is, the drug addiction has become a malady in this country. Some of the psychologists, the specialists in this field, say that if we do not tackle this problem, perhaps our entire future generation is going to suffer very badly. Here, the Government is not serious about it. I do not know what is wrong with us. The very good families, the middle class and the upper middle class families, are badly affected, our entire student community is getting affected, and we are not serious about it. I think it is better if the Government comes out with a law even to penalise or prosecute both the seller and the user so that it will be fair and we will be able to save the future.

(Interruptions).

Since you are ringing the bell, I would make a request to the Health Ministry about one thing. I remember as a Member of the Ministry of Health Consultative Committee when Mr. Khadilkar was the Minister for Health, we had demanded a regional health centre on the lines of the All India Institute of Medical Sciences in Delhi and the PGI in Chandigarh. There is not a single centre in South. You may say that there is one at Pondicherry which came into being during the colonial period, but not the one which was set up by the Government. It was decided then that Bangalore is an ideal place for it climatically and a deci-

sion was taken and the Karnataka Government offered all facilities for that. I feel that it will not be fair on the part of the Government of India to have two centres, one in Chandigarh and one in Delhi within the shortest distance and neglect the side where the poor will not be able to afford to have treatment in the private institutions. Therefore, I would request that a Regional Institute of Medical Sciences on the lines of the All India Institute of Medical Sciences in Delhi and the PGI in Chandigarh, should be opened in Bangalore where it can serve as a centre for the entire South.

Secondly, we are talking more of science and technology, my friend, Shri Shivraj Patil, the Minister for Science and Technology, is also here, I think we should utilise more for early diagnosis and also for the treatment whatever equipment is available from any part of the world to save life. Thirdly, I would also request the Ministry of Health and Family Welfare to make use of the mass media, the television that we have. We should increase the network of television much more and educate the people. About the mass media I do not know whether the Health and Family Welfare Ministry would take up with the Labour Ministry and with the Ministry of Information and Broadcasting. Even the films that we are producing, what is it that they are going to inculcate? We have to see that all the mass media helps us to educate our people in terms of controlling the population growth, in terms of maintaining health, giving nutrition and also in terms of environment, pollution and everything that is required. Particularly I would request the Ministry to address itself about adulteration and also the sub-standard drugs and even adulteration in drugs. I hope the Ministry will address itself to these questions and see that it goes beyond its limits while not thinking in terms of States and Centre; it is a joint responsibility of both the Centre and the States to see that the people of India live as healthier and better people of the world.

18 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Tuesday, April 16, 1985/Chaitra 26, 1907 (Saka).