SHRI BUTA SINGH : Mr. Chairman, Sir, I have listened carefully to the points raised by the hon. Members. As you know, we take all these points to the Business Advisory Committee and they allocate the time for discussion in the House.

Sir, you will realise that the total time available with the Business Advisory Committee is taken more by the most important points raised by the hon. Members here. So, in the Business Advisory Committee, the list contains only the official business to be introduced by Government. As you will find very important issues like a discussion on the animal tallow and another discussion have also been included. That will take about 12 hours. There will be hardly any time left. Even then, I will take these matters to the Business Advisory Committee in case the Committee can find some time. Otherwise, the points mentioned by the hon. Members will be sent to the various Ministries. In addition to my effort to take these to the Business Advisory Committee, I will see that the attention of the appropriate authorities of the government is drawn to the points raised by the hon. Members.

MR. CHAIRMAN : Now, the House will take up further discussion on the Resolution of the National Health Policy. The Minister.

श्री दिगम्बर सिंह : सभापति महोदय, आप मेरी एक बात सुन लीजिए ।

सभापति महोदय : नो ।

श्री दिगम्बर सिंह : आप मुझे मंत्री जी ने जो स्टेटमेंट दिया है, उस पर एक मिनट बोलने दीजिए ।

MR. CHAIRMAN : I have already called the hon. Minister. There is no provision like that. So, the Minister will Continue.

12.29 hrs.

RESOLUTION RE: NATIONAL HEALTH POLICY

THE MINISTER OF HEALTH (SHRI B. SHANKARANAND) : Mr. Chairman, Sir, since the attainment of Independence, the country has made significent progress in improving the health status of its people. Smallpox has been completely eradicated, malaria has been successfully contained and considerable headway has been made in control of leprosy, T.B., Blindness, filaria and several other diseases. However, the planning process has contributed to the development of a nationwide health care infrastructure, which is largely hospital based.

While addressing the World Health Assemhly in May 1981, our Prime Minister observed—I quote :

> 'In India we should like health to go to homes instead of large numbers gravitating towards Centralised Hospitals. Services must begin where people are and where problems arise.'

Also, India is a signatory to the Alma Ata Declaration of 1978 which aimed at the attainment by all people of the world by the year 2000 of a level of health that will permit them to lead socially and economically Productive lives. The objective is sought to be secured through the primary health care approach.

The Government of India have reviewed the efficacy of the strategies followed in the past and have evolved a National Health Policy which aims at taking the Services nearest to the door-steps of the People and ensuring fuller participation of the community in the health development process. It has been recognised that if the quality of the lives of the people is to be improved, their health status must be raised. In this perspective, health development is to be viewed as an integral part of overall human resources development. Consequently, a coordinated approach is sought to be established among all the health-related programmes, for example, protected water

supply, environmental sanitation and hygiene, nutrition, housing and education. To be successsul, an attack on the Problems associated with diseases must be accompanied by a direct and frontal attack on poverty, ignorance and superstitution..

Control of population growth shall be the most crucial factor in determining the quality of our future generations. Accordingly the objective is to sucure by the year 2000, a birth rate not exceeding 21 per thousand, a death rate of 9 per thousand and an infant, mortality rate of 60 per thousand live births. If these norms are achie6ed, our population would be around 950 million by the end of the Century. If, however, the present rate of annual growth continues, it will be around 1000, million. In other words, if the envisaged targets are not achieved, there will be 50 million additional mouths to be fed. One can welll imagine the cost to the nation of providing even the basic requirements like food, housing, education and employment to such a large segment. Various estimates have been made regarding the cost of curing for an additional population of 50 million. Whatever be the figures involved, the implications and the consequences would be catastrophic. The point that I am trying to emphasise is that the investment required to be made in achieving the projected goals would be no comparison to the costs and consequences of our population growing unchecked.

Unfortunately, for some years after 1977, the Family Welfare Programme received a serious set back. The couple protection rate which was 23.7 per cent in 1976-77 declined to 22.2 per cent in 1979-80. Since 1980 we have been making concerted efforts to regain the lost momentum and we have been able to achieve a level of 25.9 per cent. The restoration of the momentum has been possible because of the interest and initiative of our Prime Minister. It is a matter of pride for all of us that our Prime Minister was awarded the United Nations Population Award this year.

The National Health Policy points to the need of restructuring the health services on the preventive, promotive and rehabilitative aspects of health care and bring out the need for establishing comprehensive services to reach the population in the remotest areas. The Programmes are being implemented through the fullest involvement of the communities. It views health and human development as a vital component of over all socio-economic development. For the realisation of the various objectives the policy indecates specified goals to be achieved by 1985, 1990, 1995 and the year 2000. Steeps have already been initiated though the Sixth Five Year Plan and the New 20-Point Programme of the Prime Minister for implementing the policy.

I will make a mention of some of the major steps taken towards this direction.

(i) To shift the emphasis from the curative to the preventive and promotive aspects of health care as well as to take services and supplies nearest to the doorsteps of the people, the following changes have been brought about :

(a) It has been decided to establish one Sub-Centre for every 5000 rural population (3000 in Tribal and Hilly Areas) with one male and one Famale worker. 18471 new Sub-Centres have been opend during the last three years.

(b) In place of one Primary Health Centre for every Community Development Block, it has been decided to have one Primary Health Centre for every 30,000 rural population (for every 20000 in Hilly and Tribal areas). 471 New Primary Health Centres have been established during the last three years.

(ii) To further the Primary Health Care approach and secure community involvement a centrally sponsored programme is being evolved to train Health Guides selected by the community for every village or every 1000 rural population 2.5 lakh Village Health Guides have been trained so far.

(iii) The leprosy Control Programme has been converted into a 100% Centrally funded programme and the outlays in the current year make a five fold increase over those in 1979-80. Following the Prime Minister's call for eradication of leprosy on a time bound basis, the Leprosy Control Programme has now been taken up as a 'Leprosy Eradication Programme' and a National Leprosy Eradication Commission has been set up for providing policy guidelines. A National Leprosy Eradication Board has also been established for effectively implementing the recommendations of the Commission. Similar policy guidance and implementation Bodies will be set up in the States having high incidence of leprosy.

(iv) The incidence of malaria has been showing steady decline. The incidence of this disease showed a decline from 6.5 million cases in 1976 to 2.8 million cases (provisional) in 1982. Similarly the incidence of p. falciparum cases showed a decline from 7.5 lakhs in 1976 to 4.7 lakhs (provisional) in 1982.

(v) A new strategy has been adopted for tackling tuberculosis by detecting as many cases as poesible and bringing them under effecting treatment. 10.5 lakh cases were detected and brought under treatment during 1982-83.

(vi) Efforts have been stepped up to detect and control visual impairments. The National Programme for Control of Blindness envisages the development of various services at the peripheral and intermediate levels. Mobile units provide comprehensive eye care including surveys in villages and screening of school-going children, besides providing out-patient and surgical treatment. Eight lakh cataract operations were performed in the country during 1982-83. Ophthalic care facilities have been strengthened in 540 primary Health Centre. 250 District Hospitals and 30 medical colleges. All assistance and encouragement is being provided to the non-governmental organisations engaged in the conduct of mobile eye camps.

(vii) Diagnostic and treatment facilities for cancer are being augmented. Efforts for dealing with diarrhoeal diseases and control of goitra have been intensified.

(viii) A medical Education Review Committee was set up to review the content, quality and relevance of teaching and training in medical institutions. The Committee has already submitted its Report and efforts are under way to evolve a National Medical and Health Education Policy.

(ix) In furtherance of objectives of the Health Policy, efforts have been initiated to generate the required medical and health manpower at various levels, all categories of para-medical, para-professionals have been augmented.

(x) Community involvement and participation is the corner-stone of the National Health Policy. The Health Guide Scheme, under which a volunteer selected by the community becomes responsible to it for organising promotive and preventive measures, is the first step in this direction. It envisages the formation of Health Committees in every village to project the health needs of the community and be involved in the functioning of health services. A programme of training of Community leaders and preparing them for assuming higher responsibilities is already being implemented.

(xi) Voluntary organisations play an important role in providing Health and Family Welfare services supplementing the efforts of the Government. The Health Policy envisages active support and involvement of valuntary organisations.

(xii) While recognising the importance of Indian systems of medicine and Homoeopathy, the Policy lays emphasis on the development of these systems and their involvement in Primary Health Care. Varions schemes have been undertaken for improving the quality of education, promotion of research programmes and production of herbal and other medicines. In order to facilitate the availabliity of genuine and effective Ayurvedic and Unani medicines, Government have establised the Indian Medicine Pharmaceutical Corporation Limited. It has already gone into commercial production. Considerable progress has been made in the preparation of separate pharmacopoeias for some of these systems.

(xiii) With a view to checking adulteration of food stuffs and making the enforcement of the PFA. laws more effective, State Governments have been advised to establish separate Departments for prevention of food adultration and strengthen laboratories and food inspection units.

(xiv) To ensure availability of reliable and effective drugs to the people, the Drugs and Cosmetics Act has been amended providing for severe punishment to those engaged in the import, manufacture and sale of spurious and sub-standard drugs. The Government have also banned the import of certain drugs and prohibited the manufacture and sale of other therapeutically irrational combinations.

(xv) The Policy stresses the need of medical research relevant to the needs of the society.

In view of the time constraint, Mr. Chairman, Sir, I have briefly highlighted the basic approach of the policy and how we are already striving to go in the right direction to raise the health status of all our peoples. I am confident that the House will unanimously adopt the Resolution and guide us in maintraining the health and raising the health status of the people so that we will be able to secure the level of health which we have committed under the Alma-Ata Declaration.

PROF. RUP CHAND PAL (Hooghly) ; Mr. Chirman, Sir, while listening to the speech made by the Hon. Minister, I was wondering whether all these thirtysix years since Independence, more than 32 years of the Planned process, more than 33 years since we adopted the Constitution together with certain obligations, including the health care for all the people, we did not have any National Health Policy at all. If we did not have it, really it was urgently needed ; and although it is belated, it must be welcome. But, how was it that over the years we have been claiming that we have achieved this ? We have been presenting a rosy picture about our achievements in the health sector without a coherent National Policy. But if we look back, we find that Government of India had set up various committees, numerous expert committees, like the Bhor Committee, Mudaliar Committee, Srivastava Committee, Hathi Committee and many others. There is a long list. If I go through the list alone, it will take a long time of the House, not to mention the money spent for these committees. In their wisdom, these committees had made very relevant, very important suggestions to the Government. My simple question is : how many of them have been implemented ? Did not all these committees, in their wisdom, recommend all these things, partly or wholly, on some occasion on the other, i.e. all these which have been formulated here ?

While listening to the Minister's speech introducing this Resolution, I was just thinking : Does it make any difference from the earlier speeches made by the earlier Health Ministers while repaying to to the debates on the Health Budgets ? Except 2 or 3 figures, the arrangement of the speech also, it seems, is the same. Except a few figures, there is nothing different here. Still it is being said that they are introducing a National Health Policy.

How serious are they about it ? By the year 2000 A. D. , they are commited to " Health for All " . They had announced this Health Policy in November1982. Governmont did not find time; they were too preoccupied with so many other things to be able to introduce it, to bring it to the notice of this House. How urgent, how serious is this Government ? Is there anything new ? I don't think so. It is only old wine in a new bottle. (*Interruptions*). Let that simple compliment be given because the new print, new text with certain changes in language etc. are there. Let it be called a new bottle.

What necessitated this announcement ? It is being said that we are committed to the need for evolving a new health policy. It says here :

> "India is committed to attaining of the goal of 'Health for All by the Year 2000 A.D.' through the universal provision of comprehensive primary health care services. The attainment of this goal requires a thorough overhaul of the existing approaches."

Does this paper show any dynamic change, any radical change in attitude ? These are the claims being made, like the claim of Garibi Hatoo. (*Interruptions*) This has necessitated the new health policy announcement. Here, the existing picture has been given, in the background of which this national health policy has been announced. Inspite of giving a rosy picture and making some complacent announcement, they could not cover up the reality. About the mortality rate, particularly the infant mortality rate, there are statistics of the World Health Organisation, that India is still having the highest incidence of infant mortality. Children die before the age of 4 because of malnutrition, because they cannot be provided the minimum needs of life, in spite of your minimum needs programme, inspite of your old or new 20-point programme. It is related to poverty. We shall have to judge health aspects in the socio-economic backgroand where there is more than 60 per cent of the population below the poverty line, by thorough overhauling of the approaches, from hospital based, curative approach to preventive approach end promotional health care. The solution cannot be found out. You are trying to ignore the reality of the poverty by redefining the poverty line, by change of figures, by manipulation of the statistics only. If I had the time I would have shown from the document that this government is a government of the** only deceiving people by figures. There is nothing new.

While poverty is increasing, by this pious announcement, you cannot improve the health standard of the people. We have no quarrel if you shift the emphasis from curative side to the preventive side which we have been advocating all the time. You did not implement the recommendations of many committees. You have paid only lip service to it. Now you say that it is an integrated approach. We do not believe it because you are not going to implement even this part.

If you look at the proposals being made in a speech in Geneva you will come to know what it is. Our Prime Minister has made certain remarks. It says as follows :

> "While India needs excellent modern hospitals, the desire for large hospitals oriented toward high- cost modern technological medicines has to be resisted. "

It is true. If from this end you want to being from here, it is welcome. If yon look at the practice of this government you

**Expunged as ordered by the Chair.

will find that they are not at all serious, because they say that, universal compulsory primary health care service which is relevent to the actual needs and the priority of the community, we are going to evolve that; we are going to involve common people, community centres; we are going to decentralise it; we are going to introduce referral system; we are going just to see that, the priorities relevant in the socio-economic background and the situation obtaining in a country like ours, the desire and needs of the common people, are fulfilled. But if you look at the policy being pursued all these years and the words being used here, you will find a lot of difference, because any improvement requires input, the input with regard to development of the infrastructure of health and health services has got the lowest priority over the years. If you do not have the money and whatever the meagre amount had been allotted earlier, day after day the amount is being curtailed and because of a developing crisis cuts are there and the first casualty are the social services, the services in the health setor. I have full sympathy for this hon. Minister. Even if he wants to mean some thing serious in spite of his sincerity and honesty he would not succeed. He has been asked to wield sword like Sanco Panza who had to wield a blunt edged sword--he has been asked to do things without them oney. He is saying that he will do this, or that he will do that. And so, ultimately, all this boils down to emphasis on Populatson Control and Family Welfare. If we cannot do that a greater danger is there. What is population Control?

Long long back I had read one book, perhaps by one Dr. Castro, 'Geography of Hunger'. The increasing population is also related to the development process, the pooter the people, the more the populetion; the more superstitious the more the population the more illiterate the more the ppoulation, so populauion process cannot be isolated from the developmental process. So, it is all related to development.

MR. CHAIRMAN : I have to look to only one control, and that is time.

PROF. RUP CHAND PAL : As soon as you give a soft bell, I will become alert, and then if you give a long bell I will conclude within 10 to 15 minutes.

MR. CHAIRMAN : You have already taken 15 minutes.

PROF. RUP CHAND PAL : We welcome the approach of emphasis on the different indigenous systems. We have been advocating and personally I had also drawn the attention of Government by statements under Rule 377 and others, that we have a rich heritage. China has just recently resurrected their old systems which existed 1500 years or 2000 years ago and by improving those systems, utilising the most modern systems and they are also modernising their old systems. We have also our systems like the Siddhas, Unani, Homoeopathy, Naturopathy, Yogic etc. We have immense wealth of medicinal plants and lerbs in our country. They are neglected. Look at China and other countries, how they are utilising them. We are just ignoring this aspect and only a little use is being made.

I had occasion to meet one of our non-resident Indians who was saying that whatever little use we were making of the medicinal plants they being utilised by the multi- nationals for their profit purposes. But if it is started from here, through this National Health policy announcement, we will welcome it. But if we look at the reality, this statement does not have any credibility because health is related to medicine. What is the picture in the pharmaceutical industry and the industry manufacturing medicines?

MR. CHAIRMAN, I take your bell as a soft bell ?

According to the W. H. O. 80 per cent of the medicines that are sold in India are of the non-essential category. they are not essential at all and 78 per cent of the medicines are still in the hande of the multinationals, 16 per cent in the private sector and 6 per cent in the public sector.

Had I enough time, I have all the documents of the medicines being produced by the multinational companies. The most

inessential items they are producing are those which have got no relevance to our needs and they are minting money and we are allowing them to do so. It is not my plea, my argument. As early as in 1974, the Director General of the World Health Organisation warned that the Third world countries are becoming dumping ground for medicines which MNCs were unable to dispose of in their home countries sometimes including the drugs banned at home. This is being done in countries including India even till today. Had I the time, I would have quoted from the reports. The Minister must be aware but I do not know how helpful he can be in this regard. I am giving you one such example. Bangladesh, a small country, just a small power by our side had the guts to do so. They had listened to the advice of the World Health Organisation and banned all those items which are harmful, more harmful than the diseases themselves. And what happened you know– The U. S. Ambassador in Bangladesh has approached the Martial Law Administrator for a reconsideration of the policy; the British High Commissioner and the West German Ambassador have also made similar approaches. It is estimated that in 1980, British companies alone sold £250 million worth druga to the third world countries including India. There were pressures and what did they say ultimately, you know? I do not know whether in the secret documents those threats are being given to our Government or not. We shall with hold money for your research, we shall withhold money for other purposes if you do not listen to us,.if you do not allow the multinationals to operate as they like, however detrimental that may be to your national interest.

70 per cent of rural population does not have drinking water. That is according to your statement. Less than 0.5 per cent have basic sanitation facilities. In a situation like this, the health allocation is coming down and down year after year. And what are your priorities? You are saying international decade for the drinking water and sanitation by 1990. It requires Rs. 15,000 crores. You are stopping all these projects, they are all incomplete, you cannot reach the target, you have no money, you cannot reach whatever target you have by 2000 A. D., you have no money for your programme 'health for all'. What is your priority? By 1985, 70 per cent of the population may not have drinking water in spite of your pious commitments so let them have at least colour T. V. By 1985 your national network of T. V. will be expanded. 139 new relay centres are coming up this year. We have full sympathy for the Minister. Like a Sanco Panja he is being asked to wield the sword with blunted edge, without money he has to come with a national health policy which is nothing new. Over the years it was there, all the committees had recommended, and now he claims this is a national health policy. Still whatever little good there may be in the natioal health policy; we welcome it and till now we have not lost all faith. Let us hope at least the Minister would be very honest and sincere to implement whatever little commitment he is making.

SHRI JAGANNATH RAO (Berhampur): Mr. Chairman, I welcome the statement on the National Health Policy, laid on the table of the House some time ago. This statement rightly emphasizes the fact that the health services cannot be viewed in isolation, as they are part and parcel of the all-round development of the citizen. It is true that poverty is responsible, to a great extent, for the ill-health and sickness of the nation. Steps are being taken to improve the socio-economic condition of the people, more so of the people who live in the rural areas, who from the bulk of the population. Therefore, the statement rightly stresses the fact that poverty should be eliminated. there should be a clean environment, there has to be good sanitation, supply of pure drinking water, a house to live in for the citizen minimum adult education, removal of illiteracy and so on. All these factors are given due emphasis in the statement. Whatever the hon. Member from the opposition mentioned, they are all mentioned here. This statement shows the determination of the Government to go on the lines enumerated here.

Under the Plan objectives and under the 20-Point Programme of the Prime Minister, the overall development of the community is being envisaged, and is being implemented sincerely and vigorously. Block allocation

has been made this year in the Plan for realisation of the national objectives mentioned therein.

We are determined to build a new society; a new socio-economic order, based on social justice and equality. Therefore, all the aspects have been taken care of; not that they are being ignored and only the health services have now been thought of. Unless a man is healthy, has food to eat, a house to live in, facilities of pure drinking water and a clean environment, no health care can improve the life of the man. So, all these things are necessary, Therefore, the emphasis in the statement is first on preventive, then curative and then welfare aspect.

For the health of the nation, which means the health of the citizen, first a clean environment is necessary. God has created man and nature so that he can live in unison with nature and be happy. In the name of modern civilisation, we are destroying the environment, destroying the forests, polluting the water and polluting even the atmosphere with the result our surroundings are polluted. You cannot expect people living in such areas to be healthy. So, emphasis is being placed on all these things.

Effort is being made under the 20-Point Programme to supply pure drinking water to the villages. Landless people are being given house sites for constructiou of houses. The most important thing is that people are allowed opportunities to make a living. Employment is being provided to the extent possible.

All these things cannot be done overnight. It takes time. But a good beginning a sincere beginning, has been made, a determined effort is bring made, which is now showing results. Under the Minimum Needs Programme and the IRDP pure drinking water is supplied to the villages. The environmental aspect is also being taken care of by the Government.

Then comes the curative aspect. A number of public health centres are being opened all over the country in the rural areas, in the community development blocks. I am in close touch with my constituency and so I know it. These public health centres go a long way in providing elementary health care to the citizens. Of course, if there are serious diseases, they have to go to the district hospital, which is a referal hospital.

Under this scheme of public health services trained doctors are being posted, trained nurses are also posted, and as is stated in the Statement and in the speech of the hon. Minister, health education should be part of the adult education of the individual. The health communities should be formed in the villages so that they should take care of how to preserve the environment of the village. If the community takes care of it, well, there will be a clean environment, the village will be clean and people will be healthy. Twenty years ago I was a Deputy Minister in the Central Government in charge of social security. I had an occasion to go to Hyderabad and Bangalore. When I was in Hyderabad they showed me a village 20 miles from Hyderabad called Pattencherru. The moment you go to that village you find that it is a very healthy village, though it is an ordinary village, there are thatched houses and all that. The streets are clean, there is a post office and a school there. Similarly, I was shown a village 10 miles from Bangalore. It is also a healthy village. If this could be the condition of every village in the country, nothing more is required to be done. Therefore, I would suggest that to encourage this aspect, a competition may be started between gram panchayats in a block. Whichever gram panchayat can produce a number of clean and healthy villages could be given some prize. The prize should be given not to the individual, but to the community, as a community incentive in the form of a project or a school or whatever it is. That may give encouragement to them in addition to the health education that we are going to impart to them. This is one suggestion of mine.

Then we come to the other aspect—population control. Whatever services we are trying to render and whatever planned development we want to embark upon and which we are doing, unless we control the population the benefits would be diluted.

Where the birth-rate is 25 per thousand. the death rate is only 15 per thousand, This gap has to be bridged. I was told by demographers that it will take 50 years to bring down the population to a particular level. There is no point in blaming the Government ; we, the people, are responsible for it. A small family is a happy family both from the health point of view and the economic point of view. For that also I would suggest that there should be this sort of competition for every gram panchayat or block. If every block can reduce the birth rate in a period of 5 or 10 years, some prize should be given in the shape of a school or any project. This would provide an opportunity to the local people so that they will take interest in it.

13.12 hrs.

(DR. RAJENDRA KUMARI BAJPAI *in the Chair*)

About the health aspect, we have started public health centres. I would also suggest that in addition to that, a mobile van from the district headquarters should periodically go to the villages to find out whether special treatment is necessary for anybody. It may not be possible for every person in the village to go to the hospital because it is a question of money and all that. So, that may also be considered in course of time.

The Statement highlights the development of various systems of medicine—Ayurveda, Siddha, Unani, Homoeopathy and all that. We have got all these things. But they went into rather disuse because of the advancement of allopathy medicine and all that. But in some areas they are very good. Where allopathy has no remedy, ayurveda has a remedy. More so, for rhenmatism allopathic medicine has no remedy. but ayurveda has a remedy. I know of it because I have been taking ayurvedic medicine for it.

So also about rehabilitation. I am glad that a comprehensive approach has been adopted for the health of the people. It is no good criticising the Government for what was not done so far. But I congratulate the Government for their determination to go on with this programme in a compartmental way. It is a part of integrated policy of development. I am sure this policy is not lacking.

The availability of medicines should be taken care of and we have to see that the prices of the medicines are reduced so that that may be within the reach of the common We are covered by the CGHS. Therefore, we do not feel the pinch. But if you go to the Chemist or the druggist, you will realize that the drugs are very costly. IDPL may make some formulations to ease the situation.

We should extend National Health Scheme as is in U. K. Every citigen should have the facility of going to the dispensary and get himself treated free. Of course, it cannot be done right now. It will certainly take some-time. This may be possible in five years time. The policy statement will be implemented. I am sure this is a good beginning.

National Health Policy is a part of the integrated development of the citizens and, this also envisages the treatment of expectant mothers, nursing mothers. Children should get nutrients. It is necessary to make a man healthy. Unless we build up the health of the child, he cannot grow into a healthy man. Health is wealth.

Therefore, health may be given the right priority.

SHRI MOOL CHAND DAGA (Pali) : Health is life.

SHRI JAGANNATH RAO : If you are not healthy, you cannot enjoy your wealth. I, therefore, cangratulate the Government. It is never too late. Better late than never. We have come with a good statement. When it is implemented sincerely by the State Governments, it will go a long way. Herein comes the State Government. They have to implement it. You may please see that proper allocations are made and allocations are not diverted for other purposes so that this scheme envisaged in the Statement is successfully implemented and we can find the results in a period of five years.

श्री राजेश कुमार सिंह (फिरोजाबाद) : सभापति महोदय, राष्ट्रीय स्वास्थ्य नीति के सम्बन्ध में माननीय मंत्री जी ने सदन में जो बयान दिया है उसमें बड़ी बड़ी सम्भावनायें और आशायें व्यक्त की हैं लेकिन प्रश्न यह है कि वे उनको कहां तक अमल में ला पायेंगे। अभी कुछ दिन पहले माननीय मंत्री जी से एक अनस्टार्ड क्वेश्चन में पूछा गया था कि स्वास्थ्य पर प्रति हजार व्यक्ति औसतन कितनी राशि व्यय की जाती है तो उन्होंने उत्तर दिया कि इसके आंकड़े उपलब्ध नहीं है। जब माननीय मंत्रीजी को यही नहीं मालूम कि कुल कितनी राशि व्यय की जा रही है तब मुझे सन्देह होता है और मैं नहीं समझता किस प्रकार से आपका मंत्रालय इन चीजों को अमल में ला सकेगा। राज्यों के सम्बन्ध में भी आपने कहा है कि आंकड़े उपलब्ध नहीं हैं। खैर, आंकड़ों को छोड़ दीजिए, प्रथम योजना में जो खर्चा इस सम्बन्ध में हुआ वह शून्य ही था, दूसरी योजना में 0.3 और तीसरी योजना में 1.1 प्रति व्यक्ति खर्चा हुआ। इस देश में 20.87 परसेंट लोग कम्युनिकेबिल डिजीजेज की वजह से मरते हैं।

आप कहेंगे कि मैं आपको याद दिलाना चाहता हूं। आपने ही कहा था 1981 में मलेरिया से 26 लाख 66 हजार 224 लोग प्रभावित हुए थे और आपने कहा था कि उस पर कन्ट्रोल कर लिया गया है।

According to the Regional Director of the World Health Organisation, Dr. U. Koko, 5.9 percent of the population suffers from leprosy and 1.5 per-cent have radiologically active tuberculosis of which 0.4 percent is infectious. One and a half million children below five years die annually due to diarrohea diseases. 1.4 percent is blind with 2,50,000 children losing their eye sight every year resulting 40 million blind persons. India's 304 million people are at risk on account of Filariasis of which 15.84 millions are diseased and ten millions are afflicted with goitre.

वर्ल्ड हैल्थ आर्गेनिजेशन ने इस ओर आपका ध्यान आकर्षित किया है।

बच्चों की स्थिति के बारे में भी मैं आपका ध्यान दिलाना चाहता हूं। एक हजार बच्चों में से 125 बच्चे समाप्त हो जाते हैं। श्रीलंका में 45 बच्चे और डेनमार्क में 11 बच्चे समाप्त हो जाते हैं।

आप कह सकते हैं कि ये छोटे मुल्क हैं और हमारा देश बहुत बड़ा है। मैं आपको बताना चाहता हूं कि इस वर्ष जो 23 मिलियन बच्चे पैदा होंगे, उनमें यह उम्मीद की जा सकती है कि तीन मिलियन बच्चे समाप्त हो जायेंगे। यह कैसी भयानक परिस्थिति है। ऐसी भयानक स्थिति में आप कैसे राष्ट्रीय स्वास्थ्य की बात करेंगे, जब बच्चों की हालत यह है। राज्यों में भी यही स्थिति है। पंजाब में पैडिएट्रिक बैड्स कुल आवश्यकता से दस प्रतिशत कम है। मेघालय में एक डाक्टर के पीछे लोगों की संख्या सौ है। एक लाख बच्चों के लिए पैडिएट्रिशियन है। जब इस प्रकार की स्थिति है, तो मैं यह नहीं समझ पाता हूं कि इसके लिए कौन जवाब देह है।

छठी पंचवर्षीय योजना में आप देखेंगी कि मंत्रालय द्वारा मिनिमम नीड्स प्रोग्राम फार रुरल हैल्थ प्रारम्भ किया गया। कुल आवश्यकता 1,22,000 सब-सैन्टर्स की थी, जबकि 64,000 खोले गए। यह आपकी प्रगति है। आप ही के अनुसार पिछले साल, 5,902 प्राइमरी हैल्थ सैन्टर्स, 56,173 सब सैन्टर्स, 2,622 सब्सिडीयरी हैल्थ सैन्टर्स और 164 अपग्रेडेड हैल्थ सैन्टर्स काम कर रहे थे। जब कि छठी पंचवर्षीय योजना में 721 प्राइमरी हैल्थ सैन्टर्स, 37,964 सबसैन्टर्स, 2,364 सब्सिडीयरी सैन्टर्स और 316 अपग्रेडेड प्राइमरी हैल्थ सैन्टर्स स्थापित करने थे। पता नहीं इसमें इन्होंने क्या प्रगति की है।

मैं प्राइमरी हैल्थ सैन्टर्स के बारे में कहना चाहता हूं कि रुरल एरियाज में स्थिति बड़ी भयानक है। वहां डाक्टर नहीं है। आप कहेंगे कि यह राज्य सरकार का विषय है। खर्च के मामले में भी केन्द्रीय सरकार को जो पूर्ति करनी पड़ती है, उसका भी सही उपयोग नहीं होता है। बहुत सी जगहों पर मैडिकल आफिसर तक नहीं हैं। कोई स्टाफ का आदमी नहीं है। मैं आपको उत्तर प्रदेश के बारे में बतलाना चाहता हूं कि उत्तर प्रदेश में 200 प्राइमरी हैल्थ सैन्टर्स में कोई मैडिकल आफिसर नहीं है। 50 परसैन्ट हैल्थ सैन्टर्स ऐसे हैं। जो पुरानी बिल्डिगों में, किराये की बिल्डिगों में चल रहे हैं जहां स्वस्थ आदमी भी जाय तो बीमार हो जाए। न वहाँ हवा है, न रोशनी है, बरसात के टाइम पर पानी बरसता रहता है, सेनिटेशन तो वहाँ—है ही नहीं। डिस्ट्रिक्ट हास्पिटल में जो डाक्टर काम कर रहा है, उनका नाम प्राइमरी हैल्थ सैन्टर में लिखा हुआ है—यह बहुत गलत बात है। आप पेपर पर योजना बना डालेंगे और पेपर पर दिखला देंगे कि सारे लोगों की हैल्थ ठीक रहेगी, लेकिन मुझे तो इस में सन्देह होने लगता है।

एक बात बड़ी अजीब सी लगती है—उत्तर प्रदेश में हैल्थ एजूकेशन का आप का कोई कार्यक्रम नहीं है, स्कूल—हैल्थ का कोई कार्यक्रम नहीं है। सैनिटेशन व्यवस्था इतनी ज्यादा खराब है जिस का कोई हिसाब नहीं है। मैं आगरा का रहने वाला हूं—आप वहां के गली-कूंचों में जाइये तो घुसना मुश्किल हो जाएगा। वाराणसी की भी यही हालत है। लखनऊ के बारे में शायद कुछ ठीक हो, लेकिन वहां भी आप आबादी के लिहाज से घनत्व वाले इलाकों में जाइये तो वहां भी वही हालत पायेंगे। आप कहते हैं कि डाक्टरों की संख्या बढ़ा दी है— लेकिन ऐसा भी कुछ नजर नहीं आता है। इलैक्शन के वक्त अगर कहीं वी. आई. पी. जाते हैं तो व्यवस्था बन जाती है। जब ऐसी स्थिति इस समय दिखाई दे रही है तो मुझे आपके कहने पर सन्देह होने लगता है।

एक नई चीज चल पड़ी है—कुछ माननीय सदस्य शायद नाराज हो जायेंगे – लेकिन यह फैक्ट है—उत्तर प्रदेश की राजधानी लखनऊ में एक 'संजयगांधी पोस्ट ग्रेजुएट इंस्टीचूट आफ मैडिकल साएन्सेज" बन रहा है जिस पर 300 करोड़ रुपया खर्च आएगा, 527 एकड़ में बनेगा और 2500 बेड्स का उस के साथ हास्पिटल होगा। इस में कौन जायेंगे? जो बड़े लोग होंगे, उन की सुविधा के लिए यह हास्पिटल काम आयेगा। इतना ही नहीं, पटना में "इन्दिरा गांधी इंस्टीचूट आफ मेडिकल साएन्सेज" बन रहा है। काश्मीर में "शेरे काश्मीर इंस्टीचूट आफ मैडिकल सायेंसेज, श्री नगर में" बन रहा है। अभी हाल में नार्थ-ईस्टर्न रिजन के डवेलपमेन्ट के लिए जो मिनिस्टरों की कान्फरेंस हुई उस में भी तय किया गया है कि शिलांग में एक इंस्टीचूट आफ मैडकिल साएन्सेज खोला जाय। जब तक ये इंस्टीचूट्स बन कर तैयार होंगे इन पर 1 हजार करोड़ रुपया खर्च होगा। इनके बारे में स्पष्ट निर्देश है कि उन राज्यों में तब तक मैडिकल कालिजिज न खोले जांय, जब तक वहां जो लोग ग्रेजुएट हो गए हैं उन्हें काम न दे दिया जाय। इन्हें बनाने की कोई जरूरत नहीं है आप 120 करोड़ रुपया सैन्ट्रल हैल्थ सैन्टर्स पर खर्च कर रहे हैं, लेकिन दूसरी तरफ 1000 करोड़ रुपया इन इंडस्टीचूट्स पर लगाने जा रहे हैं। आप इस तरह से देखिए—लखनऊ में किंग जार्ज अस्पताल और मैडिकल कालेज है जो बहुत अच्छा काम कर रहा है और वहां की जरूरत को पूरा कर रहा है, फिर यह संजय गांधी के नाम पर खोलने की क्या जरूरत पड़ गई।

डा. एस. जी. मेहता, फार्मर चीफ आफ दि जसलोक हास्पिटल, बम्बई, ने कहा है—

"None of the institutions has achieved any of its major objectives, like, the All India Institute of Medical Sciences, the P.G.I., Chandigarh, etc."

आज इन इंस्टीचूट्स से जो लोग शिक्षा प्राप्त कर के जा रहे हैं वे देश में नहीं हैं, सब विदेशों को चले गए हैं। आप बतलाइये— आप ने क्या योजना बनाई है ? व्यावहारिक रूप से यदि आप देखेंगे तो मैं जानता हूं—आप कह देंगे कि इंस्टीचूट आफ मैडिकल साएन्सेज में सरकार दखलअन्दाजी नहीं कर सकती है। हृदय रोग के रोगी आते हैं—आप से इस बारे में चर्चा हो चुकी है, इसलिए उस का दोबारा उल्लेख नहीं करूंगा, लेकिन गरीबों के लिए यह व्यवस्था नहीं है। ये इंस्टीचूट्स बड़े लोगों के लिए, बड़े नेताओं के लिए, बड़े व्यापारियों के लिए, जो विदेशों में इलाज कराया करते थे अब इंस्टीचूट में इलाज कराने आते हैं। मैं आप से निवेदन करना चाहता हूं कि आप इन बुनियादी चीजों पर जरूर गौर करें। आप के यहां ग्रामीण अंचल में 17 हजार की आबादी पर एक डाक्टर है, लेकिन शहर में एक हजार की आबादी पर एक डाक्टर हैं। आपके प्रोजेक्ट्स इतने बड़े हैं कि आप के निर्देश के बावजूद न इण्डियन मैडिकल कान्सिल के लोगों से और न प्लानिंग कमीशन से इन प्राजेक्ट्स को बनाने के लिए कोई राय ली गई।

अगर ली गई हो तो माननीय मंत्री जी बताने की कृपा करें। आज देश का इतना सारा धन केवल कुछ बड़े लोगों पर, उन के स्वास्थ्य और उन का इलाज कराने के लिए उपलब्ध किया जा रहा है लेकिन देश की जो बहुत बड़ी आबादी गांवों में रहती है, उसके लिए कुछ नहीं हो रहा है। प्राइमरी हैल्थ सेंटर और सब-सेन्टर्स की बात मैंने कही है। वहाँ की हालत बहुत खराब है लेकिन आप ने ये इतने बड़े-बड़े एलीफेन्ट पाल रखे हैं, जिनमें कुछ आदमियों और बड़े-बड़े व्यक्तियों को ही इलाज कराने की सुविधा मिल जाती है और बाकी जो दूसरे लोग हैं, उनको कुछ नहीं मिलता। इन मुद्दों को मैंने इसलिए उठाया है कि आप इस तरफ ध्यान दें।

आपने जो योजना बनाई है, वह एक बहुत अच्छी योजना बनाई है और पढ़ने में वह बहुत अच्छी लगती है लेकिन जो ड्राबैक्स हैं, जो खामियां हैं. उनकी तरफ भी आप को निगाह डालनी चाहिए। आप को अच्छी तरह से मालूम है और आप अच्छी तरह से जानते हैं और माननीय सदस्यों ने भी यह बात उठाई है कि सिर्फ मैडीकल फैसीलिटीज बढाने से और उन फैसेलिटीज को अस्पतालों तक सीमित करने से ही इस दिशा में सब कुछ नहीं हो सकता, उसके लिए स्वास्थ्य के केयर की भी व्यवस्था होनी चाहिए। बहुत से सदस्यों ने पोटरएबिल वाटर और पौष्टिक तत्व बड़ों और बच्चों को मिलें, यह बात कही है। इसके अलावा गावों में हाइजिनिक कंडिशन्स भी ठीक रहनी चाहिए। गांवों में जो हाइजिनिक कंडिशन्स हैं, उनके बारे में मैं आप से यह कहना चाहता हूं कि आप जानते ही होंगे कि आज 98 प्रतिशत ऐसे गांव हैं, जहां पर लेट्रिन की व्यवस्था नहीं है। 2 लाख गांवों में से 160 मिलियन्स के पास स्वच्छ पीने का पानी उपलब्ध नहीं है। जब तक आप वहां पर सेनीटेशन की व्यवस्था नहीं करेंगे और गाँवों में लोगों को स्वच्छ पानी नहीं देंगे, तब तक यही हालत रहेगी।

मै गांवों की आर्थिक हालत के बारे में यहां पर नहीं कहना चाहता और वहां पर जो औरतें बैठी रहती हैं, वे देखने में कितनी अभद्र लगती हैं क्योंकि उन के पास साधन नहीं हैं, यह किसी से छिपी बात नहीं है। स्वास्थ्य के दृष्टिकोण से देखा जाए, तो मेरी समझ में यह नहीं आता कि आप अकेले इस बारे में क्या कर लेंगे क्योंकि आज भी गावों में लोगों

को ऐसा पानी मिलता है, जिस में दुर्गन्ध आती है और जिससे बीमारी फैलती है और हरिजनों और आदिवासियों को तो ऐसी जगहों से पानी लेना होता है, जहां पर पशु भी मुंह डालने से इन्कार कर देता है। आप कहेंगे कि हम हैल्थ सेन्टर्स की व्यवस्था कर रहे हैं लेकिन इन लोगों की आबादी, जो लगभग 22 पर सेन्ट है, के लिए कोई खास व्यवस्था नहीं हो पाएगी। मैं यह इसलिए आग्रह कर रहा हूं कि विशेष रूप से आप इन पर ध्यान दें और देहातों में पानी की ठीक व्यवस्था होनी चाहिए। इसके अलावा वहां पर सेनीटेशन की व्यवस्था होनी चाहिए और हैल्थ एजूकेशन के भी प्रोग्राम होने चाहिए लेकिन इस के लिए आप कहेंगे कि हमारे पास इतनी राशि नहीं है और हम 2000 ई० तक इसको पूरा करेंगे। दूसरी तरफ हम देखते हैं कि आप ने इतने बड़े-बड़े हाथी पाल रखे हैं, जिन पर राज्य सरकारों को करोड़ों रुपया खर्च करने की अनुमति दे रखी है और उन को राज्य सरकारें चला रही हैं। इससे आम आदमी का भला होने वाला नहीं है : आम आदमी के भले के लिए आप को कोई ठोस कार्यक्रम निर्धारित करना होगा और राज्य सरकारों को उस के चलाने के लिए हिदायत देनी होगी। आप खाली पेपर पर ही खानापूरी न कीजिए और यह न कहिये कि यह तो राज्य सरकारों का विषय है।

विदेश जाने वाले डाक्टरों के बारे में आप ने एक अच्छी बात कही है कि हम उसके लिए कुछ करेंगे लेकिन मैं प्राइवेट प्रैक्टिस के बारे में कुछ कहना चाहता हूं। उत्तर प्रदेश में प्राइवेट प्रैक्टिस की बहुत बड़ी बीमारी हो गई है। मैं वेलिंगडन के डाक्टरों की प्रशंसा करूंगा कि वे तो हमें इलाज के लिए मिल जाते हैं लेकिन हमारे यहां आगरा में जो एस० एन० मेडीकल कालेज हैं, वहां पर जाते हैं तो पहले तो डाक्टर मिलते ही नहीं हैं और अगर मिल जाते हैं, तो कह देंगे कि आप मेरे मकान पर शाम के वक्त आ जाना और मैं देख लूंगा। जब ऐसी वहां पर डाक्टरों की हालत है, तो आप अन्दाजा लगा सकते हैं कि वे क्या करेंगे। आप उनको एलाऊन्स दें लेकिन वहां पर मरीज को देखने की व्यवस्था तो ठीक होनी चाहिए। आम आदमी को उनसे कोई फायदा नहीं हो रहा है और गाड़ी जो चल रही है, वह राम भरोसे चल रही है।

एक दूसरी बात यह कहना चाहता हूं कि गांवों में नमीन हकीम डाक्टर बहुत सारे हो गये हैं। गांवों में उन लोगों ने बोर्ड लगा रखे हैं और उन पर पता नहीं क्या-क्या डिग्रियां लिखी हुई हैं। मेरे परिवार में भी छोटेपन में एक नीम हकीम ने बच्चे की आंख में दवा डाल दी, जिस से उसकी आंख ही खराब हो गई। उसके खिलाफ हमें कैस करना चाहिए था, लेकिन हम उस समय नहीं कर सके। यह मैं व्यवहारिक बात आप को बता रहा हूं और आप गांवों में जा कर देखेंगे, तो ऐसे नीम-हकीम डाक्टर बहुत हैं। जनता पार्टी की सरकार ने भी कुछ लोगों को डिब्बे में दवाई देकर भेज दिया था और वे उसको ले कर गाँवों में घूमने लगे और वे सब डाक्टर बन गये। इसलिए इन सब बातों पर ध्यान रखने की बहुत जरूरत है और जब तक आप प्रापर तरीके से इसके बारे में व्यवस्था करेंगे; तभी

जाकर कुछ हो सकेगा, नहीं तो स्वास्थ्य के नाम पर लोगों की जिन्दगी से खिलवाड़ होता रहेगा।

इन शब्दों के साथ मैं अपना भाषण समाप्त करता हूं।

DR. KRUPASINDHU BHOI (Sambalpur) : Hon Madam Chairman, at the outset I must congratulate our hon. Minister of Health, Shri Shankaranand, and our hon. Prime Minister who have tried to give a

new dimension to Health by framing the national health policy according to, and the framework of, our Constitution; it is envisaged to establish a new social order based on equality, freedom, justice and dignity of the individual which aims at the elimination of poverty. ignorance and ill health. In the 20-Point Economic Programme after signing the Alma Ata Declaration, the Prime Minister has enunciated the goal of health for everybody by 2,000 A. D. Health does not mean only absence of disease or deformity or infirmity. Health, according to the World Health Organization, is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity. Basing on that, the hon. Minister has laid ihe National Health Policy Statemrnt before the Parliament, Hon. Member from the opposition, Prof. Rup Chand Pal, was criticising that it was unfortunate that no policy statement had made since 36 years of independence and 33 years of adoption of the Constitution, I may point out to him that it has been done time and again. In 1940 the Indian National congress had formed a Committee for Health and Family Welfare. In 1946, to look after the overall planning and health reconstruction in the country, BHOR Committee was formed. In 1956-61. another Committee headed by Dr. Mudaliar, an eminent person in our country, was appointed and under his leadership, a dynamic approach was enunciated and so many recommendations had been made to Parliament and to our people.

The hon. Minister, while replying in Rajya Sabha, was very much apologistic, If somebody tells us that our health achievment is poor, I would not agree with him because after independence; as the hon. Minister has said, we have almost eradicated small pox, malaria has been contained—and he has given the figures also—and the other communicable diseases also have been brought under control, though there is some epidemic of chicken pox. Still we are far behind in containing leprosy which is a big menace.

The main thrust of the problem is whether the Minister has taken cognizance of the Plan allocations made from First Five-Year Plan to Sixth Five-year Plan. The allocation for Health in the total Plan allocation in the First Five-Year Plan was 3.3 per cent, in the Second Plan it was 3.01 per cent, in the Third Plan 2.9 per cent, in the Fourth Plan 3.9 per cent, in the Fifth Plan 3.2 per cent and in the Sixth Plan 2.9 per cent. Is it ever possible to achieve this gigantic task of health reconstruction and health for all if this type of Plan allocation is made? I want to know whether, before signing the Alma Ata Declaration, cognizance has been taken of the fact that funds will come. He has suggested many things, how the fund will come. To that part I will come later. But Plan allocation is a bottleneck. If the Plan allocation is not increased, it will be very difficult to achieve our objectives in regard to Health.

We should not be so much afraid and we should not be apologetic about our achivement being not upto the mark. We have to see whether the Government in the past had implemented the decision or the recommendations of the Mudaliar Committee or not.

The Primary Health Centres in different block-5,002-have already been established. He was just now telling that by 2,000 A. D. definitely we are going to provide P. H. C. for 30,000 population in semi-urban areas and rural areas and for 20,000 population in tribal and hill areas, subsidiary health centres will be provided to 5000/3000 population. All these are there. All these have not been completed due to the plan resources. In the Sixth Plan, money has not been provided. But, still, already 478 extra P. H. C. have been opened. The total number of blocks is 5,002 in India. What will be the total number of P. H.Cs that would be established in our country by 2000 A. D.? This has to be seen.

Sir, we have inherited a system of Britilsh pattern into our health policy uptill now. This has to be changed. Both the Mudaliar Committee as well as the Bhor Committee have said that we are following the British India pattern in the health administration, organisation. That system has to be changed. We should not be urbanoriented but we should be rural-oriented. Just now the figures have been given. In urban areas, most of the population would get medical care within a radius of 2 k.ms. but in rural areas, the people could not get even with the distance of 10 k. ms.

Out of a total of 14 lacs (14,76,2 6) beds) in the country, there were only (4,542 beds available in the rural areas. It means only 13% of total bed is available to the rural population and, out of total beds in rural areas, 28% of them is being administered by voluntary bodies and private institutions. So, we have to change this attitude. I want to know whether the Minister is thinking of giving a new directon that the bed numbers should be increased or multiplied in these rural areas. In the primary health centres—in the sub-centers—there are no beds. A proposal was there previously about the provision of beds. One big hospital should be established for 3 PHC with 50 beds with a requisite number of super-specialised staff or postgraduate students. Since last year or so, so many big hospitals are coming up in different big cities. I think that we should decentralise all these things.

Now I shall give my suggestions. According to 1982-83 Annual Report, the picture is definitely improving. As regards malaria eradication programme, the Minister has given the figure. It has gone down from 6.5 million to 2.5 million. It is okay. Plasmodium Falciperiem is creating havco in our country. Plasmodivm Facipriem malaria is resistent to DDT. B. H. C. Malethion etc. This is mostly prevalent in the bill areas and in the multi-storeyed hotels in Delhi. This is a breeding ground for this type of mosquitoes. This is a most dangerous malaria germs carrier. Recently there was an epidemic of viral fever throughout the country. There was also a discussion on that. This is definitely one of the carriers of this viral fever which was so much wide-spread, I think, in Japan. They have isolated that particular virus.

I don't know whether in the research institute at Pune they have done something or not. But this should be taken cognisanec of by his Department. It is very difficult to diagnose whether it is cerebral fever or Japanese viral fever or the viral which is prevalent in India. In that regard it is necessary that steps should be taken to isolate this virus.

Now, regarding eradication of maleria some new drugs have been developed recently by AIIMS but these drugs are not marketed throughout the country. They should be marketed throughout the country so that the physician can come to the rescue of the patiens.

I must congratulate the hon. Minister for enunciating this programme. For this Leprosy Eradication Programme; you are giving 100% central assistance. Yesterday somebody criticised it. But we should remember that this is a social problem. There are very many leprosy control units, leprosy eradication units, education units and so on. But we fine that many posts of doctors are lying vacant there. Why ? Because they don't get sufficient remuneration. They must get better remuneration than other doctors working in other fields. These doctors should get more facilities than the doctors in other areas. This is my suggestion.

Leprosy can't be eradicated by Dapsone or other prevalent drugs. They are not going to solve the problem. Certain vaccines are now under trial. Prof. Dei of the Tata Institute and Dr. G.P. Talwar of the AIIMS have done marvell us work and they have produced some vaccine for curative purposes. These drugs should be commercially exploited. There is another Media Culture Doctor Dr. Veeraraghaven of Madras who has done some work in this direction. They have produced some culture; but it is still under trail. Until and unless sufficient funds are allotted to this project much headway cannot be made. Unless we allot sufficient funds I don't think we can reach the goal of Health for all by 2000 AD.

Sir, I must congratulate the Indian doctors who are doing the dynomic work in the matter of eradication of leprosy. Regarding the national tuberculosis programme the hon. Minister has enuncioted in the statement that BCG vaccine is produced. It is a clamour throughout the country that if BCG vaccine is taken by the child the chaild gets primary TB. This aspect should be looked into and necessary action taken.

The hon. Minister has announced various good programmes in the National Health Policy. He has told about everything except one thing. In the British days only profes-

professional experts were heading the concerned departments. That was the case in the Centre and in the States. Unless professional experts head the departments it is very difficult to implement your programmes. There are various schemes by the WHO. Rockfellor Foundation, UNICEF etc. which are pumping money into this country. But unless professional experts are there, we will not be able to make much progress. We find nowadays that only non-professional people are there in every department. They may not know the technicality of the subject and they will not be concerned about the health of the people. If a bureaucrat is given charge of a Finance Department, it is different. But these technical departments should not be headed by a non-technical man, but it should be headed by only professional experts. In this respect we should adopt the system prevalent in the British days, namely, to make professional people heads of these technical institutions. While we have forgotten that good part of this question, we continue to follow the other things. I hope, the hon. Minister will look into this matter. Unless and until that is done, the implementation part will be very difficult. You can have generalists for financial and administrative posts, but you must have experts to head the professional organisations. We used to have IMS-Indian Medical Service in the British India, why can't we revive that now ? In fact, we can have such a service for engineers also.

Now, I come to the medical education. In that connection, we have the Dr. Shantilal G. Mehta Committee Report. I do not think, there is any lacuna in so far as the imparting of education and training to the students at graduate and post-graduate level is concerned. There is no need for any change, because they are already going through a very rigorous course.

Then, there is always an allegation that the doctors are not willing to go to the rural areas; they do not want to serve the rural masses. The Mudaliar Committee which went into this question has enunciated the reasons. All their recommendations need to be taken into consideration seriously. Before admissions are given in the medical collages, they must be asked to sign a bond indicating their willingness to serve in the rural areas. Ten percent of the students must be given scholaship. When the doctors are posted to the villages, they should be provided with all the amenities, which are necessary for them to remain there. In that case, I do not think, there would be any hesitation on their part to serve in the rural areas.

In the sphere of medical education, we are greatly lacking in research facilities. For example, for cancer we do not have any sophisticated instruments. There is lack of laboratory facilities. That part needs to be taken care of. The students who want to go abroad to get super-specialisation and to equip themselves with the latest knowledge in any particular branch of medicine, should be given a special treatment and special scholarships, so that they can go abroad, and can serve the country on their return.

I would like to make another important suggestion. Two percent of our people are disabled; many are suffering from neuro mascular catastrophe or some other deformity. This happens many a time due to various diseases. There is one very good institute in Bombay. All India Institute of Physical Medicines and Rehabilitation. The total allocation for this institution is Rs. 4000 lakhs per year, and they are doing immense service to the nation. I have been abroad also and have seen the people working there, but the dedicated service which the Institute at Bombay is giving to the people is really remarkable. They have evolved new teachniques after doing a lot of research and development, and have added a new dimension to the medical science. I will request the hon. Minister to extend these activities, and more students should be given training in that institution. This would enable us to eradicate or contain the deformities and disabilities in the 2% people of our country. This type of centres should, in fact, be opend throughout the country, and each Centre should be attached to the district headquarter. This is because' these students after getting training would not go abroad.

Futher, we have got so many good cardiac surgery units in our country. Unnecessarily

people are going abroad for such treatment. I will request the hon. Minister to see that all the 106 Medical Colleges under his command should be provided with a good type of cardiac surgery units.

Now, as we know, in the medical, education, a very tortuous and heinous thing has come about. The colleges are admitting third or fourth grade students by taking a sum of Rs. 2 lakh or 3 lakhs. The position of the medical profession is getting deteriorated. This needs to be looked into.

The hon. Minister has appointed so many village health guides Shri Raj Narain, the then Health Minister had employed so many bare-footed doctors at a remuneration of Rs. 50/- per month. Their education was not more than 5th or 6th class. How can those people know what is sanitation and what is medicine? So, he should make a fresh review of the health guides who have been appointed throughout the country. The minimum qualification of the health guides should be matriculate with proper training facilities in the District Headquarters.

Since we cannot finance the National Health Programme by 2,000 A. D. , to meet the financial needs the Minister has suggested the Health Insurance Scheme. It is a must. A poor man can also pay one or two rupees, per month if he is insured. The National Exchequer also will not be burdened. In such a case it should be the obligatory duty of the Government to supply medicines to those persons who are insured.

About the drug some criticism was made from the other side. The important thing is that in most of the States and Union Territories 'Capitals you don't' get a drug controller. It is so because there is deficiency of B. Pharm. Diploma holders in the country. Therefore, I Would suggest that more courses in Pharmacy should be opened in different places.

Now, I come to the problem of sanitation and drinking water supply. Take the example of Delhi. In Delhi, 70% of the population is getting safe and protected drinking water supply and the 30% are not getting it. Proper sanitation and sewage facilities are provided only to 30% of the population. If that is the position in Delhi, what would be the fate of the people in the rest of the country? So, the crux of the problem is the provision of safe and protected drinking water and proper sewage facilities. But the problem is, teachnically trained manpower in this field is not available to man these. So, my suggestiom would be that the Prime Minister should, be requested that the drinking water department. is brought under the control of the Health Ministry. Similarly, Nurtition is under the Social Welfare Ministry. In such a situation it becomes very difficult on the part of the Health Minister to coordinate these things. It should also be brought under the health Ministry, because it is the health Ministry which is concerned about the nutrition of people. Environement can be looked after by a separate Department.

Last but not the least is the menace of the population explosion. The Minister has said that by 2000 A. D, the growth rate of population will be 21.5 decadal per cent if our Family Planning Programme is kept commensurate with the Statement made by him .But I don't think we can achieve the goal by 2,000 A. D. health for all if we have the birth rate of 21.5% and the Heath rate at 9%. In that case my suggestion is that our slogan should be one child for one couple. If we do that, then by 2000 A. D. we will be able to achieve the growth rate of 12% decadal and the death rate at 9% decadal and the decadal percentage increase of population will be 3%decadal. That way the total increase in the growth of population should be 0.3 per cent per year. To achieve that end I would suggest that in all the Universities of the country research work should be undertaken to discover and promote different devices for population control, and to educate the people better and to accept the Family Planning norm some crash; time-bound programme should be launched in the District Headquarters.

Sir, there is no opposition to the Family Planning Programme from any community in the country. All communities are accepting it. Last time when I brought a Bill in the Houss, I stressed that there is no adverse feeling among the Muslims and Christians against the Family Planning and Control Programme. Therefore, for the implementation

of this programme there should not be any diffeoence on the basis of caste, creed or religion. Everybody has to accept this.

The Minister has promised in this Document that he is going to frame National Family Planning Policy and the National Medical care separately. I am sure the Hon. Minister will be able to mobilise the finance to achieve the declared objective of Health for All by 2,000 A. D. and will be able to bring to reality the dream of the Prime Minister of our country and also that of Mahatama Gandhi. If we can achieve this, we will be able to serve the country in a better way.

SHRIMATI KISHORI SINHA (Vaishali) : I am happy that Government has been able to formulate a National Health Policy, and bring it before the House for approval.

This is a policy with the objectives of which no one can have any quarrel. This is in fact, what we owe to our neglected people. While we support this Resolution, let me also point out that this is neither new nor origional.

The Bhore Committee in 1946 had recommended practically the same objectives. The Mudaliar Committee later considered them not feasible, on account of financial constraints, but felt that if the ratio of one bed per thousand population was achieved, it would be fairly satisfactory. Some priorities in health sector were laid down. The origin of this Resolution is, in fact, in the WHO policy statement of providing health to all by 2,000 A.D. But good intentions, however laudable, are not enough. What is WHO's own experience ? Its latest report says that "The goal of health for all is fast receding".

Surveys of 70 out of 157 countries which adopted the goal showed a 'distressing picture'. None of the communicable diseases were defeated-malaria, T.B., leprosy etc. They are, in fact, worsening." Even worse is the fact that many of the developng countries have reduced health care spending, while what they need is an additional 50 billion dollars a year.

The basic question, therefore, is : Can we achieve the goal, with the kind of policy instruments stated in the document now before this House ? Madam, it is all true that we need more doctors, more primary health centres and so on. But we have the unfortunate spetacle of a Government year after year paring down health care funds, whenever there is a constraint of resources. The result is that PHCs are ghost hospitals without doctors, even though doctors who go there find they are ill-suited for the rural audience with their city medical training and culture. They run away at the first opportunity. Added to this is the drug shortage

The question of referral hospitals has been raised in this document. These will become a prey to the bureaucracy's chilling hands.

The Minister has said that referral hospital will be an important link between primary health centres and regular hospitals. But, Madam, even though these centres and referral hospitals have been opened, they are ill-equipped and uncared for.

My experience of the referral hospital in constituency is that three women who had undergone operation there were not provided beds, nor given any treatment. They were lying on the floor. They developed tetanus. No medicine was given to them. As all result, the died. When I went to see the hospital, I found that it did not have stock of medicines and there was no whole-time doctor. I wrote to the Chief Minister who was good enough to sanction Rs. 5,000/- each to the relatives of the deceased. But no whole-time doctor was posted.

Under the rules of Government of Bihar, a doctor has to - serve for six years in blocks, Those posted to rural areas consider it a punishment, and always keep on trying for a better posting. Such a person will not put in his heart and soul in the job. So, there is need for orientation training, and change in education to create in them a dominant feeling of service. You can well imagine the quality of health care services made available to the poor and weaker sections of the society.

What this poliey lacks is a clear cut statement that the cost of achieving this goal is so much and that this government will make this commitment as an irreducible minimum.

There is little point in making laudable declarations of intent without buttressing it with commitment of resoures. The Minister should tell this House what the cost of this society will be and whether government will make a solemn promise committing itself to this sum. Unfortunately, the Minister will not do it. I know it for ample reasons. First, the Health Minister counts too low in the political system. Secondly, funds of the order needed will not come. Thirdly, even if they come, there is no guarantee they will give the estimated results. My authority for this claim is the WHO. Director-General himself quotes as follows :

> "The temptation is to submit to the difficulties of comprehensive development and put in vertical programmes that operate from the Central Government down to the village rather than being rooted in and supported by the local community."

So, we send in our team of technocrats saying "we will put a well here and a pump and latrine there. We have done our job." We way, "People just have to learn to use the latrine properly and maintain the pump." But if people have not been given the chance to understand why they should use water, then things don't work. The health landscape is strewn with examples. Often 70 percent of pumps are out of order within a year." Therefore, it is necessary now in the light of experience to review our basic approach itself. My premise here is that our medical system is incompatible with the real needs of our people and does not take into account conventional wisdom and community needs.

Have the testimony of a former Director-General of Government Health Service, Dr. K.N.Rao. This is what Dr, K. N. Rao says :

> "A disproportionate emphasis on large city, based on sophisticated medical eentres, at the expenses of primary health care which is more urgently Needed is the base of our medical system. However, if you try to change the emphasis you set into motion a host of opposition,"

Dr. Mahler again says as follows :

> "And in many places there is a strong reaction against it. The Dean of the Medical School goes to the Prime Minister and says you are completely running our medical School. Until now we were producing physicians with Scientific pride who really know about medicine. Now you want students to learn about nutrition and water and sanitation. This is outrageous So, the Prime Minister starts getting scared and called his Minister of Health saying what is going on ? We are losing our national prestige."

And the result is that if you take a group of doctors from medical Schools and put them through an examination on primary health care then the over whel ming majority would fail.

The question therefore is not whether government is committed to health care for all. But whether government has the political courage to strike a change of priorities, to make doctors involved in rural care, to make medical education primarily public health oriented rather than medicine oriented and so on. I want to know specifically what is Mr. Shankaranand's reply to this ? If he has the political courage why is it that he had pigeonholed the Kartar Singh report on medical education ? Does he realise that the system we have evoled is such that the doctors instead of being part of rural development, are fighting against it, as WHO D.G. says ? Doctors are winning the battle helped by politicians—not the battle for health but battle against rural health.

I want to say in the end, that I want to see how much courage he will show, in his

reply. This is all I want to say at this moment.

With these words I support the National Health Policy.

MR. CHAIRMAN : Shri Deen Bandhu Verma.

श्री दीन बन्धु वर्मा (उदयपुर) : सभापति महोदय, माननीय मन्त्री जी ने राष्ट्रीय स्वास्थ्य नीति के सम्बन्ध में 2000 ई० तक की बड़ी उत्साहवर्धक योजनायें सभा पटल पर रखी हैं। मैं उनको इसके लिए मुबारिकबाद देना चाहता हूं और अपना समर्थन भी देना चाहता हूं लेकिन मैं उनका ध्यान कुछ व्यावहारिक कठिनाईयों की ओर भी दिलाना चाहता हूं। उन कठिनाईयों को आप जब तक दूर नहीं करेंगे तब तक आपकी यह नीतियां कहां तक सफल हो पायेंगी, यह एक देखने की बात है।

मुझे मालूम है कि पब्लिक हैल्थ, सेनिटेशन, हास्पिटल्स, डिस्पेंसरीज स्टेट सब्जेक्ट में आती हैं। जहां तक भारत सरकार के स्वास्थ्य मंत्रालय का सम्बन्ध है, उसके पास कोई ऐसा इंस्टूमेंट नहीं है जिससे कि वह राज्य सरकारों को दिशा निर्देश दे सके। यही नहीं, हमारे जो मेडिकल रिलीफ और एजूकेशनल रिसर्च सेन्टर्स हैं उनमें भी हमारे मंत्रालय को जिस प्रकार का योगदान करना चाहिए उसमें वह अपने को असमर्थ पाता है। मतलब यह है कि हमने सारी नीतियां राज्यों की दया पर छोड़ दी हैं। मैं समझता हूं कि यह एक चिन्तनीय बात है। भारत सरकार जितनी उत्सुकता के साथ राष्ट्रीय नीतियों को लागू करना चाहती है, राज्य सरकारों की उसमें उतनी अवहेलना नजर आती है। दस साल पहले जब देश में एक लाख की जनसंख्या पर 30 डाक्टर थे, अब 39 हो गए हैं। इसी प्रकार से दस साल पहले जहां एक लाख की जनसंख्या पर 58 हास्पिटल बेड्स थे, अब 70 हो गए हैं। निश्चित तौर से आप बराबर इसमें सुधार करने का प्रयास कर रहे हैं फिर भी अभी राजस्थान बल्कि पूरे देश में जो स्थिति है उसमें बहुत सुधार करने की आवश्यकता है। यह बात सही है कि पंचवर्षीय योजनाओं के द्वारा आप देश के कौने कौने में, शहरी एवं ग्रामीण इलाकों में, चिकित्सा सुविधाएं उपलब्ध कराने के लिए प्रयत्नशील हैं। आप फैमिली प्रोग्राम में हन्ड्रेड परसेन्ट सहायता दे रहे हैं और कुछ अन्य योजनाओं में फिफटी फिफटी बेसिस पर सहायता देते हैं। मैं सजेश्चन के तौर पर बतलाना चाहता हूं कि राज्य सरकारों के पास इतने वित्तीय साधन नहीं हैं कि वे उन योजनाओं को शीघ्रता के साथ लागू कर सकें इसलिए मन्त्री जी ने सदन में जो राष्ट्रीय स्वास्थ्य नीति प्रस्तुत की है उसको इस सन्दर्भ में देखते हुए आवश्यक कदम उठाएं और राज्य सरकारों को दिशा निर्देश दें। इसके साथ साथ जो एजूकेशनल प्रोग्राम हैं उनको आप स्वयं ही चलाएं तभी मैं समझता हूं देश के कौने कौने में चिकित्सा सुविधायें उपलब्ध कराने में सफलता प्राप्त हो सकेगी।

आज की स्थिति में इस देश की दो-तिहाई जनता को जितनी आवश्यक कैलोरीज मिलनी चाहिए वह नहीं मिल रही है इसका कारण यह है कि उनको उचित मात्रा में खाद्य-पदार्थ उपलब्ध नहीं है। इसके कारण अंधापन, पोलियो, ट्यूबरक्लोसिस आदि बीमारियां फैल रही हैं। यद्यपि इन बीमारियों पर नियंत्रण पाने की कोशिश की जा रही है परन्तु सफलता नहीं मिल सकी है और यह हमारे लिए कोई खुशी की बात नहीं है। इस सम्बन्ध में आपको और भी अधिक प्रयत्न करना पड़ेगा तभी कुछ सफलता प्राप्त हो सकेगी। हैल्थ प्रोग्राम को एजूकेशन में शामिल करना चाहिए। आप वहां बच्चों को सिखायेंगे कि उनको क्या विचार करना चाहिए, तभी जाकर आप सफल हो पायेंगे।

हमारी जो प्राचीन चिकित्सा की पाव-तियां हैं, जैसे आयुर्वेद है, होम्योपैथ है और योग है— यदि आप इन सब को प्रोत्साहित करेंगे तो निश्चित तौर से जो आपकी चिकित्सा की नीतियां हैं, उनमें आपको सफलता मिलेगी।

मैं आपसे यह निवेदन करना चाहता हूं कि हमारे पास वित्तीय साधनों की कमी को देखते हुए, अगर आप प्राइवेट क्लीनिक खोलने वाले डाक्टर्स को सौ फीसदी सहायता देंगे, तो हमें उनका सहयोग भी प्राप्त हो सकता है। मैं अपने निर्वाचन क्षेत्र उदयपुर के बारे में आपको बतलाना चाहता हूं। वहां लोग इस बात के लिए भी तैयार हैं कि हम वहां बिल्डिंग बना देते हैं और आप वहां हास्पिटल खोल दीजिए। मेरा आठ लाख आबादी वाला क्षेत्र है। वहां कई बिल्डिंग तैयार पड़ी हैं। पांच-छः साल हो गए है, लेकिन वहां कोई हास्पिटल नहीं खोला गया है। वहां की जनता के अन्दर निराशा पैदा हो रही है कि हम जब बिल्डिंग बनाकर देने के लिए तैयार हैं, तब फिर क्या कारण है कि राज्य सरकार या केन्द्रीय सरकार कोई कदम नहीं उठा रही है। आम जनता अगर आपको सहयोग देना चाहती है, तो आप क्यों नहीं उन लोगों को अपनी तरफ से प्रोत्साहन देना चाहते। हर पंचायत में आपको यही स्थिति मिलेगी। मुझे उम्मीद है कि आप इस तरह की नीति बनायेंगे, ताकि चिकित्सा की जो सुविधायें हम देश के घर-घर में पहुंचे उसमें आपका योगदान मिलेगा।

मैं आपकी नीतियों का समर्थन करता हूं। इन नीतियों में जो व्यावहारिक कठिनाइयां हैं, मैं उम्मीद करता हूं कि आप उनको दूर करने का प्रयत्न करेंगे। माननीया, मुझे जो आपने बोलने के लिए समय दिया, उसके लिए मैं आपको धन्यवाद देता हूं।

*SHRI J.S. PATIL (Thane) : Madam, Chairman, the hon. Health Minister has issued a document called "National Health Policy" thereby expressing the concern of the Government about the health of citizens in this country. The attempt, though outwardly impressive, is totally futile in my opinion.

As the citizens of this country are simple, they are carried away by the false assurances and policies of the Government. They have to suffer on account of their faith in this Government. No wonder, the present document has also hoodwinked the people of this country and belied their hopes. Not only the health of citizens has come into danger, but the health of the country is at stake. Like air, water and noise polution the political pollution wrought by rulers has posed a threat to the integrity and health of this nation.

No political party or any institution has created any obstacle in the attempt of the Government to provide medical aid to the citizens. But the common man has to suffer on account of non-availability of proper medical facilities at various Government medical centres. In Thane district, 74 persons fell victims to the disease of Cholera. which was widespread with the onset of monsoon. Many persons died because saline was not available in the cottage hospital at the Taluka place. The doctors of this Hospital had to rush to the district headquarters to get the needed medicines. It won't be wrong if I say that the inopt Government which could not supply essential drugs is responsible for the death of these persons. Under the 20-point programme, poor Adivasis and down trodden people have been promised all protection. The Government repeats its commitments to the welfare of these sections of society quite often. Why should then poor people suffer on account of lack of medicines in the Government hospitals? Adivasis do not get good drinking water, leave aside a full square meal, which is a luxury for them. Should Government not take the responsibility of these poor people?

*Original speech was delivered in Marathi.

In third week of November this year, the Government conducted a family planning camp at Murbad in my constitucncy. But as all facilities were not available for conducting the operations, it led to the death of a women. The District Hospitals are no better than cottage hospitals as far as facilities are concerned.

The Government's programme of setting primary health centres is quite good. But the funds allocated to them are so meagre that they cannot afford to spend more than 25 paise per patient on medical aid. It is high time that their allocation of funds is stepped up.

"Navbharat Times" in its issue dated 19th November, 1983 has published a news item about the death of 2½ crore of people in 22 districts of Uttar Pradesh due to the throat disease "Ghengha" This disease is prevalent in Uttar Pradesh for the last 20-25 years. But neither the State Government nor the Central Government have taken steps to control this disease. National Ghengha research Cerntre had suggested as early as 20 years ago that sale of common salt should be banned and instead iodine salt should be sold. Though the Government accepted the suggestion many merchants still sell common salt overlooking the policy of the Government.

"Hindustan Times" in its issues from 20th to 24th September, 1983 published a series of articles throwing light on the plight of the major hospitals of Delhi in providing medical facilities. As Delhi is a big city with many colonies, all these hospitals have a great rush of patients. But these hospitals miserably failed in providing medical aid to the poor. They are not well equipped as they should be to meet the increasing demand. This is a very unfortunate situation. It is reported in these articles that doctors attached to emergency wards are engaged in long telephonic conversation and do not attend to the patients immediately. The staff of the Safdarjang hospital see that their friends and relatives are admitted to the emergency wards and the needy patients are deprived of the emergency facilities. If the medical facilities are so poor in the Capital, one can imagine the plight of other Government Hospitals in the country.

Many doctors with fake homeopathic degrees are practising in many parts of the country. It is a blot on the medical profession. I want to know what steps Government is going to take to stop such quacks from practising.

Many Government hospitals do not have necessary appratus needed for medical check up. Poor people cannot afford to go to private hospitals for medieal examination. Therefore, I request that all the facilities needed for medical examination should be made available in all Government hospitals.

The Government has utterly failed to provide pure drinking water to people in-spite of its long rule of 33 years. More than half of the population does not get pure drinking water. It is a shame that only half per cent of the rural population has been provided sanitary facilities. Considering the slow pace of Government's work it will take many years for providing medical facilities. Many owners of factories spend for the medical facililies for their employees. I request that they should get income tax exemptions on the amount spent on the medical aid. This will reduce the burden of Government hospitals.

The Government is successful in finding . cure for certain diseases like leprosy, TB and blindness. According to 1971 census there are more them 32 lakhleprosy patients in the country. There is misunder-standing among the people that leprosy is incurable. The Government should enlighten the people that it is not so. I am glad to mention in this context that there is a small institution at Varada in Chanderpore district of Maharashtra called "Anandvan" which was started by the great social worker Baba Amte. 2000 leprosy patients have been cured and provided means of livelihood in this institution. Such institu-tions should be encouraged and stregthened so that they contribute significantly in finding a permanent cure to the fatal diseases like TB, leprosy and cancer.

The Government has already got an enectment to prevent adulteration of medicines. I request the hon. Minister to inform the House regarding the action taken by the Government against individuals who violated this enactment.

The printing of labels on the bottles of medicines is really microscopic. Neither the buyer of medicines nor the sales men can make out the letters printed on them. I request that lables should be printed in such a manner that the content on them is legible.

All of us are equally concerned about the successful implementation of our national health policy. I would like to make a few suggestions in this regard.

(1) Cottage hospitals, primary health centres and district hospitals should possess all medical facilities so that they can provide medical aid quick and efficiently.

(2) The doctors who serve in the rural areas should be given all the facilities they require so that they willingly serve there. In the absence of such facilities, the doctors serve there out of compulsion. Providing of necessary facilities to them would go a long way in improving the standard of medical service in rural areas.

The voluntary institutions who do a pioneering work in providing medical aid get only 1/3 grant of their expenditure. I request that some relaxation should be given in the pattern of grant so that they improve the standard of their medical service.

It is necessary that primary education should be given to all the children so that they learn the value of health education from the beginning.

It is not enough to provide only medical aid to the citizens. The Government should also shoulder the responsibility of providing the basic needs of life namely, food clothing and shelter to them.

With these words, I conclude.

श्री राम प्यारे पनिका (राबर्ट्सगंज) : माननीय सभापति जी, माननीय स्वास्थ्य मंत्री जी द्वारा राष्ट्रीय स्वास्थ्य नीति का जो विवरण सदन में प्रस्तुत किया गया है, मैं उसका समर्थन करने के लिए खड़ा हुआ हूं।

माननीय स्वास्थ्य मंत्री जी ने विवरण को प्रस्तुत करते हुए विस्तार से राष्ट्रीय स्वास्थ्य नीति के सम्बन्ध में चर्चा कर दी है किन्तु यहां हमारे साथियों, खास कर विरोध पक्ष के हमारे साथियों ने यह कहा कि स्वास्थ्य और चिकित्सा की समस्या बड़ी विकराल और विकट है, उस संदर्भ में कहना चाहता हूं कि अगर हमारे देश में स्वतंत्रता से पूर्व की स्वास्थ्य और चिकित्सा की स्थिति से आज की स्थिति की तुलना की जाए तो आप देखेंगे कि हमने स्वास्थ्य और चिकित्सा के क्षेत्र क्या क्या उपलब्धि की है और वह उपलब्धि कम नहीं है।

हमने कई ऐसी बीमारियों पर जिनसे कि लोग पहले काल-कलवित हो जाते थे, काबू पा लिया है। चाहे चेचक हो, चाहे हैजा हो इन बीमारियों पर हमने नियंत्रण पा लिया है। मलेरिया पर भी काबू पाने का हमने प्रयास किया है। इसी सब का यह नतीजा है कि पहले जीवन की आयु दर 27 वर्ष थी वह आज 52 वर्ष है। पहले एक हजार पर मृत्यु दर 27.4 थी, आज वह 14.8 हो गई है। क्या इसका यह अर्थ नहीं है कि पहले स्वास्थ्य की जो विकट समस्या थी, अब वह पहले से कहीं अच्छी हो गई है? उसको ध्यान में रख कर करें तो निश्चित रूप से जो उपलब्धि पिछले 30-35 वर्षों में सरकार ने प्राप्त की है वह आपके सामने स्पष्ट हो जाएगी। मंत्री महोदय ने विवरण में कहीं यह कहा कि समस्या हल हो गई है। इस विवरण में गंभीरता का परिचय दिया गया है और बता दिया है कि स्वास्थ्य की स्थिति अभी भी गंभीर है। इसकी गंभीरता को पूरी तरह से ध्यान में रखा गया है।

सबसे पहले बच्चों के बारे में बताया गया है कि जो मौतें होती हैं उनमें एक तिहाई 5 वर्ष के कम उम्र के बच्चे होते हैं बच्चे इससे ज्यादा प्रभावित हैं। इस विवरण से पता लगता है कि कहीं भी सरकार ने अपनी उपलब्धि को बढ़ा चढ़ा कर नहीं बताया है,

बल्कि सदन को वास्तविक स्थिति से अवगत कराया है।

हमें विश्वास है कि जब स्वास्थ्य नीति तैयार की गई होगी तो विभिन्न राज्यों की राय ली गई होगी और एक्सपर्ट्स कमेटीज की भावनाओं का भी समावेश इसमें किया गया होगा।

एक बात मैं और कहना चाहता हूं। आए दिन मन्त्री महोदय को भी इस सदन में जवाब देना पड़ता है। देश में जीवन रक्षक दवाएं उपलब्ध नहीं हैं, समय से नहीं मिलतीं। दवाओं में मिलावट भी की जाती है और गंदी दवाइयां भी आ रही हैं या जिस फार्मूले से दवाई बननी चाहिए, उससे नहीं बन रही है। इस ओर निश्चित रूप से स्वास्थ्य मंत्री महोदय को ध्यान देने की आवश्यकता है चाहे वे राष्ट्रीय कंपनियां हों या अंतर्राष्ट्रीय कंपनियां हों उन पर बड़े पैमाने पर कंट्रोल करने की आवश्यकता है। जरूरत पड़े तो दवाओं में मिलावट के कानून में कठोरता लाई जाए।

एक बात की ओर मैं और ध्यान दिलाना चाहता हूं पहले जब डी. डी. टी. का छिड़काव होता था तो मच्छर मर जाते थे। लेकिन अब वह क्वालिटी नहीं आ रही है। हर वर्ष आप डी. डी. टी का छिड़काव करवाते हैं, जहां-जहां प्रकोप होता है। खासकर ट्राइबल एरिया में, समुद्री किनारे के इलाकों में, लेकिन मलेरिया नहीं जा रहा है। कुनैन भी जो शुरू में आती थीं, आज वह भी असर नहीं करती है। इन महत्वपूर्ण बातों को देखने की आवश्यकता है।

स्वतंत्रता प्राप्ति के बाद स्वास्थ्य सुविधाओं का बहुत विस्तार किया गया है। छटी पंचवर्षीय योजना में भी काफी राशि इस काम के लिए दी गई है. लेकिन हम देखते हैं कि दवाखानों में दवाइयां नहीं हैं। पी एच सी हैं लेकिन दवाएं नहीं मिलतीं। लोगों को परेशानी होती है। इसके अलावा चिकित्सा सुविधाओं का विकास शहरों में किया गया है। गाँवों में 80 परसेंट लोग रहते हैं लेकिन इस हिसाब से सुविधायें वहां पर नहीं हैं। हर ब्लाक में आपने प्राइमरी हैल्थ सेंटर खोल दिया है और बड़े ब्लाकों में ज्यादा सेंटर खोले हैं लेकिन वहां पर न तो आवश्यकता के अनुसार दवाइयां होती हैं और न ही अन्य सुविधायें होती हैं देहातों के अस्पतालों में न तो सुविधाएं हैं न पूरे उपकरण हैं। इस समस्या पर विचार करना होगा। आज भी पढ़े-लिखे डाक्टर देहात में नहीं जाना चाहते। बहुत से अस्पताल वगैर डाक्टरों के वर्षों से चल रहे हैं। सभी राज्यों की यही हालत है। आज इस प्रकार की व्यवस्था करनी होगी कि डाक्टर गांवों में जाएं। एक ऐसा कैडर बनाने की जरूरत है जिसमें ट्रेनिंग के पहले ही इस प्रकार का एग्रीमेंट कर लिया जाए कि तुमको इतने वर्ष देहात के अस्पताल में रहना होगा। तभी समस्या का निराकरण हो सकता है।

आज आधुनिकतम चिकित्सा साधन शहरी क्षेत्रों में उपलब्ध हैं। दूर-दराज और पिछड़े इलाकों की ओर ध्यान नहीं दिया जा रहा है। डाक्टर भी वहां नहीं जाना चाहते हैं। इसलिए आज एक डाक्टरों का ऐसा कैडर बनाने की जरूर है जो गांवों में जा सके। तभी देहातों में सुविधा उपलब्ध होगी।

जनता शासन में जो गांवों में स्वास्थ्य निरीक्षक दिया गया था उसका आज क्या हो रहा है। मैं कहना चाहता हूं कि फिजूलखर्ची हो रही है। केन्द्रीय सरकार स्टेट गवर्नमेंट को जो पैसा दे रही है, वह बेकार खर्च हो रहा है। वहां गांव में डाक्टर और नर्स मिलाकर दवाएं बेच लेते हैं। मेरा सुझाव है कि अगर इस व्यवस्था को बनाए रखना है तो इसकी सीधी व्यवस्था आप ग्राम पंचायत के प्रधान के

अन्तर्गत कीजिए जो कि उसकी हाजरी ले और देखे कि लोगों को दवाएं बंट रही हैं या नहीं। आदिवासी बहुल क्षेत्रों में ये लोग अपने घर में बैठे रहते हैं, कहीं जाते नहीं है, तनख्वाह लेनी हो तो हस्पताल में चले जाते हैं और सब आपस में मिलकर पैसे को वांट लेते हैं।

जहां तक स्वच्छ पानी की बात है, हर जगह सरकार स्वच्छ पानी सुलभ नहीं करा पा रही है। छठी पंचवर्षीय योजना में अब एक साल शेष रह गया है आप कोई ऐसा कार्य करें जिससे हर गांव में पेय जल लोगों को मिल सके उसके लिए कोई भी साधन आप अपनायें।

हमारे विरोधी दल के साथी कह रहे थे कि सैनीटेशन का काम, सफाई का काम 0 है। इस पर भी हमें ध्यान देने की जरूरत है। बच्चों के स्वास्थ्य की जांच भी अभी पूरी तरह से नहीं कर पा रहे हैं। ब्लाक-स्तर पर बच्चों के लिए जो गुड़, चना और विटामिन्स दिए जाते हैं, वह सब बेकार जाते हैं। मैं साफ कहना चाहता हूं कि आप केन्द्र से जो पैसा दे देते हैं, इससे पूरी तरह काम नहीं चल पाता है जब तक कि आपका कोई मौनेटरिंग सैल हर स्टेट में स्थापित न हो जाए। अगर आप ऐसा नहीं करेंगे तो जो दवाएं तथा अन्य सुविधाएं दे रहे हैं, हस्पताल बनाने की बात करते हैं, वह सब कुछ स्टेट गवर्नमेंट्स में नहीं हो रहा है। इससे केन्द्रीय सरकार की बदनामी होती है क्योंकि साधन आप देते हैं। इधर विरोधी दल वाले स्टेट की अटोनामी की बात करते हैं, चाहे वैस्ट बंगाल हो, केरल हो, आंध्रप्रदेश हो या काश्मीर हो। आज आवश्यकता इस बात की है कि स्वास्थ्य विभाग का एक अधिकारी सब राज्य में हो और उसके साथ एक पूरी टीम हो जो वह देखे कि लोगों को स्वास्थ्य संबंधी सुविधाएं ठीक से मिल रही हैं या नहीं। अभी तक यह सुविधा राज्य सरकार लोगों को देने में असमर्थ है।

जो आपके इन्सपैक्टर्स हैं उन्होंने धंधा बना रखा है, सारे दुकानदारों से माहवारी पैसा बांध रखा है। उनका हिसाब यह है कि एक रोज गये और अपना पैसा ले आये। न किसी तेल की चेकिंग है और न किसी और चीज की चैकिंग हैं। उनका हिसाब यह है कि जिस रोज चैकिंग पर जायेंगे, पहले ही दुकानदार को खबर कर देंगे कि हम आयेंगे। उस दिन जो सेंम्पल भरेंगे वह सब ठीक मिलेंगे। एक बहुत बड़ा जाल बिछा हुआ है जो कि खाद्य पदार्थों में मिलावट को रोक नहीं पा रहा है। इसके लिए सरकार को एक मशीनरी ईजाद करनी होगी जो कि सेंट्रल गवर्नमेंट के कंट्रोल में होगी। सिर्फ स्टेट्स को इन कामों के लिए पैसा देने से काम नहीं चलेगा।

कुछ क्षेत्र ऐसे हैं जहां कि बीमारियां फैलती हैं जहां कि ट्राइबल लोग रहते हैं। उसके लिए आपके स्वास्थ्य विभाग के चौकन्ना रहना चाहिए और पूरी दवाओं की व्यवस्था करनी चाहिए। आज भी देहातों में बीमारियों के नाम पर अन्धविश्वास बहुत है, उससे काम चलाया जाता है। अगर किसी को दर्द होगा तो हंसिया गर्म कर के उसको दागने लगते हैं। इन सब चीजों से लोगों को सावधान करके स्वास्थ्य सम्बन्धी सुविधाएं गांवों और ऐसी जगहों पर पहुंचाई जायें। जो पुरानी परम्परायें हैं, अन्ध विश्वास है, उसको दूर करने के लिए स्वास्थ्य विभाग को ऐसा कार्यक्रम चलाना पड़ेगा जिससे लोगों को लाभ मिल सके।

आज हमारे मेडिकल कालेजों में क्या हो रहा है? उनमें चन्दा लेकर एडमिशन दिया जाता है। अगर ऐसे आदमियों को एडमिशन दिया जाएगा, जिनके पास पैसा है, बुद्धि भले ही न हो, वे डाक्टर कैसे बनेंगे? पीछे गुजरात में मेडिकल इंस्टीट्यूट्स में रिजर्वेशन के प्रश्न पर बहुत हो-हल्ला हुआ था। कई लोग कहते हैं कि न संस्थाओं में प्रवेश के लिए रिजर्वेशन

नहीं होना चाहिए, लेकिन पैसे वालों के लिए रिजर्वेशन हो ? ऐसे सब इंटीट्यूशन्ज़ को, चाहें वे ऐलोपैथिक हों, आयुर्वेद या यूनानी के हों, समाप्त कर देना चाहिए और यह निश्चित कर देना चाहिए कि चन्दे के आधार पर ऐसी संस्थाओं में एडमिशन नहीं दिया जाएगा।

इसके साथ ही चिकित्सा में एकरूपता लाने के लिए सब चिकित्सा पद्धतियां में एक ही पाठ्यक्रम, योग्यता और डिग्री निर्धारित करनी चाहिए जैसे, ऐलोपैथी में केवल एम बी बी एस की डिग्री हो। आज राज्यों में सभी चिकित्सा-पद्धतियों में विभिन्न प्रकार के स्टेंडर्ड स्थापित किए जा रहे हैं। यह देश और देश के स्वास्थ्य के बिल्कुल ठीक नहीं है।

स्वास्थ्य विभाग में भी गरीब वर्गों के लिए डाक्टरों, नर्सिज और क्लास फोर के कर्मचारियों में रिज़र्वेशन होना चाहिए। इसके साथ साथ इन लोगों की शिक्षा के लिए भी कुछ व्यवस्था करनी पड़ेगी। आज जरूरत नीतियों के इम्प्लीमैंटेशन की है। डा० राम मनोहर लोहिया हास्पिटल में एक लेडी डाक्टर शिड्यूल्ड कास्ट नहीं है, लेकिन उसने शिड्यूल्ड कास्ट्स का फर्जी सर्टिफिकेट लेकर एपायंटमेंट ले ली है। मैं इस बारे में साल भर से शिकायत कर रहा हूं। मगर अधिकारियों ने उसको बचाने के लिए टाल-मटोल का रवैया अपनाया हुआ है। वे कभी कहते हैं कि यह मामला यूनियन पब्लिक सर्विस कमीशन को भेजा गया है। उसकी रिपोर्ट आने पर वे कहते हैं कि केस को होम मिनिस्ट्री के डिपार्टमेंट आफ पर्सोनेल को भेजा गया है। विभाग के अधिकारी उसके विरुद्ध कार्यवाही करने से आना-कानी कर रहे हैं। यदि वह शिड्यूल्ड कास्ट नही है, तो उसकी सेवाएं समाप्त करनी चाहिए। इस तरह का अन्याय नहीं चलना चाहिए।

मंत्री महोदय ने देश की स्वास्थ्य की स्थिति के बारे में बहुत स्पष्ट, विस्तृत और सही जानकारी दी है। उन्होंने तथ्यों को नहीं छिपाया है। इसके लिए मैं उनको बधाई देना चाहता हूं। में उम्मीद करता हूं कि वह मेरे सुझावों पर गंभीरतापूर्वक विचार करेंगे।

SHRI A. NEELALOHITHADASAN NADAR (Trivandrum) : This discussion is aimed at the National Health Policy contained in the statement laid on the Table of the House on 2nd November, 1982. Since the announcement of the policy, more than one year has taken place. This period of one year which has passed since the promulgation of the National Health Policy is the most appropriate time as far as the Government is concerned to ascertain what steps the Government has taken in this direction.

I do not want to go into the National Health Policy, its inadequacy or impropriety. I want to ascertain what steps the Government has taken as regards this policy in that direction.

On the first page, para 2, the Government says :

> "Besides, Central legislation has been enacted to regulate standards of medical education."

Third para :—

> "It is felt that an integrated comprehensive approach towards the future development of medical education, research and health services requires to be established to serve the actual health needs and priorities of the country."

I would like to know what definite steps has been taken by the Government within the last one year to regulate medical education in this country and to prevent candidates getting admission in the medical colleges through unfair means including forged marks lists.

I would like to know whether the Government has taken into account the instances of candidates who have secured admission into the various medical colleges of India through forged marks lists, whether Government is aware of the various mark-list scandals taking place in the country, including the notorious mark-list scandal of Karala. The Government of Kerala had first entrusted to a police official, having the rank of Deputy Superintendent of Police, investigation of the case, and he was moving in the direction catching hold of the actual culprits. But all of a sudden he was transferred from investigation. Then the M.P. Menon Commission has been constituted to inquire into it. The Deputy Superintendent of Police who had been investigating the case first, has sought the permission of the Kerala Government to give evidence before the Commission, but he has not been given that permission so far. That shows how the Kerala Government is trying to make the inquiry into the mark-list scandal an eye-wash. So, Madam, through you I request the Central Government to constitute a CBI inquiry into the mark-list scandal of Kerala.

On the second page, in the second para, the Minister says about 'fairly extensive network of dispensaries, hospitals and institutions providing specialised curative care'. I want to ask the hon. Minister through you, Madam, who are contributing much to the effective functioning of their health network, in the dispensaries and Primary Health Centres, particularly in northern India, in the various States of northern India. Have you ever gone through the problems of the nurses working in the remote villages of northern India, particularly in Rajasthan, Bihar, Madhya Pradesh, Uttar Pradesh and other places ? Many of my colleagues in this House, particularly those from Rajasthan and also other States, were discussing about the problems of medical care in their places and also villages. Through you, Madam, I ask the Minister what steps the Government of India have so far taken to ensure the safety of the Malayalee nurses working in various north Indian villages. Various Members of Parliament from the south, particularly from Kerala, had brought several cases of rape and murder committed on the Malayalee nurses working in various north Indian villages to the notice of the Prime Minister, to the notice of the Home Minister and even to the notice of the President of India, but no action has so far been taken by the Government of India or any of the State Governments of northern India to prevent such incidents and to punish the actual culprits. So, I request that concrete steps be taken by the Government of India to ensure the safety of the medical staff, the Malayalee medical staff, working in the remote villages of northern India.

On page 9, the Minister has said elaborately about the practitioners of indigenous and other systems of medicine and their role in health care; it has been stated ;

> "The country has a large stock of health manpower comprising of private practitioners in various systems, for example, Ayurveda, Unani, Sidha, Homoeopathy, Yoga, Naturopathy, etc. This resource has not so far been adequately utilised."

> "The practitioners of these various systemse njoy high local acceptance and respect and consequently exert considerable influence on health beliefs and practices. It is therefore, necessary to initiates organised measures to enable each of these various systems of medicines and health care to develop in its genius."

I want to ask, through you, Madam, the Hon. Minister, whether the Government is indeed sincere in the development of indigenous systems of medicines. I Know your Government has given so much assistance and even gone out of the way to help Shri Dhirendra Brahmachari to develop yogic centres. Actually you are interested in . . .

SHRI RAVINDRA VARMA (Bombay North) : Double-barrelled yoga;

SHRI A. NEELALOHITHADASAN NADAR : This has because your policy. For example, there is a proposal for the

establishment of a National Institute for Yoga in Trivandrum During the discussion held in Delhi in August 1979 at the official level to work out the details of the scheme, an agreement has been arrived at between the Central Government and the State Government, etc. The Council of Ministers have approved of the above proposal. The Government of Kerala has forward the memorandum of association rules and regulations and byelaws of the proposed Indian Institute for Defence Studies and Research in Kerala. The Minister of Health and Tourism, Government of Karala has sent a D. O. letter on 21-10-80 to the Union Health Minister for expediting the clearance of the Government of India on the proposal. The Union Minister replied that the matter is being examined. There is a D. O. letter dated 10-2-81. After that on 3-3-82, the then Chief Minister sent a D. O. letter to the Union Health Minister to see that the proposal is cleared by the Government of India. Subsequently, D. O. letters were also sent on 5-10-82, 8-12-82 and 20-5-83 from the Minister of Health of Kerala in this regard. In answer to a question, the Minister for Health in this House said that the matter is under consideration of Government. But, that answer was given on 28-8-81 stating that the matter is under consideration of the Government. The proposal in the first instance will be got cleared by the Governing Body of the Central Council for Research for Ayurveda and Siddha. Steps have been taken in this regard. Further action about the setting up of the proposed institute may be takeu thereafter.

I want to ask the Minister, through you, Madam, what the Governing Body of the Central Council for Research in Ayurveda and Siddha is doing, Even after a lapse of all these years, they are not clearing this project. This is the interest that the country is showing in the developing of indigenous medicines.

14.59. hrs.

(SHRI CHINTAMANI PANIGRAHI *in the Chair*)

Mr. Chairman, I want to bring before the House that the Siddha system of medicines is neglected. Sir, though the through the Siddha system of medicines, several diseases can be cured which were not cured by the other system of medicines. So, I request the Government through you to formulate a programme for the development and progress of Siddha System of medicines.

Then, Sir, as well all know, in our coastal villages the scheduled castes and scheduled tribes are in the most unhealthy conditions. I want to know what is the concrete programme the Government of India and it is Health Policy is going to be to take care of the health of the fishermen in the coastal villages and the scheduled castes and scheduled tribes.

14.59 hrs.

(SHRI CHINTAMANI PANIGRAHI *in the Chair*)

I request the Government of India to formulate a concrete and comprehensive programme for the coastal villages and fisheries villages and colonies of SC and ST people so that health centres can be established in each and every fishery village and each and every colony of SC and ST people. Prevention is always better than cure. But when majority of our people are living below the poverty line how can we prevent diseases ? My previous speaker was poiningout about the need for giving drinking water to all our villages. We are unable to give drinking water to majority of our people living in villages. They say, no funds are available. But you are spending money unnecessarily on things like colour TV, Asiad, NAM, CHOGM and other things without any positive result at all. You are giving wrong priorities. You should give priority and concentrate on giving drinking water to villages and taking people above the poverty-line Then only you can prevent very many diseases.

With these words I conclude.

*SHRI S.T.K, JAKKAYAN (Periakulam) : Mr. Chairman, Sir, on behalf of

*Original speech was delivered in Tamil.

my party, the All India Anna Dravida Munnetra Kazhagam, I rise to say a few words on the National Health Policy which is under discussion.

Sir, the children are the blossoming buds of humanity and it will be no exaggeration to say that it is the bounden duty of the Central and State Governments to prevent their premeture wilting. All of us will have to commend the incorporation of Integrated Child Development Services in the new 20-Point Programme. The target is to 1000 such projects by the end of the Sixth Five Year Plan. By the end of the Sixth Plan 50 lakh children upto the age of 6 years will be provided with nutritious meals. We have to appreciate the endeavours in this direction.

I take this opportunity of saying that at an annual cost of Rs. 135 crores, 65 lakh children in Tamil Nadu are being given nutritious meals under the nutritious meals scheme being implemented by the Government of Puratchi Thalaivar Dr. M.G. Ramachandran. Our Chief Minister's dedication to the welfare of children who are the assets of the country is unparallelled in the history of our country,

The Central Planning Commission has unreservedly applauded the unprecedented success achieved by the Government of Tamil Nadu in the implementation of new 20-Point Programme of our Prime Minister. The Chief Secretary of the Government of Tamil Nadu has in a press statement confirmed that the Central Planning Commission has given the pride of place in this regard for Tamil Nadu. The Government of Tamil Nadu is implementing welfare schemes for pregnant women also.

I would take this opportunity to seek the good offices of our Minister of Health for treating the expenditure on nutritious meals scheme of the Government of Tamil Nadu as Plan expenditure. I am sure that he will assert his commitment to the cause of children by getting this done.

When we are vigorously implementing Family Planning scheme, for which a sum of Rs. 1010 crores has been allocated in the Sixth Plan, it becomes essential that the care of children is given top priority in the scheme of activities of Health Ministry. The allocation for Health in the States sector is Rs. 1220 Crores and Rs. 601 crores in the Central sector for VI Plan. Inspite of this, I regret very much to say that the Central Government has given up the idea of expanding the Special Nutrition Scheme and the Integrated Child Development Services. Is this the importance that we are showing in the welfare of children ?

You will agree with me if I say that unemployment is a scourge affecting the health of the nation. Within two months of the announcement of Employment Scheme of our Prime Minister, the Government of Tamil Nadu has given Rs. 37 crores as loan and Rs. 7 crores as subsidy for the unemployed graduates so that they start their own industrial units. I have to refer to the achievements of the Government of Tamil Nadu because it is headed by Dr. M. G. R. whose soul force is common weal.

While Tamil Nadu occupies premier place in the implementation of family planning scheme, the implementation is tardy and unsatisfactory in populous states like Uttar Pradesh, Bihar, Rajasthan and Madhya Pradesh. Similarly, the Multipurpose Health Workers scheme in rural areas is being successfully implemented in the State of Tamil Nadu. Barring Karnataka, Gujarat and Maharashtra where there is some progress in this regard, in all other States this scheme has not been given the necessary impetus. Only in Tamil Nadu the Mini-Health Centre scheme, in which the entire rural community is associated, is making satisfactory progress. It is not that I am patting at my back. In the Mid-Term Appraisal Report of the Planning Commission, all these have been enumerated.

The targets fixed for the first three years of the VI Plan in regard to eradication of leprosy, elimination of malaria, control of blindness, provision of basic minimum health needs for the rural people, the integrated child development services, etc. have been achieved by Tamil Nadu Government, according to the assessment of the Central Planning Commission. Unless these schmes are implemented with

verve and vigour in all the States of the country, the National Health Policy will remain a paper policy only.

Before I conclude, I would say that the common people should be enabled to have medicines at a reasonable price. This can be possible only when more medicine-manufacturing units are set up in the public sector. The present ratio of 78% medicines being in the hands of multinational companies 10% in the hands of private sector companies and 6% in the public sector should be reversed as early as possible.Then only cheap medicines will become a reality.

At the end, I would again plead with the Minister of Health that he should use his good offices in getting for Tamil the expenditure on Nutritious Meals Scheme as a Plan expenditure.

With these words I conclude my speech.

SHRI B. SHANKARANAND : Mr. Chairman, Sir, I have a submission to make. I think, the debate will not be concluded today ; perhaps it may continue on Monday. I want to make a small request that if this continues, the House may agree to take it up on the 20th December, that is Tuesday.

SHRI RAVINDRA VARMA : It is for the Government to adjust the order of its priorities we have no objection.

MR. CHAIRMAN : The Government may make a note of it.

Shrimati Jayanti Patnaik.

SHRIMATI JAYANTI PATNAIK (Cuttack) : Mr. Chairman, Sir, I congratulate the Minister of Health for the National Health Policy, placed* before the House which envisages the comprehensive health measures for providing health to all by 2000 A.D. This policy is a reflection of the international commitment when India was the signatory to the declaration which emanated from UNICEF Conference in 1978. This goal, if achieved, would indeed be a significant achievement. Under the existing arrangements, there is a disproportionate emphasis on curative centres which are located in the urban areas keeping villages quite neglected. The vast majority of our poor and illiterate population does not have an easy approach to get proper treatment. The health status of the people causes a great concern.

It is no doubt true that India has been able to eradicate some dreaded diseases like small pox from the country, yet at present the persons affected by major diseases like T.B. and leprosy are many. Their number remains at a frightening level. About ten million people suffer from T.B. alone. The number of people affected by leprosy are officially estimated to be about 3.5 million. Till now, the infant mortality rate is 129 per 1000. The mortality rate on account of some diseases has declined, but still there are some diseases, for which the mortality rate is increasing, and it is estimated that during 1973-77 though there is a decline in death rate due to fever and respiratory disorders. There is an increase in mortality rate on account of digestive disorders from 9.6% to 10.6% and disorders of the circulatory system from 2.3% to 3.6% Senility from 13.9% to 18.3% and on account of disorders peculiar to infancy from 11.8% to 13.2%.

The expenditure on the health though increasing from Rs. 65 20 crores in the First Plan to Rs. 2031.1 crores in the Sixth Plan, we are facing the population rise from 361 million to 684 million between 1951 and 1981. But there is no comparative information regarding the expenditure in real terms. However, the Government's spending on health as a percentage of total expenditure has declined from 3% in 1960 to 2.9% in the Sixth Plan. So, sufficient Plan allocation should be there when we take up so much expansive a work under National Health Policy. A breakthrough can come of course, through complete success in establishing the small family norm as it has effectively controlled the numbers. Further, health cannot be treated as an isolated facror. It is an essential ingredient of socio-economic development.

Rapid overall growth will naturally contribute to higher employment, an

increase in the purchasing power of individuals and families and improve the nutritional standards and the most important the greater awareness in the health needs. That is why simultaneous efforts to raise the literacy rate, improvement in personal hygiene and cleaner and healtheir eating habits should also be there for the public.

Measures contemplated under the National Health Policy, while ensuring development of centres for specialised treatment, will function as referal institutions would provide a network of comprehensive primary health care services closely linked with the extension and health education approach.

As a first steps a nationwide health education campaign should be launched through media and special attention should be given to school, universities and training institutions of various kinds.

The strategy spelt out in the Policy very appropriately covers other related fields like nutrition, prevention of food adulteration, water supply and sanitation, environmental protection, maternal and child health services etc. which need special attention for improving the health of the people. These programmes have already been accorded due priority by their inclusion in the 20-point programme of our beloved Prime Minister. Now, what we want is a coordinated approach. The coordinated approach for implementation of these programmes is vitally important if the country is to achieve the cherished goal of health care for all by the turn of the century. Special mention may be made about the need for providing more deterrent punishments for food adulteration and offences pertaining to spurious and sub-standard drugs. The procedure of trial for such offences should be also streamlined and setting up of special courts and tribunals for dealing with them should be thought of.

Indigenous methods of treatment like Ayurveda, Unani and Naturopathy, Siddha as well as Homoeopathy should receive due emphasis for development as they are more suited to our predominantly rural settings, and have a higher local acceptability in rural areas. The government should encourage research in these systems as it is doing in the case of other fields.

I must say say something about these service of Government doctors in hospitals. Service by doctors in Government hospitals as well as private practice by them should not go together.

Abolition of private practice by Government doctors would go a long way in improving the standard of service to patients in Government hospitals and dispensaries. In serveral States like Orissa, Punjab, Haryana and Madhya Pradesh, practice by doctors in Government hospitals has already been abolished. Other States should also adopt this measure. Necessary support should simultaneously be extended to encourage the private, medical practitioners to set up private clinics.

Experience show that in many cases, while the personnel for implementation of a scheme are promptly deployed, there is a time lag in building up the required infra-structures for their proper functioning. I would, therefore, emphasize that there should be adequate financial support for providing necessary infra-structural back-up simultaneously with deployment of personnel.

There is a primary health centre for every 30,000 population I would suggest to the Minister that this should be liberalized in the rural areas, and in regions which are not approachable easily, due to canals and rivers. This should be done in tribal areas also.

The tendency on the part of the doctors to avoid going to the rural areas is well known. This has to be curbed by firm administrative action and motivation through suitable incentives. In Orissa, weightage is being given for rural service in the matter of selection for post-graduate study as an incentive for serving in rural areas. Compensatory allowance is being given to Government servants serving in tribal pockets under the scheme of

improvement of administration in Sub-Plan areas. It would be worthwhile to provide similar financial incentives, though on a lower scale, in other rural areas.

Thanks to the efforts of the Government, small pox has almost become a thing of the past in our country. But leprosy, tuberculosis and blindness are still continuing to have a high incidence.

About leprosy, the battle has been going on for centuries, and there is no sign to indicate that the adversary is weakened in any way. The greatest set-back in the case of leprosy is that we have yet to invent a potent vaaccine with which we would be able to immunize the millions of people in the endemic areas.

It has been rightly emphasized in the policy that population control should go side by side with other measures for improving health care. I would like Government to introduce a package of incentives like preferential traeatment in allotment of house sites, jobs, of supply of essential commodities and admission of children in schools and colleges, some pensionary benefits in peculiar cases etc. to those accepting terminal methods of family planning. They would give a boost to the population control programme.

With these words, I support this Resolution on National Health Policy.

श्री वृद्धि चन्द्र जैन (बाड़मेर) : सभापति महोदय, हमारे स्वास्थ्य मंत्री जी ने राष्ट्रीय स्वास्थ्य नीति के बारे में जो घोषणा की है, मैं उस नीति का हृदय से समर्थन करता हूं ।

देश की आजादी के बाद में, हमने स्वास्थ्य के क्षेत्र में बड़ी सफलता प्राप्त की है । परन्तु अभी हमें और भी ठोस कदम [उठाने हैं । हमने गरीबी मिटाने जैसे कार्यक्रम हाथ में लिए हैं ।

जिस प्रकार हमने अज्ञानता को समाप्त करने का कार्यक्रम लिया है, जिस प्रकार अन्य कार्यक्रम लिए हैं इसी प्रकार बीमारियों को समाप्त करने का कार्यक्रम भी हाथ में लिया है ।

इसके लिए हमने चेचक को समाप्त कर दिया है । तपेदिक के बारे में 20 साल पहले यह समझा जाता था कि इसका इजाज नहीं है । लेकिन आज 60-70 वर्ष की उम्र तक दवाओं के सहारे जीवित रहा जा सकता है । परन्तु बहुत से ऐसे रोग भी हैं जिनका इलाज अभी नहीं निकल सका है । कैंसर का इलाज करने में हम सफल नहीं हुए हैं । मिर्गी के बारे में सफल नहीं हुए हैं । इसी प्रकार मधुमेह के बारे में सफल नहीं हुए हैं । इस संबंध में अनुसंधान बढ़ाने और न्यूनतम आवश्यकता प्रोग्राम चलाने की आवश्यकता है । जिस प्रकार न्यूनतम आवश्यकता प्रोग्राम चलाया जा रहा है इसी प्रकार हर प्रांत की राजधानी में हर रोग की चिकित्सा की व्यवस्था और उपकरण होने चाहिए । आज हमको इसके लिए बड़े शहरों में आना पड़ता है । ब्रेन ट्यूमर के लिए दिल्ली आना पड़ता है । बम्बई में जसलोक अस्पताल जाना पड़ता है । सभी प्रांतों की राजधानियों में सभी रोगों के इलाज की व्यवस्था व आवश्यक उपकरण होने चाहिए । इसके लिए मेरा सुझाव है कि 50 परसेंट सहायता केन्द्र दे और 50 परसेंट राज्य सरकारें उपलब्ध कराएं । इससे वहां पर मंहगे उपकरण खरीदे जा सकेंगे और एक्सपर्टस की सेवाएं ली जा सकेंगी । इस प्रकार की व्यवस्था करना आवश्यक है ।

दूसरी बात मैं कहना चाहता हूं कि छटी पंचवर्षीय योजना में जिस पहाड़ी क्षेत्रों के बारे में उदारता बरती गई है उसी प्रकार रेगिस्तानी क्षेत्रों में भी बरती जानी चाहिए । पहाड़ी क्षेत्रों में 15000 की जनसंख्या पर प्राइमरी हैल्थ सेंटर खोला जा सकता है । और 3000 के बजाए 1500 की जनसंख्या पर सब सेंटर खोला जा सकता है । यह सुविधा रेगिस्तानी इलाकों के लिए नहीं है ।

जब कि मैं बताना चाहता हूं कि मेरे क्षेत्र का जहां से मैं आता हूं का क्षेत्रफल 70000 वर्ग किलोमीटर है। यह केरल प्रांत से दुगना और हरियाणा से डेढ़गुना है और जनसंख्या बहुत कम है। पहाड़ी क्षेत्रों के मुकाबले में भी कम जनसंख्या है। ये बहुत अविकसित क्षेत्र हैं। इसलिए मेरा अनुरोध है कि रेगिस्तानी क्षेत्रों को भी पहाड़ी क्षेत्रों का दर्जा दिया जाना चाहिए।

रेगिस्तानी और पहाड़ी क्षेत्रों में यह नीति निर्धारण करने में आपने उदारता बरती है, परन्तु वहां डाक्टर्स और कम्पाउन्डर्स नहीं जाते हैं। वह प्राइमरी, सेंटर डाक्टरों, व कम्पाउन्डरों की कमी के कारण बन्द पड़े रहते हैं। इस बारे में सोचना चाहिए कि इन क्षेत्रों के लिए इन लोगों के लिए विशेष एलाउन्स की व्यवस्था करनी चाहिए। ये कठिन और दुर्गम क्षेत्र हैं, अगर इन जगहों पर कन्सैशन नहीं देंगे तो व्यवस्था ठीक नहीं होगी। इसलिये इस बारे में कोई अच्छी व्यवस्था करनी चाहिए।

हमारे यहां आयुर्वेद और होम्योपैथी बहुत सस्ती दवा की पद्धति हैं, इनकी प्रगति करने के लिए हमने प्रयास नहीं किए हैं। ऐलोपैथी की पद्धति पर जो एमाउन्ट खर्च किया गया है, उसके लिए जो प्रावधान रखा गया है वह इन दूसरी पद्धतियों के लिए रखे गए एमाउन्ट से 10 टाइम ज्याया है और कहीं-कहीं स्ट्टेस में तो 20 टाइम्स से भी ज्यादा है। सारी शक्ति एलोपैथी के लिए लगाई गई है और आयुर्वेद व होम्योपैथ की ओर ध्यान नहीं दिया गया है। इनके लिए कोई अनुसंधान कार्य भी नहीं किया है। इस बारे में सरकार की नीति स्पष्ट होनी चाहिए और अनुसंधान करके जो प्रगतिशील पद्धतियाँ हैं उनको बढ़ावा दिया जाना चाहिए।

THE MINISTER OF PARLIAMENTARY AFFAIRS, SPORTS AND WORKS AND HOUSING (SHRI BUTA SINGH) : Mr. Chairman, with your permission, I have requested the hon. Members Opposite that we may finish this discussion on National Health Policy in about another half an hour and then we will take up the Private Members 'Bills. We will prolong the sitting of the House by as much time as we take now for this subject, by about half an hour or so.

MR. CHAIRMAN : I hope my colleagues will agree.

PROF. RUP CHAND PAL : We have no objection to this. But in the meantime, when the hon. Minister had made a request, that this can be taken up on Tuesday with the understanding that they can get time on Tuesday some members have left. If they can be informed we have no objection.

SHRI BUTA SINGH : I will inform them.

MR. CHAIRMAN : Shri Nathu Ram Mirdha.

श्री नाथूराम मिर्धा (नागौर) : माननीय सभापति जी, राष्ट्रीय स्वास्थ्य योजना के बारे में जो पालिसी डाक्युमेंट सदन के सामने रखा गया है, उसका मैंने अध्ययन किया है। सब आस्पैक्ट्स पर प्रकाश डालना मुश्किल है लेकिन मैं कुछ विशेष मुद्दे के प्वाइन्ट्स माननीय मंत्री जी और सदन के सामने रखना चाहता हूं।

इस देश की सबसे बड़ी बीमारी बढ़ती हुई आबादी है और फैमिली वैलफेयर प्रोग्राम के बावजूद यह तेज रफ्तार से बढ़ रही है। अपने निर्धारित लक्ष्यों की पूर्ति हम नहीं कर पा रहे हैं।

अभी, 2,3 रोज पहले हम छटी पंचवर्षीय योजना की मध्यावधि समीक्षा कर रहे थे। उसमें भी हमने यह पाया कि 1981 में जो देश की आबादी होनी चाहिये थी, उससे करीब 12 मिलियन आबादी इस देश की बढ़ी है।

इस छठी पंचवर्षीय योजना तक जो हमने देश की आबादी बढने का आकलन किया था, उससे करीब 3.4 करोड़ आबादी ज्यादा होगी।

आबादी मे वृद्धि को रोकने के लिए सरकार फैमिली प्लानिंग के प्रयास कर रही है, लोगों में जागरूकता पैदा कर रही है और आपरेशन भी हो रहे हैं। इस सब के परिणाम-स्वरूप आबादी की वृद्धि में पहले से कुछ कमी हुई है। परन्तु अभी भी आबादी बहुत तेजी से बढ़ रही है। आबादी के ज्यादा बढ़ने से देश की सारी समस्याएं पैदा होती हैं। बीमारियों को रोकने के लिए जो वातावरण होना चाहिए, लोगों को न्यूट्रीशन और अन्य सुविधायें देनी चाहिए, उनकी प्राप्ति नहीं हो सकती। इसलिए बीमारियां बढ़ती चली जा रही हैं। तपेदिक, मलेरिया, अंधापन और कोढ़ जैसी जिन बीमारियों को रोकने के लिए हम 35 वर्षों से प्रयास कर रहे हैं, वे भी बड़े जोरों से फैली हुई हैं। वेनिरीयल डिजीजिज भी बढ़ती चली जा रही है। उनकी रोकथाम के लिए व्यवस्था करनी चाहिए, लेकिन पैसे और साधनों की कमी है, जिससे हम बीमारियों की रोकथाम नहीं कर पाते हैं। कैंसर के लिए फंडामेंटल रिसर्च करने की जरूरत है।

मेरा विचार है कि आज यह स्टेज आ चुकी है, जबकि हमें आबादी को बढ़ने से रोकने के लिए पर्सवेशन के बजाए कम्पलशन भी करनी चाहिए। हमें यह तय कर देना चाहिए कि जिसके दो बच्चे हो चुके हैं, उसके और बच्चे न हों। अगर हम यह कदम उठाने में और देरी करेंगे, तो आने वाली पीढ़ियों के लिए बड़ी भारी मुसीबत खड़ी हो जाएगी। इस स्थिति में हम चाहें कितनी योजनायें बना लें, हम देश की गरीबी को मिटाने और लोगों को खाने, कपड़े आदि की सुविधायें उपलब्ध करने के लक्ष्य को पूरा नहीं कर पाएंगे। इसलिए तेजी से बढ़ती हुई बीमारियों की रोकथाम के लिए हमें आबादी पर नियंत्रण जल्दी से जल्दी करने की आवश्यकता है।

बीमारियों को रोकने का विषय कानक्रन्ट लिस्ट में है। आज हमारे गांवों में डाक्टर बहुत कम हैं और चिकित्सा संस्थाएं भी बहुत कम हैं और जो हैं, वे इल-एक्विप्ड हैं। सरकार कम से कम इतना तो कर दे कि वह प्राइमरी हैल्थ सेंटर के लेवल पर एक छोटी सी बैलारटरी बना दे। वहां पर वह एक कमरे और टेक्निकल स्टाफ की व्यवस्था कर दे. ताकि गांवों में ही बीमारियों का पता लगाने के लिए आवश्यक खून और पेशाब आदि के टेस्ट हो सकें और वहां के लोगों को इसके लिए शहरों में न आना पड़े। पहले तो गांवों में डाक्टर जाते नहीं हैं और जो जाते भी हैं, वे जल्दी ही वहां से भाग आते हैं। इसलिए कुछ प्रोत्साहन देकर डाक्टरों को गांवों में रखने की व्यवस्था करनी चाहिए। आज स्थिति यह है कि गांवों में शफाखानों में छोटी-छोटी दवाएं और पट्टी तक नहीं हैं। वहां पर लोगों को कहा जाता हैं कि पट्टी अपने घर से ले आओ। गांवों की चिकित्सा की व्यवस्था में कमियां तो बहुत हैं, लेकिन सरकार को इन छोटी-मोटी मामूली कमियों को दूर करने की तरफ तो अवश्य ध्यान देना चाहिए।

मैं ज्यादा समय नहीं लेना चाहता। इन सुझावों के साथ मैं अपनी बात समाप्त करता हूं।

SHRI P. K. KODIYAN (Adoor) : Sir, on page 2 in paragraph 4 of the Statement on National Health Policy, the hon. Minister has stated about the deficiencies in the present system of health care after elaborating the achievements since Independence. In that para he has stated :

> "The mortality rates for women and children are still distressingly high almost one third of the total deaths occur among children below the age of five years infant mortality is around 129 per thousand live births. Efforts at raising the nutritional

levels of our people have still to bear fruit and the extent and severity of malnutrition continues to be exceptionally high. Communicable and non-communicable diseases have still to be brought under effective control and eradicated. Blindness, Leprosy and T. B. continue to have a high incidence. Only 31 per cent of the rural population has access to potable water supply and 0.5% enjoys basic sanitation."

This is what he has mentioned in the statement as to the deficiency of the present health care system. If that is so, then these deficiencies have to be taken care of and high priority has to be given to the programmes which would combat these deficiencies and gradually eliminate them.

But while reading the subsequnent part of the policy statement, I do not find anything mentioned in this direction. So, I consider this to be one of the main drawbacks of this policy statement, Of course, in the next page, on page 3, he is mentioning the importance of the Revised 20-Point Prgramme, which talks of the health care of the masses of our people. In that a series of problems have been dealt with, like food production, rural development, social welfare, housing, water supply, sanitation, prevention of food adulteration etc. Here I would point out that these items mentioned in the 20-Point Programme with regard to housing, sanitation, drinking water supply etc. are good. But this 20-Point Programme cannot be a substitute for an effective national health care. Therefore, as I have already pointed out, priority should be given to the removal of these deficiencies.

Another point which I want to refer here as a very big drawback of the present system, which the hon. Minister has not included in the programme, which I consider to be a basic weakness is that our medical care, particularly based on the modern allopathic system, is mainly concentrated in the urban areas, in the towns and industrial centres. The villages are, by and large, kept away from the benefit of the modern medical facilities. So, there is a big gap between the villages and the urban areas, so far as medical facilities are concerned. Almost 80 per cent of the modern hospitals are concentrated in the urban centres, where less than 20 per cent of the total population lives. On the other hand, in the village areas where about 80 per cent of the population lives, there is hardly 20 per cent of the doctors. This basic weakness has to be removed. I know the difficulties—reluctance of the doctors to go to the villages, Less living facilities and less facilities for educating the children of doctors and so many other thing are there. But the Government had been telling us that a series of incentives schemes have been introduced in order to enthuse the doctors to go to the interior villages and serve the people in the villages. But they have not succeded. Therefore, some new measures will have to be considered in order to break this concentration in the few urban centres and provide medical facilities in the villages.

In this connection I have to stress here the vital role the village level or primary level medical care unit has to play. Of course, one good thing in this Statement is the importance given to the primary level health care. I agree with that approach, but we have also to take into account the reality of today. No doubt the number of primary health centres has increased, but a number of primary health centres are functioniug without doctors, without proper para-medical people, without equipment and without medicine also so far as some units are concerned. These are the realities. The hon. Minister should not be carried away by the figures supplied by his officers. This is the reality We are moving among the villagers, we are experiencing these difficulties ; people come to us and they complain to us. Therefore, what I want to point out here is the importance of these primary health centres. Utmost priority should be given to the task of providing each primary health centre with a minimum requirement of medical doctors and other personnel and the required quantity of medicines.

With these words I conclude since you have rung the bell.

श्री मूल चन्द डागा (पाली) : सभापति जी, सबसे पहले तो मैं आपको, माननीय स्वास्थ्य मंत्री तथा सभी माननीय सदस्यों को नये वर्ष एवं अच्छे स्वास्थ्य के लिए शुभकामनाएं देता हूं ;

इसके साथ साथ मैं यह बताना चाहता हूं कि इस देश में कुछ ऐसे प्रिवेंटिव मेजर्स हैं जिनको लिया जाना बहुत आवश्यक है क्योंकि उसके बिना अच्छे स्वास्थ्य की आशा नहीं की जा सकती। आप जानते हैं कि आज देश में कितने लोग धूम्रपान करते हैं। मैं समझता हूं सरकार के पास जो कुछ पूंजी है उससे दुगुनी उन लोगों के धुम्रपान पर खर्च हो जाती है लेकिन इसको आप रोक नहीं पाते हैं। मैं चाहता हूं कि इस विषय पर भी आप कुछ ध्यान देते और सोचते कि किस प्रकार से धूम्रपान को रोका जा सकता है। सबसे बड़ी बात यह है कि आपको प्रिवेंटिव मेजर्स लेने चाहिए। आप धूम्रपान को नहीं रोक सकते हैं। आपने लिख दिया कि स्मोकिंग इज इन्जूरियल टू हैल्थ, लेकिन साथ ही साथ यह भी कह दिया कि आप आराम से पी सकते हैं। इसका कोई लाभ नहीं है। जो सबसे ज्यादा नुकसानदेह चीज है, इसको रोकने के लिए आपको सबसे पहले कानून बनाना चाहिए। इसके लिए मैं आपसे अपील करता हूं। स्वास्थ्य के लिए जो आपके मंत्रालय द्वारा खर्चा किया जाता है, वह सब खर्च हो जाता है, लेकिन कोई काम सही दिशा में नहीं हो पाता है। क्योंकि आपने मुझे पांच मिनट का समय दिया है, इसलिए मैं एक बात कहना चाहता हूं :

> Late Dr. Rajagopalacharya observed : "I am not worried about the sick but I am concerned about others not becoming ill."

The National Health Plan for a developing country like India with a heavy load of communicable diseases must have accent on prevention of disease.

आप कुछ भी कीजिये लेकिन प्रिवेंशन बहुत जरूरी है। जितना आप खर्चा करना चाहते हैं, उतना आपके पास नहीं है। देश के अन्दर गन्दगी, पोल्यूशन और बदबू फैली हुई है, जिसका असर स्वास्थ्य पर पड़ता है। यहां तक कि लोगों को भोजन भी पोल्यूटेड मिलता है। और तो और यदि कोई व्यक्ति मरना भी चाहे तो जहर भी असली नहीं मिलता है क्योंकि उस जहर में भी जहर मिला हुआ है। लोगों को मालूम होना चाहिए कि स्वास्थ्य ही जीवन है, जिसके लिए पोल्यूशन को कम करने की ओर देश की जनता को ध्यान देना चाहिए। आज नदियों में पोल्यूशन है, पानी में पोल्यूशन है, हर जगह पोल्यूशन पैदा हो रहा है। जब तक आप इसको नहीं रोकेंगे, तब तक बीमारियों को अंत नहीं हो सकता है। दवाइयों में अलग मिलावट है, इसके मुताल्लिक मुकद्में भी चल रहे हैं, लेकिन कोई नतीजे सामने नहीं आते हैं।

श्री राम लाल राही (मिसरिख) : डागा जी, आप में भी मिलावट है। बोलते हैं आप हमारी भाषा, लेकिन उधर बैठे हुए हैं। भाषा में भी पोल्यूशन है।

श्री मूल चन्द डागा : भाषा में पोल्यूशन को मैं नहीं मानता हूं। काम में पोल्यूशन हो सकता है। ...(**व्यवधान**)।

सभापति महोदय : इस तरह आपका टाइम भी पोल्यूटेड हो जाता है।

श्री मूल चन्द डागा : दूसरी बात मैं लैपरोसी के बारे में कहना चाहता हूं। आंकड़ों से जाहिर होता है कि हर साल इनकी संख्या में वृद्धि हो रही है। क्योंकि आपने मुझे समय कम दिया, अपने स्वास्थ्य को भी देखते हुए, यदि मैं कम ही बोलूं तो ज्यादा अच्छा है। ज्यादा बोलने से कोई फायदा नहीं है, ज्यादा बोलने से भी पोल्यूशन होगा।

SHRI BISHNU PRASAD (Kaliabor): Mr. Chairman, Sir, "Health for All by 2,000 A. D." is the slogan adopted in Alma Ata. While supporting this statement made by the hon. Health Minister which was laid on the Table in November, 1982, I would like to ask the Minister to inform the House about all the preliminary efforts that have been taken by the Ministry to give health for all by 2,000 A. D. To attain this objective and to attain this goal, we must provide rudimentary health care in I our rural areas. What is the present position ? The doctors and the medical graduates on whom the Government spends a lot of rupees do not go to rural areas and do not serve in rural areas. The Government must make a strict and strong policy to ask the doctors to go to the rural areas and serve at least for 5 years during their service period. Unless this is done, hospitals in the rural areas will run without doctors and medical graduates. I would request the Minister to ask the State Government to make necessary provisions in this regard. They should ask the Health Department to send the doctors to serve in the rural, areas at least for 5 years.

Secondly, in the North Eastern region, there is not a Central common hospital to serve the people of that region. I would like to know from the Minister what are the norms for opening a hospital. I would request the hon. Minister to relax the present norms wherever necessary if they are rigid. I would request him to set up at least one hospital in the North Eastern region to serve the people of that area.

श्रीमती प्रमिला दण्डवते (बम्बई— उत्तर मध्य) : सभापति महोदय, मैं अपने विचार संक्षेप में रखने की कोशिश करूंगी। 1978 में "आल्मा-आटा" डिक्लेरेशन हुआ जिस में तय हुआ कि सन 2000 तक हर व्यक्ति को हैल्थ-केयर मिलेगी।

The slogan should be health care and freedom from hunger is the fundamental right of every individual.

मुझे खुशी क कि आप ने एक नेशनल हैल्थ पालिसी 1982 में बना कर देश के सामने रखी, लेकिन अभी तक कोई इन्टीग्रेटेड प्रोग्राम नहीं रखा था। अगर कोई प्रोग्राम नहीं होगा तो जिस गोल को आप प्राप्त करना चाहते हैं वह प्राप्त नहीं कर सकेंगे।

1982 में वर्ल्ड हैल्थ आर्गेनिजेशन ने कहा था- भारत में कितने बच्चे पैदा होते हैं और कितने मरते हैं।

122 million children were born in 1982 and out of which 11 million childern (9%) died before they reached one year. 4% are likely to die within 4 years.

उनका कहना है कि पांच लाख बच्चे तो सिर्फ डायरिया की वजह से मरते हैं, इसके अलावा दूसरी बीमारियों से भी जैसे हूपिंग-कफ या दूसरी बीमारियों से भी काफी बच्चे मरते हैं।

श्री डी० सी० गोपालन, जो न्यूटीशन और पापुलेशन एक्सपर्ट हैं उनका भी यही कहना है कि इस साल के आखिर तक 2 करोड़ 30 लाख बच्चे पैदा होंगे। कोई 10 लाख बच्चे जन्मे नहीं होंगे। उसमें उनका कहना यह भी है कि 30 लाख बच्चे एक साल के अन्दर मर जायेंगे और 16 मिलियन बच्चे ऐसे होंगे जोकि दिमाग से और बदन से क्रिपिल्ड होंगे। इसके अलावा कोई 30 लाख बच्चे अच्छे परिवारों में पैदा होंगे, इसलिए वे अच्छे होंगे।। मुझे लगता है कि यह एक बहुत ही भयावह चित्र हमारे सामने रखा है। वर्ल्ड हैल्थ आर्गेनाइजेशन का यह भी कहना है कि भारत में जो प्रोग्राम चल रहा है,

We are allowing too much stress on doctors and medicines. The primary heath care is the most important thing which should be attended to.

उन्होंने वर्णन किया है कि भारत जरूरत से ज्यादा डाक्टर तैयार कर रहा है। हमारी जरूरत 35 हजार डाक्टरों की है और 1 लाख 35 हजार डाक्टर हमारे यहां बन रहे हैं, जिन

में से 15 हजार एम० डी० हैं। जो परदेश चले गये हैं। इसलिए हमारे ऊपर यह बहुत बड़ा फाइनेन्शियल बर्डन है। इसके साथ ही साथ उदका कहना यह है कि अगर हम ठीक तरह से प्रोग्रामों को चलाए और हमारे पास जितने फाइनेन्शियल रिसोर्सज हैं, उनको सही ढंग से इस्तेमाल करें, और प्रिवेंटिव एक्शन हम लें, तो हमारा देश बहुत कुछ हासिल कर सकता है।

80 per cent of the diseases in the country are due to insanitation and lack of potable water.

यह वर्ल्ड हैल्थ आर्गेनाइजेशन का कहना है और आप ने जो चित्र दिया है, उसमें भी गांवों की हालत खराब ही दिखाई देती है। वहां पर पानी की व्यवस्था ठीक नहीं है और हमारे देश में आज भी नारू, जिसे शायद हिन्दी में कछुए की बीमारी कहते हैं, की बीमारी बच्चों में है, जिससे कीड़े शरीर में पैदा हो जाते हैं। इस तरह से जो गरीब लोग हैं, वे सब इन बीमारियों से ग्रसित हैं। इस को रोकने के लिए प्रिवेंटिव मेंडीसिन वाली बात आप को करनी चाहिए और प्रिवेंटिव मेंजर्स लेने चाहिए, जिससे ये बीमारियां न हों। इसके लिए आप कहेंगे कि हम सब को स्वच्छ पानी देगें और एक दूसरा स्लोगन आप ने दिया है कि 1990 तक सब के लिए सेनीटेशन और पानी की व्यवस्था होगी लेकिन जिस रूप में योजना चल रही है और यह सब किया जा रहा है, उससे मुझे लगता है कि आप अपने उद्देश्य को पूरा नहीं कर सकेंगे। मेरा कहना तो यही है कि आप ऐसी व्यवस्था कीजिए कि कम से कम बच्चों को शुद्ध पानी मिले।

मुझे ऐसा लगता है कि नेशनल हैल्थ पालिसी में आपका केन्द्र बिन्दु माँ होनी चाहिए।

If the mother is healthy, then only the child will be healthy.

मां के ऊपर सही ध्यान न देने से बच्चों की दुर्दशा होती है और इस में एक बात यह भी है कि लड़कियों पर कम ध्यान दिया जाता है और लड़कियां लड़कों के मुकाबले में ज्यादा मरती हैं। 5 साल की उम्र तक लड़कियां ज्यादा मरती हैं। इसके अलावा प्रेगनेन्सी की वजह से हमारी बहनें मरती हैं। इसलिए हमारा कहना यह है कि ज्यादा स्ट्रेस आप को 'मदर' पर देना चाहिए। अगर मदर पर ज्यादा ध्यान दिया गया, तो मां की हैल्थ अच्छी होगी और उसकी हैल्थ अच्छी होगी, तो फिर बच्चे भी अच्छे रहेंगे। जो अनपढ़ औरतें हैं, उनको हैल्थ एजूकेशन के बारे में बताना चाहिए, जिससे बच्चे स्वस्थ रहें। इस के अलावा मां को खुराक अच्छी देनी चाहिए। इससे जो उसके जो बच्चे होंगे, लड़के और लड़की होंगीं, वे भी अच्छे होंगे। आगे चल कर हमारे देश में अच्छे बच्चे पैदा हो सकते हैं। इसलिए आप को जो टार्गेट बनाना चाहिए,

The target group should be women-potential mothers and mothers.

आप ने बताया है कि देश में इन्टेग्रेटेड चाइल्ड डेबलपमेंट प्रोग्राम आप चला रहे हैं। देश के जो 5011 ब्लाकस हैं, उनमें से बहुत कम में आप ने इन्टेग्रेटेड चाइल्ड डेवलपमेंट प्रोग्राम शुरू किया है। यह आप की मिनिस्ट्री में नहीं आता है सोशल वैलफेयर मिनिस्ट्री की यह जिम्मेदारी है लेकिन अगर आप को आर्डीनेशन करें, तो 5011 ब्लाक्स में ICDP का कार्यक्रम हो सकता है। आप के यहां जो मेडीकल एजूकेशन का सिस्टम है, इसके बारे में आप को सोचना चाहिए क्योंकि आज जो डाक्टर बनते हैं, वे अगर गांवों में जाते हैं, तो वहां पर काम नहीं कर सकते। तन्रुवाह की बात छोड़ दीजिए, वहां पर वे इसलिए काम नहीं कर सकते क्योंकि उनकी शिक्षा शहर में

ही उपयुक्त होती है लेकिन गांव में इस्तेमाल नहीं हो सकता ।

प्राइमरी हैल्थ सेन्टर के बारे में मैं यह कहना चाहती हूं कि इस के लिए आप एक कमेटी नियुक्त करें जोकि यह देखे कि वहां की हालत क्या है । किसी गांव में अगर प्राइमरी हैल्थ सेन्टर, है, तो डाक्टर नहीं है और अगर डाक्टर है, तो दवाई नहीं है और डाक्टर मरीज से कहता है कि तुम बाजार से खरीद कर खा लेना । एक तो यह है कि बहुत से प्राइमरी हैल्थ सेन्टरों पर डाक्टर नहीं हैं और अगर हैं, तो दवाइयां नहीं मिलती हैं । जैसा कि मि० पाल ने पहले कहा है :

India has become a dumping ground for banned medicines and outdated medicines.

15.58 hrs.

(SHRI SOMNATH CHATTERJEE *in the Chair*)

हमारे देश में एक्सपायर्ड ड्रग्स इस्तेमाल किये जाते हैं । इसके बारे में आपके अखबार नेशनल हेरल्ड में भी आया है कि दिल्ली यूनिवर्सिटी में WUHC की ओर से एक हैल्थ सेन्टर चलता है वहां एक्कपायर्ड ड्रग्स का इस्तेमाल किया गया । एक दो डाक्टरों ने इसके बारे में अथारिटीज का ध्यान खींचा तो उनकी वार्निंग की कोई परवाह नहीं की गई । मेरे पास इस सम्बन्ध में कागजात मौजूद हैं । इस प्रकार से वार्निंग के बावजूद एक्सपायर्ड ड्रग्स लोग देते रहते हैं । आप इसकी इंक्वायरी करें जो डाक्टर इस प्रकार से एक्सपायर्ड ड्रग्स के मामले आपके सामने लाते हैं उनकी तो आपको सराहना करनी चाहिए । उनको सजा नहीं होनी चाहिए ।

इस से भयानक एक और चीज मेरे सामने आई है । हिन्दुस्तान एन्टी बायोटिक्स का जो कारखाना पब्लिक सेक्टर में है, उसके द्वारा बनाए गए 40 से 50 लाख केपसूल्स पर से, जो कि आऊटडेटिड हो गए थे, कागज हटा कर दूसरा कागज लगा दिया गया और उनको मार्किट में बेचा गया । इसी प्रकार 60 से 70 लाख पेंसिलीन की गोलियां को मार्किट में बेचा गया । यह 1981-82 के साल में हुआ है । डिफेन्स मिनिस्ट्री द्वारा रिजेक्ट की गई गोलियां रिप्रोसेसिंग के नाम पर वैसी ही मार्केट में भेजी गयीं । एक पब्लिक अण्डरटेकिंग के कारखाने से भी इस प्रकार एक्सपायर्ड मेडिसिंस बेची जाती हैं । जब एक नेशनेलाइज्ड कारखाना ऐसा करता है तो मेरी समझ में नहीं आता कि ड्रग्स के मामले में क्या होने वाला है । हम लोग तो कारखानों के नेशनेलाइजेशन के पक्ष में है । मैं आपके ध्यान में यह बात लाई हूं । आप इसको देखें ।

आप जब नेशनल हैल्थ पालिसी बनाएं तो उसमें सबसे ज्यादा ध्यान फैमिली प्रोग्राम पर दें और इस प्रोग्राम में सब से ज्यादा ध्यान महिलाओं की तरफ दें । आपको स्टेरेलाइजेशन के लिए अधिक से अधिक पुरुषों की वैसेक्टोमी करनी चाहिए । इसके बारे में पुरुषों के मन में कुछ प्रेज्युडिसिज हैं । क्या यह बात सही नहीं कि एक स्त्री एक साल में एक बच्चे को जन्म दे सकती है लेकिन पुरुष के लिए यह पीड़ा नहीं है । वह तो कितने भी बच्चे पैदा कर सकता है ।

You must encourage vasectomy.

लेकिन यह नहीं होता है ।

एक मैंने पैकेज डील का सुझाव दिया है । एक कपल तब तक लड़कियों को जन्म देता रहता है जब तक कि उसके यहां कोई लड़का नहीं हो जाता । इसमें हमारे सोशल प्रेज्यु-डिसिज traditional ideas और ओल्ड ऐज सिक्योरिटी आड़े आते हैं । इसके बारे में मेरा

कहना यह है कि आपका यह प्रोग्राम होना चाहिए कि जिस परिवार के एक या दो लड़कियां हो जाती हैं, उसके बाद अगर वह कपल स्टेरेलाइजेशन कराता है तो उसको एक कार्ड दिया जाना चाहिए और उसको यह कहना चाहिए कि उस कपल की ओल्ड एज की सारी जिम्मेदारी सरकार लेगी। यह उस कपल की सोशल सिक्योरिटी के लिए जरूरी है क्योंकि हमारे समाज में माता-पिता कीओल्ड एज की जिम्मेदारी लड़के पर ही होती है। इससे ऐसे कपल भी जिसके यहाँ दो लड़कियां हो गयी हैं, फैमिली प्लानिंग प्रोग्राम को अपना लेंगे। इसी से आपका फैमिली प्लानिंग प्रोग्राम सफल होगा नहीं तो नहीं होगा और आपका ग्रोथ रेट नहीं गिरेगा। आपने खुद ही यह कहा है कि आज के ग्रोथ रेट के मुताबिक 2000 ए. डी. तक आपकी पापुलेशन एक हजार मिलियन हो जाने वाली है। अगर आपका फैमिली प्रोग्राम सफल नहीं बनेगा तो आपकी हैल्थ पालिसी भी सफल नहीं होगी।

फूड एडल्ट्रेशन, पोल्युशन और गन्दगी की वजह से जो हैल्थ अफेक्ट होती है, उस पर भी निगरानी रखनी चाहिए। इसके लिए आपसे मेरी प्रार्थना है कि आप अपनी मिनिस्ट्री में एक ऐसा डिपार्टमेंट बनाइये जो ड्रग्स एडल्ट्रेशन पोल्युशन और दूसरी चीजों के बारे में अलग अलग मिनिस्ट्रीज से सहयोग कर इन चीजों पर निगरानी रखें और इस पर कार्रवाई करवायें।

You will be defeated by your own Government through other Ministries

मेरा अन्त में कहना यही है कि आप प्रिवेन्टिव मैजर्स को भी हाथ में लें और सारी मिनिस्ट्रीज के काम का इस बारे में सहयोग लें। तभी इस प्रोग्राम को सफल बनाने में आपको मदद मिल सकती है। जैसा मैंने कहा कि आप वेसेक्टोमी को ज्यादा प्रोत्साहित कीजिए। देर से ही सही, आपने जो नेशनल हैल्थ पालिसी यहाँ रखी हैं, उसके लिए धन्यवाद।

MR. CHAIRMAN : The Minister. How long will you take ?

SHRI B. SHANKARANAND : About helf an hour. I wanted to take a little more time.

MR. CHAIRMAN : Is the House agreeable ?

SHRI G. M. BANATWALLA (Ponnani) : I must make a submission. It is not a healthy practice to go on pushing the Private 'Members' business to the fag end of the day...

MR. CHAIRMAN : I understand, it has been agreed to by the House...

SHRI G. M. BANATWALLA : The hon. Minister may reply after we have fiinished the Private Members' business. There should be some sanctity attached to the Private 'Members' business which comes once a week.

MR. CHAIRMAN : If that is the feeling of the House...

श्री राम लाल राही : दूसरे दिन जवाब दिया जा सकता है, आज प्राइवेट मेंबर बिल ले लिया जाए।

(Interruptions)

MR. CHAIRMAN : The Minister may speak after the Private Members' business...

SHRI B. SHANKARANAND : The House had already agreed...

MR. CHAIRMAN : It was agreed for half an hour, upto 4.00 p.m. You can see the feelings of the Members. Unless it is by consensus, we cannot. You can do it on Monday or after the Private Members' business.

श्री राम लाल राही : सप्ताह में केवल ढाई घंटे प्राइवेट मेंबर बिजनेस के लिए दिए जाते हैं, उसमें भी ...।

SHRI B. SHANKARANAND : Earlier it was requested by me that, if this has to be cantinued, it may be taken up on Tuesday and the House agreed. Thereafter, the House also agreed that this might be finished today and they were willing to sit. I thought I could complete it.

MR. CHAIRMAN : Let us start with the Private Members' business...

SHRI B. SHANKARANAND : Then what happens ?

MR. CHAIRMAN : Either it is taken after the Private Members' business or...

SHRI B. SHANKARANAND : You have not to rule when it will be taken up.

SHRI G. M. BANATWALLA : After the Private Members' business is concluded...

MR. CHAIRMAN : After the Private Members' business is concluded today you can reply.

SHRI B. SHANKARANAND : Mr. Chairman, you know the rules of the House very well. I do not expect any ruling which is ambiguous. (*Interruptions*) Now you are ruling that it will be after the Private Members' business. Is it your ruling ?

MR. CHAIRMAN : I think, the House has agreed. That is the suggestion which has come from the Members. It is agreed, I believe, that the House will continue to sit until the Minister completes his reply.

SHRI B. SHANKRANAND : Is this the position by consensus or by voting ? If it is consensus, then I have my own observations to make. You cannot impose any consensus on me. I had planned my programme. (*Interruptions*) I do not disagree with you. I also expect that you do not disagree with me. It was decided that this be taken up on Tuesday. If that is the case, then it is allright. I am in the hands of the House.

MR. CHAIRMAN : As a special case Minister will reply on Tuesday.

————

16.09 hrs.

ARREST AND RELEASE OF MEMBERS

MR. CHAIRMAN : Before we take up the Private Members' business, I have some announcement to make.

I have to inform the House that the Speaker has received the following telegram date the 15th December, 1983, from the Superintendent of Police, Salem, today ;—

> "I have the honour to inform you that I have found it my duty in the exercise of my powers under Sections 143, 188 IPC to direct that Shri K. Arjunan. MP (Omalur Police Station Crime No. 379/83), Shri C. Palaniappan, MP (Salem Town Police Station Crime No. 2519/83; and Shri M. Kandaswamy M. P. (Tiruchengode Polic Station Crime No 933/83) be arrested for the reasons that thee had violated the prohibitory ordery and formed unlawful assemblys They were arrested at Omalur, Salem and Tiruchengode at 10.30 hours on 15-12-1983 respectively, They are being lodged at Centra Jail, Salem."

I have to inform the House that the Speaker has received the following telegrams dated 15 Decamber, 1983, from the Deputy Superintendentof Police, Tiruchy Town, Law and Order, to-day :—

(i)

> "Shri N. Selvaraju, M. P. was arrested at Tiruchy on 15-12-83 at 11-30 hours in Tiruchy Fort Police Station Crime No. 2602/83 under Sections 143, 188 IPC read with 7 (1) A Criminal Law Amendment Act".

(ii)

> "Shri N. Selvaraju, M. P. was neleased at about 20.00 hours."

I have to inform the House that the Speaker has received the following telegram