

the employees are absorbed in other Undertakings.

12.59 hrs.

DEMANDS* FOR GRANTS, 1982-83—

Contd.

MINISTRY OF HEALTH AND FAMILY WELFARE—Contd.

MR. DEPUTY SPEAKER: The House will now take up further discussion and voting on the Demands for Grants under the control of the Ministry of Health and Family Planning.

Shri Mool Chand Daga was on his legs. He has already taken fourteen minutes. Two hours and forty-eight minutes are left out of the time allotted for this.

The hon. Minister will reply at 3.00 p.m.
Shri Mool Chand Daga.

श्री मूलचन्द डागा : (पाली) :

उत्तमवर्धन महोदय, मिनिस्टर माहद ने जो यह नारा दिया 'हैथ थार आल वाई 2000 से 3000 डी० है, यह पूरा हो जायेगा या नहीं, यह मुझे मालूम नहीं लेकिन, यह बड़ा अच्छा सुहावना नारा है। जिस देश में 58 परसेंट लोग गरीबी की रेखा के नीचे हों, मैंने कल भी कहा था, कितने लोग बीमारी और कुपोषण के कारण बीमार रहते हैं। मेरा एक अन स्डाई क्वेश्चन 2 अप्रैल, 1981 को था उसमें लिखा था—

"The number of such persons in the country who fall prey to the disease due to their not getting the required quantity of calories in their diet..."

क्वेश्चन का उत्तर यह था—

It was on 19th August, 1981.

"The information is being collected and will be laid on the Table of the Sabha." That is after four months."

मैंने यह कहा है कि हिन्दुस्तान में इतनी गरीबी है कि उसके कारण ही लोग बीमार हो जाते हैं, और कुपोषण के शिकार होते हैं। गांवों में न साफ पानी पीने को मिलता है और न साधन है। आज गांवों के अन्दर कम से कम 6 लाख आदमी ट्यूबरकुलोसिस से मरते हैं एक साल में। यह भी आपके पेपर में है—

"TB still major killer in India. Despite all the marvels of the medicines, Prof. K. Vishvanathan, an expert of the disease says five or six lakh people die every year of the disease in India alone. Tuberculosis continues to be India's top public health problem."

मैंने एक क्वेश्चन किया तो मालूम हुआ कि हिन्दुस्तान में आज भी कम से कम 1 करोड़ आदमी अन्धे हैं। ये भी कुपोषण के ही कारण हैं। मेरे क्वेश्चन का उत्तर आया था 23 फरवरी, 1981 को

"However according to the ICMR report, about nine million persons in India are blind. The National Sample Survey Organisation had also conducted a limited survey. According to it the number is 1.26 ..

जब इतने व्यक्ति अंधे हैं, इतने बिकलांग हैं और आपके पास आर्थिक साधन की कमी है जिसकी वजह से आज भी हिन्दुस्तान में राजस्थान और महाराष्ट्र गिनी वार्ग के भी लोग बहुत शिकार होते हैं। इससे हमारे राजस्थान में कम से कम 60, 70 हजार आदमी शिकार होते हैं। उनके पेट बड़े बड़े गिनी मार्ग निकलते हैं और वह कितने इंच लम्बे होते हैं, यह देखकर दया आती है। इसला इलाज अभी तक नहीं होता है। इसका कारण यह है कि कुछ तो गन्दा पानी पीने को मिलता है। आज भी हमारे देश में रीजनल इम्बैलेन्सेज है।

[[श्री मूलचन्द डागा]]

मेरे पास लेटेस्ट फिगरस 1967 के हैं। नागालैंड में 76.89, उड़ीसा में 8.95, उत्तर प्रदेश में 5. . . , पंजाब में 15.56, राजस्थान में 14.31 और वेस्ट बंगाल में 43.60 है। इन फिगरस से मालूम होता है कि हेल्थ पर किये जा रहे पर कैपिटल एक्सपेंडिचर में भी बड़ा इमबलेंस है।

क्या इन बड़े बड़े अस्पतालों और कई तरह के विटामिनों और दवाईयों से लोगों की हेल्थ में सुधार हो सकेगा? 5 अप्रैल, 1981 को ललिता ईश्वरन का एक आर्टिकल निकला है, जिसमें उन्होंने कहा है :—

“Indians spend Rs. 2 crores a year on health foods, vitamins and tonics. Doctors, however, are of the view that these do little good and can, at times, even do harm..”

The article also says:

“The widespread lack of nutrition—education and the desire of most parents to provide themselves and their children with maximum nutrition makes Indians spread Rs. 200,00,00,000 annually on these pills, potions and tonics. Money ill-spent, according to doctors and nutritionists who are unanimously of the view that they are not required and at times can even be harmful to the system. Ironically, it is often those who can least afford these tonics, health drinks and pills—and they are invariably expensive—who have the most faith in them.”

विटामिन और दवाएं देने के लिये बड़े बड़े अस्पताल हैं। इसके बजाय एजुकेशन के द्वारा लोगों को आर्ट ऑफ लिविंग सिखाना चाहिये। कई लोग इतना ज्यादा खाना खाते हैं कि उनके शरीर पर चर्बी चढ़ जाती है पेट बड़ जाता है, बदन सूत बन जाते हैं और उन्हें यूनी एनर्जीम खाना पड़ता है।

ऐसा कानून बनाया जाये कि ऐसे लोगों को जेल में डाल दिया जाये। कुछ लोग बिना भूख के खाते रहते हैं और कुछ कुपोषण के कारण अंधे और बीमार हो जाते हैं। कैमिली प्लानिंग पर बहुत अच्छे बुलेटिन निकलते हैं। इसके साथ ही एजुकेशन द्वारा लोगों को सिखाना चाहिये कि स्वास्थ्य कैसे रहा जा सकता है। अगर डाक्टर की जांच से पता चले कि कोई व्यक्ति ज्यादा से ज्यादा खाने से बीमार पड़ा है, जिसकी वजह से वह ज्यादा दवाएं खाता है, तो ऐसे व्यक्ति को एक महीने की सजा होनी चाहिये।

हमारे देश में खाने की चीजों में बहुत मिलावट है। इस बारे में मैंने एक क्वेश्चन किया था :—

“Will the Minister of Health and Family Welfare be pleased to state:

(a) the number of persons challaned in Delhi under various sections of the Prevention of Food Adulteration Act, 1955, section-wise during 1980-81 and 1981-82....”

The reply given is:

“..The information is being collected from Delhi Administration and will be laid on the Table of the Sabha.”

हिन्दुस्तान में खाने की कोई भी चीज शुद्ध नहीं मिलती है। दवाएं शुद्ध नहीं मिलती हैं, यहां तक कि जहर भी शुद्ध नहीं मिलता है। अगर कोई जहर खाकर मरना चाहे, तो वह नहीं मर सकता।

श्री एन० के० सेजबलकर (ग्वालियर) :
यह तो अच्छा है।

श्री मूलचन्द डागा : आज जरूरत इस बात की है कि लोगों को राइट टु डाई विद डिगनिटी दिया जाये। आज मर्सी किलिंग एक बहुत जरूरी चीज है।

हिन्दुस्तान में कई आदमी ऐसे हैं, जो लड़प रहे हैं, जिनकी जिन्दगी एक भार बन चुकी है, उनका कोई इलाज नहीं है, इसलिये वे मरना चाहते हैं, अपने शरीर का अंत करना चाहते हैं। उनको राइट टु डाई विद डिगनिटी देना चाहिये। मंत्री महोदय को इस बारे में हिम्मत के साथ एक कानून लाना चाहिये। कई ऐसे लोग हैं, जो एक जिन्दा लाश की तरह पड़े हुए हैं, केवल सांस है, कुछ हिंसा डुलता नहीं है, सारे घर को परेशान करते हैं, खाट पर पड़े पड़े सारी क्रियाएँ करते हैं तो ऐसे जीवन से क्या लाभ है? इसीलिये आज राइट टु डाई विद डिगनिटी की चर्चा कई जगह चली हुई है। मंत्री जी को भी चाहिये कि इसको व्यवस्था कराये।

जैसा कि मैंने अभी पहले कहा है कि हैल्प है क्या? आपको हैलथ का डेफोनीशन बदलनी पड़ेगी। मैंने कहा है कि दवायें देने से कुछ होता नहीं है।

"Lastly, under the spreading magic spell of modern medicine, traditional medicine on which rural communities have depended down the ages, is being discarded. So these helpless people benefit from neither system."

न तो पुरानी दवायें मिलती हैं और न नयी दवायें खरीद सकते हैं।

"It is obvious that sophisticated modern medicine under the present set up will not be able to deliver the goods to all people. Their growing problems call for a new approach. Their very concept of 'health' needs a fresh definition. Health is not just absence of disease. It is a state of mental and physical well-being that helps a person to lead a useful creative life. This means that the current stress on curative medicine must change."

आजकल नयी बातें सीखनी चाहिये गरीब देश में बड़ बड़े अस्पताल, विटामिन ए, बी, सी, डी यह सब तो ठीक है लेकिन

सबसे जरूरी चीज यह है कि किस प्रकार से जीना है। हमारी जो ट्रेडेशनल मेडिसिन्स थी वह भी चली गई हैं और नया मेडिसिन्स से भी आपने हमको डेप्राइव कर दिया है। इसलिए मैं कहना चाहता हूँ कि आज हिन्दुस्तान में जो अंधे और विकलांग होते हैं उसका मुख्य कारण पोषण ही है। अच्छा खाना नहीं मिलता है और साफ पानी पीने को नहीं मिलता है। रहने के लिये अच्छा मकान नहीं होता है। पर्यावरण दूषित हो रहा है और सारी नदियाँ पोल्यूटेड हैं। फिर आदमी स्वस्थ कैसे होगा? कोई भी नेशन तभी आगे बढ़ेगा जब उसके नागरिक स्वस्थ होंगे। हैल्दी मन भी तभी होगा जब हैल्दी बाडी होगी। मंत्री जी इस विषय से सम्बन्धित लिटरेचर, साहित्य जनता में प्रचारित करें ताकि देशवासि जीने की कला सीख सकें।

DR. SARADISH ROY (Bolpur): Mr. Deputy Speaker, the Ministry of Health and Family Welfare is doing entirely a social welfare service. I have gone through the budget and have seen that last year in the supplementary budget under one head Rs. 16 crores have been reduced, though there was no much reduction in the total. Moreover, there is a slogan: 'health for all by the end of the century.' I would like the Central Government to implement this slogan. On examination, I have found that the allotment of budget for the Ministry of Health and Family Welfare in the First Five Year Plan, out of the total Central Budget, was 3.3 per cent; in the Second Five Year Plan, it was 3.1 per cent. During the Third Five Year Plan it was 2.9 per cent. In the annual Plans of 1966-69 the expenses on Health and Family Welfare were 3.2 per cent of the total budget. During the Fifth Plan the proportion was 3.0 per cent. During 1978-79 it was 3.1 per cent and in 1979-80 it was 3.0 per cent, when in 1980 the slogan of 'Health for all by the end of the century' was started. This year it came down to 1.4 per cent of the total expenditure. So, you can very well imagine how within such a small amount the Central Government can implement the slogan 'Health for all by

[Dr. Saradish Ray]

the end of the century'. This is my main point. If you examine all these things you will find that though a every good slogan has been accepted and given, nothing is being done to implement it.

I find that Primary Health Centres are sought to be provided. But on examination I find that even some district headquarters are not being provided with hospitals or even health centres. Our suggestion is that at block levels and district headquarters feeder hospitals should be provided. The alarming position is that even some district headquarters are not being provided with health facilities. Our suggestion is that if you want to implement this slogan of 'Health for all by the end of the century' there should be a health centre for every two Panchayats.

It is good that the Central Government want to implement the Health Guide scheme. It is proposed that the Central Government will entirely finance that scheme. But the point is that the Budget proposals do not provide any amount for the scheme, not to speak of one health guide for every 1,000 persons. That scheme is a very good one but it cannot be implemented unless the Central Government takes it up seriously, recruits people and trains them. Otherwise, it will remain a slogan only—though it is a good slogan—as it happened in other cases.

This Ministry has said that they would control and/or eradicate some of the diseases. The Malaria Eradication programme was taken up long ago. But the Minister will only say that some mosquito parasites have become very obstinate, and have developed resistance, and so it is not possible to eradicate the disease now. But we find unlike the pre-independence years, when in certain areas like the eastern and coastal regions due to heavy rainfall malaria used to be there in endemic form. But now we find that even in Delhi and other Northern areas where rainfall is less, malaria and the mosquitoes are on the increase. I am sure that the Minister will agree that some 40 years back and pre-independence days malaria

was very rarely found in these parts. This was the first programme that was taken up after Independence. If we want to implement it correctly, we should produce those drugs so that the mosquito menace can be checked.

TB control programme is a laudable one. Already my predecessor has spoken about it. In our country, 10 million people are suffering from this disease. Of this one-fourth are infectious cases. The Most unfortunate thing is that there is no proper arrangement for diagnosis of these patients. For diagnosis, X-ray films are required. But they are in short supply. Even anti-tubercular drugs are in short supply and they are very costly. This disease is prevalent mainly among the poor people. And because of high prices of drugs and all that, they are the most affected persons. The main things is nutrition to these people. When the people are affected by this disease, arrangements should be made for diagnosis and proper treatment. It requires proper supply of medicine, X-ray films and all that. There are 353 TB centres, 328 TB clinics and 40066 beds in the country. But these are available mainly in metropolitan cities. In our part, I have seen that tribal people were free from this disease. But now it is spreading among them like wild fire. Arrangements should be made for opening T.B. centres in backward tribal areas so that these people can be given treatment there itself.

Regarding filaria control measures, in some parts of the country, proper treatment and medicine are not available to the affected people. Arrangements should be made so that medicines are available to these persons at cheaper rates. Proper education should also be given to these persons.

About leprosy control, an alarming situation has now developed. About 35 lakh people in our country are infected by this disease. This is one-fourth of the leprosy infected people in the world. Western Europe have already almost eliminated this disease. But in our country, it is not being checked not to speak of elimination. So, efforts should be made to see that this leprosy menace is checked.

Family welfare programme should be given special attention. It requires both reduction in birth-rate and death-rate. Infant mortality should also be checked. Without these the family welfare programme cannot become a success. Growth rate was 24.80 in 1971 and in 1981 census it is 24.75 per thousand. That is only 0.5 per cent has come down. So the family welfare scheme practically for years has not progressed appreciably and this programme of having family welfare requires education among the masses and it requires nourishment. It is found that the poorer sections of the population are prone to having more children, the members of their families will be much more, while the affluent people who will take good diet and who will have proper education have a low birth rate. In regard to the poorer sections, their growth rate is higher. They suffer from malnutrition. Only talking about some programme will not control this birth rate in our country. It requires upliftment of the poorer sections and 70 per cent of the people live below the poverty line. The growth of population cannot be checked without uplifting the poor people to a higher economic status.

In all these things we find that the supply of drugs and medicines has become an alarming situation. In the last few years so many people are talking about multinationals. The multinationals are ruling our country in the sphere of supply of drugs. They have their supremacy in this field.

Sir, in some cases the multinationals raised the retail rate of their formulations in the market and IDPL and other organisations are supplying raw materials to them. Here, I would like to quote an article in which it is stated:

"In many cases, IDPL's products cost more at retail price level than the corresponding products of the private sector. In a disease as crucial as tuberculosis IDPL's Isoniazid costs 21.1 per cent more than Sarabhai's Nydrazid, and Sodium PAS (IDPL) costs 13.4 per cent more than Pfizer's same pro-

duct. For Metronidazole, antiamoebic, Compeba (IDPL) costs more (13.2 per cent) than Metrogyl (Unique). Vivocycline (IDPL) costs 18.6 per cent more than Doxycycline (Gufic) and IDPL's Oxytetracycline costs 12.9 per cent more than Day's same product."

In some cases the products of IDPL and HAL cost much more than the multinational or national pharmaceutical companies.

Another thing is that IDPL and others are supplying bulk drugs to these multinationals and they are manufacturing their formulations and selling at higher rate in the Indian market. This should be checked and for this my earnest request to the Minister will be to see that the manufacture of drugs and chemicals should come within the purview of the Ministry of Health and Family Welfare. Now, the Minister may say that it is not within the purview of his Ministry and it is the concern of the Ministry of Petroleum and Chemicals. The drugs and pharmaceutical industry should come within the purview of the Ministry of Health and Family Welfare who should see how these are running. The rates of multinationals are higher. Multi nationals are making huge profits. They are taking away money out of this country.

There are certain other medicines which have not been used in their own country but they are dumping those medicines in our country—which are in fact not effective. Our aim should be to provide medicines at a cheap rate and those medicines should be proper and effective. No doubt hospitals and health clinics are there. But spurious medicines are there also. A few days ago there was a news item in the newspaper. In Calcutta a Minister went to check medicines in a hospital. He opened a capsule. That capsule contained sand. I do not know how these spurious drugs are finding their way in hospitals and other places. In Delhi also spurious drugs are being dumped. The medicines which were discarded are being dumped here. Our Government is not preventing them to import those drugs or to manufacture

[Dr. Saradish Roy]

such drugs. Necessary action should be taken in this regard.

Lunacy Act was passed during the British period. It is still there. That has become absolute. But no attempt has been made to replace the same. Lunatics are not admitted. For admission they have to take a certificate from the magistrates. Since those days many developments have taken place. A Bill for mental health was introduced twenty years back. Janata and other Governments have come but nothing has been done so far. This Bill should be revised as per the present outlook and then passed. That should be done in the interest of proper care and treatment of mental patients. IDPL are not producing required quantity of medicines. They are under-utilising their capacity. If it is necessary, some more factories be established to look after the requirements and manufacture of medicines in our country.

To-day we are depending on the multi-nationals. They are preparing formulations and selling it. We should make our own arrangements.

There is a slogan—'there is no substitute to mother's milk'. No measures have been taken not to allow the multi-nationals to popularise their brands. We see in the case of smoking, there is a warning 'it is dangerous for health', but still it is going on. When Government has accepted that there is no substitute to mother's milk, enactment should be made so that multi-nationals and others should not advertise to their own interest openly stating that it is a substitute to mother's milk. Measures should be taken so that mother's milk should be popularised.

But the multi-national companies are giving advertisements as if there is a substitute of dry milk powder for mother's milk. They even depict the picture where the baby is taking mother's milk side by side their milk powder. But this would cause much harm to the babies and therefore the Government should take a decision immediately to enact a law wherein provisions should be made to

display that there is no substitute for mother's milk. The products of multi-national companies are not a substitute for mother's milk, and therefore feeding of mother's milk should be encouraged. The social workers should be asked to make a propaganda that there is no substitute for mother's milk. Otherwise, the whole health programme and its implementation would be in vain.

In conclusion, I would like to say regarding the Budget that whatever we have said, "Health for all by the end of this century", will not be effected unless the budget allotment for the Ministry of Health and Family Welfare is enhanced proportionately for the implementation of all these programmes.

DR. KRUPASINDHU BHOI ((Sambalpur): Mr. Deputy Speaker, Sir, I raise to support the Demands for Grant (Ministry of Health and Family Welfare) presented by our hon. soft-spoken Minister of Health. At the same time, I feel sorry that though the health and family welfare is the most important subject for all the human race in India and outside, it is not regularly being discussed on the floor of the House in each year and, if it is discussed, only five hours are allotted for the subject.

Many things had been discussed about Health and Family Welfare by my hon. colleagues. I will quote from the People's Movement of Health and Family Planning inaugurated by Mrs. Indira Gandhi on the 7th Joint Conference of Central Council of Health and Central Family Welfare Council:

"The health is the standing point of all welfare. The health of nation depends on the health of the individuals."

Sir, categorically in the Sixth Plan document, it has been emphasised and the voluntary health organisations have been given guidelines that by 2,000 A.D., we will give minimum facilities to the poorest of the poor of this country for the protection of their health. My hon. colleagues have pointed out earlier about the Plan allocation for this year and the

Sixth Five Year Plan, but I am sure that we can achieve our goal within the limited period. It is not one per cent of the total allocation for the Health and Family Welfare, for this year. It will be more than 2.4 per cent. Still, it is like a pebble falling from a mountain or dew drop in the ocean. So, the first and foremost thing is to live a life comfortably without disease and without physical disturbance. The relationship between mind and body is a must. How is this relationship between mind and body to be maintained? I am not going to take more time on discussing about health programmes and health protection schemes because many of my colleagues have discussed that threadbare. But I will take more time on the menace of population explosion in the country and the world as a whole.

There is a 3-tier system of administration for health and family planning throughout the country. It is a State subject. Though we have a federal structure, we are giving all the money to the States. It will not solve the problem. It is the duty of the Union Government to monitor all the health schemes and to see that all the money which the Government of India gives to the States is spent to the last penny. In the 3-tier system, the first tier is the primary health centre and the sub-centres. In each block one PHC and in India we are having 5500 primary health centres and under each primary health centre, there is a provision for 5 to 6 sub-centres, 5000 population per sub-centre.

Then, there is the village health guide. The name had been changed during the Janata regime. Mr. Raj Narain created so many quacks in various parts of the country who have no qualification even up to the primary level education having been employed under the village health guide scheme. So, my request to the hon. Minister is that for further recruitment under the village health guide scheme, the minimum qualification prescribed should be matriculation so that a village health guide should have some knowledge about the day-to-day problems of society and he should know the basic things about the communicable diseases and the family

welfare programme. He should get a minimum six months training and a refresher training for another six months after five years, that is, the minimum of one year's training within a span of five years. Then only he can help to solve the problem of health at the village level, he will advise in the matter of health protection schemes and he can also advise for population control programme. He should not be allowed to give medicines which have many side effects.

About sub-centres, now in our country there is no dearth of doctors...

PROF MADHU DANDAVATE :
Patients also.

DR. KRUPASINDHU BHOI: The doctor population ratio is that there is 1 doctor per 2750 population and there is 1 bed per 1422 patients. By 2000 AD, we are envisaging to reach a target of 1 bed per 1000 patients. In developed countries, they have got more money and more facilities. They have 1 bed per 500 patients. In respect of developing countries also, except one or two countries, nobody can compete with India in this respect. This is a satisfactory situation in our country. But my suggestion is that we have got more than 2,55,138 doctors who are registered medical practitioners, including the Government and private. And we have more than 25,000 to 30,000 Sub-Centres in the country. Why not employ on part-time basis in each of the Sub-Centres one doctor who has already registered his name after completing successfully MBBS Course and allied Courses like Ayurvedic and Homoeopathic so that he can replace the quacks who are very much dangerous to the society?

Coming to the question of the Primary Health Centres, I will give some more details when I come to tuberculosis, leprosy and other things in Primary Health Centres and, as the Hon. Minister has replied in one of his answers, by 2000 AD one Primary Health Centre will cater to a population of 30,000 in urban and semi-urban area and rural area and for hilly area and for Scheduled Caste area. It is a welcome suggestion.

[Dr. Krupasudhu Bhoi]

The report says that:

"2 to 3 doctors in each Primary Health Centre we are having and more doctors will be employed."

13.46 hrs.

[SHRI HARINATHA MISRA *in the Chair*]

But the existing system in the Primary Health Centres does not provide in detail for pathological diagnosis and for X-ray facility. X-ray is a must in Primary Health Centre.

I do not think that it will require for than Rs. 100 crores to cater to the needs of the X-ray plant which is required for all the Primary Health Centres and I will suggest to the Hon. Minister 100 millimetre X-rays which is less dangerous to the patient and the radiation hazard will be less. That type of X-ray plant should be installed in all the Primary Health Centre so that the tuberculosis menace which is there in the country will be known to the doctors who will try to diagnose the tuberculosis.

About the 30-bed hospital, there is an indication that for one lakh population there would be one 30-bed hospital by the year 2000 AD. Still, there is also a financial constraint.

MR. CHAIRMAN: By the year 2000 AD.

DR. KRUPASINDHU BHOI: 2000 AD, not now.

MR. CHAIRMAN: I am under the impression that medical education is in the Concurrent List and it would be more appropriate to.....

DR. KRUPASINDHU BHOI: I will give my suggestion on that part of the matter. I do not know whether you will be satisfied with it or not.

I have just pointed out about the medical education system. Our educational system is in no way inferior to any system of education obtaining in any developed country of the world. I can say

this with confidence. The other day there was a discussion about the performance of the AIIMS doctors, the talented doctors of the AIIMS. A detailed discussion took place.

The Hon. Minister gave a categorical reply to this point. Previously, there was brain-drain. They were going outside the country for medical education for Post-Graduate doctor course and for MBBS Under-graduate course also. Now we can compare ourselves with any developed country, though our Research Development Wing is lagging behind. Our doctors are in no way less talented when compared to the doctors anywhere in the world.

So, in this particular medical education for doctors in allopathy, MBBS Course, MD, MS and different faculties, MCS super specialisation, I will suggest one thing and it is a chronic disease in the home State of my Hon. friend, the Minister of Health, Karnataka... This capitation fee system is there not only in Karnataka but it is there in other places also. Madam Gandhi during her address has categorically said that this capitation fee should be abolished. This is an Act of the State Government. They can abolish it and the State Government should be asked to have an enactment to abolish the capitation fee....

MR. CHAIRMAN: You mean to say that charity should begin at home.

DR. KRUPASINDHU BHOI: Yes, Sir. Madam Gandhi also said in her speech that our system of education should be re-oriented for rural workers. For that reason a committee has already been formed, I think—the Minister may say something about this in his reply—for reorientation of medical education in the country. At the same time we must see that medical education not only in allopathy but in Ayurvedic and Homeopathic systems are given equal stress because Ayurvedic system is the only medical science where chronic diseases and long-standing diseases can be cured. We have given less stress in the plan outlay for Ayurvedic medicines. Ayurvedic medicines will cure fast diseases like leprosy

and rheumatic arthritis. So Ayurvedic education should be given more importance in the next year and if possible, this year itself. That is a point to be noted. Homoeopathy is gaining momentum and it should also be given equal importance. There is not much complaint about homoeopathic education.

About the training of nurses and other auxiliary forces, we have got more doctors. I think it is hundred per cent more than the nurses. To make population control a success training of female nurses is a must. We must reserve seats in all the medical colleges for lady candidates. Nursing training should be integrated with family planning courses and the strength should be increased.

A few points more about the organisational defects. This is a department purely of a technical nature. So my point will be that there is a feeling among the doctors, scientists and technicians that their causes are not being properly examined at the administrative level. The whole set up in the Central Government from Secretary to Directors should be manned by highly qualified doctors except the financial aspect which can be administered by financial persons who are capable of doing it. This is my urge and this is the feeling of the doctors of the country who have given several times memorial to the hon. Minister to safeguard their interests. I welcome the suggestion of hon. Minister, Shri P. Venkatasubbiah who replied the other day that they are going to introduce Indian Medical Service and Indian Engineering Service on the lines of the Indian Administrative Service. That is a welcome suggestion. But that will take some time from the down below level to come up. So this should be done quite soon so that the frustration in the minds of the doctors will go away.

About the Health Plans, a National Health Policy has been envisaged. That had been discussed by many of my friends. About the National Malaria Eradication Programme many people opined many things and said that the Government has not applied its mind. Malaria is coming in a virulent nature because the P.

Palcipuram is a resistant variety drug. The Minister has to do something about that. There are difficulties in the distribution of these medicines which will kill the germs. These have so many other ingredients with them like the DDT, BCF and other anti-malarial insecticides. In the agricultural sector in this country, always we were faced with the monstrous disease. The malarial workers are selling eighty per cent of the medicines on the agricultural sectors. In villages, spraying is not done properly. The malaria drug is not being sprayed properly by them. There is no monitoring cell for that. Though it is not a menace now, in the last two to three years, many people have died due to malarial diseases which were affecting the brains.

So, coming to malaria coma, I shall urge upon the Minister to monitor it properly for the eradication of the malaria disease. We were boasting that we had already eradicated the malaria. We must congratulate this Government—Mrs. Gandhi's Government—and the hon. Health Minister that we have eradicated small-pox. This is a great achievement in the health protection scheme. But, the most important thing is the eradication of leprosy—Under the leprosy control and eradication programme, one-third of the total leprosy in the world is contributed by our country only. For this, we have allotted a very less amount in research and development. Our country has made a dent on the provision on leprosy.

MR. CHAIRMAN: I think the hon. Minister is already actively seized of the issue.

DR. KRUPASINDHU BHOI: The Minister will not be seized of this issue. I would only urge upon him to provide more funds for research and development and see that this monstrous leprosy disease goes away once and for all from our country. Leprosy vaccine from the Tata Institute and other institutions is coming in. Already they have done a detailed examination and test. But, the test on the human being is yet to be completed. In the minds of the people there is this social boycott that the people are

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suffering from leprosy. Everyone boycotts them. If this vaccine comes, it will disappear. A social change has to be brought out about in the minds of the people.

MR. CHAIRMAN: Dr. Bhoi, you may now try to conclude.

DR. KRUPASINDHU BHOI: I am just starting over the health part. I shall conclude in a few minutes. But, on family planning, you must give me 20 to 30 minutes.

MR. CHAIRMAN: Excuse me. You started at 1336 and it is going to be Two. Kindly cooperate with the Chair.

14.00 hrs.

DR. KRUPASINDHU BHOI: For leprosy there is 100 per cent grant from the Government of India. We have to give more help to the voluntary organisations and have also more beds in the hospitals for the leprosy patients throughout the country otherwise it will be difficult to eradicate and control leprosy. The most important thing is that more funds should be allocated for control and eradication of leprosy.

Sir, as far as TB eradication programme is concerned I might say that 1.5 per cent of the population are suffering from radiological TB. X-ray equipment is necessary for its detection and, as such, X-ray machine should be provided in each Centre for diagnosis and treatment of TB. A TB patient has to take medicines for a year and, as such, we should provide more funds for the poor patients so that costly medicines could be made available in all the sub-centres.

MR. CHAIRMAN: Please conclude now.

DR. KRUPASINDHU BHOI: Population explosion is a menace to the country. From 1951-1981 whereas our GNP has increased by 50 per cent the population has exploded by 108 per cent. In countries like Japan, Saudi Arabia and other developed countries there is a negative growth of population.

Sir, from 1971-1981 we had 24.67 per cent as the decadal percentage growth. Our Prime Minister, Shrimati Indira Gandhi has categorically stated in her speech that through persuasion and motivation we have to check the population growth so that by 2000 AD the decadal percentage growth becomes 12 per cent. I do not want to contradict it but one thing I would like to tell the hon. Minister that if by 2000 AD we do not come to the point where population growth rate is nil then keeping in view our internal resources and the available cultivable area we will not be able to sustain 780 million people to live like human beings. So we have to take urgent measures.

Sir, in 1976 when Dr. Karan Singh was the Minister of Health he said that if the State Governments will come forward with a legislation then the Centre is not going to object to it. Sir, without taking into consideration caste, religion and creed the check in population rate growth should be made one point programme by all the legislators Members of Parliament, doctors and human society as a whole.

MR. CHAIRMAN: You have to conclude now. It is too much. You have already taken half-an-hour.

DR. KRUPASINDHU BHOI: I am concluding in two minutes. Caste or religion is immaterial. At the time of Emergency there was a rumour that the Minister to see the Muslim viewpoint control. I would request the hon. Minister to see the Muslim viewpoint written by Shri Tahir Mohammad. I would have quoted all these details if I had the time. The Kuran is not a barrier for population control. Everybody is in favour of population control. Nobody is for forcible population control; Allah, God, Jesus—all are against it, but motivation, to have a small family norm, one child per family, nobody will oppose. So, for one child per family the incentive should be increased and it should be integrated if more funds cannot be given; by 'integrated' I mean integrating it with other programmes. We have got the IRDP, NMEP and so many other programmes in Block level. A person adopting the norm of one child per family should be

given subsidy a hundred per cent. (*Interruptions*) Under different schemes Government is giving subsidy to Adivasis, Harijans, the middle-class people, the small farmer and the marginal farmer. It should be integrated with these programmes, if more money cannot be drained out from our financial resources for this. My suggestion for family planning is this. As I have said previously also, I am for statutory liberalisation and legalisation of abortion. In all developing countries they are doing it.

MR. CHAIRMAN: Now it is over. Kindly resume your seat. Mr. Ravindra Varma.

DR. KRUPASINDHU BHOI: When I should not have spoken at all. Last but not least, family planning is now a tail of the Health Department. A separate Ministry should be formed for family planning because the problem is so gigantic. For the economic growth of the country, to give good education and good facilities to enable people to live like human beings, control of population is a must. My suggestion will be that, within 2,000 A.D., we must achieve a zero growth rate. The country can sustain only 700 million people by then. If zero growth rate can be achieved, even then the population will be nearly 800 million.

My humble request to the hon. Minister and to all the Parliamentarians is to motivate people to family planning. I request the hon. Minister to have a Parliamentary forum for population control, including therein persons like my hon. friend, Mr. Banatwalla, and others—we have professors here—to create a national consensus. In Parliament let us pass a Resolution unanimously. If we want socio-economic changes in the country, then we have to adopt population control as our first and foremost programme and then only the other programmes.

SHRI RAVINDRA VARMA (Bombay North): Mr. Chairman, Sir, my hon. friend the Minister for Health is a very fortunate man. He presides over an area in which there can be no divergence interests.

The Constitution of our country accepts the fact that the provision of health is one of the primary responsibilities of the State. Very recently the conference at Alma Ata—which can be described as a historic conference—declared that the main focus of the country's health system had to be on primary health care. It underlined the importance of primary health care as an integral part of the social and economic development of the developing countries.

We have accepted 2,000 A.D. as the target year by which we want to assure health for all. This is a national goal. Every effort in that direction must therefore receive universal support. But our success in reaching the target will depend on a number of factors. It will depend:

- (i) on our ability to control the rate of growth of our population;
- (ii) on our ability to control and eliminate diseases that are transmitted through unsafe drinking water; and insanitary environment;
- (iii) on our ability to control and eliminate communicable diseases;
- (iv) on our ability to provide primary health care and supporting curative services, referral and specialist services at appropriate levels that ensure accessibility and continuity;
- (v) on our ability to generate and deploy the requisite technically competent and trained manpower, and to orient medical education and conditions of work to ensure that objective;
- (vi) on our ability to make the maximum use of the potential, richness and special suitability of traditional systems of medicine and homoeopathy; and
- (vii) on our ability to invest adequate resources necessary for the fulfilment of these objectives.

I am sure that my hon. friend will have no objection to any of these objectives.

Now, Sir, my hon. friend and comrade Dr. Saradish Roy has already pointed out that the percentage of the total outlay on

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health has unfortunately been diminishing. If health and expenditure on health are merely looked upon as expenditure and not as investment in programmes that will ensure public health, which is the basis on which the nation has to be built up, then, it is understandable that there is a dwindling, a whittling down, of the percentage that is spent on public health. As he pointed out, from 3.30 per cent in the first plan, it came to 3 per cent in the second plan and it has steadily gone down, and it is hovering around 2 per cent. In U.K., as my friend knows, 5.4 per cent of their G.D.P. is invested in public health; 60 per cent of this is on children, the disabled, elderly and the like.

I have already referred to the percentage of the total, and I do not want to take more time of the House, except to point out the meagreness of the outlay in view of the magnitude of the demand and the problem.

Now I would refer to the importance of drinking water supply and sanitation for ensuring public health. The WHO estimates that 80 per cent of the common ailments and diseases are carried through water-borne infections. On a conservative estimate they have said that 1230 million people in the world live without safe drinking water and 1350 million lack adequate sanitation. Sir, among the rural population, only 22 per cent had access to reasonably safe drinking water and 15 per cent had excreta disposal facilities. In India, 80 per cent mortality in rural areas is due to water-borne infections. Nearly 1½ lakh villages, out of over 5 lakhs, have no facilities for drinking water, the provision of drinking water is not the same as the provision of safe, drinking water. Sir, a recent study has revealed that the progress in this respect is very slow. In 1975, a WHO Survey found that 77 per cent of our urban people had access to drinking water and 22 per cent people in the rural areas. 75 per cent in the urban areas had excreta disposal facilities and 15 per cent in the rural areas had this facility. The sixth plan target in this respect is to increase the excreta disposal facilities to 80 per cent of the urban

population and 25 per cent of the rural population. My hon. friend will agree that this will leave out a large percentage of our population without access to either drinking water or facilities for the safe disposal of excreta.

I will turn to the immunization programme. I am sure my hon. friend will not claim that the immunization programme is going according to plan. As far as polio is concerned, only a few districts have been covered. Over 80 per cent of our rural population are yet to be covered by the programme. I am sure he will not hold that there is some natural immunity for the rural population from polio. Take the case of triple vaccine. If the benefit of immunization is to reach all, the programme has to be linked with a programme for health in schools, including primary schools. There must be adequate availability, an effective delivery system, trained manpower and channels that ensure hundred per cent coverage.

With your permission, I will now deal with communicable diseases. Reference has been made to the national campaign for the eradication of malaria. Considerable progress has undoubtedly been made. I might even say that spectacular progress was made in the control and eradication of malaria. But there is a recrudescence of the menace. There is increase in the number of cases of incidence of cerebral malaria and emergence of resistance strains. There is no reason whatsoever, therefore, for complacency. The problem is to maintain a certain level of progress not only in terms of the use of insecticides but also in terms of the alertness that the population has constantly to maintain, to deal with a danger of this magnitude. There should be no whittling down of the gains that we have achieved in this field.

I turn to tuberculosis. Recent studies have indicated that TB continues to be one of India's top-most problems in public health. It is estimated that 500 to 600 thousand people die every year of TB. Unfortunately, my hon. friend for whom I have great respect said the other day in the House that it is not possible to give any statement about the number of deaths

due to TB, because no records are kept. This was an unfortunate answer. Perhaps it is an answer that can be justified in terms of the sources of information available to the Government; but experts have calculated that nearly 500 to 600 thousand people in this country die every year of TB. 10 million people in India, according to my hon. friend, Kumari, Kumudben Joshi, are suffering from this disease. 1.5 per cent of the population—1 out of every 60 Indians suffers from TB. Of the proven drugs of efficacy, namely, Rifampicin, Pyrazinamide and INH, only INH is manufactured in India, if I am not mistaken. If we are to achieve our goal of health for all by 2000 AD, these drugs must be made available. The disease must be fought on a war-footing. It is not possible to eradicate this disease and yet, if we have a situation in which 1 out of every 60 Indians suffers from TB it is an unfortunate situation, and we may perhaps not reach our target by 2000 AD. The disease must, therefore be fought on a war-footing. As in the case of the national leprosy control programme and the programme to control blindness, I would recommend that the Centre itself must take over the responsibility for the fight against TB.

Sir, Reference was made to our success in combating the fell disease of leprosy. We are now committed to eradicate this disease by 2000 AD.

At the time of the 1971 Census, it was estimated that nearly 379 million people live in areas where the disease is endemic. That was when the total population was approximately 550 million. Today the population has gone up to 684 million. So the population in the endemic area should also have gone up by approximately 24 per cent. The total population covered by the survey till October 1981 was 330 million. This leaves a population of nearly a hundred million or more still uncovered even by the survey, not to talk of detection or treatment. If the additional 120 million people have to be covered by the Survey, we have to accelerate the speed of the survey—detection and treatment.

Now proven drugs again like Rifampicin must be available in requisite quantities

and at reasonable prices. It may not be wise to endanger operational efficiency or increase the economic burden on the nation that such a programme will entail by depending on import from outside.

Now, I shall deal with Blindness. A national multicentric survey conducted in 1975 resulted in detection of 9 million blind and 45 million visually handicapped persons in the country. With the increase in population in the last seven years, this figure may well have swollen. We launched a National Programme for Prevention of Visual impairment and control of blindness in 1976. I do not want to go into the details of this programme, but among other things, the programme visualised equipping and commissioning of mobile units and equipping and strengthening of Primary Health Centres starting of eye-care units in the District Hospitals, etc. I looked at this year's report and I found in the report that by March 1982, 45 mobile units will be equipped and 1600 Primary Health Centres commissioned and 200 and odd District Hospitals will be equipped. I wanted to know whether there was some progress and what this progress was. I looked at the last year's Report. If I had the time I would have read out the two paragraphs. There is not even a printer's devil to distinguish between one paragraph and the other, Shall I read it out? It is entertaining too. But it will also eat into the time at my disposal. There is not even a printer's devil to show any difference. This means that there has been some blindness to the question of the blind. Otherwise, my hon. friend is a very perspicacious gentleman. He is a man with considerable tenacity. I admire his tenacity. He is a tenacious fighter and there is no worthier cause than the cause of public health; to use his admitted talents of tenacity, his admitted ability to fight, let him fight diseases for this nation.

MR. CHAIRMAN: I think he is also frank.

SHRI RAVINDRA VARMA: There are many admirable qualities in him. But they must be put to use. Some people can never rise above petty politics. This does not show any progress. In the last

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two years, is it true that even the equipment envisaged for augmentation in Medical Colleges has not been purchased or commissioned?

I will now deal with Rheumatic fever and Rheumatic heart disease. Incidence of rheumatic fever in children is estimated at 3 to 10 per 100, to 50 per cent of all Cardiac cases in hospitals of India are victims of chronic valvular disease. The prevalence of Rheumatic Heart disease among school children is estimated at 6 per 1000, and in Delhi it is 11 per 1000. 43 per cent of the population under 14 years suffers from rheumatic heart disease, which means nearly 6 million children. Pilot centres in Delhi and Hyderabad have proved that prophylactic treatment is possible and effective. What is needed therefore is a national policy on rheumatic fever control which could be implemented through schools or the primary health care system. I am sure, my hon. friend will devote attention to this problem.

I shall not take much time of the House on the pyramidal system of health care that my hon. friend wants to build from the village level. But when you attempt a system of this kind, it is very necessary to ensure that the village health guide has the proper training, that there is a proper inter-relation between the links of the chain, and that there is a proportionate development of services at the appropriate levels. If a link in the chain snaps or targets are not reached at a particular level, the entire system is thrown out of gear. Therefore, the need for attention on the integrated achievement of targets at various levels cannot be over-emphasised.

Take for example, the training of Dais. My hon. friend says that every village will have one trained Dai. That means, we must have 5-1/2 lakh Dais in this country. upto now only 3-1/2 lakhs Dais have been trained. In 30 years, we have trained only 3-1/2 lakh Dais, and how is it possible to achieve the target of 5-1/2 lakh Dais unless there is a crash programme which does not crash,

to achieve the target of 5-1/2 lakh Dais by 2000 A.D.

Further, I must draw attention to the fact that the health services in the slums are not given the attention they should be given. In the course of the next few years, the population in the slums may go up to 20 millions. In that case, what are the plans of the Government to ensure adequate primary health care in the slums, for safe drinking water in the slums, excreta disposal facilities in the slums especially in big cities like Bombay, which I have the honour to represent?

Now, I turn to medical education. You are quite interested in this subject, Sir.

MR. CHAIRMAN: I just pointed out that medical education was in the Concurrent List.

SHRI RAVINDRA VARMA: All right; I shall deal with subjects which you think are of legitimate interest to this House.

The aim is to produce an adequate number of trained men of calibre, competence, knowledge and experience in modern medicine and surgery as well as indigenous systems and homoeopathy. Nearly 11,000 graduates are being produced every year, but you see the paradox of inadequate numbers on the one hand, and unemployment on the other, and migration to developed countries, what is described as the brain drain. In 1971, out of 14000 immigrant physicians in the United States, 9000 were from Asia, particularly from India and Pakistan. Efforts must be made to tackle this drain. Tanzania, for instance, made an experiment—that of modifying professional health education so as to steer it away from international norms and orient it towards national needs so that the graduates may be less suited for service in recipient countries and more suited for dealing with national needs, in the country. It may be argued that this is a short-sighted measure, because we do not want any dilution of competence in our medically trained persons. Therefore, it may be necessary to find out some via media of interweaving medical education with

long periods of field service including rural service.

I am very glad that the Government is proposing to formulate a new national medical and health education policy. If I had the time, I would have read out the appropriate paragraph of the report. I welcome this proposal. But, they have also appointed a Medical Education Review Committee under a very competent and able physician and surgeon Shri Shantilal Mehta. I hope, efforts would be made to expedite the report of this Committee and formulation of this policy, so that the needed reforms in medical education can take place without further delay.

Improving the salaries and working conditions and introducing career development schemes are essential if you want to ensure that medical services are made available in the rural areas.

The Third Plan made some suggestions in this regard. It made a comparison with the benefits like the House Rent Allowance and City Compensatory Allowance etc. that are given in cities and pointed out how there are no such allowances available to people who want to go to the rural areas to work there. Now I don't know whether my hon. friend will regard the Third Plan as an archaic document. He can bring it uptodate but though must be given to these problems.

Now, I refer to admission in the colleges. It is riddled with corrupt practices that undermine all norms that an educational institution must follow. There is manipulation of marks, capitation fees to which somebody referred, ranging from Rs. 20,000 to 2 or 3 lakhs. I understand that in the Andhra colleges, my Hon. friend, the Minister for External Affairs will bear testimony, one and a half lakhs to two lakh rupees are today taken as capitation fee.

MR. CHAIRMAN: The only consolation is that perhaps it is all pervading.

SHRI RAVINDRA VARMA: Well, Sir, when we breath all prevading pollution, then we have to look up to the Minister to save us from that pollution.

PROF. MADHU DANDAVAE: That is a global phenomenon.

SHRI RAVINDRA VARMA: Then, Sir, there is the question of falling standards to which references have been made. I would suggest that the Government should set up a statutory body like the University Grants Commission to deal with medical education, or at least ensure that a special department is created in the U.G.C. to deal with medical education.

Now, Sir, I want to deal with Delhi hospitals. Reports about the sorry state of affairs in the hospitals appear every day in the newspapers. When I make this statement, I am not doing so to irritate my Hon. friend. I know he is as concerned as I am with the deteriorating public health in this country and the conditions of service to the patients. Sir, there is deterioration of conditions of medi-care in hospitals, delay in attention, difficulty in obtainig beds even for urgent cases, inadequate attention, carelessness and callousness, overcrowding, callously accommodating two or three patients on the same bed. Today, earlier we were talking of one belt being used to fasten three passengers to the seat of an airplane. Now, accomodating two patients or three patients on one bed, not necessarily afflicted with the same disease, accommodating patients in lobbies, on floors, between cots, dirty linen in hospital—I don't want to wash them here—choked public conveniences. All these are known to the Hon. Minister more than they are known to me, because I think he is a man who visits these hospitals, not necessarily for treatment, but for supervision. And therefore, whatever, I have said is an understatement and if conditions are like this, including the tragedy of errors, that is sometimes enacted in children's wards, then Sir, he must devote serious attention to the condition of these hospitals.

Now, Sir, many committees were appointed in Delhi to go into the conditions of the hospitals—the Rao Committee the Jain Committee, the Varma Committee—not me—the Sindhu Committee, and all these Committees have submitted reports. Are they adorning the alcoves and devecots of your Ministry, my friend? Why

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is it that they are not implemented? If half of these suggestions had been implemented, in time, we would have been saved from many of the difficulties that we are facing today. We have a strange situation where three patients occupy one bed in the Government hospitals and 50 per cent of the beds in the other hospitals, colony hospitals—as they are called—or sometimes more than 50 per cent of the beds are vacant.

Sir, a scheme was drawn up to make use of these hospitals as satellite hospitals. These Committees recommended the setting up of a regional board of management for these hospitals to bring about complementary and harmonious development of services, to avoid duplication of sophisticated departments, etc. Nothing has been done with regard to these recommendations.

Another recommendation was that the colony hospitals should be utilised as stations of intermediate health care. This too has not been implemented.

Then, Sir, there is the absence or inadequacy of accident service. The co-ordinated trauma Service that was to function in the Safdarjung Hospital, has been converted into the General Hospital attached to the Medical College.

Sir, you have told me that there is hardly any time left; but if you will permit me, I shall refer to drugs. I shall not take much time. The Technical Committee on Drugs recommended a ban on Tetracycline in liquid, Penicillin Eye Ointment and Phenacetin. Has this ban been implemented? Are these the only drugs which have been proved to have injurious effects?

In answer to a question, the Minister told the House in 1980—when he was still a novice in the Ministry—that the toxic effects of six drugs had come to notice, and action was being taken. One of them was Amidopyrin. This is banned in more than 20 countries of the world. It is reported that more than 33 formulations of Amidopyrin, including Analgin

are being manufactured and sold in this country. Why?

Nor are these the only drugs. We don't have our own mechanism to monitor the effects of drugs. We live on borrowed information, delayed information and delayed action—with hesitation at that. There should be an official Drug Bulletin in this country like "The Prescriber" in the United Kingdom which gives information on the uses, abuses and adverse effects of drugs.

The enforcement of the Drugs Act is very important. Adequate number of laboratories must be available, at least at the sub-divisional level; and there must be adequate consumer education backed by deterrent action.

It will not be correct if I don't make any reference to family welfare. (*Inter-ruption*) It is something which affects everybody. I began by emphasizing the importance of family welfare measures.

MR. CHAIRMAN: Please leave some issues for others also.

SHRI RAVINDRA VARMA: Yes, Sir, I will. But I want to be on record as supporting the need for family welfare. The importance of this cannot be overstated. This depends, as you know, on education, availability of instruments and many other factors into which, unfortunately for lack of time, I cannot go.

I also emphasize the need for research and for ensuring that adequate attention is given to indigenous systems of medicine and homoeopathy—Ayurveda, Unani, Siddha and Amchi, i.e. the Tibetan system of medicine. Here I would say that if we do not pay any attention to preserving the Tibetan system of medicine in India, then it is not possible to expect that any country in the world will offer such facilities. And this system which has been proved to be an effective system in relation to many disease, may disappear.

I am grateful to you, Sir, for the indulgence shown to me. I thank you. I wish the hon. Minister and his colleague well in dealing with the gigantic problems of public health in this country.

श्री शिव कुमार सिंह डाक्टर (खंडवा) :
 समाजति महोदय, मैं हेल्थ मिनिस्ट्रों की डिमांड्स का समर्थन करते हुए निवेदन करना चाहता हूँ कि बड़े मजदूरों में टी० बी० का रोग बहुत भयानक रूप में फैल रहा है। मध्य प्रदेश में 20 से 40 लाख बीड़ी मजदूर रहते हैं। उन को इस रोग के कारण काफी कठिनाइयों का सामना करना पड़ता है। इससे जहाँ उनकी आर्थिक स्थिति डाँवाँडोल हो जाती है, वहीं उनकी फैमिली के मुखिया के न रहने पर सारा आधार बिगड़ जाता है। मैं आपके माध्यम से मंत्री महोदय से निवेदन करना चाहता हूँ कि जहाँ जहाँ भी बीड़ी बनाने से सैटर्ज हैं, वहाँ टी० बी० अस्पताल बनाए जाएं। अगर टी० बी० अस्पताल बनाना सम्भव न हो, तो कम से कम मेन अस्पताल में टी० बी० के पेशेन्ट्स के लिए अलग से वैंड्स की व्यवस्था की जाए। मेरे निर्वाचन क्षेत्र के बुरहानपुर में बीड़ी का बहुत काम होता है और बुरहानपुर में 100 बैड के अस्पताल की राज्य सरकार ने स्वीकृति दे दी है। हमारे नये बीस सूत्री कार्यक्रम में हमारी नेता श्रीमती इन्दिरा गांधी ने टी० बी० की इरीडीकेट करने के लिए, लिपरोसी और आँखों की समस्याओं को हल करने के लिए बहुत जोर दिया है, इसलिए मैं यह चाहूँगा कि सैन्ट्रल गवर्नमेंट मध्य प्रदेश में एक टीम जरूर भेजे और विशेष कर हमारे बुरहानपुर में उस टीम को जरूर भेजे क्योंकि वहाँ पर लगभग 10 से 15 प्रतिशत टी० बी० से लोग पीड़ित हैं। इसलिए वहाँ पर इस सम्बन्ध में आवश्यक कार्यवाही करना नितान्त आवश्यक है।

2000 ए० डी० तक हमारे शासन ने हेल्थ फोर आल का लक्ष्य रखा है। इस स्कीम को अगर लागू किया जाएगा, तो सारे लोगों को फायदा होगा। हमारे देश के लोगों को पूरी पूरी तरह से एक

और तो दवाइयाँ उपलब्ध की जाएंगी, जिससे वे बीमार न रह सकें और दूसरी तरफ जो सुरक्षा के उपाय हैं, वे सारे किये जाएंगे। मैं यह चाहता हूँ कि इन लक्ष्यों को प्राप्त करने के लिए अभी से हमें तेजी से कार्यवाही करनी चाहिए।

आज जो गांवों के स्वास्थ्य रक्षा केन्द्र हैं, पी० एच० सी० और मिनी पी० एच० सी० हैं, उन को दुर्दशा है और वहाँ पर लोगों का ठीक से उपचार नहीं होता है। उनके पास कोई वाहन नहीं होता है और जरा सा कोई गड़बड़ी वाला मामला आ जाता है, कोई गंभीर रोगी आ जाता है, तो उनको वे सारे साधन उपलब्ध नहीं होते हैं, जिनके लिए हम लक्ष्य निर्धारित कर रहे हैं और उस का वहाँ ठीक से इलाज नहीं हो पाता है? इसलिए मैं चाहता हूँ कि ये जो पी० एच० सी० हैं या मिनी पी० एच० सी० हैं, इनको बहुत मजबूत बनाया जाए।

एक बात और कहना चाहता हूँ और वह यह है कि रीप्रोग्रियेन्टेशन प्रोग्राम होना चाहिए, डाक्टरों के लिए रिक्रेशर कोर्सेज होने चाहिए। आज उन को कोई व्यवस्था नहीं है। एक बार जो डाक्टर मेडिकल कालेज में अपने विद्यार्थी जीवन में पढ़ लेता है, उसके बाद जो बाद में डिस्कवरीज होती हैं, जो नई खोजें होती हैं और नये नये प्रयोग होकर सामने आते हैं, नई-नई दवाइयाँ आती हैं, टेक्नीक आती हैं, उन के ज्ञान का अभाव उसको रहता है और रोगी को उन का लाभ नहीं मिल पाता है। इसलिए मेरा कहना यह है कि री-प्रोग्रियेन्टेशन प्रोग्राम बना कर और रिक्रेशर कोर्सेज बना कर सारे देश में डाक्टरों के लिए और नर्सों के लिए प्रोग्राम होना चाहिए।

आजकल दवाइयाँ काफी महंगी हो गई हैं और बहुत सी दवाइयाँ ऐसी

[श्री शिव कुमार सिंह ठाकुर]

हैं, जोकि एक आम आदमी की पहुँच के बाहर है। मैं चाहता हूँ कि हमारी जो जेनरीक दवाइयों के बारे में पालिसी है, जिस को अभी पेट्रोलियम मिनिस्ट्री देखती है, उस को हेल्थ मिनिस्ट्री को देखना चाहिए क्योंकि स्वास्थ्य मिनिस्ट्री से उनका सम्बन्ध रहता है। मैडीकल कालेजों में विद्यार्थी जेनरक ड्रग्स के बारे में पढ़ते हैं लेकिन बाद में जब ब्रांड नेम से दवाएं आती हैं और मकीली पन्नी में वे आती हैं उन के कारण और विज्ञापनों के कारण हमारे जो पेशेंट हैं वे भटक जाते हैं और डाक्टर अपने कमीशन के कारण या केमिस्ट अपने आर्थिक लाभ के कारण उन दवाइयों को खपाने की कोशिश करते हैं। इस में जहाँ एक ओर पेशेंट को अपनी पहुँच के बाहर ज्यादा पैसे खर्च कर के उन दवाइयों को प्राप्त करना होता है, वहाँ उनको सही दवा भी नहीं मिलती है। मैं आप को बताऊँ कि ए० पी० सी० जो कम्पाऊंड है, वह एक पैसे में दो गोलियाँ मिलती हैं लेकिन ए० पी० सी० का नाम बदल कर उसको विकोरिल, एनलजिन, सेरीडोन, नोवलजिन और वेदना निग्रह रस के नाम से 30-40 पैसे में बेचा जाता है। इसी तरह से क्लोरो-एम-फेनीकॉल जोकि एक बेसिक ड्रग है, इस को क्लोरामाडसीटीन और वेन माडसीटीन बना कर जब बेचा जाता है, तो उस की कीमत 10 गुना बढ़ जाती है। मैं चाहता हूँ कि एक कानून लागू किया जाए, जिससे रोगियों को अधिक पैसे न देने पड़ें और वहीं सही दवाएं भी उनको उपलब्ध हों।

आज हम क्या देखते हैं कि एक पान की दुकान वाला भी एक केमिस्ट बन गया है, एक डाक्टर बन गया है और लोगों को इस तरह की आदत पड़ गई है कि वे वहाँ से सेरीडोन और एनासीन लेकर आते हैं जिनके आफ्टर

इफेक्ट्स के बारे में उसको जानकारी नहीं होती है। अपनी सरलता के कारण और उन दवाइयों के ज्ञान के अभाव के कारण, वे लोग उन दवाओं के चक्कर में पड़ जाते हैं और बोडो की रेसिमटेंस की एक सीमा के बाद जब वे ऊँची पावर की दवा खाते हैं, तो उपको वे सहन नहीं कर पाते हैं। लोगों को जो इस प्रकार की एक आदत सी होती जा रही है, उस को चँक करने के लिए जो लयक डाक्टर हैं, वे ही उन को दवा दे मर्कें इस तरह की व्यवस्था कानून में होना चाहिए। इस प्रकार कानून बनाया जाना बहुत ज्यादा आवश्यक है।

हमारे देश में फेमिली प्लानिंग का एक बहुत बड़ा सवाल है। छठा पंचवर्षीय योजना के प्रारम्भ में जनसंख्या 1.9 प्रतिशत का दर से बढ़ने यानी प्रति एक हजार के पीछे 33 व्यक्तियों की जन्म दर वृद्धि का अनुमान लगाया गया है। पिछले 28-30 सालों में हमने फेमिली प्लानिंग के अपने देश में जो लक्ष्य निर्धारित किये थे उनको प्राप्त किये जाने की जितनी तेजी और तत्परता से कोशिश की जानी चाहिए थी उतनी नहीं की गयी। इतना पैसा खर्च और समय खर्च करने के बाद भी इस सम्बन्ध में अपने हम लक्ष्य प्राप्त नहीं कर सके हैं। इसके लिए जिम्मेदार विचारात्मक व राजनैतिक योजना बनायी जानी चाहिए।

1950 में हमारे यहाँ जन्म दर दो प्रतिशत से बढ़ कर 1971 में 2.2 प्रतिशत हो गयी है। योजनाकारों ने यह सोचा था कि 1974 तक प्रति हजार 32 तक और 1985 तक प्रति हजार 25 तक जन्म दर प्राप्त करने का लक्ष्य हासिल कर लिया जाएगा। इनको पूरा करने में हम काफी पिछड़े हुए हैं।

14.47 hrs.

five:m

[MR. DEPUTY SPEAKER in the Chair]

1974 तक हमारी जनसंख्या की दर 32 प्रति हजार थी जो कि 33-34 प्रति हजार हो गयी है। अगर यह गति रही तो इस शताब्दी के अन्त तक हम 93 करोड़ 30 लाख हो जाएंगे। इसमें चेक करना बहुत आवश्यक है। इसमें हमारी भारी योजनाएं गड़बड़ा जाएंगी। पीने के पानी, सड़क बनाने, बिजली पहुंचाने जितने भी किसानों का उत्थान के कार्य हैं, उद्योगों के विकास के कार्य हैं उन सब की सारी की सारी योजनाएं लड़खड़ा जाएंगी। इसलिए मैं मुझाव देना चाहता हूं कि—जैसा कि हमारे साथी डा० भोई मुझाव दे रहे थे—अबोर्शन को कानूनी मान्यता दिया जाना आवश्यक है। अबोर्शन के समय वैवाहिक जीवन के बारे में जो कुछ पूछा जाता है वह न पूछा जाए और जो भी जानकारी दी जाती है उसको गुप्त रखा जाए।

अपने देश में पुरुषों की वैवाहिक आयु 25 वर्ष और महिलाओं की 21 वर्ष कानूनी रूप से निर्धारित की जानी चाहिए और इस पर सख्ती से पालन किया जाना आवश्यक है।

मैं एक बात यह कहना चाहता हूं कि हमारे जो होस्पिटल्स हैं उनमें फेमिली प्लानिंग के लिए कम से तीन वाहन, तीन जीपें होनी आवश्यक हैं। फेमिली प्लानिंग के कार्यक्रम को चलाने के लिए ये बहुत आवश्यक हैं। जहां हम इतना रूपया खर्च करते हैं वहां पर इस महत्वपूर्ण कार्य के लिए, मैं नहीं समझता कि यह बहुत बड़ा खर्चा होगा।

हमारे सरकारी कर्मचारी चाहे केन्द्र में हों, चाहे राज्य शासन में हैं या दूसरी संस्थाओं में हों, जो सरकारी कर्मचारी फेमिली प्लानिंग को मानते हैं, इस कार्यक्रम को अमल में लाते हैं उनको सेवा में बतन वृद्धि दी जानी चाहिए, उनको

और भी इन्सेन्टिव दिये जाने चाहिए। अगर वे मकान वगैरह बनाते हैं तो उनको मुलभ लोन उपलब्ध कराया जाना चाहिए जिससे इस प्रकार के कार्यक्रम को तेजी से अमल में लाने की रुचि उत्पन्न हो।

एक सुझाव मैं यह देना चाहता हूं कि किसी को भी कानून तोड़ने की इजाजत नहीं दी जानी चाहिए। जो हमारे एम० पी० एम० एल० ए० एम० एल० सी० हैं उनके लिये भी नियम बनाया जाना आवश्यक है। जिसके दो या तीन बच्चों से ज्यादा हों उनको विधान सभाओं या संसद् में न आने दिया जाए। इस तरह से भी लोगों पर इस कार्यक्रम का प्रभाव पड़ेगा।

फेमिली प्लानिंग प्रोग्राम हमारे संविधान की कन्करेन्ट लिस्ट में है। बहुत से राज्य शासनों को इस कार्यक्रम को जितनी तेजी से अमल में लाना चाहिए, उतनी तेजी से वे इसको अमल में नहीं ला रहे हैं। जो राज्य सरकार फेमिली प्लानिंग कार्यक्रम पर तेजी से अमल नहीं करती हैं ऐसी राज्य सरकारों को ओवर ड्राफ्ट को आर० बी० आई० में जो फेमिलीटी मिली हुई है वह फेमिलीटी उनको न दी जाए।

वास्तव में फेमिली प्लानिंग का एक विशाल कार्यक्रम है। इस कार्यक्रम को तेजी से अमल में लाने के लिए एक सेप्रेट मिनिस्ट्री कायम की जानी चाहिए। इस कार्यक्रम को किसी भी धार्मिक ग्रन्थ, गीता, बाईबल, कुरान—में विरोध नहीं किया गया है। यहां बनातवाला साहब भी बैठे हैं, हमारे और भी माननीय सदस्य बैठे हैं, सभी इसमें सहयोग करेंगे। हम सब सदस्यों को मिलकर एक प्रस्ताव पास करना चाहिए और बिना कास्ट, कलर, क्रीड और रिलीजन के फेमिली प्लानिंग कार्यक्रम को सभी के लिए सख्ती से लागू करना चाहिए। “मास इन्वाल्मेन्ट

[श्री शिवकुमार सिंह ठ कूर]

की जो कमी है, ग्राम आदमी को समझने की जो कमी है, मैं चाहता हूँ कि हम सब मिलकर ऐसा रास्ता निकालें ताकि सभी लोग इसमें रुचि लें। भारतीय जनता पार्टी के नेताओं से भी मैं कहना चाहता हूँ कि उनकी जो पुरानी हठ थी चुनाव जीतने की, वह तो हार में बदल गई है, इसलिए अब तो कम से कम सहि रास्ते पर आ जाएं और हमारे साथ मिलकर देश के लोगों से कहें कि उस कार्यक्रम में सहयोग दें।

उपाध्यक्ष महोदय, जैसे-जैसे जनसंख्या में वृद्धि हो रही है और औद्योगिकरण हो रहा है वैसे-वैसे वाटर पोल्यूशन और एयर पोल्यूशन हो रहा है। जंगलों के कटने के कारण भी पर्यावरण दूषित होता जा रहा है। इसलिए जो भी उद्योग लगते हैं, चाहे वे गंगा के किनारे हों, जमना के किनारे हों, ताप्ती के निकानरे हों, नर्मदा के किनारे हों, वहां पर सख्ती से इस बात का पालन कराया जाए कि उनका जो वेस्ट है वह नदी में न मिले और किनारे के ग्रामवासियों को स्वच्छ पानी पीने के लिए मिले।

आज डाक्टरों के लिए वेतन भी बहुत कम है। मुझे खुशी है कि मध्य प्रदेश में तो चौधरी आयोग इस पर विचार कर रहा है, दूसरे प्रदेशों में भी इस पर विचार किया जाना चाहिए और डाक्टर्स को अच्छा वेतन मिलना चाहिए ताकि वे खुशी से ग्रामीण, ट्राइबल और पहाड़ी इलाकों में जाकर गरीब जनता की सेवा जोक से कर सकें।

ब्रेन-ड्रेन के बारे में भी सोचने की आवश्यकता है। आज हमारे यहां नर्सों से ज्यादा डाक्टर हैं, लेकिन उनका उपयोग ठीक से नहीं हो पा रहा है। आज गांवों

में डाक्टर्स की कमी है और दूसरी ओर हमारे डाक्टर्स सुविधाओं के अभाव में दूसरे देशों में चले जाते हैं। इसको चेक करने की भी आवश्यकता है।

माननीय उपाध्यक्ष महोदय,— “विकलांग वर्ष” बीत गया। बहुत से विकलांगों की सेवा की गई, लेकिन ऐसा न हो कि केवल विकलांग वर्ष में ही सेवा की जाए, भविष्य में भी उनकी ओर बराबर ध्यान दिया जाना चाहिए। “जयपुर फुट” नाम से डाक्टर सेठी ने हमारे देश को बहुत अच्छी चीज दी है, उसको प्रोत्साहित किया जाना चाहिए। माननीय प्रधान मंत्री जी ने भी कहा है कि “विकलांगों को दया दान की जरूरत नहीं है, उनको सहयोग और सद्भावना और काम के अवसर देने की आवश्यकता है।” मैं चाहूंगा कि केवल विकलांग-वर्ष में ही नहीं बल्कि आने वाले समय में भी उनको पूरी सुविधाएं देकर और उनके साथ मानवीय व्यवहार करके सबके साथ उन्नति करने में मदद की जाए।

टी० बी० से हमारे देश में प्रतिवर्ष 5 लाख लोग मरते हैं। इसके बारे में भी विशेष ध्यान देने की आवश्यकता है और लेप्रेसी के बारे में भी तेजी से कार्यक्रम नहीं चलाया जा रहा है। इन कार्यक्रमों में तेजी लाने की आवश्यकता है।

अंत में मैं एडल्ट्रेशन के बारे में कहना चाहता हूँ। यह कार्य नगर पालिका और नगर निगम के अधिकार क्षेत्र में आता है। तेल, दाल आदि अन्य चीजें सही मिलती हैं या नहीं, इसको देखा जाना चाहिए ताकि लोग बीमारी से बच सकें। इस कार्य को नगर पालिका और नगर निगम के बजाए हेल्थ डिपार्टमेंट के अंतर्गत लिया जाना चाहिए ताकि देश में विषैला वातावरण पैदा न हो।

इन शब्दों के साथ मैं स्वास्थ्य विभाग की मांगों का समर्थन करता हूँ।

श्री राम बिलास पासवान (हाजिपुर): माननीय उपाध्यक्ष महोदय, अभी काफी साधियों ने अपने विचार रखे हैं। मुझे खुशी है कि इस बार स्वास्थ्य मंत्रालय की मांगों को भी इस चर्चा में शामिल किया गया है।

हमारी दो समस्याएँ हैं। एक है जहाँ स्वास्थ्य सेवा उपलब्ध नहीं है। गांवों में लोगों के लिए, गरीब लोगों के लिए स्वास्थ्य सेवा उपलब्ध नहीं है। दूसरा जहाँ स्वास्थ्य सेवाएँ उपलब्ध हैं क्या वे सही मानों में उपलब्ध है या नहीं। इन दोनों मुद्दों के बीच में सारी समस्याएँ घिरी हुई है।

आप सहमत होंगे कि जो थोड़े बहुत स्वास्थ्य सेवाएँ उपलब्ध है भी वे शहरों में हो उपलब्ध हैं और वहीं देहातों के लोग आकर अपना इलाज भी करवाते हैं। सरकारी कर्मचारियों के लिए जो स्वास्थ्य योजना है एस्टीमेट्स कमिटी ने 26 तारीख को उसके बारे में रिपोर्ट दी थी। सी० जी० एच० एम० में किस तरह का भ्रष्टाचार है, किस तरह का बंगलिग है, वह उसने उस रिपोर्ट में आपके सामने रखा है। उसमें जाकर मैं आपका समय लेना नहीं चाहता हूँ। सबसे पहले तो मैं यह कहना चाहता हूँ कि आप बताएं कि जब आप रिपोर्ट लिखते हैं तो उस में जो आंकड़े देते हैं, वे कहां से प्राप्त करते हैं। मैं एक उदाहरण देना चाहता हूँ। काला अजार के मामले को आप लें 1977 में पहली बार जब मैं यहां जीत कर आया था और सरकारी पक्ष में मैं बैठता था तब मैंने इस सवाल को पहली बार उठाया था। तब राज नारायण जी स्वास्थ्य मंत्री हुआ करते थे। उन्होंने जा आंकड़ा दिया था उसको मैंने तब चैलेंज

किया था। मैंने कहा था कि दो हजार लोग अकेले मेरे जिले में वैश ली जिले में मरे हैं। राज नारायण जी ने तब मात्र सात संख्या बताई थी। जितना मैं आप से झगड़ा करता हूँ उस समय भी मैंने उनसे उतना ही झगड़ा किया था और उनको चैलेंज किया था। तब बिहार के डायरेक्टर ने जा कर रिपोर्ट की कि 1100 के करीब लोग मरे हैं। मैंने फिर कहा था कि यह गलत रिपोर्ट है, आप इसको जांच करवाइये। जगदम्बी प्रसाद जी यादव ने जाकर जांच करने के बाद कहा था कि करीब 1700 मरे हैं। मैंने फिर भी कहा कि दो हजार से अधिक मरे हैं। फिर डब्ल्यू० एच० ओ० को तफर से काफी वहां सहायता दी गई। उन्होंने अपनी टीम भेजी और उसने रिपोर्ट दी कि दो हजार से अधिक लोग मरे हैं। मुझे खुशी है कि इस बीमारी पर काबू पर लिया गया। लेकिन फिर भी छुटपुट घटनाएं अब भी घट रही हैं। अब आपने वार्षिक रिपोर्ट के पेज 11 पर लिखा है कि पूरे बिहार में काला अजार से पीड़ित लोगों की संख्या 11554 है और मरने वालों की मात्र 33 है। काला अजार ऐसी बीमारी है कि अगर यह सैंक्रिड स्टेज में पहुंच जाए तो रोगी का मरना निश्चित हो जाता है। एक सर्वेक्षण किया गया था और उस में यह निष्कर्ष निकाला गया था। इसी सदन में उस पर चर्चा भी हुई थी, कालिंग एटेंशन के रूप में तथा दूसरे रूपों में। आपने जो रिपोर्ट दी है उसमें कहा है कि 33 आदमी मरे हैं। चूंकि यह बीमारी अब वहां बहुत भयंकर रूप में नहीं है, इसलिए मैं उस में जाना नहीं चाहता हूँ लेकिन मैं इतना जरूर कहना चाहता हूँ। कि आप बताएं कि जो रिपोर्ट लिखी जाती है वह किस आधार पर लिखी जाती है। गम्भीरता से आपको पता लगाना चाहिये कि क्या वास्तव में 33 आदमियों की ही मृत्यु हुई है। दूसरी जगहों पर भी काला

[श्री राम विलास पासवान]

अजार का प्रकोप शुरू हो गया है। कल को इस बीमारी के जर्जर्ज कहीं दूसरी जगह पर भी पहुंच गए और वहां भी यह बीमारी फैल गई तो फिर इस पर काबू पाना मुश्किल हो जाएगा और रोगी को मौत के मुह में जाने से कोई बचा नहीं सकेगा। यह एक संक्रामक बीमारी है। जिस परिवार में यह घुस जाती है उसको समाप्त कर देती है। एक एक सुई की कीमत दो सौ और ढाई सौ रुपये होती है और देश में यह मिलती भी नहीं है।

आपने बताया है कि देश में कुल मिलाकर 1981-82 में 5686 प्राथमिक स्वास्थ्य केन्द्र थे और 1982-83 में आप दो सौ प्राथमिक स्वास्थ्य केन्द्र खोलने जा रहे हैं। यह ठीक बात है कि आपके पास फंड्स कम हैं। सब से पहले तो देखा यह जाना चाहिये कि मनुष्य का स्वास्थ्य ठीक हो। वह स्वस्थ रहेगा नहीं कोई दूसरी चीज हो सकती है। स्वास्थ्य खराब हो जाएगा तो कोई चीज ठीक नहीं चल सकती है। इसके लिए आपको पैसे की आवश्यकता होती है। आप टारेगट भी फिक्स करते हैं। कुछ बातें हैं जिन का आपको पहले से पता होना चाहिये या आपको पता करना चाहिये। एक तो हमको अभी तक पता नहीं है कि देश में कितने लोग बीमारी से ग्रसित हैं। कोई नेशनल सर्वे नहीं कराया गया। जब कोई बीमारी बढ़ जाती है तो आदमी अस्पताल जाता है। गांव का गरीब आदमी तो जिला अस्पताल तक भी नहीं जा पाता, ब्लॉक अस्पताल भी नहीं पहुंच पाता। वह बेचारा गांव में ही मर जाता है। तो कम से कम एक बार पूरे देश में सर्वे हो जाये कि कितने लोग हैं और कितनी क्या बीमारी है। अभी एक माननीय सदस्य ने बताया एक हमारे देश में सबसे ज्यादा टी० बी० है, अंधापन है और

मलेरिया है; और इन सब के बोझे पोष्टिक आहार की कमी है। हमने बिहार में सुझाव दिया था जो स्कूल में जाने वाले बच्चे हैं प्राइमरी स्टेज तक सरकार उनको एक वक्त का भोजन दे। एक गरीब घर का बच्चा जो घर से खा कर नहीं आ सकता है वह शाम तक भूखे पेट पड़ेगा और घर पर जायगा तो खाना मांगेगा तो मां कहेगी कि गाय और भैंस चरा लाओ वहीं खाना मिलेगा, तो उस लड़के का स्वास्थ्य कैसे ठीक रह सकता है। नतीजा यह होता है कि वह हमेशा बीमारी से ग्रसित रहता है। इसीलिए जितनी भी यह बीमारियां हैं बच्चों में, खासकर अंधापन दुनिया में जितना है उसका 33 प्रतिशत हमारे देश में बच्चे अंधे हैं। इसलिये मेरा सुझाव है कि प्राइमरी स्टेज तक के बच्चों के लिये कम से कम स्कूल में एक वक्त के भोजन की व्यवस्था सरकार को करना चाहिये।

एक तरफ तो ऐसे लोग हैं जो मेडिकल असिस्टेंट से वंचित हैं, और दूसरी तरफ जहां हैं भी अस्पताल तो वहां क्या सुनने को मिलता है? दवाई की कमी है, मिलती नहीं है। सरकारी कर्मचारियों को छोड़ दिया जाय, ग्राम लोगों को पर्ची लिख कर डाक्टर दे देंगे कि दवा खरीद लाओ। वह कहां से खरीदेगा दवायें भी जो मिल रही हैं वह भी नकली मिल रही हैं। अध्यक्ष महोदय ने हाल ही में चिन्ता व्यक्त की है। नकली दवाओं के खिलाफ कोई कार्यवाही नहीं की जाती है। उसको बनाने पर कोई असर नहीं होता है जिसको वजह से नकली दवायें बनाने के कारखाने दिन पर दिन बढ़ते जा रहे हैं। जो डाक्टर या अस्पताल हैं वहां दवाओं को टेस्ट नहीं किया जाता है कि चलने लायक हैं भी कि नहीं। दवा बनी अस्पताल में चलनी शुरू हो गई और लोग मरने लगते हैं। तो कम से कम जो दवायें तैयार की जाती

हैं उनका अस्पताल में लाने से पहले टेस्ट कर लिया जाय।

इसके अलावा अस्पतालों की क्या दुर्दशा है देखिये। लोकनायक जयप्रकाश अस्पताल में देखिये एक, एक बेड पर 3, 3 गर्भवती महिलाएँ पड़ी हैं। आपने कहा हमारे पास बेड्स नहीं हैं। इसी तरह से ऑपरेशन हो रहा है और बिजली चली गयी। तो रोगी तो बेचारा मरा। इसलिये बड़े अस्पतालों में जहाँ सर्जरी की जाती है वहाँ जैनेरेटर्स की व्यवस्था होनी चाहिये ताकि ऑपरेशन के वक्त अगर बिजली चली जाय तो मरीज बिजली के अभाव में दम न तोड़ सके। इसी तरह से लेबोरेटरी टेस्ट्स पर स्वयं डाक्टरों को फेस नहीं रहा है। क्योंकि पेशाब पाखाना और खून की जहाँ जांच की जाती है वहाँ इतनी ओवरक्राउडिंग है कि किसी का खून किसी के नाम से चला जाता है। नतीजा यह है कि आज इन पैथोलॉजिकल टेस्ट्स पर विश्वसनीयता खत्म हो गई है। खून में पेशाब में क्या जर्म हैं, क्या कम है, उसकी रिपोर्ट का। रिपोर्ट से ही बीमारी का इलाज शुरू होता है वहीं से पता लगता है कि बीमारी क्या है। जहाँ से लैबोरेटरी शुरू होती है, वहीं से गबड़ी शुरू हो जाती है, ठीक पता नहीं चलता है कि रिपोर्ट में क्या है। आप इस तरफ ध्यान दीजिये।

आज किडनी की बीमारी काफी बढ़ गई है लेकिन उसके उपचार के लिये जो होना चाहिए वह नहीं हो पा रहा है। 600 के करीब पेशेन्ट्स का उपचार हुआ है, लेकिन बीमारों की संख्या बहुत काफी है।

हर्ट-सर्जरी का जहाँ तक मामला है, यह बहुत महंगी है। गरीब आदमी इसे अफोर्ड नहीं कर पाता है, वह कहाँ से 18,20 हजार रुपया लाये? जब हम लिखते हैं

तो आपके पास कोई फंडज होते हैं तो उसके तहत आप व्यवस्था कर सकते हैं, लेकिन ऐसी व्यवस्था क्यों नहीं करते हैं कि जो गरीब है, बच्चा है, जिसका जीवन 50,60 साल का बकाया है, वह हार्ट का बीमार हो गया है और उस के पास पैसा नहीं है, एक एक वाल्व जो 10 हजार और 20 हजार का आता है, उसे वह ले नहीं सकता है तो उसका इलाज सरकार की ओर से मुफ्त हो सके जिससे कम से कम उसका जीवन बचाया जा सके?

आज हम लोगों को विदेशी दवाओं की बहुत ललक हो गई है। मैं आग्रह करना चाहता हूँ कि विदेशी दवायें चाहे जहाँ तैयार की जायें, वह वहाँ की जलवायु के मुताबिक तैयार होती हैं। कोई जरूरी नहीं है कि जो बीमारी हिन्दुस्तान में हो वही बीमारी इंग्लैंड में हो, जो बीमारी इंग्लैंड में हो वही बीमारी यू.एस.ए. में हो। अलग-अलग देश की अलग-अलग जलवायु है, एन्वायरनमेंट है, परिस्थितियाँ हैं और वहाँ उसके मुताबिक दवायें तैयार होती हैं।

हम लोगों के बाबू जी कभी गांव में थर्मामीटर नहीं लगाते थे, वह नब्ज पकड़कर बतल देते थे कि क्या बीमारी है। आज तो डाक्टर थर्मामीटर लगायेंगे, फिर पेशेन्ट से पूछेंगे कि क्या हुआ, कैसे हुआ तब जाकर उसको कुछ दवा देंगे। नतीजा यह हो रहा है कि हमारी देसी पद्धति का इलाज दिनोदिन खत्म होता जा रहा है। जिस तरह से रोग बढ़ते जा रहे हैं, जिस तरीके से जनसंख्या में वृद्धि हो रही है, जब तक आप देसी दवाओं की व्यवस्था से इलाज नहीं करेंगे तब हम विदेशों पर निर्भर होकर इलाज नहीं कर पायेंगे।

एक माननीय सदस्य : आपका इलाज उनसे कराया जायेगा।

श्री राम विलास पासवान : हमारे इलाज की तो जरूरत नहीं पड़ेगी। मैं मंत्री महोदय से यह जानकारी करना चाहता हूँ कि आपके विभाग के अन्तर्गत स्वच्छ जल का मामला आता है या नहीं? अगर यह आपके मंत्रालय के अन्तर्गत नहीं आता है तो आप इसको लाने की कोशिश करें क्योंकि आज बीमारी की जड़ पानी है। स्वास्थ्य विभाग को आप डील करते हैं और पानी को दूसरा विभाग डील करे, इससे एक दूसरे में संबंध नहीं रहता है और यहीं से बीमारी शुरू होती है।

मैं यह देख रहा हूँ अधिकांश बीमारी गन्दा पानी पीने से हो रही है। गांव में तो लोगों को स्वच्छ पानी पीने को नहीं मिलता है। कोई नदी, नाले का पानी पीता है, अगर बगल में गन्दा पानी रहता है, तो उसी को पीता है और इस तरह से वह रोग से ग्रसित हो जाता है। मेरा कहना है कि सारी चीजों में कटौती कर के अगर आप सिर्फ पीने के पानी की भी व्यवस्था कर दें, गरीब के लिये गांव में स्वच्छ जल की ही व्यवस्था कर दें तो 50 प्रतिशत बीमारी का इलाज उसी से हो सकता है।

आज गांव की बात छोड़िये, शहर में दिल्ली में हो कोई बाहर से आता है, उसकी अगर जान पहचान यहां नहीं है उसे सड़क पर कहीं साफ पानी पीने को नहीं मिलता है। ट्यूबवैल का पानी साफ नहीं है, वह किसी के घर में घुस नहीं सकता, बाहर के आये आदमी को प्यास लग जाये तो वह किस के यहां पानी पीने जायेगा वह सड़कों पर जो पानी उपलब्ध होता है, वहीं पीता है और पानी साफ न होने से बीमार पड़ जाता है।

गांव की हालत यह है कि जिस जगह पर जानवर, बेल पानी पीते हैं, वहीं से आदमी पानी पीता है। इस तरह से अगर वह

बीमार नहीं होगा तो क्या होगा। आज स्वच्छ पानी का बहुत अभाव है।

मैं मंत्री महोदय से आग्रह करूंगा कि इस बारे में जिस मंत्रालय से भी बात करने की आवश्यकता पड़े, वह करें। पीने के पानी का स्वास्थ्य से गहरा संबंध है, इस लिए ऐसी व्यवस्था की जानी चाहिए, जिसके अन्तर्गत पीने के पानी का प्रबन्ध स्वास्थ्य मंत्रालय के द्वारा किया जाए।

शिड्यूल्ड कास्ट्स और शिड्यूल्ड ट्राइब्ज के लड़कों के एडमिशन के सम्बन्ध में मैं मंत्री महोदय से मिला था। अभी हमारे साथियों ने कैपिटेशन फी का जिक्र किया। कैपिटेशन फी केवल 10 या 20 हजार रु० ही नहीं है, बल्कि वह लाख, डेढ़ लाख तक लगाई जाती है। बंगलौर इसका ज्वलंत उदाहरण है। यदि शिड्यूल्ड कास्ट्स और शिड्यूल्ड ट्राइब्ज के लड़कों को 5 परसेंट ग्रेस मार्क्स मिल जाते हैं, तो ऐसा मालूम होता है कि कोई पहाड़ टूट पड़ेगा। फौरन कहा जाता है कि ये इनएफिशेंट है, इनके आने से पता नहीं क्या अनर्थ हो जाएगा। लेकिन लाख डेढ़ लाख रुपये कैपिटेशन फी देकर 25 परसेंट मार्क्स पाने वाले भी डाक्टर बन जाते हैं और उनसे देश को कोई खतरा नहीं होता! इस कैपिटेशन फी के कारण मेडिकल कालेजों में बहुत बंगलिंग हो रही है। प्रधान मंत्री ने भी इसकी आलोचना की है। इसलिए मंत्री महोदय इसको तुरन्त खत्म करें।

हमें खुशी है कि स्वास्थ्य विभाग ही या रेल विभाग हो, या कोई अन्य विभाग हो, जितनी भी बड़ी बड़ी घटनाएं घटी हैं, संयोग से उनमें किसी शिड्यूल्ड कास्ट या शिड्यूल्ड ट्राइब्ज के कर्मचारी का हाथ नहीं बताया गया है। इस लिए यह लौछन नहीं लगाया जा सकता कि चूंकि

उन्हे 5 या 10 परसेंट ग्रेस मार्क्स दे दिये जाते हैं, इस लिए वे नालायक हैं।

जब बिहार में हम लोगों की सरकार थी, तो हमने मेडिकल कालेजों में शिड्यूल्ड कास्ट्स और शिड्यूल्ड ट्राइब्ज के लड़कों के लिये 35 परसेंट मार्क्स पर एडमिशन की व्यवस्था कराई। लेकिन बाद में उसको बढ़ा कर 40 परसेंट कर दिया गया। मंत्री महोदय बिहार सरकार की 20 सूत्री कार्यक्रम की किताब को मंगा कर देखें। उसमें बिहार के मुख्य मंत्री ने कहा है कि बिहार में एम बी बी एस में हरिजन आदिवासियों का एडमिशन 35 प्रतिशत पर किया जा रहा है — 20-सूत्री कार्यक्रम के अन्तर्गत यह सुनहरा अवसर, गोल्डन आपुर्चुनिटी, है। परन्तु वास्तव में वहाँ पर एडमिशन हो रहा है 40 परसेंट पर।

जब हम लोगों ने इस बार यह प्रश्न उठाया, तो बताया गया कि उसको इंडियन मेडिकल कौंसिल के पास भेज दिया गया है। मैं आपके सामने स्टेट आफ मध्य प्रदेश एंड एनवर वर्सस कुमारो निवेदिता जैन एंड अदरज के केस में सुप्रीम कोर्ट का जजमेंट पढ़ कर सुनाना चाहता हूँ। उसमें सुप्रीम कोर्ट ने आखिर में कहा है :—

"It cannot be disputed that the State must do everything possible for the upliftment of Scheduled Castes and Scheduled Tribes and other backward communities and the State is entitled to make reservations for them in the matter of admission to medical and other technical institutions."

मैं सुप्रीम कोर्ट के इस निर्णय की फोटोस्टेट कापी मंत्री महोदय के पास भिजवा रहा हूँ। इंडियन मेडिकल कौंसिल में कौन-कौन लोग हैं और वे क्या-क्या करते हैं, यह मंत्री महोदय को भी मालूम है। मंत्री महोदय उनसे पूछें कि लोगों के

जीवन के साथ खिलवाड़ करने के लिये क्या उन्हें सब से कमजोर वर्ग हरिजन और आदिवासी ही मिला है। मंत्री महोदय 35 परसेंट पर एडमिशन को जारी करवायें, वर्ना बैकलाग बढ़ता जाएगा और एक समस्या उत्पन्न हो जाएगी। सुप्रीम कोर्ट ने जो स्पष्ट निर्णय दिया है, यदि उसके आधार पर मंत्री महोदय ने निर्णय कर के बिहार सरकार को भेज दिया है, तो ठीक है। अगर उन्होंने ऐसा नहीं किया है, तो आज शाम तक या कल तक वह उसे वहाँ भिजवा दें। जिन अन्य राज्यों में इस तरह का बखेड़ा हो, उसमें भी वह सुलझाएँ, ताकि शिड्यूल्ड कास्ट्स और शिड्यूल्ड ट्राइब्ज लड़कों के भविष्य पर प्रश्न वाचना चिन्ह न लगे।

श्री रामेश्वर नोखरा (होशंगाबाद) : उपाध्यक्ष महोदय, मैं स्वास्थ्य मंत्रालय ने जो बजट पेश किया है और मंत्री जो जो मांगे ले कर आये हैं उन का समर्थन करने के लिये खड़ा हुआ हूँ। मैं माननीय स्वास्थ्य मंत्री जी को धन्यवाद देता हूँ कि इस बजट में कमजोर वर्गों के लोगों के लिये, उन की स्वास्थ्य की रक्षा के लिये काफी प्रावधान किया है, ताकि उन को चिकित्सा सुविधाएं अच्छे ढंग में मिल सके।

मैं आप के माध्यम से यह बतलाना चाहता हूँ कि मध्य प्रदेश में करीब 20 लाख लोग बीड़ी मजदूर हैं और वे जबलपुर सागर, नरसिंहपुर, होशंगाबाद, खंडुवा और चंदेरी में सब से अधिक हैं। बीड़ी बनाने का काम मजदूर अपने घरों में करते हैं, जहाँ उन को वे सारी सुविधायें नहीं मिल पाती, जिन के तहत वे अपने स्वास्थ्य की रक्षा कर सकें। तेंदु की पत्तियों से जो दुर्गन्ध निकलती है और वहाँ पर जो खराब वातावरण रहता है, उस के कारण वे टी० बी० के शिकार हो जाते हैं। मैं यह बतलाना चाहता हूँ कि हिन्दुस्तान में जो 5 लाख लोग टी०बी० से मरते हैं

[श्री रामेश्वर नाखरा]

उन में से शायद दो ढाई लाख लोग मध्य प्रदेश के निश्चित रूप से रहते हैं। इसलिये मैं आप से यह प्रार्थना करता हूँ कि इस रोग को मध्य प्रदेश से उठाने के लिये वहाँ पर हर जगह, जहाँ 100 से अधिक कारखाने में मजदूर हों, 200 से अधिक कारखानों में मजदूर हों, वहाँ पर टी० वी० के इलाज के लिये एक विशेष केन्द्र खोलने की व्यवस्था करें।

इसी प्रकार से मैं माननीय मंत्री जी में अनुरोध करना चाहता हूँ कि परिवार नियोजन कार्यक्रम जो 1977 में ठीक से चला था और उसके बाद वह गड़बड़ा गया और मैं यह भी जानना चाहता हूँ कि केवल उस की वजह से ही जनता पार्टी सत्ता में आई।

श्री अटल बिहारी वाजपेयी : (नई दिल्ली) : क्या ऐसे ही उम की चाने चाहते हैं ?

श्री रामेश्वर नाखरा : ऐसे इसलिये नहीं चलायेगे कि फिर से आप आ जायेंगे

श्री अटल बिहारी वाजपेयी : इस की आप को चिन्ता है और परिवार नियोजन की चिन्ता नहीं।

श्री रामेश्वर नाखरा : परिवार नियोजन के बारे में हमें चिन्ता है। जहाँ 1977 में 43 लाख लोगों ने नसबन्दी कराई और परिवार नियोजन को अधिक से अधिक प्रचार और प्रसार हुआ, वहाँ एक छोटी सी बात को ले कर, जिस ढंग से भारतीय जनता पार्टी या तत्कालीन जनता पार्टी ने, और एस० एस० ने देश के अन्दर नसबन्दी के खिलाफ विष फैलाया और सरकार को बदनाम करने का प्रयास किया यह कह कर कि जबरदस्ती

नसबन्दी की जा रही है उससे इस प्रोग्राम को बहुत धक्का लगा। मैं वाजपेयी जी को बतलाना चाहता हूँ कि आप के नेता लोगों ने कैसे भाषण इस के खिलाफ दिये मंसौर में और जबलपुर के नजदीक सिहोरा में उन्होंने भाषण दिया कि 500 मन नसे उछल रही है, इतनी ज्यादा नसबन्दी लोगों को जबरदस्ती कर दी गई है। जगह-जगह पर उन्होंने ऐसा ही प्रचार परिवार नियोजन के खिलाफ किया और एक विष इस के खिलाफ फैलाया ... (व्यवधान) ... पूरे देश के अन्दर एक ऐसा वातावरण बनाया गया, जिस से आम जनता का ध्यान इस से हट गया। मैं आप के माध्यम से माननीय मंत्री जी से अनुरोध करना चाहता हूँ कि कुछ इस तरह का कार्यक्रम इस देश के अन्दर बनायें, कुछ ऐसा वातावरण बनायें, जिस से इतना आवाज जो बढ रहा है उस के परिणामों को आम आदम, समझ सके और इस को रोकने का चिन्ता खुद उस को हो जाये। इस बढत हुई आवाज को यदि हम कंट्रोल नहीं करते हैं आवाज को बढने से हम नहीं रोकते हैं, अगर परिवार का एक सामा नहीं बनती है, तो निश्चित रूप से यह हमारे इस मुक्त के लिये बहुत नुकसान देने वाला बात होगा। हम इस तरह का समझदार इस देश के लोगों में पैदा करें, जिस से एक आम आदमी इस परिवार नियोजन कार्यक्रम को और आकर्षित हो सके। मैं कहना चाहता हूँ कि आज हिन्दुस्तान में हर साल सवा दो करोड़ बच्चे पैदा होते हैं और इस समय 14 वर्ष के नीचे के उम्र के 26 करोड़ बच्चे हैं जो लगभग 41 पर सेंट बैठते हैं। उन को आज उपेक्षा होती है और उनको और जितना ध्यान जाना चाहिए उतना नहीं है। पूरी तरह से हमारा उन के स्वास्थ्य का और ध्यान आकर्षित नहीं हो पाया है। गावों में अगर आप जा कर देखें तो मेले-कुचैले कपड़ों में आप उन को पायेंगे। बच्चों के इतने पेट

बड़े हो रहे हैं। उन्हें तिल्ली की बीमारी, जिगर की बीमारी हो रही है। 15 बच्चों में से 5 बच्चे इन बीमारियों से ग्रस्त हैं। उन बच्चों के लिए भी स्वास्थ्य रक्षा का प्रबन्ध किया जाए। इस सम्बन्ध में आप सर्वेक्षण कराएँ और पता लगा कर बचपन से ही उनमें इन बीमारियों को कंट्रोल करें, तभी जाकर देश का स्वास्थ्य बन सकता है।

मैं अपनी नेता श्रीमती इंदिरा गांधी को धन्यवाद देता हूँ जिन्होंने बीस सूत्री कार्यक्रम में कुष्ठ रोग, अन्धत्व और टी० बी० जैसी बीमारियों का उपचार भी सम्मिलित किया है। संजय गांधी ट्रस्ट और यूथ कांग्रेस आई के माध्यम से पूरे देश में आई केम्प चलाये जा रहे हैं और उनके द्वारा अन्धत्व को रोकने का प्रयास किया जा रहा है। हमारे यहां आंखों के पांच हजार डाक्टर हैं और हर साल 6 लाख लोगों के आप्रेशन किये जाते हैं। हमें अपने देश में दो मिलियन आंखों के आप्रेशन करने की आवश्यकता है। माननीय स्वास्थ्य मंत्री जी से मैं निवेदन करूंगा कि वे ऐसी व्यवस्था करें जिससे कि ज्यादा से ज्यादा लोगों के आप्रेशन हो सकें और वे अपने अन्धत्व से छुटकारा पा सकें।

अभी अभी विश्व स्वास्थ्य सगठन ने कहा है कि जहां दुनियां में विकास चल रहा है वहां पर्यावरण के दूषित होने का भय भी निरन्तर बढ़ता जा रहा है और इसके कारण अनेक प्रकार की बीमारियां हो रही हैं। अगर हमने पर्यावरण को दूषित होने से रोक दें तो हम 25 परसेंट बीमारियों को रोक सकते हैं।

मैं आपको उदाहरण देना चाहता हूँ कि हमारे यहां सोन नदी है। उसमें अम्लाई पेपर कारखाने का वेस्ट जाता है। वह मौलों लम्बी नदी बर्बाद हो गयी है। अगर उसका पानी कोई पी लेता है तो उसके पैर मोटे हो जाते हैं, अगर जानवर पानी पी लेता है तो वह मर जाता है। वहां के आदिवासियों को उसी का पानी पीना पड़ता है। इतने गलत काम इस तरह से देश में हो रहे हैं जिनको कि

रोकने का प्रयास करना आवश्यक है। हिन्दुस्तान की हर नदी दूषण से भरी हुई है चाहे नर्मदा हो, गंगा हो या जमुना हो। सरकार को इनके दूषण को रोकना चाहिए।

देश के अन्दर बहुत सी नकली दवायें बन रही हैं। आपने बहुत से लोगों को लाइसेंस और कोटे दे रखे हैं। वे लोग दवायें बना रहे हैं या नहीं उनके बारे में दो, चार छः महीने में चेकिंग की जानी चाहिए। जो लोग ऐसा नहीं करते हैं और जो लोग गलत दवायें बनाते हैं उनको कड़े से कड़ा दण्ड दिया जाए। मैं तो कहूंगा कि ऐसे लोगों को फांसी तक की सजा दी जानी चाहिए क्योंकि ये लोग देश की जनता के स्वास्थ्य को खिलवाड़ करते हैं।

हमारे मध्य प्रदेश में 460 प्राथमिक स्वास्थ्य केन्द्र हैं और 3,049 उप प्राथमिक स्वास्थ्य केन्द्र हैं। जितनी राशि सरकार इन केन्द्रों पर व्यय कर रही है उस से वे स्वास्थ्य केन्द्र फायदेमन्द नहीं हो रहे हैं। प्राथमिक स्वास्थ्य केन्द्र पर 12 हजार और उप प्राथमिक स्वास्थ्य केन्द्र पर 2 हजार रुपये की राशि दी जाती है। इतनी सी राशि में गरीब वर्ग के लोगों को पूरी दवा देना बड़ा मुश्किल है इसलिए मंत्री महोदय से मेरा मध्य प्रदेश के स्वास्थ्य केन्द्रों को अधिक से अधिक धन-राशि देने का अनुरोध है।

पिछले दिनों से मध्य प्रदेश के अन्दर कुत्ते काटने की दवाई के इंजेक्शन पूरी तरह से खत्म हो गये हैं। अगर वे इंजेक्शन उपलब्ध नहीं हो सकते हैं तो कम से कम कुत्ते मारने के इंजेक्शन उपलब्ध करा दें ताकि पागल कुत्तों को मारा जा सके। ऐसे ही सांपों के काटने से बचाने की दवाइयां भी उपलब्ध नहीं हो रही हैं।

मंत्री जी इन तमाम मदों पर गंभीरता से विचार करें और अधिक से अधिक धन राशि बच्चों के और परिवार नियोजन के कार्यक्रम के लिए रखें।

*DR. V. KULANDAIVELU (Chidambaram): Hon. Mr. Deputy Speaker, Sir, welcoming the Demands for Grants of the Ministry of Health and Family Welfare, I wish to participate in the discussion and say a few words. Belonging to medical profession, it becomes my bounden duty to express my views on the functioning of this Ministry which envelopes the human health as its core activity. The distinctive format of the Annual Report of this Ministry is the positive proof of the fact that it has been prepared by distinguished medical experts. Even so there are certain deficiencies in the Report which have to be set right if we want to achieve the target of "Health for All" by 2000 A.D. Unless these are remedied, then this goal will be elusive for ever.

Our Central Government has categorically announced that the development of rural people is the central theme of all its programmes and plans. It cannot be denied that 80 per cent of our people live in rural areas and a vast majority of them lead a life of penury and poverty. Unless their basic minimum medical needs are met, the Health for All project cannot be a success by 2000 A.D.

Presently the Primary Health Centres in the rural areas are just ornamental institutions. They are institutions for maintaining non-existing performance records. They do not serve the people in their hour of distress. They cannot help also because there are no beds and there are no medicines. The dread diseases like diarrhoea take their heavy toll among the children in the rural areas. I need not say that the children in the rural areas lack the stamina to fight such contagious diseases. The fluids are lost; the electrolytes are lost and they are dehydrated. Oral medicines are not available in these P.H.Cs. Intra-venous fluids and electrolyte fluids are not available. Anti-biotics are not available. In this environment of emptiness how can we expect the blossoming buds of humanity to combat the contagious diseases?

The hon. Prime Minister has announced in no uncertain terms that leprosy would be eradicated in 20 years time. Similarly, a long-term T.B. Eradication Programme has been proclaimed. But are medicines available to prevent and to cure these diseases? In some Headquarters hospitals they may be available. I am sorry to say that even in District Headquarters hospitals these medicines are always scarce. You can imagine the plight of people living in rural areas which are catered by the Primary Health Centres without such medicines. I wonder how by 2000 AD we will be able to achieve the target of Health for All. The primary line of drugs, the basic drugs like streptomycin, INH, PAS, thiacetazone for eradicating T.B. and leprosy should be made available in abundance throughout the country. They should be given free to the people in rural areas since they have no purchasing power at all. In the semi-urban areas and in slums in metropolitan cities they should be distributed at a nominal price, if not free. Then only leprosy and T.B. can be eradicated from this great country of ours.

The predecessor who spoke before me have given constructive suggestions. I feel that they have all devoted a lot of time in studying the medical needs of the country. They knew that competent authorities are present here and that they should present cogent arguments and concrete view-points. Particularly, Shri Ravindra Varma was surpassing even great Professors of medicine in the country in analysing the problems and in advocating a course of action. I am sure that the hon. Minister would bear in mind these suggestions and take appropriate action for the benefit of the poor in the country.

Coming now medical education, I have to regretfully point out that there are serious malpractices and irregularities throughout the country. I have to say that the innocent people are being subjected to the deception of merit and marks. It has become the joke of the country how the highest marks are obtained through devious ways in the Secondary Grade Examination. You have seen the sordid stories appearing every

day in the newspapers about these marks episodes in Kerala and Karnataka. False certificates are produced for the entrance examination. After three years' study, some students have been removed from the rolls on this ground. The private medical colleges are unscrupulously exploiting the situation. All the private medical colleges should be taken over by the Government if this malady is to be eliminated. The very fact that huge capitation fees for admission in the medical colleges ensures entrance shows the deteriorating state of affairs in the country. The Government should come with a iron hand in this matter.

Allopathy is the most modern and scientific system of medicine, which has become universal in the century. But to our people it has not yet become easily available. In these circumstances we have to have an integrated system of our native systems of medicine like Ayurveda, Homeopathy, Unani, Siddha etc. If we do that it will be not only within the reach of our people but we will also be giving to the world a compendium of medical knowledge. This should be looked into by the people in the discipline. The Government should pay attention to this integrated approach of various disciplines of medicine.

As I was referring to the deception of marks and merit being practised on the gullible people, I would refer to the fact that a boy coming from rural areas has not got that sophistication of a boy from an urban centre. He cannot get the highest marks for want of libraries and other facilities in the rural areas. I have regretfully point out that last year in Zipmer three Harijan boys were denied admission. I do not know the basis on which this was done. There is no proven method to judge or assess the intellectuality of the student. How the fitness of student is judged? In these circumstances, the boys from backward classes have become the victims of the vagaries of such assessment.

Similarly, the guidelines and regulations of Medical Council of India are woefully lacking in clarity. This has led to many malpractices at the level of Postgraduate Examinations. Even the High Court has

been compelled to comment on this in its judgment. Under the omnibus consensus system of evaluation, as prescribed in the Universities Acts, through in the entire educational career starting from his school course to the end M.B.B.S. course a boy has secured distinction and has won awards like gold medals, yet he is denied admission to M.D. course. One Adi-dra-vida student, who was brilliant throughout his educational career was denied admission to M.D. Degree in Madras Medical College and Head of the Department of Medicine in the Madras Medical College through the machinations of a Professor wedded to perpetuation of casteism. This Professor's caste fanaticism has denied admission to another brilliant boy of backward Community with gold Medals in M.D. General medicinal course to his credit.

PROF. N. G. RANGA: Has the case where this young man was denied the M.D. seat been brought to the notice of the Government?

DR. V. KULANDAIVELU: I has been brought to the notice of the Government. I am sorry to say that the Janata Government did not take any action. I had made that allegation and I had documents to prove it. The AIADMK Government in Tamilnadu was engaged in these things. It still does. It derives pleasure in being vindictive towards the scheduled castes. This Professor of Medicines, known for his Casteism was recommended by the AIADMK Govt. of Tamil Nadu for the award of Padma Sri by the centre. The The Centre has also offered him membership of one of the Advisory Committees here. You can have an independent assessment of such students. The Government in Tamil Nadu is guilty of complicity in these atrocities on Harijans and their wards. You should hold an Independent inquiry as to how these unjust things take place and how the underprivileged communities are made to suffer.

I have a few more points. There is no institute in the Southern States at par with the AIIMS, JIPMER, Pondicherry should be declared as an autonomous institute at par with the AIIMS, Delhi.

[Dr. V. Kulandaivelu]

There is no mention about declaring of this institute at par with the AIIMS in the Annual Report of the Ministry submitted to the Parliament. The Joint Council of the employees of JIPMER institute met me and expressed their anxiety. I convinced them and allayed their fears. I assured them that their interests will be well looked after. The hon. Minister has also issued a statement to this effect.

Sir, we are aiming at the strategy of 'health for all' by 2000 AD. How is it possible? Where are the financial resources? I would like to give one suggestion. All the hospitals under the aegis of Public Sector undertakings should extend their services also to the local people. There must be legislation in this respect. Further, we are concerned about eradication of contagious and communicable diseases but with rapid industrialisation there are high pollution hazards. This field of industrial diseases must be paid adequate attention.

Sir, there is mushroom growth of quack doctors. Why can't we use the National Security Act to curb the mushroom growth of quack doctors?

MR. DEPUTY SPEAKER: Please conclude now.

DR. V. KULANDAIVELU: Sir, we are very much concerned about the growing population. Unless we make a determined approach on this issue we cannot achieve the target. The position is if Government imposes vasectomy then other political parties try to take political advantage of it. Now, that attitude must go. It is a national problem and it should be made a movement of the people, for the people and by the people as has been said by our Prime Minister. This movement must be supported by each and every one in the country.

Now, Sir, you are telling about medical termination of pregnancy. Suppose any conceived mother goes for termination of pregnancy in Government hospital then the doctors insist her to go in for tubectomy. That attitude must go. We should

not insist it on anybody. If conceived mothers go in for medical termination of pregnancies and if they are willing then only tubectomy may be done. Similarly, the woman who has delivered baby outside the hospital must be allowed to have tubectomy done, in case she is willing to have it. This point must be taken note of. These are the two important points. Further we must educate our people, especially our rural people. Our rural people believe that children are given by God. They think that God has given children to the woman. This superstitious attitude must be changed. We must educate them to have rationalistic approach to life.

With these words I support the Demands for Grants.

श्री गिरभारो लाल व्यास (भीलवाड़ा) :
उपाध्यक्ष महोदय, हेल्थ मिनिस्ट्री की डिमांडज का समर्थन करते हुए सब से पहले नें मंत्री महोदय का ध्यान मेडिकल एजुकेशन के ग्रहण प्रश्न की ओर आकर्षित करना चाहता हूँ। यह बड़ी खुशी की बात है कि उन्होंने एडमिशन में होने वाली गड़बड़ियाँ को रोकने के लिए एक कमेटी का निर्माण किया है। राजस्थान में मेडिकल पी० जी० और एम० बी० बी० एस० के लिए एडमिशन का काम पहले डिपार्टमेंट की तरफ से होता था। एडमिशन में गड़बड़ियाँ होने की वजह से यह काम यूनिवर्सिटी से सुपुर्द कर दिया गया। अब यूनिवर्सिटी प्री मेडिकल एग्जामिनेशन और एम० बी० बी० एस० एग्जामिनेशन लेती है। यह तय किया गया था कि यूनिवर्सिटी एम० बी० बी० एस० एग्जामिनेशन में जो मेरिट तय करेगी, उसके हिसाब से पी जी नें एडमिशन दिया जाएगा। लेकिन राजस्थान सरकार ने उसमें एक तुरी लगा दिया। अधिकारियों, खास तौर से आई ए एस अफसरों और डाक्टरों, ने अपने लड़कों को भर्ती कराने के लिए जयपुर में एक विशेष प्रकार की प्रक्रिया अपनाई कि लोकल इस्टीमेशन के स्टुडेंट्स के मार्क्स को वहाँ पर एडमिशन के लिए 5 परसेंट ज्यादा कर दिया जाएगा।

जयपुर में पी०जी० की 100 सीट्स हैं और अजमेर, जोधपुर तथा बीकानेर में 40, 40 हैं। जयपुर के लड़कों को यह रियायत दी गई कि उनके मार्क्स यूनिवर्सिटी द्वारा दिए गए मेरिट से 5 परसेंट बढ़ा दिया जाएगा, जिससे एक स्टुडेंट के मार्क्स 150 से 200 तक बढ़ जायेंगे और उसकी पोजीशन दूसरे लड़कों से अच्छी हो जायगी।

राजस्थान के कई स्टुडेंट्स ने इस प्रक्रिया के खिलाफ हाई कोर्ट में रिट पिटीशन दायर की। हाई कोर्ट ने यह फैसला दिया कि राजस्थान सरकार ने 5 परसेंट मार्क्स बढ़ाने के बारे में जो सर्कुलर निकाला है, वह नल एण्ड वायड है, उसके बेसिस पर जो एडमिशन पी० जी० में किए गए हैं, वे बिल्कुल गलत हैं और नये एडमिशन किए जाएं। हाई कोर्ट ने यह फैसला पिछले साल दिया था।

अब एक सर्कुलर और जारी कर के इस प्रक्रिया को रिवाइव किया गया कि लोकल इंस्टीट्यूशन के स्टुडेंट्स के मार्क्स 5 परसेंट बढ़ाए जाएंगे, तो कुछ स्टुडेंट्स ने उसके खिलाफ हाई कोर्ट में इस साल रिट पिटीशन दायर किया। हाई कोर्ट ने 22 तारीख को दिये गए अपने फैसले में कहा है कि हमने पहले इस प्रकार का फैसला दिया था कि राजस्थान सरकार ने एक सर्कुलर के तहत 5 परसेंट मार्क्स बढ़ाने का जो व्यवस्था की है, वह नल एण्ड वायड है और उसके बेसिस पर जो एडमिशन किये गए हैं, उन्हें गलत करार दिया जाता है।

मैं निवेदन करना चाहता हूँ कि राज्य सरकारें बराबर इस तरह की जो धांधलियां करती आ रही हैं, अगर हमें उन्हें रोकेंगे नहीं तो जिस प्रकार की व्यवस्था हम मेडिकल एजुकेशन के सम्बन्ध में करना चाहते हैं, वह नहीं हो पायेगी। इस

तरफ मंत्री महोदय का ध्यान आकर्षित करने का मेरा मकसद यह है कि इस प्रकार की गलत बातों का रोकना जाना चाहिए, क्योंकि लोगों पर उनका अलग अलग दुष्प्रभाव पड़ता है पर उन्हें रोकने से मेडिकल एजुकेशन का आगे बढ़ाने में सहायता मिलेगी।

दूसरा मेरा निवेदन यह है कि आयुर्वेदिक संस्था जो जयपुर में खोल गई है उसकी विलिडग अधूरी है और उस का पैसा भी पूरा नहीं दिया जाता है। मेरा कहना यह है कि जब यह आयुर्वेदिक संस्था आपने जयपुर में खोली है उस का अगर आप पूरा पैसा नहीं देंगे, तो इस संस्था का कोई उपयोग नहीं होगा। इसलिए उस के लिए पूरे पैसे का व्यवस्था को जाए।

प्राइमरी हेल्थ सेण्टर जो आप गांव के अन्दर बनाते हैं, उसमें गांव वालों को भी विलिडग बनाने के लिए कण्ट्रीब्यूट करना पड़ता है। जब आप मारे देश में स्वास्थ्य के लिए व्यवस्था कर रहे हैं और उस के लिए कोई कण्ट्रीब्यूशन नहीं लेते, तो प्राइमरी हेल्थ सेण्टर के लिए जा विलिडग आप गांव में बनाते हैं, उसके लिए कण्ट्रीब्यूशन क्यों उन से मांगते हैं। यह बिल्कुल गलत बात है और इस प्रकार की चीज नहीं होनी चाहिए।

एक बात यह कहूंगा कि आप ने जो फूड इंस्पेक्टर का पोस्ट बना रखा है, यह लूट वाली पोस्ट है और इस पोस्ट के जरिए फूड एडलट्रेशन का बात को लेकर कितना रुपया लोग बनाते हैं और मालामाल हो गये हैं, क्या इस की जानकारी आप ने कभी कराई है। लोग मर रहे हैं और वे मालामाल हो रहे हैं।

एक अन्तिम बात यह कहूंगा कि आज देश के अन्दर नकली दवाइयां बन रही हैं। अभी दिल्ली के अन्दर नकली दवाइयों का

[श्री गिरधारी लाल व्यास]

कारखाना पकड़ा गया, जो पंजाब में, हरियाणा में और दूसरी जगहों पर नकली दवाइयाँ सप्लाई करता था। यह सब आप को छतछाया के नीचे हो रहा है। ऐसे कारखाने हों, तो यह निश्चित रूप से एक दुर्भाग्यपूर्ण स्थिति है और इस को रोका जाना चाहिए।

टी० बी० के बारे में मेरा निवेदन यह है कि टी० बी० का बीमारी से ग्रस्त गरीब लोग ही होते हैं और जो मजदूर होते हैं, खानों में काम करते हैं या बीड़ा उद्योग में काम करते हैं, जिन के पास अपने इलाज के लिए पैसा नहीं होता है, वे इस मर्ज से पीड़ित रहते हैं। टी० बी० का इलाज बड़ा महंगा और लम्बा चलने वाला होता है। ऐसी कोई व्यवस्था होनी चाहिए, जिस से इस मर्ज का दवाओं का पूरा प्रबन्ध मजदूरों और खास तौर से गरीब लोगों के लिए हो सके।

इन शब्दों के साथ मैं स्वास्थ्य मंत्रालय का मांगों का समर्थन करता हूँ।

श्री राजेन्द्र प्रसाद यादव (मधेपुरा) :
उपाध्यक्ष महोदय, मनुष्य का पांच बुनियादी जरूरतें हैं, खाना, कपड़ा, मकान, स्वास्थ्य और शिक्षा। इन में शिक्षा का सब से अहम स्थान है।

मैं यह कहना चाहता हूँ कि आज देश में लोगों का स्वास्थ्य हर दृष्टिकोण से खराब है, राजनीतिक, आर्थिक और सारे दृष्टिकोणों से। मैं इस का ओर चर्चा नहीं करूंगा।

15.52 hrs.

[SHRI CHANDRAJIT YADAV in the Chair]

मैं केवल शारीरिक-स्वास्थ्य तक हूँ; अपनी बात सीमित रखूंगा और उसी के बारे में

दो-चार बातें कहूंगा। स्वास्थ्य विभाग दो भागों में बंटा है, एक है स्वास्थ्य और दूसरा है परिवार-कल्याण और स्वास्थ्य के भी आठ मुख्य उद्देश्य बताए हैं। मैं 1, 2, 3 और 4 गिन कर समय नष्ट नहीं करना चाहता लेकिन यह कहना चाहता हूँ कि इन आठों उद्देश्यों में से एक का भो पूर्ति नहीं हो पा रही है। कुछ संस्थाओं का पूरे तौर पर या मुख्यतः केन्द्र द्वारा अनुदान दिया जाता है। अखिल भारतीय आयुर्विज्ञान संस्थान या फिर राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र, ये तीन-चार संस्थाएँ हैं, जिन का पूरा पूरा अनुदान केन्द्र द्वारा दिया जाता है लेकिन मैं यह कहना चाहूंगा कि जहाँ सरकार सेण्ट पर सेण्ट अनुदान भी देती है, और मेरा 1971 से ले कर अब तक का अनुभव है इस सदन में, कि किस तरह से जहाँ सेण्ट पर सेण्ट केन्द्रीय सरकार अनुदान देती है, वहाँ पर भी आज वर्किंग में डिटेरियोरेशन हो रहा है। 1971-72 के दिनों में, मैं जानता हूँ कि अगर गांव से कोई बीमार हो कर आता था, तो वह पहले अपने क्षेत्र के प्रतिनिधि के पास जाता था या फिर मंत्री का के पास जाता था और वे डाक्टर का कह देते थे तो आल इण्डिया इंस्टीट्यूट में भी उसका अच्छी देखभाल होती थी और उस पर निगाह रखी जाती थी लेकिन खेद के साथ कहना पड़ता है कि आज ऐसा नहीं है और मैं कई उदाहरण इस के दे सकता हूँ, जिन में मंत्री महोदय ने स्वयं कहा कि इस को स्पेशल केयर का जानो चाहिए और इस पर डाक्टरों ने रीएक्ट किया कि जाओ मंत्री से आपरेशन कराओ या मंत्री को दिखाओ। यह उन जगहों की स्थिति है जहाँ सरकार सेण्ट पर सेण्ट अनुदान देती है। अब आप अन्दाजा लगा सकते हैं कि यहाँ अंशतः अनुदान दिया जाता है, वहाँ का क्या हाल होगा। मैंने बताया था कि जहाँ पर मुख्य रूप से अनुदान दिया जाता है, वे चार संस्थाएँ हैं। इन में अन्तिम है, सेण्ट्रल कौंसिल फार रिसर्च

इन आर्युवेद एण्ड सिद्धा, यूनानो योग, नेचुरोपैथी, एण्ड होम्योपैथी । इनके डायरेक्टर सरकारी स्वामी हैं । वे इतने बड़े डिक्टेटर हैं कि जो वे कहते हैं वही सभी को मानना होता है । मैं इस सम्बन्ध में उदाहरण देना चाहता हूँ । एक नेचर क्योर हास्पिटल, बेगमपेट, हैदराबाद में है । इस मुल्क का माना हुआ नेचर क्योर का हास्पिटल है । उसको 50 परसेंट केन्द्र से और 50 परसेंट अनुदान स्टेट से मिलता था । पता नहीं कि स्वामी जी के मन में क्या हुआ कि इस अनुदान को बन्द कर दिया । उसके बाद मंत्री जी और प्रधान मंत्री जी तक बात गयी, पता नहीं स्वामी जी को कितना बड़ा अधिकार है कि उसके बावजूद भी यह काम नहीं हो पा रहा है । यह नेचुरोपैथी होस्पिटल मुल्क के लिए एक उदाहरण हो सकता है । आज इसकी हालत यह है कि यह अपने डाक्टरों को तनख्वाह भी नहीं दे पा रहा है । इसलिए ये आग्रह करूंगा कि मंत्री महोदय इस पर विशेष ध्यान दें । अगर कोई और प्रावधान नहीं हो सकता है तो केन्द्र से जो 50 परसेंट अनुदान मिलता था वह तो इसे मिलता रहे । इसके लिए ऐसी व्यवस्था भी करें कि सेन्टर और स्टेट दोनों मिल कर इसको चलाएं ताकि यह अच्छा काम कर सके ।

स्वास्थ्य का जितना महत्व है, उसकी आपके पास कोई गारन्टी नहीं है । किस तरह से स्वास्थ्य रखा जाए, इसकी ट्रेनिंग देने की आपके पास कोई योजना नहीं है । अगर शुरू से कसरत वगैरह नहीं किया जाएगा तो स्वास्थ्य कैसे ठीक रह सकता है । हर नागरिक स्वस्थ जीवन व्यतीत कर सके इसके लिए सरकार ने कोई योजना नहीं बनायी है । स्वस्थ जीवन इस विभाग का मुख्य उद्देश्य होना चाहिए । मैं स्वास्थ्य की बजाए दो के तीन विभागों में विभक्त करना चाहता हूँ । एक तो यह कि लोग बीमार न पड़ें । दूसरे बीमार होने पर सही उपचार मिले । तीसरे परिवार कल्याण । लेकिन खेद है, आजादी के 34 वर्ष बाद भी

आज तक स्वस्थ जीवन जीने के लिए किसी राष्ट्रीय स्वास्थ्य नीति पर ध्यान नहीं दिया गया । यों आपने अपने पेपर में कहा है कि 2000 ईस्वी तक सबके लिए स्वास्थ्य प्राप्त करने के दायित्व को ध्यान में रखते हुए राष्ट्रीय स्वास्थ्य नीति का एक प्रारूप स्वास्थ्य और परिवार कल्याण मंत्रालय ने तैयार किया है । साथ ही आपने यह भी कहा है कि यह नीति दस्तावेज फिर से तैयार किया जा रहा है, उससे ऐसा लगता है कि आज तक हमारा कोई राष्ट्रीय स्वास्थ्य नीति दस्तावेज नहीं बन सका । इसलिए मैं आग्रह करूंगा कि मंत्री जी इसको जल्दी से जल्दी फाइनल शेष दें ताकि देश के स्वास्थ्य के बारे में समन्वित विचार हो और यहां के हर नागरिक का स्वस्थ जीवन जीने के लिए मिले ।

सभापति जी जिस अनुपात में जनसंख्या बढ़ती जा रही है, उस अनुपात में न इन के हास्पिटल बढ़ रहे हैं और न इनके डाक्टर अवलेवल हैं । इनके हिसाब से एक हजार जनसंख्या में एक डाक्टर होना चाहिए । लेकिन वह भी नहीं हो पा रहा है । हम गांवों से आते हैं । वहां एक ब्लाक बनता है 22-23 पंचायतों पर । उसमें एक डाक्टर होता है और चार-पांच सब-सेन्टर होते हैं । नियमतः एक डाक्टर का इन सभी केन्द्रों में जाना चाहिए लेकिन वह हकीकत में नहीं जाता है, कागज पर अवश्य जाता है । इस तरह से गांवों में स्वास्थ्य के दृष्टिकोण से कोई सुख-सुविधा की बात नहीं की जाती है ।

सभापति जी, इनके हिसाब से मलेरिया खत्म हो गया है । लेकिन अभी हम देख रहे हैं कि मलेरिया कितने जोर से बढ़ रहा है । मैं और जगह की बात नहीं करता । मैं दिल्ली पर आता हूँ और यहां का जो सब से बे एरिया नार्थ एवेन्यू है जहां एम० पी० रहते हैं, वहां मच्छरों का इतना प्रकोप बढ़ रहा है कि हमें इनके विभाग को टेलीफोन करना पड़ा कि यहां मच्छरों का प्रकोप बढ़ रहा है । यह तो दिल्ली

[श्री राजेन्द्र प्रसाद यादव]

की स्थिति है। इससे आप अन्दज लगा सकते हैं
इहातों की क्या हालत हो सकती है।

ऐसे ही स्माल पोक्स के इरेडिकेशन की
बात ये कहते हैं और ये कहते हैं कि कोई बड़ी
माता का उदाहरण ला कर दे तो उसको एक
हजार रुपया इनाम देंगे। लेकिन इनके अधि-
कारियों को स्माल पोक्स के बारे में कोई कहने
को जाता है तो वे मानने को तैयार नहीं हो-
पाते। क्योंकि इससे
16.00 hrs. वे सरकार की निगाह में
दोषी समझे जाएंगे और इनाम भी देना
पड़ेगा। इसके मैं उदाहरण दे सकता हूँ।

आज स्माल-पोक्स, फाइलेरिया, टी०
बी०, कैंसर आदि बीमारियां दिन-ब-दिन बढ़ती
जा रही हैं। कैंसर का इलाज न होने के कारण
किसी का भी चिंतित होना आवश्यक है।
कैंसर की बीमारी दिन-प्रति-दिन बढ़ती जा रही
है। हर महीने 2-3 लोग मेरे यहां से आते हैं।
मैं आग्रह करना चाहता हूँ कि अगर आवश्यक
हो तो और देशों से मिलकर इस बीमारी पर
रिसर्च करें और इलाज निकालें ताकि लोगों
को इस बीमारी से मुक्ति मिल सके। प्रिवेंटिव
मेसर्ज की तरफ भी ध्यान दिया जाना चाहिए।

यह सही है कि रेट आफ मार्टेलिटी घटी
है और लाजिविटी बढ़ी है, लेकिन आज जितनी
प्रकार की बीमारियां आपको देखने को मिलती
हैं, उतनी पहले नहीं थीं। रोज नई-नई बीमा-
रियां उत्पन्न हो रही हैं। इसलिए स्वास्थ्य
मंत्रालय को इस ओर आवश्यक कदम उठाने
चाहिए, ताकि समस्या आगे न बढ़े।

नकली दवाइयों के बारे में मैं खास तौर से
कहना चाहता हूँ। आए दिन यह बात सुनने में
आती है। लाइफ सेर्विस ड्रग्स में भी मिलावट
जोरों पर है। मैं आग्रह करना चाहता हूँ कि
इम ज़ुर्म के लिए मौत की सजा का प्रावधान
होना चाहिए। इससे बढ़कर और कोई गुनाह

नहीं हो सकता। नकली दवाइयों से लोगों को
जान जा सकती है।

परिवार नियोजन कार्यक्रम को बढ़ावा
 देने के लिए लोगों को विशेष इंसेंटिव्स दिए
 जाएं। जैसे—नौकरी में प्राथमिकता या
 प्रमोशन में प्राथमिकता आदि का प्रावधान
 किया जाना चाहिए, ताकि लोग इसमें ज्यादा
 रुचि दिखाएं। इसमें दवा की जरूरत नहीं है।

अन्त में मैं कुछ सुझाव देकर अपनी बात
 समाप्त करूंगा, यदि मंत्री महोदय इस पर
 ध्यान देंगे तो देश का बहुत भला हो सकता
 है।

1. मृतक संसद और भूतपूर्व संसद सदस्यों
के परिवारों को मेडीकल फेसिलिटीज
 दी जानी चाहिए। मैं ऐसे बहुत से गरीब,
 हरिजन, गिरिजन संसदों के परिवारों
 को जानता हूँ, जिनको यह सुविधा प्राप्त
 न होने के कारण बड़ी असुविधा होती
 रही है।
2. देश में बेरोजगारी की समस्या को देखते
हुए आपके विभाग में तथा और किसी भी
विभाग में सर्विस में एक्सटेंशन न दिया
जाए। इस बारे में मैं एक उदाहरण देना
चाहता हूँ। सफदरजंग अस्पताल के
सुपरिटेडेंट बहुत पहले रिटायर हो चुके हैं
और कंपीटेंट लोगों के होते हुए उन्हें
बार-बार एक्सटेंशन दिया जा रहा है। इसके
लिए वहां के डाक्टरों में यूनेनिमसली विरोध
भी किया है। इसलिए मेरा निवेदन
है कि इस ओर ध्यान देना चाहिए,
ताकि किसी को डिसेटिसफेक्शन न
हो।
3. भारतीय चिकित्सा पद्धतियों, जैसे आयु-
र्वेद, प्राकृतिक चिकित्सा, यूनानी चिकित्सा
आदि को प्रोत्साहन दिया जाना चाहिये,
ताकि लोगों को अधिक से अधिक लाभ
मिल सके।

4. बच्चे भारत का भविष्य हैं, लेकिन बच्चे के स्वास्थ्य के लिए ज्यादा कुछ नहीं किया जा रहा है। कुछ कदम उठाए गए हैं, लेकिन इस ओर विशेष ध्यान देने की आवश्यकता है। बच्चे को प्रिविलेज्ड सिटीजन समझा जाए, ताकि कल एक स्वस्थ भारत हमारे सामने हो।

अन्त में एक बात और कहना चाहता हूँ, अभी एक माननीय सदस्य ने भी क्वेश्चन आवर में इस ओर ध्यान आकर्षित किया है। कार्य निष्पादन बजट का कवर पेज तो हिन्दी में प्रिन्ट है, लेकिन अन्दर अभी तक प्रिन्ट नहीं करा पाए हैं। इस ओर भी मंत्री जी को ध्यान देना चाहिए।

देश में आप देखें आई कैम्प हर जगह लगते—

प्रो० मधू दण्डवत : आई वाले लोग लगते हैं?

श्री राजेन्द्र प्रसाद यादव : उसका भी जिक्र मैं कर दूंगा। आई कैम्प आप लगाते हैं। आई कैम्प में आँखें फोड़ने का काम न हो यह भी आपको देखना चाहिये। आँख बचाने के कैम्प वे हों। बिहार में अभी एक आई कैम्प लगा था जिस में लोगों द्वारा इलाज कराने के बाद ज्यादातर लोग अंधे हो गए थे। आपके ही एक सांसद ने यह कैम्प लगाया था। इस ओर आप विशेष ध्यान दें। लोगों की आँखों के साथ खिलवाड़ नहीं होनी चाहिये। उनकी आँखें बची रहें, वे देखते रह सकें, यह आपको देखना चाहिये। खाना पीना तो आप दे नहीं सकते हैं, लेकिन आँखें तो उनकी ठीक रहनी चाहियें।

मैं आग्रह करता हूँ कि इन बातों का तरफ विशेष रूप से आप ध्यान दें।

THE MINISTER OF HEALTH AND FAMILY WELFARE (Shri B. Shankaranand): Sir, I am really very happy, having heard all the Members for two days on the various aspects of health problems of

the country. The debate has been taken to a very high level, cutting across barriers of politics, language, region or any other conflicting thought.

Very important suggestions have been made by many Members. I should say that I have been seeing for the first time in this country that Members of Parliament, inside and outside, are trying to create an awareness in the minds of the public—a health awareness.

This House has discussed many health issues, and many important suggestions have been given, and critical examinations have been made. I did not find any motive, while any hon. Member spoke and gave suggestions for action by the Health Ministry; and for that, I am very grateful.

Before I reply to the various points made by each Member, I wish to apprise the House of the various achievements that we have been able to make in the last two years. I wish to inform the House that we have been able to make many significant achievements during the last two years in the activities allocated to my Ministry, and about the important steps that are contemplated to transform and improve the health and family welfare of our people. The revised 20-point programme of our Prime Minister, containing the basic agenda for action before the nation, includes and underlines the importance of family planning, augmentation of universal primary health care facilities and control of major diseases like leprosy, blindness and tuberculosis. The health sector, taken in its totality, is vital for maximizing productivity, both in absolute and in *per capita* terms, in all spheres of socio-economic activity. An investment in health is a basic investment in development of human resources, leading to improvement of quality of life and over-all development.

The allocation for this important sector has obviously been lower than the needs of the situation.

At this point, I wish to inform the House that Members have shown their concern on the low allocation in the Plan budget for the health sector; and they have compared the figures from the First

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Plan till now to show how health is getting a lower priority. But I wish to bring to the notice of the House through you, Sir, that the *per capita* show that the *per capita* expenditure on health on medical and public health sides is steadily increasing—as I can give you some figures. In 1975-76, the *per capita* expenditure on health was 11-82.

SHRI RAVINDRA VARMA: There seems to be some mistake.

SHRI B. SHANKARANAND: This is my information. In 1976-77, it rose to 13.31; in 1977-78, it was 15.05. Thereafter, the figures are not available. This will show the *per capita* expenditure is increasing; maybe as compared to allocations with other Ministries, it might have come down, because you have comparative figures there; here you do not have them, because it only shows that if the health allocation has come down comparatively, than in other Ministries, in other departments, it is increasing; and to that extent, the health allocation is not encouraging. (Interruptions) I am admitting it for the sake of argument; I am not accepting their contention.

We have tried to maximise the return from the limited resources available during 1981-82, both in the health and family welfare sectors. Almost full utilization of the allotted funds has been achieved during this year, because one of the members made an allegation that funds were lapsing during 1980-81. We hope to maintain this tempo of activities in the coming years. You have before you the plan budget we have proposed for 1982-83, viz., Rs. 245 crores for family welfare and Rs. 120 crores for health. The momentum already achieved in both sectors is such that I may have to come before the House for additional resources during the course of next year.

The forward movement in the family welfare programme during the last two years is well-known and has been acknowledged by the NDC at least which met a few days ago. For 1981-82, our targets

were nearly 50 per cent higher than the achievements of 1980-81, I am happy to inform the House that most of the States have achieved the targets and some have exceeded them. There has been a tremendous upsurge in enthusiasm and demand for services. The programme is poised for rapid acceleration. The national consensus prevailing at the moment, thanks to the clear policy direction and restoration of the confidence of the people, has lifted the programme out of unseemly controversy. The task before us to reach population stabilisation as rapidly as possible is, however, stupendous. We have to vigorously carry on with this work as a voluntary programme converting it into a people's movement. Our objective is to imbue the life styles of our people with the observance of the small family norm. Full information, knowledge supplies and services as close to the door-steps of the people as possible will be provided by continued expansion of the delivery system and imaginative and effective use of media and inter-personal communication efforts. Family planning will be advocated not merely through methods, but as a concept of "planned parenthood". In order to review and monitor in comprehensive manner all aspects of the programme and provide advice, a high level "Population Advisory Council" is being set up under my Chairmanship.

Family Welfare has always included Maternal and Child Health Care. Our achievements during 1981-82 in providing immunisation and prophylaxis coverage to expectant mothers and children have been significantly higher than during 1980-81 in some cases by over 20 per cent. We place a great deal of emphasis on speedily expanding the immunisation programme. The targets under the Polio Immunisation Programme have been recently revised in order to cover nearly 50 per cent of the infants by the end of the Sixth Plan.

This have to explain to the House because in the recent past unfortunately Family Planning has been equated to mere sterilisation which is absolutely incorrect and which has brought a bad name to the entire programme which is very vital for the future of the nation.

Family Planning, I should say, is planned parenthood which means—and I want to further elaborate that—we have to delay the marriage or else follow some friends who are there in the Opposition who are not at all marrying and after marriage delay the first arrival in the family.

PROF. MADHU DANDAVATE: If the marriage itself is delayed!

SHRI B. SHANKARANAND: And for the second one if at all it is desired, there should be sufficient spacing; and for this various methods are there. And finally, if the couple thinks it is better that they should—that they should not stop and not have more than two, then the terminal method which is called sterilisation is there. That is all the entire concept of Family Planning. I wish to request the hon. Members of the House "Please carry this message that Family Planning is not mere sterilisation but is absolutely planned parenthood and if all the Members of this House carry this message to the respective constituencies, I think the entire country will definitely be ready to achieve the goals which we have set for the turn of the century.

MR. CHAIRMAN: I think you are getting the consensus of the House.

SHRI B. SHANKARANAND: Thank you very much. I am grateful to the House.

SHRI ATAL BIHARI VAJPAYEE: But do not criticise Janata Party.

SHRI B. SHANKARANAND: I have not done. I am trying to forget it. Why do you remind me?

MR. CHAIRMAN: No. He has already agreed to withdraw. You have said, you have withdrawn. That is all.

SHRI ATAL BIHARI VAJPAYEE: It should go on record.

SHRI B. SHANKARANAND: The emphasis in the Health sector today is to increase, expand and enhance the quality and out reach of services to the hitherto unreached populations. Health has long been looked at only through the narrow conduit of focussing on diseases, doctors and drugs. I have

always been telling, both in and outside the House that the traditional way of looking at the health problems of this country has been only through the window of drugs, doctors and diseases. We had not been able to see the rest—the preventive and promotive aspect. Now, the policy of my Ministry is to lay emphasis on the preventive and promotive and further, the rehabilitation aspect of health. Our strategy is aimed at 'Primary Health Care' coverage in terms of promotion of better health, protection against preventable diseases and outreach of curative health with full involvement and use of the community and its resources. The various targets fixed for achievement during the Sixth Plan in this sector are well on the way to bring fulfilled.

Now members have expressed their concern about the health care facilities to be extended to the rural poor. Here, I should say that we have a major scheme called, "The Village Health Guide Scheme". Under this scheme, one voluntary worker, preferably a woman, belonging to the area, will be selected by the community and given training by the Government. The main function of the Health Guide would be to carry the message of small family norm to the village community, look to their health needs and environmental sanitation and act as a delivery point for non-elinizol supplies. This I am emphasising because the health guide is neither a doctor nor a bare-foot doctor, as has been thought by some members. We hope to train at least one health guide for every 1000 rural population in another two years' time. It is not good to denigrate this person. The health guide is not a doctor, bare-foot or otherwise, as I have already said but a promoter and a catalyst for community effort. Already we have trained over 1.83 lakh such guides and their performance has been evaluated independently. Thanks largely to them, there has been a significant improvement in several indicators of health and family welfare in areas covered by them. Similarly we will have in each village one traditionally trained *dhai*. When we were born, there were no maternity homes in the villages. Every delivery was attended by a traditional lady whom we called a *dhai*. We

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want to train that lady so that she has a skill which is required at the time of the delivery. We will have in each village at least one traditional *dhai* trained to provide more hygienic, safe and aseptic deliveries. We have trained so far 3.6 lakh such *dhais* in the country.

In order to release some of the core schemes from the vagaries of State finances, we have converted these schemes for health guides, the establishment of new sub-centres and the control of leprosy and blindness into full centrally sponsored schemes during 1981-82. I am glad to inform the House that work relating to control of leprosy, blindness, TB and Malaria has been consolidated, strengthened and stepped up significantly. We have set up very high level committees to go into the work for the control of leprosy and blindness. The recommendations of these committees would help us to further gear up the programme towards speedy control and eventual eradication of leprosy and preventable blindness.

Members have expressed their concern about the performance of the Ministry in regard to blindness. One learned hon. member in the opposition asked, how the Health Ministry could be blind to the problem of blindness. We are not at all blind, but for a moment he closed his eyes towards our performance during the last three years! This scheme of control of blindness having been made a national control scheme, we have made it hundred per cent centrally sponsored scheme. The scheme suffered because it was previously on the basis of fifty-fifty between the State and the Centre. The State would not spend the money and take the responsibility. That is how the programme suffered. Now the scheme has been made centrally sponsored. Now the problem is scarcity of experts and ophthalmic assistants, so that the thought, expression and intention of the Ministry and the Government is translated into action in the rural areas. However, I should say that we have started a training programme in ophthalmology to train and create ophthalmic assistants. 19 centres have been created in 1981-82. We want to expand this programme during 1982-83 with a further

forward movement and revise the targets. Today Maharashtra stands first in the performance in the field of curable blindness—cataract operations. In other fields, Maharashtra has done very well. Other States also are doing very well.

Regarding leprosy, under the inspiring leadership of Prime Minister, attention has been focussed on the eradication of leprosy on a time bound basis. The strategy for such a monumental effort has been delineated by a Working Group composed of eminent leprologists and social workers, whose report has become available very recently and will be carefully considered by the Government in consultation with the State Governments and voluntary bodies. The recommendations given by the Working Group provide a blue print for future action, including a massive health education campaign to remove the prejudice and mis-understandings about the nature of the disease and patients suffering from it so as to remove the social stigma attached thereto. A massive campaign over a sustained period will be necessary if we are to achieve the goal set for us by the Prime Minister and in this effort the role of the voluntary bodies would be of particular significance. I will appeal to the hon. Members of this House that it is our duty to educate the people in this country that leprosy is as good or as bad as any other infectious disease. There are many infectious diseases in this country and leprosy is one. Unfortunately, the prejudice and the social stigma that is attached to it, has made the task of eradication of leprosy difficult. Special multi-drug regimen work has been taken up in selected districts.

As part of the M.C.H. programme, nutrition deficiency induced blindness is being checked by provision of Vitamin 'A' supplements to children. We have provided a large number of x-ray units for the TB Centres in the country. The incidence of malaria has gone down both in terms of malaria in general, and the more pernicious *P-Falcifarum* type during 1981-82, as compared to the previous year. From the peak of 6.4 million

cases reached in 1976, only 2.3 million cases arose in 1981. As I mentioned earlier, the contribution of the Village Health Guides in this achievement through early detection and drug distribution is significant.

The medical education field has been the subject of debate frequently. There is need to motivate, reorient and educationally and psychologically equip our medical graduates to adapt themselves to work in our rural areas. The emphasis today is not on curing the esoteric illnesses of the elitist few, but on attending to the common diseases, afflicting and debilitating the common man. Also, the need to curb the brain drain from our country in this field is paramount. Taking all these aspects into consideration, a high level Medical Education Review Committee has been set up. This Committee is looking into the problems of medical education right from the beginning upto the specialisation and super-specialisation stage. In all aspects of the medical education, this Committee is going to submit its report. I appointed this Committee a few months back and I am expecting the report within a few months.

Health can be achieved and maintained only by synchronised action of several related schemes, such as adequate food, proper nutrition, environmental sanitation, protected water supply, hygienic habits—all of which require proper education.

SHRI GIRDHARI LAL VYAS: What about irregularities committed by the State Governments in regard to admissions

SHRI B. SHANKARANAND: I am coming to your point.

Attention is being paid in all these sectors by coordinated action through other related Ministries. Supply of drinking water to all problem villages is already part of the 20-point Programme. Health education is sought to be promoted through all available forums to percolate to all sections of society.

Here, many issues regarding capitation fee and admission problems have been raised. As I have already stated, the Medical Education Review Committee is looking into all aspects of medical edu-

cation and so I think I need not deal with that aspect. But one thing I should say. So far as the reservation for Scheduled Castes and Scheduled Tribes in admissions is concerned—because some of the members raised this issue—the Prime Minister some time in this very year had made it abundantly clear when, I think, the Gujarat Agitation was going on about the reservation for Scheduled Castes and Scheduled Tribes, that the Constitutional protection given to the Scheduled Castes and Scheduled Tribes will be maintained. (Interruptions).

May I have a word about Yoga, Ayurveda, Siddha and Homoeopathic medicines?

PROF. N. G. RANGA (Guntur): What about more medical colleges? More medical colleges are needed.

MR. CHAIRMAN: He is mentioning about yoga. You should listen carefully.

SHRI B. SHANKARANAND: There are 106 recognised medical colleges.

THE MINISTER OF STATE IN THE MINISTRY OF HOME AFFAIRS AND DEPARTMENT OF PARLIAMENTARY AFFAIRS (SHRI P. VENKATASUBAIAH): Yoga is also a part of medical education.

SHRI B. SHANKARANAND: We are producing about 12,000 medical graduates every year.

SHRI ASHFAQ HUSSAIN (Maha-rajanj): How many Dental colleges are there?

SHRI B. SHANKARANAND: I do not know, but I am talking about medical education.

Besides, those graduates who come as Ayurvedic graduates, Homoeopathic graduates and other graduates, if you put all these figures, the figure becomes alarmingly large and it is very difficult to provide jobs for them. But a question has been raised that doctors are not willing to go to rural areas because of want of facilities there. It is true to a certain extent, and I share the views of the hon

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Members that we have to make some improvement in the service conditions of the doctors who are serving in the rural areas.

SHRI ATAL BIHARI VAJPAYEE:
Why can't you make it compulsory?

SHRI B. SHANKARANAND: I am forgetting everything that is 'compulsory'. Now he is reminding about 'compulsory'!
(Interruptions).

PROF. N. G. RANGA: Let us not agree on it.

SHRI B. SHANKARANAND: I do not want to make it compulsory. If I provide them with facilities and the necessary content of medical education which will motivate them to go to the rural areas, I think the word 'compulsory' will not arise at all.

The heritage of our country in the vast reservoir of excellent medical knowledge in the traditional systems of medicine, and Homoeopathy, is being fully used.

Sir, Ayurvedic experts and Ayurvedic doctors have taken exception to my using the words 'traditional system'. I should say that I meant only to say about the system of Ayurvedic and Siddha in this case.

SHRI UTTAM RATHOD: What about Unani system?

SHRI B. SHANKARANAND: Unani and Homoeopathy are always there.

PROF. RUP CHAND PAL (Hooghly): But no acupuncture?

SHRI B. SHANKARANAND: Please don't puncture the debate!

Increasing attention has been paid to standardisation of education, pharmacopea and research relating to all these systems. A separate Corporation, namely, the Indian Medicines and Pharmaceuticals Corporation Ltd., has been set up to produce standard Ayurvedic, Siddha and Unani drugs. This is expected to go into production in a few months.

As a contribution of my Ministry to the year of productivity, we have significantly stepped up the production from the Hindustan Latex Limited, Trivendrum. Against an all-time high production of about 180 million pieces of Nirodh in 1978-79, the production during 1981-82 will reach the level of nearly 260 million pieces. On the day when Bandh was called, the Hindustan Latex Limited worked and had all time record of production.

Health is an activity which takes place in every home, every village and every community. It is necessary to keep track of the activities everywhere so that through proper monitoring, timely corrective action and intervention, we can secure our objectives. It is in this connection that we have recently revamped the system of health information flow and monitoring. We have evolved key indicators on which we are now receiving regular reports from the field level upwards. These are studied, analysed and used for further guidance and advice to the State Governments as well as for advance action, for provision of funds, procurement of supplies, training of personnel, etc. In this regard, schemes of health care for Scheduled Castes and Scheduled Tribes and research in respect of diseases afflicting them are being identified and are being taken up.

Delhi is engaged in preparatory activities for the forthcoming Asian Games. My Ministry will be providing, through the Central Government Health Scheme, special health and medical care coverage for this event involving many nations, in several sites of competition and diverse specialities connected with sports. As noted already by some of the Hon'ble Members the facilities for the Hon'ble Members, in the Parliament House Annexe have been strengthened and enhanced.

I have tried to highlight some important aspects of achievement in the past two years. We have a long way to go to assure for our people a satisfactory health status. In all our efforts we will provide full encouragement and support to voluntary organisations.

Some hon'ble Members have raised their grievance about the grants and the method of thing grants to the voluntary organisations. The suggestions have been noted.

As all of you have observed, nothing that we do can give us in either absolute or per capita terms appropriate results unless we speedily attend to the most crucial problem of reducing the rate of our population growth. We shall continue this as our primary task integrated with universal health care, increase in female literacy, improvement of the status of women and other socio-economic activities.

Regarding other points raised by the hon. Members I think first of all I should reply with reference to one hon'ble Member who said that he should have a right to die. (*Interruptions*). One should have a right to die. (*Interruptions*).

You know the provisions of the Indian Penal Code will definitely punish that man who wants to end his life.

SHRI MOOL CHAND DAGA: No, no. That is not an idea.

SHRI B. SHANKARANAND: I am explaining to-day's legal position.

SHRI MOOL CHAND DAGA: That is not the idea.

SHRI B. SHANKARANAND: He who commits suicide escapes punishment. He who attempts to commit suicide is punished. It is the legal position to-day. (*Interruptions*). I can't understand. I do not know what prompted Shri Daga to say this.

SHRI MOOL CHAND DAGA: I have moved Private Members Bill already.

SHRI B. SHANKARANAND: Killing is a word which one deters and abhors.

Sir, a word about spurious drugs and adulteration. Some Members have referred to the existence of spurious drug market in the country. The manufacture of fake and imitation drugs is the handiwork of anti-social elements and the same is taken cognizance of by the police authorities of the various State Govern-

ments in the same manner as they tackle the problem of the existence of counterfeit currency notes in the country. As the hon. Members are aware, very recently, Delhi Police have unearthed a fake drug factory and a cosmetic factory manufacturing imitation cosmetics and have arrested several persons. The manufacturer of spurious drugs caught in Delhi has no licence to manufacture, sell and stock any drugs. The man who has been caught, has no licence to produce drugs.

SHRI XAVIER ARAKKAL (Ernakulam): Who supplied electricity?

SHRI B. SHANKARANAND: Not the Health Ministry.

SHRI XAVIER ARAKKAL: It is a very serious matter. Whether it is the Health Department or Law Department or whatever Department it may be, the Government has to be very alert in this matter.

SHRI B. SHANKARANAND: May I inform the hon. Member that because the Government is serious, this has been detected and the culprit has been arrested?

I have already requested the Chief Ministers of all the State Governments to alert the concerned Departments about the menace of spurious drugs in the country. I also seek cooperation of the hon. Members of this House to create an awareness in their constituencies about the need of full public cooperation in tracking down and curbing the menace of sale and manufacture of spurious drugs and fake cosmetics.

SHRI RAVINDRA VARMA: What precise cooperation do you want from us?

SHRI B. SHANKARANAND: To pass on the information.

PROF. MADHU DANDAVATE: Do you want us to taste them first?

SHRI B. SHANKARANAND: Sir, this is a very serious matter which should not be laughed at.

I would also appeal to the Press and the members of the public. We have to

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take up the following measures against this evil:

(a) We have to see that the public is advised to buy drugs and cosmetics only from known licensed chemists;

SHRI KRISHNA CHANDRA HALDER: Regarding fake and spurious drugs, whether the Ministry of Health will form an Intelligence Wing to detect the spurious drugs in the country?

SHRI B. SHANKARANAND: The hon. Member is quite right. But I should say that it is the duty of the Drug Controller of each State to test the drug that is so marketed and even issue licences before it is manufactured.

(b) The public should insist on cash memos while purchasing any drug;

(c) The public should be advised to compare the price charged by the chemist with that indicated on the label. If the price charged is considerably low than indicated on the label, the possibility of such a drug not being genuine, cannot be ruled out. Wherever such suspicion arises, public should immediately bring it to the notice of the local authorities or police.

(d) The consumer should be advised to destroy all used containers of medicines.

I would like to assure this august House that the Government is equally concerned about the problem of drug adulteration and we would shortly be introducing an amendment Bill to the Drugs and Cosmetics Act, providing a penalty of not less than 5 years imprisonment which may extend to a term of life and a fine not less than Rs. 10,000/- in cases where adulterated, spurious or sub-standard drug causes death or grievous injury to a person.

Regarding food adulteration, many hon. Members alleged corruption in this and talked about corrupt food inspectors. I fully share the anxiety of hon. Members that adulteration of food should be detected and severely dealt with. The responsibility for implementation of the Prevention of Food Adulteration Act rests pri-

marily with the State Governments. I have lost no opportunity to urge upon the State Health Ministers and Chief Ministers to improve the facilities for analysis of food articles and to contain the pernicious evil of food adulteration in the country. Establishment of separate food cells in each State with properly qualified and experienced officers with proper status for carrying out, guiding and supervising the work of the enforcement machinery has been repeatedly advised. The need for creation of separate cadres of qualified Food Inspectors and Analysts with adequate remuneration commensurate with responsibilities has also been emphasised.

During 1982-83, my Ministry proposes to take the following steps for further effective enforcement of the Act in this regard:—

(1) Strengthening of Headquarters Unit.

(2) Strengthening of Port Health Organisations for quality control of food articles imported into India.

(3) Strengthening of Central Food Laboratory, Calcutta and Central Food Laboratory, Ghaziabad.

(4) Grant-in-aid to Central Food Technological Research Institute, Mysore and Public Health Laboratory, Pune, for carrying out appellate work.

(5) Training programme for Food Inspectors, Analysts and senior Officers associated with the implementation of this Act with a view to ensuring uniformity in the technique of analysis and interpretation of data.

There are many points which the hon. Members have made. I will definitely take them into account. But before I conclude, I must say that an intensified School Health Services Project has been launched today by my Ministry with the initial step of training the trainers. All the primary schools in 25 selected Primary Health Centres in 20 States will be covered under this programme by utilising the primary school teachers and the medical and para-medical staff of the Primary Health Centres.

In addition, 5 blocks are being covered in selected Primary Health Centres where it is proposed to utilise the services of private medical practioners for this purpose. Considerable amount of preliminary work including drawing up of health cards, guidelines for primary school teachers and for reports and returns has already been completed. The major purpose of the Project is to test out various approaches to the School Health Projects so that it may be possible later to select the one which is considered most suitable in our national environment. Also, the Project is expected to establish base line data indicating morbidity of various types of diseases and deficiencies in primary school children and the likely load of referral services for the correction of these.

Amongst the many points that have been made, the hon. Members have expressed their concern about the functioning of Delhi hospitals. I can only say and I have repeated many times in this House previously also that unless we reduce the pressure of patients in each hospital, we will not be able to improve the conditions in hospitals. May I appeal to the hon. Members of the House again that please do not think they are only Government hospitals. The idea should be created in the minds of people that they are people's hospitals and they should keep the hospitals as clean as possible. It is not that the people go and make it dirty and the Government cleans it. If one patient goes to the hospital, about dozen people go with the patient and the pressure, the crowd, becomes too much. I may tell my hon. friend, Mr. Ravindra Varma, of course, I do not know—I have never fallen sick—if he falls sick, at least a dozen people will go along with him...

MR. CHAIRMAN: Don't wish him.

SHRI B. SHANKARANAND: I do not wish him to fall sick.

SHRI RAVINDRA VARMA: I have never done that.

SHRI B. SHANKARANAND: You have not fallen sick, I do not know.

SHRI RAVINDRA VARMA: I cannot claim that. I have not made it a social function.

SHRI B. SHANKARANAND: In order to meet the pressure on Delhi hospitals, we have been building up five peripheral hospitals in Delhi and after they are built, I think, a lot of load will be reduced from the Delhi hospitals.

Unless any other Member wants me to clear any other point, I wish to conclude.

MR. CHAIRMAN: You please conclude. At least you conclude. Then, they will put questions.

SHRI B. SHANKARANAND: I Will conclude.

As regards the Nature Cure Hospital which the Hon. friend has mentioned, we have established 4 Central Councils, one for Ayurvedic, one for Unani and Naturopathy, one for Homeopathy and one for Yoga. All the Central Councils are looking into the problems of each medicine.

I have briefly surveyed the social health in the country along with past achievements and future prospects and programmes.

We are placed today at a unique juncture in the country's development in national health and family welfare programmes. We are on the threshold of a social revolution to usher in new perceptions and behaviour patterns in individuals in families and in the society. The task ahead is both challenging and promising.

The most significant development is the stimulating, positive response of the people in general and of the profession in particular, to its moral and social obligations.

We are also aware of our responsibilities to make the fruits of scientific and technological progress available to the people in accordance with the belief that the enjoyment of the highest standard of health is one of the fundamental rights of every human-being.

Health, in this context, is both a goal and a means and an indispensable component of social and economic development. Health and the development processes will

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have to be constantly tracked for optimal returns.

(Interruptions)

As I have mentioned earlier, nothing that you do can be meaningful and fruitful to our people unless our population stabilises quickly in this endeavour to enhance the quality of life of our people, with promise of magnificent future for all in the country.

I seek the commitment and cooperation of all sections of this august House.

Before I conclude, may I say, what Mr. Franko Romello said:

"Without health, life is not life. It is not living life. Without health, life is only a state of languid and an image of death."

Mr. Simon Johnson said:

"To preserve health is a moral and religious duty."

Because my Marxist friend prompted me to say this while he is talking of sweet dreams about health. "You want to sleep with dreams," I do not know.

I hope you agree that the preserve health is a moral and religious duty.

In the words of Mr. William Hall:

"We can no longer be useful when not well."

SHRI ATAL BIHARI VAJPAYEE: What is the name of that book?

SHRI B. SHANKARANAND: "Take Care of Your Health."

SHRI ATAL BIHARI VAJPAYEE: Is the author of that book working in your Department?

SHRI B. SHANKARANAND: I am not quoting anybody who is in my Ministry of Health.

I am quoting either on my own or somebody who is concerned with health.

You have not said anything about health. Otherwise, I would have quoted you also.

It is most unfortunate that I am not getting any quotable quote from the Opposition also.

I can finally say that there is an Arabian proverb which says:

"He who has health has hope and he who has hope has everything."

I wish the House will have all hopes and will have everything.

Finally, I have to say that none of the speakers said that he would oppose the demands of my Ministry. I therefore, take it that every Hon. Member is supporting the demands of my Ministry and I request the whole House to stand as one man to pass the demands of the Ministry of Health.

SHRI KRISHNA CHANDRA HALDER (Durgapur): I want to know from the hon. Minister whether he has, in his Ministry, any proposal to establish Regional Institutes like the All India Institute of Medical Sciences in other regions because from the eastern, southern and western parts, more people cannot come all the way to Delhi to get the specialised treatment. I, therefore, want to know whether his Ministry has any proposal to set up Regional Institutes in Calcutta, Madras and Bombay, whether we can hope to have them in Calcutta, Bombay and Madras.

SHRI B. SHANKARANAND: There has been a proposal to establish a medical centres in the east for the north-eastern states. A Committee has gone into the problem whether it should be established, and the proposals of the Committee are under the study of the Government.

श्री गिरधारी लाल व्यास : मैंने कहा था कि राजस्थान सरकार में मेरिट के आधार पर पी. जी. क्लामेज में ऐडमीशन न कर के अपनी मर्जी से 5 परसेंट मार्क्स बढ़ाकर ऐडमीशन किये हैं जिनको हाई कोर्ट ने वायड करार दिया है। उसके सम्बन्ध में आप क्या ऐक्शन लेंगे ? कुछ सलाह देंगे कि इस प्रकार के गलत ऐडमीशन नहीं किये जाने चाहियें ?

SHRI B. SHANKARANAND: Is it the question of the hon. Member that the matter is pending in the court? I do not know.

श्री गिरधारी लाल व्यास : कोर्ट से हो गया निर्णय । कोर्ट ने डिसाइड कर दिया कि ऐडमीनिस्ट्रेशन नल ऐंड वायड है ।

SHRI B. SHANKARANAND: The question is, if the court has decided, action should be taken according to the decision of the court.

DR. V. KULANDAIVELU: What about South? I have already pleaded for establishment of a post-graduate Institute at the Madras Medical College as well as for declaration of JIPMER, Pondicherry, as an autonomous Institute on par with AIIMS.

SHRI B. SHANKARANAND: There is no proposal to establish any post-graduate centre in Madras, Tamil Nadu. Regarding JIPMER, we have not come to any conclusion.

SOME HON. MEMBERS *rose*—

MR. CHAIRMAN: The Minister himself invited whether any Member was interested in seeking any clarification or information. I am, therefore, allowing only three or four members to ask questions.

Prof. Rup Chand Pal.

PROF. RUP CHAND PAL: When I intervened with my suggestion regarding recognition the system of acupuncture, the Minister brushed it aside lightly. As you know, repeatedly, I have drawn the attention of the Government of India to recognition of this system and the Acupuncture Association of India of which Dr. B. K. Basu, President of the Kotnis Memorial Committee, is the President. He had also approached the Prime Minister and the Government of India regarding recognition of this very effective system in our country. As you know, this system is actually being used in the physiotherapy department of various hospitals. But because of lack of recognition, this very effective and very cheap

system cannot be used widely, cannot be used even by very eminent doctors with foreign qualifications who know this system and who want to coordinate this system with the other systems.

SHRI B. SHANKARANAND: He is talking of acupuncture. Government have no proposal regarding augmenting or expanding or strengthening it.

PROF. RUP CHAND PAL: In his reply to my question on recognition of acupuncture, the Minister has said that, because there is no training institute, they cannot give recognition right now. That means, they must be knowing the system.

MR. CHAIRMAN: It is all right. Then that reply is there and now his answer is also there.

Mr. Bantwalla.

SHRI G. M. BANATWALLA (Ponnani): There is a Tybba College in Delhi established by late Hakim Ajmal Khan, and the College is going from bad to worse; it is in a state of ruin. Since long there has been a demand for the takeover of the College by the Government. Will the Government take over this College and move expeditiously in the matter also?

SHRI B. SHANKARANAND: The hon. Member has raised a question about a single institution and its problems. We have no proposal of taking over the College.

17.00 hrs.

SOME HON. MEMBERS *rose*.—

MR. CHAIRMAN: No, please. If I allow every hon. Member, then it will become another question hour and I do not want to convert it into a question hour.

Now I will put all the cut motions relating to the Ministry of Health and Family Welfare to vote together unless any hon. Member desires that any of his cut motions be put separately.

All cut motions were put and negatived.

MR. CHAIRMAN: I shall now put the Demands for Grants to vote. The question is:

"That the respective sums not exceeding the amounts on Revenue Account and Capital Account shown in the fourth column of the Order Paper be

granted to the President out of the Consolidated Fund of India to complete the sums necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1983, in respect of the heads of demands entered in the second column thereof against Demand Nos. 44-46 relating to the Ministry of Health and Family Welfare."

The motion was adopted.

Demands for Grants, 1982-83, in respect of Ministry of Health and Family Welfare Voted by Lok Sabha

No. of Demand	Name of Demand	Amount of Demand for Grant on account voted by the House on 16th March, 1982		Amount of Demand for Grant Voted by the House	
		Revenue	Capital	Revenue	Capital
		Rs.	Rs.	Rs.	Rs.
1	2	3		4	
		Revenue	Capital	Revenue	Capital
		Rs.	Rs.	Rs.	Rs.
MINISTRY OF HEALTH AND FAMILY WELFARE					
44.	Ministry of Health and Family Welfare	21,97,000		1,09,87,000	
45.	Medical and Public Health	31,49,39,000	12,09,44,000	157,46,92,000	60,77,21,000
46.	Family Welfare	44,68,16,000	17,000	223,40,77,000	83,000

DEMANDS FOR GRANTS—contd.

MINISTRY OF EXTERNAL AFFAIRS

MR. CHAIRMAN: Now, the House will take up discussion and voting on Demand No. 31 relating to the Ministry of External Affairs for which 10 hours have been allotted.

Hon. Members present in the House whose cut motions to the Demands for Grants have been circulated may, if they desire to move their cut motions, send slips to the Table within 15 minutes indicating the serial numbers of the cut motions they would like to move.

A list showing the serial numbers of cut motions to be moved will be put up

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

Motion moved:

"That the respective sums not exceeding the amounts on Revenue Account and Capital Account shown in the fourth column of the Order Paper be granted to the President out of the Consolidated Fund of India to complete the sums necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1983, in respect of the heads of demands entered in second column thereof against Demand No. 31 relating to the Ministry of External Affairs.

Demand for Grant, 1982-83 in respect of Ministry of External Affairs submitted to the vote of Lok Sabha

No. of Demand	Name of Demand	Amount of Demand for Grant on account voted by the House on 16th March, 1982	Amount of Demand for Grant submitted to the vote of the House
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1	2	3	4
		Revenue	Capital
		Rs.	Rs.
MINISTRY OF EXTERNAL AFFAIRS			
31.	Ministry of External Affairs	26,67,41,000	4,71,01,000
		133,37,03,000	23,55,06,000

Now we start the discussion.

Prof. Satyasadhan Chakraborty.

SHHRI SATYASADHAN CHAKRABORTY (Calcutta South): At the very outset let me say that I equally share the anxiety of the External Affairs Minister, the anxiety which he has expressed in the Annual Report for 1981-82 of his Ministry, that the world is facing a danger, the danger of war and there has been a progressive deterioration of the external security environment. I am one of them who are obstinately positive and optimistic. But still I find that dark cloud of war are gathering. The sword of Damocles is hanging and this is a nuclear sword. The civilisation the humanity has created after sweat and toil for the last 5000 years is now faced with the possibility of total extinction because of unbridled armament race and unprecedented production of deadly and death-sowing weapons, particularly nuclear weapons. To-day we live in a world, a world which is very near to us, because of unprecedented technological and scientific and commercial progress.

The scientific progress is almost breath-taking in the present century. The human civilisation has progressed in all its aspects with a speed which, the people, hundred years back could

never ever dream of. Science and technology open before us a bright future, a bright new world where there will be no hunger, no poverty, no illiteracy, no ill-health.

Sir, this development has also brought the possibility that a local war or any chance conflagration may lead to extermination of the human race. There was a time when people could think of wars in a very different way. I remember Goethe, in his Faust, was saying that a gentleman, in the evening, was looking at the blue sky where white patches of clouds were sailing across the blue sky. He was looking at the river—the boats were gliding by, the whole atmosphere was peaceful. He had a cup of drink in his hand and he was hearing the malcontents which were fighting in the distant land totally unconcerned. To-day, if there is a war in any corner of the world, we cannot have the cup of drinks and look at the thing and say how peace is beautiful! When war is going to engulf the whole world, then it will be dangerous for human race. In Shakespear's Tempest, as you know, when Miranda, for the first time, saw man and saw Ferdinand, she said how beautiful man was. Leonardo de Vincy also said how beautiful was

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human figure. But, this beautiful man and his civilisation is now facing a danger of extinction.

In the report, the External Affairs Minister has rightly pointed out the danger of a new cold war. In the cold war, there is an attempt to spend more and more money on armaments and less and money for the social services. In the cold war we find that the ships are moving across the ocean—not with the cargos to satisfy the needs of men but with the nuclear warheads. We find the sky to-day is full of planes which can spell destruction to the different parts of the world. This is the world we see and, we see the scientists in certain countries, particularly, in the United States of America, roughly fifty to sixty per cent of them are engaged directly or indirectly in the preparation or in the process of the military production. Sir, this is the world that we face. Now, the question comes. In the report it has been said that it is due to suspicion, mistrust and fear that we find a new cold war. Is it true? Is it a correct assessment of the new cold war? To my mind, it is not so. Do you know how the cold war started after the Second World War? To-day we have documents and facts. After the Second World War, it was said by the United States of America, that the Soviet Union was out to conquer the whole world, a threat from the Soviet Union, a threat to the free world, a threat to the American way of life and a threat to freedom. But George F. Kennan, one of the chief architects of America foreign policy in the late 1940s and early 1950s in 1956 said about the origin of the cold war and I quote:

"The image of a Stalinist Russia poised and yearning to attack the West and deterred only by our possession of atomic weapons was largely a creation of Western imagination."

So, was there any real threat from the Soviet Union, the country which suffered most in the Second World War. Its twenty million people died. It was a country which was bleeding profusely from the war wounds. So, it was not possible. Now, which country was in a position to attack? Well, it was the country which came out of the Second World War as the strongest and the wealthiest and did not receive a scar from the Second World War. It was the country which by selling arms became rich and strong and a country which at that time possessed atom bomb. It was not possible for Soviet Union either to attack credit it was not in the minds of the Soviet leaders. But this was created by the United States of America to create NATO and Marshall aid and to expand the American frontiers—not the geographical frontiers but expansion of overseas markets, raw-materials and domination. I would like to quote nothing from Soviet Union but from Bertrand Russell about the cold war. By no stretch of imagination he can be termed as a communist or friend of the Soviet Union. I quote:

"There is an essential unity in the cold war, economic and foreign policies of the United States. This is created by the constant search for raw materials and markets, the imposition of poverty upon a a position of poverty upon a large proportion of the worlds population and the use of U.S. military power interests of American capitalism and destroy those who dare to resist."

This is what Bertrand Russell said about American foreign policy and how the cold ward originated.

Sir, I would now quote another distinguished philosopher and historian of G. Britain, Mr. Arnold Toynbee:

"America is today the leader of a world-wide anti-revolutionary movement in defence of vested interests. She now stands for what Rome stood for. Rome consistently supported the rich against the poor in

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all foreign communities that fell under her sway....America's decision to adopt Rome's role has been deliberate."

That is how the cold war originated. It was the deliberate policy of the USA for two reasons. First of all to use its armament industry in peace time for military purposes. That is why it was necessary for them to start this cold war to encircle USSR and to spread its military bases all over the world.

Sir, after this Sputnik soared high in space the USA realised that the time has come when they cannot talk from the position of strength and the period of detente, negotiations and all that started. It is good that the Americans also responded favourably. I remember, it was Kennedy who said, if we don't meet in summit, we will have to meet in brink. Unfortunately it was Eisenhower who met in summit and it was Kennedy who met in brink due to the Cuban crisis. And with this continued dialogue, detente was established. It was a parity of arms, a sort of balance of powers, the balance of powers between the NATO powers and the Warsaw powers. I don't say that this guarantees any permanent peace but I say it creates a no war condition and this non-war condition could be utilised for disarmament. But, Mr. Ronald Reagan when he came to power, refused to accept the halt. He refused to accept the SALT-II Agreement. And you will be astonished to hear what was the programme of Mr. Ronald Reagan. Well, in 1980, in his Electoral programme, he said:

"To achieve total military and technological superiority over the Soviet Union".

So, what is what? It is not detente. It is not disarmament. It is not peace. But it is 'total superiority' 'military, technological superiority' over the Soviet Union. And what was that strategy was followed by them? In military jargon this is known as a counterforce, first strike capability. This is a theory Pentagon advocated:

'A counterforce first-strike capability' or in simple English, 'the capability for unclear aggression'. So, this is the policy of the present American President. And, he has not concealed his intention. He says, "we must produce enough unclear weapons so that we can have the first-strike capability and we can talk from positions of strength" means, from the position of supremacy where they can dictate terms and the Russians will have to accept them. Sir, is it a language of peace? It is a language of feason? Are these the words of sanity? No. This is a jingoist posture that the American Administration took. And, Sir, what was the response of the Soviet Union? Much as we hear about the Soviet military preparedness, it cannot be denied that the Soviet Union also now has Atom Bomb. It has also got Inter-continental Ballistic Missiles. It has also the atomic weapons. But, if you very carefully go to the total development of these armaments and if you analyse coolly the armament-race, you will find that the Soviet Union never took the initiative to develop any weapon of mass destruction. The atomic weapon was first developed by the U.S.A. and it was dropped on Hiroshima and Nagasaki. Later the Soviet Union was compelled to do it. And you will see that the Americans have developed neutron bombs. Now, Soviet Union too, as a matter of defence will have to do it. Just take Pakistan: It first of all got F-16. As a defensive measure we are trying to have Mirage. Can we equate the two? If the Americans develop all these weapons, is it not necessary that for their security, the Soviet Union will have to develop these weapons? But, all the time the Soviet Union said: 'I have developed this weapon, but I am ready to sit, I am ready to talk, and even I am ready to destroy.' You will remember what has happened in Europe. The NATO powers are now going to employ medium-range missiles in Europe and the Soviet Union said: Look here, I am ready to talk. Let there be reduction. Let us go and talk." about this. That

is the reason why we find that there is a cold war in the United States of America is responsible for it. Now, you know the nature of the present American economy. You will be astonished to know that 1/10th of the American labour force is dependent on the military employment. It was no other person than Mr. Eisenhower who cautioned his own people about the military industrial complex. Mr. Eisenhower in his farewell speech said that in the United States of America military-industrial complex is in every city, in every office and in every desk. There is the military industrial complex and you know what it means. The amount they are spending for defence purposes is staggering and by 19885 it will cross the limit of 300 billion dollars.

Sir, some people are talking about the Warsaw Powers and their military strength. Well, I can quote from the Studies of Stockholm Institute for Peace Research.

"In 1980 NATO and Warsaw Treaty Organisation accounted between them for roughly 70 per cent of the World arms spending. The Western Partners spent the greater part, 43 per cent and the Eastern Bloc countries about 26 per cent."

Who is spending more on armaments? Who is preparing for war? who is militarising the economy of the country and why is it necessary? Why is it necessary for the United States to do it? Right from the time of Woodrow Wilson to Reagan the consistent American Policy is to expand their overseas powers protect their vital interests that is, take raw materials from the Third World and the under developed countries and plunder the resources from those countries. This is the reason, why they are trying to expand their overseas power. There is the real danger from the United States of America. What is the philosophy behind it? I would again like to quote—

"In the calculations of the U.S. leaders from William McKinley to

Franklin Roosevelt, from Woodrow Wilson to Reagan, the preservation of American prosperity and institutions—of the American way of life—has been predicated on the preservation and extension of the United State control of foreign markets, and thus the inevitable expansion of the United States power over seas. Viewed in this perspective, the Cold War can be seen, as the U.S. ruling class evidently sees it, namely as war for the American frontier—the extra geographical frontier, the 'Free World'.

Our Foreign Minister has rightly pointed out to the new International Economic Order and in the United Nations Charter itself we find that it has been pointed out that no lasting peace is possible if millions of people are kept in poverty, perpetual hunger and darkness. No lasting peace is possible if such disparities that we find today in the world persists. That is why, there was a demand in the United Nations itself for a new international economic order. What is the position today? You will be astonished to see the condition of the world economy today. The developed countries whose population amounts to only 25 per cent of the total population of world account for 83 per cent of the aggregate Gross National Product, consume 75 per cent of the world energy, 70 per cent of grain, own 92 per cent of world's industry, and 95 per cent of its technical resources and account for 89 per cent of worldwide expenditure on education. Thus, 255 per cent of the people have monopolised the resources, production as also consumption. What about the rest 75 per cent people? Because of this, they are suffering from hunger, they are suffering from poverty, there is no education for them, and they are suffering from ill-health.

Today, the imperialist countries are thriving on the interest and profits they get from the Third World countries. The debt service payments of developing countries stood today at

92 billion dollars a year, and they are constantly rising as a proportion to foreign exchange earnings. While in 1978, about 14 per cent of export earnings of developing countries went to repay debt, it was 20 per cent of debt service ratio now. For some it is 30 per cent. So, the developed western countries have made us a prey. Whenever we produce, we have to export even to the extent of 30 per cent to discharge our debt service payments. For every dollar invested in the Third World Countries, they get 2.4 dollars. That is the condition of the Third World Countries.

Many people know Woodrow Wilson as a leader of peace in the world. Here, I would like to quote what he said:

"Since trade ignores national boundaries and the manufacturer insists on having the world as a market, the flag of his nation must follow him, and the doors of the nations which are closed must be battered down."

Even Pandit Jawaharlal Nehru, in his book, *Glimpses of World History* has mentioned about the dollar imperialism. That is the reason why we are today in the strangle hold of this dollar imperialism. That is the reason why we are poor. Today, the whole capitalist system is in a deep crisis. What are they doing? The developed capitalist countries have transplanted to the underdeveloped countries elements of economic crisis and even added new ones. The main role in this accelerated destructive process is played by private banks and international financial and monetary institutions like IMF, the World Bank etc. What are these institutions? Who created them after the Second World War? These institutions were created by the developed countries to keep their hold on the Third World countries.

Today, where do we find ourselves economically? What is the position of

the Third World countries including India? There are the unfavourable price ratios, the freezing of actual lowering of the prices of the raw materials, and other products of the under-developed countries on the one hand, and on the other hand, the rise of prices of manufacturers, and services supplied by the industrial countries, the high interest rates, the steady shrinkage of sources of external financing and runaway inflation are some of the basic elements of the crisis.

What is our problem in India? Why are we going in for the IMF Loans? We are going in for the IMF loan just because we cannot pay for what we import. And the prices of our exports are going down while the prices of our imports are going up, thereby the trade gap is created. For that again we go to the IMF and the World Bank and they impose conditions. And because of our dependence on them, we have to accept those conditions. But our economy cannot gain in health so long as we are tied to the world capitalist system. Again we will have to go in for loan to repay what we have already taken. More debt, more indebtedness and ultimately this creates a danger for us.

Here I quote an American economist who says:

"As long as it remains enmeshed in the capitalist world market, an underdeveloped country is ipso facto a subject of imperialist exploitation, manipulated prices for its exports and monopoly price for its imports, and at least is in constant danger of falling into renewed political subjugation."

How do you fight it? What steps do we propose to take? Well, our Prime Minister right from the Melbourne, Cancun and to New Delhi Talks has been emphasising that there should be a new international order. In Cancun, we demanded a simple thing—one per cent of their product that they

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should save for the undeveloped countries and they agreed to 0.07 per cent now they don't agree even to it.

Now, what have we got from Cancun? What have we got from Melbourne? What our Government is trying today is that it is taking some friends, trying to put some pressure and get certain concessions. But they would not give you concessions. More and more burden they are imposing on us, more and more we are trying to go to them, bend our knees and beg of them look here you mighty world Bank, you mighty IMF, you mighty United States of America, give us something. You behave like the poor Indian present who goes to the landlord, who keeps him in perpetual indebtedness and because of the exploitation he remains in perpetual indebtedness and continues to go to him and says: Oh, lord, give me something.

This is because of the fact that on the one hand we are talking of new international order: we are talking of self-reliance, on the other hand we are mortgaging our economy. This economic weakness, this opening the door for the multi-nationals, who are pumping the resources from the under-developed countries to their metropolitan countries, will be making us more weak. If this continues Mr. Foreign Minister, all your slogans of self-reliance, all your talk of non-alignment will be totally useless. Economic dependence will lead also to political dependence. You reverse this process; you try to stand on your own legs. You don't go in for this cooperation with the multinationals. Otherwise you will create danger for the independence of the country.

Mr. Chairman, Sir I would now come to the conditions that are prevailing around our country. Sir, you will notice that the American imperialists are trying to create danger around our country and also in the sub-continent. After being rebuffed and thrown out from Iran,

American imperialism is now collaborating with Pakistan's dictatorship; and Pakistan has already agreed to extend Naval facilities for the U.S. at Karachi, and air facilities at Peshawar. USA is arming Pakistan to the teeth. Pakistan is now playing the game of American imperialism. Those who see Pakistan isolated from American imperialism, do not see the real danger. This No-War Pact they are advocating, is a smoke-screen to hide the American design, because they want to keep Kashmir outside this Pact, so that they can internationalize this issue.

What is the bone of contention? There is difference between India and Pakistan mainly on the question of Kashmir; and they want to internationalize the issue of Kashmir; and they talk of No War. This is a smoke-screen they are going to create. They are arming themselves and they are acquiring sophisticated weapons. This is a serious threat in the whole sub-continent.

Recently, there has been a military take-over in Bangladesh. My only express their desire, then there is no subverted there, and military dictatorship has assumed power. This is a danger for our sub-continent. You will find that conditions are not good in Sri Lanka and also in some countries. This is a danger for our own country.

Some people talk of Afghanistan. I would remind you about a recent proposal by Karmal Government. They have agreed; they have invited Pakistan and Iran, and have said 'Let us sit; let us talk; let there be bilateral or trilateral talks.' They have gone to the extent of saying that one U.S. represent which can also remain present—"Let us talk; let us discuss and let there be no outside interference. The Soviet troops will withdraw." Pakistan has cold-shouldered this idea. They are not responding. What are the ding? The American imperialism is arming the chieftains and landlords who have gone out of Afghanistan. Armed guerilla insurgents are being

pushed inside Afghanistan to create disorder and to deprive the people of the fruits of revolution. I feel deeply that cold-war has come to our doorstep.

Sir, when some of the Members sitting on the other side laugh, I only feel that they are laughing at themselves. They do not really understand it.

MR. CHAIRMAN: Why are you so furious, Mr Tewary?

SHRI SATYASADHAN CHAKRABORTY: To-day, we are faced with this real danger. The cold war has come to our doorstep.

I would now mention something about the Indian Ocean. You have mentioned it in your Report; and the Sri Lanka Conference has been torpedoed by the USA. It is a real danger. The Soviet Union agrees to the concept of the zone of peace. USA does not agree. What is happening?

Israel has destroyed the Iraqi nuclear establishments; and recently they have annexed, the golan Heights. Is it not a shameful act of political brigandage? Is it not being backed by the United States of America? What are they doing in South Africa? They are arming the South Africa and they are not going to implement the Resolution of United Nations on Namibia. Everywhere, they are stoking the flames of fire. Everywhere, they are creating hot spots. Since there is a danger, it is true that the danger is real. But there is the other side of the picture. In West Germany, in England, in France, millions of people have come out they are fighting and protesting against the preparation of war; and they are demanding peace. When millions of people come out and express their desire, then there is no power on earth which can resist these millions of people; they are bound to be victorious.

Look at our borders. Kashmir problem is there. Khalistan is there.

North-Eastern region is there. There is a conscious attempt to destabilise our borders, a greater part of them, to create security problems for us; and divisive and fissiparous forces have raised their heads. I warn the Government that they should take note of all these things seriously. The foreign powers are behind it, particularly the United States of America. They are creating troubles on our borders; they are creating divisive forces and the Government should take note of it. When the international situation is such, when our country is facing some danger, what is the reaction of this Government? Well, it is strange that they are imposing more and more burden on the people on the working class. How do you fight against them? How do you strengthen the country? What are the sinews of war—men, money and material? If you keep the workers in poverty, if you attack the workers with the repressive Acts, are you going to strengthen the unity of the nation? In this Report, you have talked about the unity of the nation. By attacking the working class, toiling people, are you going to maintain the unity of the nation?

You want to make our economy strong. By inviting the multi-nationals, are you going to make the economy strong? you want to develop the economy by giving concessions to the multi-nationals. Are you going to develop our economy by doing it? It is not possible. The policy you are following inside the country is anti-people. This will not strengthen the unity of the people; this will divide the people. Your vacillation and weakness inside the country will not strengthen the country. You will have to reverse this process.

You have said that non-alignment gives the freedom of choice and the freedom of action. True. But is it the real content of non-alignment? Non-alignment is the product of anti-imperialist struggle. You refuse to talk anything about imperialism. Your attempt is to confuse by saying super-

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power, rivalry. You are a failure to say/identify who is your friend and who is your foe (*Interruptions*).

THE MINISTER OF EXTERNAL AFFAIRS (SHRI P. V. NARASIMHA RAO): Did you find rivalry in the Report this time?

SHRI SATYASADHAN CHAKRABORTY: It is not super power rivalry; it is an American imperialism and socialist powers are trying to resist American imperialisms? Why? The content of non-alignment is anti-imperialism. And because of our economic weakness, because of your dependence on Western imperialism, you are eroding the anti-imperialist content of non-alignment, and that is why your voice is feeble, your steps are weak, your hands are not strong, and your minds are not sure. It is just because of your economic weakness and your dependence. So to be really non-aligned you will have to be really anti-imperialist, to be really non-aligned you will have to stand on your own legs, give up the dependence on Western imperialism; to be really non-aligned you should be progressive, you should develop your economy and you should destroy the feudalistic structure inside our country and smash the monopolistic strategy. Until and unless you do that, until you go in for radical reforms inside the country, until you go in for the sapping of relationship, economic relationship, with the multi-nations, non-alignment is in danger. Sir, with these words I conclude. Thank you. (*Interruptions*)

AN HON. MEMBER: How will Tewari be reformed?

AN HON. MEMBER: What about China?

MR. CHAIRMAN: Why do you want to provoke him (*Interruptions*)

SHRI SATYASADHAN CHAKRABORTY: Since hon. Members want. (*Interruptions*) I am happy that our relations with China are developing.

We want them to develop. We want cordial relations with China. I congratulate the Soviet Union for opening the dialogue with China. We want China and Soviet Union to come together, develop relations with the Third World countries so that with a united mind we can fight the American Imperialism the real danger, the germ of the world.

AN. HON. MEMBER. How will Tewari be reformed?

SHRI SUDHIR GIRI (Contai): I beg to move:

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to check the expenditure on the embassies in foreign countries.] (3).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to reduce the expenses incurred by some officials for travelling in foreign countries.] (4).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Failure to check the malpractices by some officials.] (5).

SHRI G. M. BANATWALLA (Ponnani): I beg to move:

"That the Demand under the Head 'Ministry of External Affairs' be reduced to Re. 1."

[Failure to invoke total and effective economic and political sanctions against the Zionist State of Israel especially in view of United Nations General Assembly resolution of February, 1982 calling for total isolation of Israel] (6)

"That the Demand under the Head 'Ministry of External Affairs' be reduced to Re. 1."

[Failure to order closure of Israeli consulate in Bombay despite U.N. General Assembly resolution calling for total isolation of Israel.] (7).

"That the Demand under the Head 'Ministry of External Affairs' be reduced to Re. 1."

[Failure to endorse all passports as not valid for travel to Israel, as is the case for South Africa.] (8).

"That the Demand under the Head 'Ministry of External Affairs' be reduced to Re. 1."

[Failure to declare without delay that Israel will not be allowed to participate in Asian Games to be held in India.] (9).

"That the Demand under the Head 'Ministry of External Affairs' be reduced to Re. 1."

[Failure to withdraw recognitions granted to educational degrees and professional qualifications from Israel.] (10).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to give full diplomatic status to the Mission of the League of Arab States in Delhi.] (11).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to set up a permanent Expert Advisory Committee for continuous critical evaluation of foreign policies and formulation of policy alternatives.] (12).

SHRI T. R. SHAMANNA (Bangalore South): I beg to move:

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to declare a clear cut policy in respect of Afghanistan issue.] (13).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to protect the life and properties of Indians settled in Sri Lanka.] (14).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to seek the help and co-operation of countries bordering North Eastern areas of our country to put down extremists operating N.E. areas of India.] (15).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to follow a firm and business like policy in dealing with Pakistan.] (16).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to take note of happenings in Bangladesh after the recent military coup and its effects on our country.] (17).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to have a clear cut policy with U.S.A.] (18).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need for caution and tact in dealings with China.] (19).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to take steps to make non-aligned countries an effective force.] (20).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to tone up the working of our embassies.] (21).

[Shri T. R. Shamanna]

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to impress upon the officials working in our embassies and students studying in foreign countries to guard the honour of the countries.] (22)

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need for better understanding with U.S.S.R.] (23).

PROF. AJIT KUMAR MEHTA
(Samastipur): I beg to move:

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to reduce expenses incurred by officials visiting foreign countries. (34).

"That the Demand under the Head 'Ministry of External Affairs' be reduced by Rs. 100."

[Need to safeguard adequately the Indian Nationals living in foreign countries.] (35).

"That the Demand under the Head Ministry of External Affairs be reduced by Rs. 100."

[Need to reduce the expenditure in Indian embassies abroad.] (36).

MR. CHAIRMAN: Shri Madhavrao Scindia.

SHRI MADHAVRAO SCINDIA
(Guna): Mr. Chairman, Sir.

PROF. MADHU DANDAVATE: He is playing to the gallery.

MR. CHAIRMAN: Have you got any objection to that?

SHRI MADHAVRAO SCINDIA: Especially when my wife is sitting there in the gallery!

Mr. Chairman, Sir, Professor Chakraborty said that under the guidance of our Prime Minister and our hon. External Affairs Minister India is still in search of its identity. In their eyes the identity of India seems to be blurred. That is what Professor Chakraborty said. May I, in all humility, point out that I feel that it is Professor Chakraborty who is having some difficulties with his identity between China and the Soviet Russia? As far as we are concerned, in the words of our Prime Minister, we know what we are. We are not pro-Soviet we are not pro-American. We are pro-India. We look to our national self-interest, but in an enlightened way, based on the principles of peaceful co-existence which we have inherited from the time of Gandhi and Nehru. That is our identity.

The see-saw of international relations always dangerously on its fulcrum. There is a serious threat of its disintegrating in a heap on what is treated as a 'play-ground' by the Great Powers. But with it will succumb humanity, as we know it, leaving to the 'unfortunates' who survive, the tangible legacy of a scorched earth, and the intangible one of shattered values and dreams. Unless the very approach undergoes a radical transformation, the future is grim. It is across such stormy and tempestuous seas that the hon. External Affairs Minister has to chart the voyage of the ship of our foreign policy. No one is quite sure of the shape the world will take and what the future holds. We are witness to a confrontation between powers dedicated to change and those wedded to the maintenance of *status quo*, between powers feverishly indulging in exploitation and those attempting to arrest that exploitation; between powers committed to the perpetuation of the thesis of spheres of influence and those fiercely asserting their independence and sovereignty. The world is regrouping into

a myriad of fiercely independent, locally redoubtable entities. We are moving into perimatic world whose exact hues are still hazy, still uncertain. Because of our Prime Ministers eminent international position, we have to look beyond just ourselves, and endeavour to bring some sanity to this world.

After Afghanistan, Poland and the Latin American situation, we have witnessed, as the report says, a sharp deterioration in super-power relations. But I would like to point out that in my opinion, the days of a few mighty powers dominating our planet seem clearly numbered. The flame of nationalism is asserting itself across the lands and proxy leaderships facing this resurgence of nationaist sentiment find themselves desperately at bay. Iran, and now Poland, are examples of this emotional awakening in what were formerly docile client States. All indications are pointing out to this trend continuing, with further upheavals in Latin America and the Middle-East to the detriment of the USA and in Eastern Europe where the Soviets will be at the receiving end.

In fact, Great Power rivalry and their total absorption in a senseless arms race has cast its dark shadow over our part of the world. With the changes in Iran and Afghanistan, the whole focus of international relations has shifted to our sub-continent. The military and naval activity in the Indian Ocean, the continuing uncertainty in Afghanistan and the induction of new generation weaponry into Pakistan have undoubtedly aggravated Indias security environment.

As I have said on several occasions on the floor of this House, the Soviets have exhibited a consistency in their actions towards us. We value each others friendship, and look forward to further strengthening of this relationship, on the basis of mutual respect. But the American role is unfortunate, to say the least, aptly described in Selig Harrisons words as "a monumental self-defeating blunder", which

will only succeed in "fanning the flames of anti-Americanism in the sub-continent."

Ever since the first year of the Reagan Presidency, Indo-US relations have come under severe pressure. The Pentagons annual military posture statement for 1981 clearly states that it intends to improve its military balance in South-West Asia, a new geopolitical construction of the United States, of which Pakistan is an important part. The ostensible aim, of course, is the limitation of Soviet power and the prevention of the possibility of Soviet military intervention, and it is thought by Washington that Pakistan best fits into this scheme of things. How dangerous for the world, that the foremost nuclear power should base its foreign policy perspectives on such simplistic and short term thinking. Even assuming that the Soviet try to intervene in Pakistan, which I cannot see them doing, does Washington really feel that Pakistan can stop them? Besides, it is well accepted that the high powered weaponry that is being supplied to Pakistan cannot be used on its western front, but can only be used on its eastern front, towards India. By this unwarranted and unnecessary action, based on short-term thinking, peace loving and non-aligned India, suddenly finds itself looking down the glistening black barrel of new generation weaponry. In the circumstances, our endeavours to provide adequately for our defence, places a severe burden on our economy delicately poised at the take-off stage. To compound this further, the United States stand on the IMF loan, their *de facto* unilateral abrogation of the Tarapur Agreement and the denial of vital spare parts for the plant leaves us with the feeling of a sinister conspiracy aimed at blunting the potentials of a country poised to play a significant role in the world—a country, whose only crime in the American eye, seems to be its outright rejection of the status of a client State. Washington is ready to sacrifice U.S. interests in India, for the sake of its ties with the military rulers of Pakistan, in the hope

[Shri Madhavrao Scindia]

that various forms of strategic cooperation will prove possible; in the hope that the projected rapid deployment force will acquire access to Pakistani ports; in the hope of naval base facilities and the restoration of US electronic intelligence stations at Peshwar. Yes, these aims have been revealed by no less a person than Admiral Thomas H. Moore, former Chairman of the joint Chiefs of Staff. It is a sad predicament that the US Ambassador in New Delhi has been left in by his administration. Ambassador Barnes can only express his confidence that Pakistan will not misuse American arms against India, surely more wishful thinking than conviction, when one casts one's mind back to certain events in 1965 and 1971. Facing a turbulent internal situation, American strategic projections suit General Zia admirably. But what about America? In the constant changing graph of international relations, is it wise to slam the door in the face of a peace-loving and potentially great country; is it wise to slam the door in the face of one of the most industrialised in the developing world; is it wise to slam the door in the face of a country whose technological advance has culminated in such brilliant scientific achievements as membership of the exclusive satellite club and the conquest of Antarctica? The United States is the second largest democracy in the world, and professes to be the champion of the democratic cause. Yet ironically, it seems to feel much cosier in its relationship with the largest communist nation, than with the largest democratic one. Its role in El Salvador, Nicaragua, Guatemala and its relationship with South Africa

are glaring to even the non-discerning eye. May be there is some truth in the saying that no country need to have permanent friends, only permanent interests. But even permanent interests must be based on some minimum principles of international morality. Otherwise, one's credibility fast erodes as is happening with the Americans.

18.02 hrs.

MR. CHAIRMAN : Mr. Scindia I think if the House agrees we can sit a few minutes more so that you can complete your speech.

SHRI MADHAVRAO SCINDIA: I would like to complete it tomorrow because I have quite a lot of things to say.

MR. CHAIRMAN: It is only if you want, you can complete it now.

SHRI MADHAVRAO SCINDIA: I think I have got a lot to cover. So, I will continue tomorrow.

MR. CHAIRMAN: If you yourself want to continue it tomorrow, that is all right. Otherwise, we can sit 15 minutes more and you can finish.

SHRI MADHAVRAO SCINDIA: I would not like to test the patience of the House any more. I would like to continue tomorrow.

MR. CHAIRMAN: Then, the House stands adjourned to meet tomorrow at 11 A. M.

18.01 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Tuesday, March 30, 1982/Chaitra 9, 1904 (Saka).