

श्री रामाबतार शास्त्री : मैं मंत्री जी से सिर्फ एक सवाल पूछना चाहता हूँ। अभी आपने गन्दी बस्तियों की चर्चा की, सम्भवतः आपको मालूम होगा कि पटना बिहार की राजधानी है, लेकिन कितनी गन्दी है, आप स्वयं जानते हैं। मुझे मालूम हुआ है कि वहाँ की सरकार ने गन्दी बस्ती की सफाई के नाम पर कोई योजना आप के यहाँ भेजी है ताकि उस की सफाई की जाय, सड़कों की मरम्मत की जाय। मैं जानना चाहता हूँ कि क्या आप ने उस दिशा में कोई विचार किया है, अगर किया है तो उसकी स्थिति क्या है ?

श्री आई० के० गुजराल : शास्त्री जी ने आज मुझ से सेंट्रल हाल में भी जिक्र किया था, मैंने मालूम किया है—हमारे यहाँ अभी ऐसी कोई स्कीम पटना से नहीं आई है, इसलिये उम के नामन्जूर करने या वापस करने का सवाल पैदा नहीं होता। मुझे उम्मीद है कि वह जल्द से जल्द कोई ऐसी स्कीम भेजेंगे जिस से पटना शहर की हालत अच्छी हो सके, मैं खुद चाहता हूँ कि पटना की समस्या जल्द से जल्द हल हो।

MR. CHAIRMAN : I shall now put all the cut motions moved, to the vote of the House.

All the cut motions were put and negatived.

MR. CHAIRMAN: The question is :

"That the respective sums not exceeding the amounts shown in the fourth column of the order paper be granted to the President 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, 1973, in respect of the heads of demands entered in the second column thereof against Demands Nos. 82 to 84, 132, 133 and 134 relating to the Ministry of Works and Housing."

The motion was adopted.

17.26 hrs.

MINISTRY OF HEALTH AND FAMILY PLANNING

MR. CHAIRMAN: The House will now take up discussion and voting on Demand Nos. 35, 36 and 117 relating to the Ministry of Health and Family Planning for which 3 hours have been allotted.

Hon. Members present in the House who are desirous of moving their cut motions may send slips to the Table within 15 minutes indicating the serial numbers of the cut motions they would like to move.

DEMAND No. 35: MINISTRY OF HEALTH AND FAMILY PLANNING

MR. CHAIRMAN: Motion moved :

"That a sum not exceeding Rs. 1,31,43,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March 1973, in respect of Ministry of Health and Family Planninz."

DEMAND No. 36: MEDICAL AND PUBLIC HEALTH

MR. CHAIRMAN : Motion moved :

"That a sum not exceeding Rs. 26,02,73,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1973, in respect of 'Medical and Public Health'."

DEMAND No. 117 : CAPITAL OUTLAY OF THE MINISTRY OF HEALTH AND FAMILY PLANNING

MR. CHAIRMAN : Motion moved :

"That a sum not exceeding Rs. 21,40,95,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1973, in respect of 'Capital Outlay of the Ministry of Health and Family Planning'."

17.28 hrs

[SHRI R. D. BHANDARE in the Chair]

MR. CHAIRMAN: Shri E. R. Krishnan.

*SHRI E. R. KRISHNAN (Salem): Hon. Mr. Chairman, on behalf of my party, the Dravida Munnetra kazhagam, I would like to express my views on the Demands for Grants of the Ministry of Health and Family Planning.

Under Demands 35, 36 and 117 relating to this Ministry, during 1971-72 the saving has been of the order of Rs. 7.83 lakhs, Rs. 188.30 lakhs and 3.39 lakhs respectively. This only means that the moneys allocated for certain schemes have not been spent in full. For the saving of Rs. 188.30 lakhs under the Demand No. 36—Medical Health the explanation given is that there has been economy practised in certain plan schemes of the Ministry. I wonder how economy can be effected in the plan schemes of this vital Ministry dealing with public health and family planning.

Here, I would like to refer you to what has been stated in the Mid-term Appraisal of the Fourth Plan. There has been a reduction of Rs. 159.66 lakhs in the allocation made for public health schemes of the Central Government. It is also seen that in no year the allocations for Central Schemes have been spent completely. The main reason given is that there has been delay in communicating the allocation by the Government of India towards the individual health scheme. Looking at the apathy of the Government in implementing the health schemes, the Mid-term Appraisal suggests a comprehensive review of all the health schemes. I would like to know from the hon. Minister of Health when this review will be undertaken and completed.

You are aware, Sir, that the eradication of communicable diseases in the country is a central scheme. It is reported that on account of inordinate delay in formulating the plan schemes, these schemes are not being implemented effectively with zeal. I would like the hon. Minister to look into this question.

During the years 1966-67 to 1970-71, the allocations for family planning schemes have not been spent in full. In not even one single year, the allocation has been utilised fully. The programmes of Sterilisation and

IUCD insertions have not shown any progress during the past few years and in fact the statistics show trends of stagnancy. The target has not been achieved in any year. I would like to know the reasons for this.

During the first two years of the Fourth Plan 264 primary health centres are to be established, but only 169 primary health centres have been established during this period. During these two years, 10,500 hospital beds have been added against five year target of about 26,000 beds. Even here, the majority of beds have been established in urban centres, creating a serious imbalance in meeting the health needs of rural people. In rural areas, 2,050 primary health centres have no building of their own. I would like to ask: is this the administrative efficiency of the Central Government in meeting the health needs of the rural people? In a recent seminar, the view was expressed that the Health Laboratories in the country should be brought under a statute and the medical experts working in these laboratories should be made to get themselves registered with the authorities. It is really regrettable that so far no legislative measure has been thought about for these Health Laboratories. It is also reported that sufficient number of medical experts have not been attracted for service in these Health laboratories. As they are not offered adequate emoluments, there seems to be this shortage. I would request the hon. Minister of Health to pay attention to this problem.

It was widely reported in the press that in a vasectomy camp held at Gorakhpur recently, 8 people lost their lives and 6 were in critical condition. The District Magistrate confirmed that due to lack of adequate medical attention this mishap had occurred. The Ministry had also sent a team of officials to Gorakhpur for investigating the causes of this mishap. I would like to know what steps are being taken by the Ministry to prevent the recurrence of such ghastly incidents.

The aim of family planning schemes is to control the population explosion. The population growth and its consequences, the family planning programmes and their methods of implementation should form an essential part of medical curricula. The

*Original speech was delivered in Tamil.

subjects of Population Dynamics and Population Education should be taught in the colleges. I do not know why attention has not been paid by the Government so far in doing this. There has also been a long standing demand from the people of Salem that a regional medical college should be established in Salem. I would appeal to the hon. Minister to take necessary steps in this direction.

In Tamil Nadu, the individual undergoing vasectomy operation is given Rs. 30, while his counterpart in Gujarat, in Kerala and in Uttar Pradesh is given Rs. 80. I am really pained to see this discrimination and I do not know what came the people of Tamil Nadu have committed to face this injustice and inequitable treatment. In the second family planning drive, the individuals undergoing vasectomy operation in the districts of Tanjore, Tiruchirappalli, Salem and South Arcot, a sum of Rs. 50 was given per individual and the people in other districts were not given this amount. There is no uniform criterion for payment to individuals undergoing vasectomy operations.

On account of vigorous implementation of family planning programmes by the Tamil Nadu Government the population growth has been controlled. The D.M.K. Government of Tamil Nadu has met with significant success in this field. In the year 1971-72, 1,99,740 people had undergone the vasectomy operation, out of which 99,105 people were paid Rs. 50 each and the rest, 1,00,635 people got Rs. 30 per head. Is it just and proper?

The target of vasectomy for Tamil Nadu was 1,73,883 and the actual vasectomy operations numbered 2,45,845. The target has been exceeded by 41.4%. Similarly, in the matter of contraceptives, the target was 1,13,226 and the actual users numbered 1,21,258. Thus, the achievement was 7.1% more than the target. In spite of effective implementation of all our Five-Year Plans, in spite of receiving massive foreign aid for our technological developments, everything will prove futile if the population grows at the present rate. Realising this factor, the Tamil Nadu Government are pursuing a determined policy in the matter of implementing Family Planning Programme.

The population at present is 55 crores and our late President, Dr. Zakir Hussain had prophesied that by the end of this century the population would reach the astounding figure of 100 crores. The Tamil Nadu Government with its vigorous drive for implementing family planning schemes has made a dent in the problem of population growth. You will agree that it is in the national interest to arrest the population growth. But it has led to a serious consequence so far as Tamil Nadu is concerned. The number of parliamentary constituencies has come down from 41 to 39. It is ironical that the good intentions and the earnest efforts of the Tamil Nadu Government have been penalised this way. I would appeal to the hon. Minister that the Constitution if necessary, should be amended with a view to ensuring, that the implementation of family planning programmes does not lead to any reduction in the parliamentary constituencies of the States. If this situation continues, naturally the family planning programmes will receive a set back with the consequence of dangerous population growth. I would request the hon. Minister of Health that the earnest efforts of Tamil Nadu Government should not be rewarded by reduction in parliamentary constituencies in Tamil Nadu.

While reiterating again the need for protecting the interests of Tamil Nadu in the matter of parliamentary constituencies, I would appeal to him that he should initiate steps for establishing a Regional Medical College at Salem.

With these words, I conclude.

DR. LAXMINARAIN PANDEY (Mandaur): I beg to move:

That the Demand under the Head Ministry of Health and Family Planning be reduced to Re. 1.

[Failure to supply medicines for diabetes to diabetic patients from CGHS dispensaries in the normal course after the initial 3 months period (1)].

That the Demand under the Head Ministry of Health and Family Planning be reduced to Re. 1.

[Dr. Laxminarayain Pandey]

[Need to dispense with the requirement of Specialist certificate in the matter of supply of medicines for diabetes to diabetic patients from the CGHS dispensaries after the initial 3 months period (2)]

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Want of doctors in Primary Health Centres, working in rural areas (5)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Absence of General medical facilities in Primary Health Centres (6)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Failure to provide drinking water particularly in rural areas (7)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Failure to encourage indigenous system of medicine, particularly Ayurvedic system (8)].

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

[Failure to give adequate facilities to medical graduates (33)].

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

[Failure to control various types of infectious diseases (34)].

SHRI RAMAVATAR SHASTRI (Patna):
I beg to move:

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Non-availability of medicines in CGHS dispensary, R.K. Puram, Sector II (12)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Need to allow residents of B-2 Block of Safdarjang Enclave to avail medical facilities from Nauroji-Nagar CGHS dispensary (13)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Failure to open a separate CGHS dispensary for the residents of A & B Blocks of Safdarjang Enclave (14)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Failure to check wastage of time of the patients by the doctors and other staff in CGHS dispensaries in attending to their friends and relations and indulging in gossips with them for long hours (15)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Need to check the pilferage of costly medicines from Jangpura CGHS dispensary (16)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Need to shift the Jangpura CGHS dispensary at a central place (Jangpura-Bhagal) (17)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Need to improve the working of CGHS dispensary at R. K. Puram, Sector II (18)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Need to take steps to eradicate mosquitoes from Safdarjang Enclave under National Malaria Eradication Programme. (19)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Failure to provide a separate CGHS dispensary for the residents of B-1, B-2 and B-3, Blocks of Janakpuri, New Delhi. (20)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Non-availability of even ordinary medicines at CGHS dispensaries in Nauroji Nagar, Laxmibai Nagar and Sarojini Nagar. (21)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Need to provide round-the-clock medical service to beneficiaries from the CGHS dispensary at Nauroji Nagar, New Delhi. (22)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Need to improve the working of CGHS dispensaries in Government colonies i.e. Notaji Nagar, Sarojini Nagar, Nauroji Nagar and Laxmibai Nagar. (23)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Need to provide Ayurvedic CGHS dispensary in Sarojini Nagar to cater to the needs of residents of Netaji Nagar, Nauroji Nagar and Sarojini Nagar. (24)].

That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Failure of the officials of the Ministry to pay surprise visits to CGHS dispensaries and to look into the difficulties of the beneficiaries (25)].

SHRI DASARATHA DEB : I beg to move:

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

[Failure to check the sale of medicines supplied to Government hospitals and dispensaries in the black market. (35)].

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

[Need to extend medical facilities under CGHS to the Members of Parliament in their respective home towns. (36)].

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

[Urgency for setting up a medical college at Agartala during the present Plan period. (37)].

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

[Need to set one hospital at Raima-Sorma area in Tripura. (38)].

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

[Need to provide central financial assistance for the setting up of dispensaries in tribal belts of Tripura. (39)].

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

[Need to provide central financial assistance for the setting up of leper segregated centre in Tripura (40)].

SHRIMATI BHARGAVI THANKAPPAN (Adoor): I beg to move:

That the demand under the head Ministry of Health and Family Planning be reduced by Rs. 100.

[Need to increase the number of Primary Health Centres to provide medical facilities in rural areas. (42)].

That the demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100.

[Need to appoint more doctors in CGHS dispensaries in order to meet the heavy rush. (43)].

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

[Urgency for setting up of an Ayurvedic University in Kerala during the present Plan period. (44)].

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

[Failure to give employment opportunities to medical graduates in the State of Kerala. (45)].

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

[Need to set up one Cancer Detection Centre and provide advanced cancer treatment facilities in the State of Kerala. (46)].

That the demand under the Head Capital Outlay of the Ministry of Health and Family Planning be reduced by Rs. 100.

[Acute shortage of drinking water facilities in the rural areas of the country. (47)].

MR. CHAIRMAN : The cut Motions are also before the House.

DR. G. S. MELKOTE (Hyderabad): Mr. Chairman, Sir, while raising here to support the Demands for Grants of this Ministry, I would like to tell the Ministry very frankly that it is not moving fast enough. I hope the Ministers and other have read

what is occurring in China. They must also have read Mao's Thoughts. Is it that in India we do not want to follow the pattern that Mahatma Gandhi set for us, in the sense that the medical profession have to completely align itself with the masses in the rural sector instead of isolating themselves from the mainstream of public life? It is said that in China every medical student is compelled to go to the villages during the course of training, stay there with the villagers, work with them, feed with them and come back. While we are talking about this for several years, we do not know what actually we have done in this regard.

I would like to bring to the notice of the Minister that acupuncture, which was considered an out-moded method of treatment, is now coming up again on the world map. It is not a treatment that is newly discovered or invented by the modern system of medicine. This system actually went out from India. But it is a matter of regret that we not been using this acupuncture system. This is a system which can cure many ailments and many of the surgeons of Europe and America go to China to learn this acupuncture system to give relief to humanity.

In saying this, I have to mention about the indigenous system of medicine and try to place before you very frankly that the Indian system of medicine has a good deal to do with the people as well as with advanced methods of treatment. May I know whether the Health Ministry has created a cell wherein what are called philosophers to bring Indian philosophy, wherein people who know vedas, the *shad darshana Acharyas*, the bio-engineers, bio-chemists, bio-physicists, physicians and others have been brought together to consider the meanings of many of the *suras* and their implications with regard to the treatment offered by yoga, Ayurveda and Unani.

While speaking on this, I want to say that during the foreign rule, the British wanted to completely demolish both the systems, Ayurveda and Unani. But since there were numerous Ayurvedic practitioners in the country, mainly in the rural sector could not be suppressed and, incidentally, Unani has also thus got survived, even though it is non-existent in all the Muslim countries,

Even though there is a course of study in Unani, there are no text-books available on the subject anywhere in the country. What are the steps that the Government have been taking in order to publish text-books on that subject in order to help the student for better study?

While speaking on this I would like to bring to the notice of the Ministry that Yoga and Ayurveda are systems of science which to me appear to be more modern than modern science itself. I have recently taken out quotations from the *Rigveda*, which is supposed to have been written more than 5000 years back, wherein the speed of light, which is supposed to be 1,85,300 miles per second according to modern science, has been quoted by Sayanacharya as 1,85,300 miles per second and not 1,86,300 miles per second. The density and volume of an atom, the theory of relativity, the idea that energy and matter are one and the same thing and the implications of the fact that greater the velocity, the greater the inertia, are all given. Recently, about two months back, two aeroplanes went in two opposite directions to find out whether at the highest speed the supersonic speed there is any inertia and it proved that the watch that ticks in the pocket of the Pilot slows down. All this information has been had in the Puranas.

How have all these things been applied in the evaluation of the human system? The application of the principles of astrophysics and physics is coming into vogue but still we have not been able to reach far because the gadgets that the moderns have been using though becoming finer and finer to delve deeper and deeper into matter but in doing so muddy the atmosphere, it is said, and are not able to hook the finest elements of the reality. This is what is happening. Their ability to probe further is becoming more and more difficult. But in Yoga and Ayurveda, these problems find a solution and the solution so found finds applied to the Human system in diagnosis, prognosis and treatment.

In the rural sector there are thousands and thousands of Ayurvedic and Unani practitioners who are treating patients with success many patients, but not one of us have ever gone there to find out whether they are giving a better deal than the modern

system has been doing. I would like to know whether there is anything in the modern system except to cause the degeneration of the system and give a make-belief cure for the time being.

I do not know whether the Ministry is aware that in America, an eminent scientist has investigated 10,000 cases of diabetes and these investigations have proved that diabenase and Rostronon and other oral tablets which are given for cure of diabetes cause degeneration of the system. Therefore the Standards Department of the Government of the USA has said that on all labels of diabenase, Rostronon and other drugs that are given for treatment of diabetes, the word "poison" must be labelled so that doctors are careful, in their indiscriminate use. But there is no alternative to these in the modern system, although it is possible through the Ayurvedic system and Yoga to cure diabetes. I have been running a small Yoga research institute in which the Government of India has been interested and which has before it evidence that diabetic condition can be brought down to a normal condition.

We have got to be thankful to the Government of India for setting up the Ayurvedic Board. I must say that some of the State Governments have become so anxious that they have created a separate ministry for Ayurvedic and Unani. We have one such ministry created, particularly in my state, Andhra Pradesh. It is a welcome feature. I feel that the ancient glory of the indigenous system of medicine should be brought out and if acupuncture has become the choice of the world, Ayurveda and Yoga should also and could become the choice method for treatment all over the world.

The indigenous system of medicine has got a good deal to say with regard to this. It can bring back health; it can give strength and stamina and it can improve intelligence. All this can be proved provided the modern people keep an open mind and investigate into these things. Ayurveda, Unani, Yoga and Siddha can teach a good deal.

I do not want to dilate further upon this except to say that I give the strongest support to what the Government has been doing. May I request the Ministry that instead of dilly-dallying and delaying, they should open

[Dr. G. S. Melkote]

a central institute for Ayurveda, which should include Unani, Siddha and Yoga. They have not taken any positive action so far. I have asked questions about it in the Consultative Committee and they have said that action would be taken quickly. I have not been able to understand why there should be this delay.

When so much good work is being done within the short space of three or four years since the inception of the Central Council of Research in Indian medicine, when people have started delivering the goods with regard to their capacity to deal with problems, may I say that something more and quickly has to be done and properly trained personnel have to be made to work. Wherever knowledge of modern physics, chemistry and biology can be utilised, along with modern gadgets, they must be taken advantage of by doctors or Vaid of Indian systems of medicine. I think, Ayurveda and Yoga can compete with the modern system of medicine in the world. I do not want to dilate any further in this subject. But one more word. There are fights and quarrels between various groups of Yoga practitioners or Vaid, someone or the other wanting to come to the forefront. I hope the Central Ministry will keep an open mind and give this system of medicine all the help that it needs and that may be necessary without getting involved in these controversies.

I now come to the modern system of medicine. I was associated with the Indian Council of Medical Research for some time, and I have also been a member of the All India Institute of Medical Sciences for the past three terms. And what is it that I notice? I think, the same thing is happening in the other spheres of activity also. There are 750 beds and there are eminent doctors in these Institutes. Hospital administration has become an important subject. The doctors should not be made to waste their time in attending to small administrative matters; they should only pay attention to what the patients need. We have been offering training for the administrative cadre that is becoming a necessity in this field, but many of them have no jobs to suit their training. Even though they are trained in such an important activity and their number

is small yet we find them unemployed. Why should they go unemployed, I have not been able to understand. They should be employed immediately. A separate cadre for them must be created so that they give relief to the doctors and enable them to attend to the patients.

Another point is that these research institutes are said to be autonomous bodies. But, in practice, complete autonomy is a misnomer. Govt.'s control is complete. Govt. should loosen their hold. Professors and scholars are there to do research work. After two or three years of research, have there been any assessment in the All India Institute of Medical Sciences or in Pondicherry or in Chandigarh as to what the amount of research work that has been put in, what is the type of teaching that each individual is capable of etc? If you are not satisfied with the work of any individual you should take steps to remove him so that better people might be fitted in to do better work.

On account of the big pressure of population, more and more patients are getting admitted. I find that the standard of treatment and the level of diagnosis etc. is going down, because nobody can work for 24 hours. Those doctors are also human beings. They cannot work for 24 hours. A better doctor-patient ratio has to be worked out. Also plenty of more moneys should be spent in these research institutes so that they could catch up with the rest of the medical world. Because of lack and insufficiency of funds in these institutions, they are not able to purchase many of the sophisticated equipment. At the same time, people have got to be sent to foreign countries to get them properly trained in the use of these equipments. In both these spheres of activity, I find that India is not doing its very best. We feel that a good deal has to be done in this regard. I would like to quote in this connection the case of Nutrition Research Laboratory in Hyderabad. Some English medical journalists have said that, instead of sending the Englishmen to America and other places for further training for obtaining nutrition knowledge, they should be sent to India where one of the best Nutrition Research Institutes is available. Are we paying sufficient attention to this institute?

Many foreigners are coming here and getting trained. Some of these institutes should be helped adequately so that they come to the forefront.

At the end, I would like to draw attention to the fact that the Ministry of Health needs more funds if they have to do their very best. If there is no or insufficient pressure from Members of Parliament to look into this aspect of the question, how will the Ministry get more funds? I plead with the House that the hands of the Health Ministry should be strengthened they should get more money so that they can render their best.

MR. CHAIRMAN : Shrimati Bhargavi Thankappan.

SHRI JYOTIRMOY BOSU (Diamond Harbour): The debate on this should have been initiated by our Member, Sir. His name is no doubt on your desk. But I do not know, Sir, why the Chair preferred to call somebody else. Then the turn of Congress came. We have waited with all patience. Now you have called the lady member. We do not mind your calling the lady member but I would like to know, Sir, what is the procedure that you are adopting.

MR. CHAIRMAN : The procedure will be followed as it has been followed in the past. I thought, Shri Haldar was not there. There are, as you know, two Haldars. Therefore, it was my mistake.

*SHRIMATI BHARGAVI THANKAPPAN (Adoor) : Mr. Chairman, Sir, with your permission I would like to speak in Malayalam. Our country attained independence 25 years back. During these 25 years we have completed three Five Year Plans and we are now going ahead with the Fourth Plan. If we consider what progress we have made during these 25 years we will find that in the matter of health we are very backward] and not much progress has been made. The people living in our villages do not get healthy food and drinking water and they are generally very weak. Our country has a population of 55 crores and a majority of them are in the villages. If after 25 years the majority of our people are still very weak and do not get even pure drinking water what is it that this Government has done to improve the lot of our people.

These people are not even getting one good meal a day and pure water for drinking and as such the people in the villages are always affected by many diseases. There are not enough hospitals in our villages. The condition of our people there is very pitiable. Even in the villages where there are government hospitals they do not have enough facilities to look after the patients well. The hospitals do not have adequate number of doctors and nurses. Even though there are doctors, but most of them are not prepared to go and serve in villages. As medical students they have to pay big capitation fees to get admission and then they have to spend huge sums before they get their MBBS degree. After getting the degree they want to earn the money spent by them. That is why they are not prepared to go to villages and serve the poor people there.

If the capitation fee system is removed by Government, many students from among the poor, who are really intelligent, will be able to get admission and become doctors. Because they have moved with poor people and they belong to the poor people they will have no objection to go and serve the poor people after getting the degree. I would, therefore, request the hon. Minister to see that the system of capitation fee is removed.

Another thing I want to mention in this connection is that there are thousands of doctors who are at present without jobs. If more hospitals are provided and the facilities of the existing hospitals are improved these doctors can be absorbed there. There are many government dispensaries and primary health centres and sub-centres where there is not even a single doctor. Why should not these unemployed doctors be posted there ?

At Alleppey in Kerala there is a medical college called the T.D. Medical College. The Central Government has refused recognition to that college. The Medical Council which went there in 1969 said that the college did not have enough facilities for teaching and therefore recognition cannot be given. Now that college has been provided with all the facilities. Many colleges having lesser facilities have been given recognition. I fail to understand why

* The original speech was delivered in Malayalam.

[*Shrimati Bhargavi Thankappan*]

the Government is still reluctant to give recognition to this college. When in all other fields Kerala is neglected by the Centre I do not know why in this case also that policy of neglect is followed. I hope the hon. Minister will look into this and award early recognition to this college.

A considerable section of the population in Kerala have full faith in Ayurvedic treatment and Ayurvedic medicines. Many diseases not cured by allopathy are cured by ayurvedic medicines. Therefore, ayurvedic universities should be established in order to promote ayurvedic treatment. Kerala sent a proposal to establish such a university but till now it has not been sanctioned. I would request the hon. Minister to look into this matter and give the required approval.

Another point is, Kerala has not got a cancer institute. If a poor man in Kerala is affected by cancer he will have to go all the way to Adayar in Tamil Nadu which is the nearest cancer institute. No poor man can afford to go that distance and get treatment. He cannot, therefore, even dream of going to such far off place and get treatment. I hope the hon. Minister will look into this matter also and do the needful.

18.00 Hrs.

I have to say a few words about family planning. The amount we are spending on publicity for family planning is, according to me, a sheer waste. Family planning is to be adopted by the poor people in villages. The middle-class people in towns have their families in a planned way. They have got fixed income, permanent job and their families are planned. Nobody need force them to plan their families. What I want to say is that the people in the villages, who are illiterate, will not be able to understand the need for family planning by the propaganda work that is being done now through television, radio and other mass media. How can such illiterate people adopt family planning by your propaganda, I cannot understand? If they are given permanent work and fixed income they themselves will plan their families. They believe that if the number of members in their family increases they will be able to earn more.

Some people even think that family planning is a sin. Therefore, if the amount that is spent on family planning propaganda is directed towards finding jobs for these people, I am sure it will help a lot. The Government is giving lakhs and lakhs of rupees to the Song and Drama Division under the Ministry of Information and Broadcasting for doing family planning propaganda. If that money is given to the Ministry of Labour they will be able to find jobs for the people and in that way family planning will automatically be introduced.

I am not saying this with any disregard for the family planning camp that was held recently at Ernakulam in Kerala. Such family planning camps have brought some results, but the expenditure on other items of publicity is, as I said, a mere waste.

With these words, Sir, I conclude.

DR. KAILAS (Bombay South) : I rise to support the Demands of the Ministry of Health and Family Planning, and while doing so, I would like to draw the attention of the hon. Minister to certain issues which are agitating the minds of medical men in particular and the country as a whole. When we read the report we find that it is very sketchy. The information which should have been supplied to Parliament is not contained in the report. Last year, when there was a discussion on the Demands of this Ministry, Members had drawn the attention of the hon. Minister and the Ministry to certain matters, but nothing has come out of the suggestions or the speeches made last year. Hence I was wondering whether the speeches in Parliament had any effect or were being assessed by the Ministry and action taken thereon. Last year, I has said that if we wanted integration in this country, there should be an All-India Medical Service. The reply given was that the Central Ministry had sent its proposals for All India Service and asked for the remarks of the State Governments, this being a State subject. Most of the State Governments are not prepared to have the All India Medical Service. I cannot understand this. But what progress has been made during the last year.

Before Independence, there used to be an All India Medical Service, and medical

men who were outstanding and experienced could be transferred from Steinagar, for instance, to Madras and from Madras to Gauhati and so on, but today we find that a person is tagged on to the State to which he belongs. I think the time has come when Government should have re-thinking and try to solve this problem instead of saying that the States are not trying to understand the problem as is posed by the Central Ministry. May I suggest that the Centre should start now without waiting for States, new medical colleges especially in the semi-urban or rural areas where transfers of teachers from one medical college to another could take place and the students who are going to be taught in those medical colleges would learn to be able to serve the rural population? The concept that a medical student has to spend high sums or the State has to spend about Rs. 80,000 in training him, does not hold good if we say that he cannot go to the rural areas and serve the people because he cannot earn there. If we ask a medical man to go to the rural areas and practise there, the natural answer is that he has no earning potential there, secondly that he has no social life. I fail to understand this. We should train our students in such a way that they will love staying in rural areas and serve the rural community. Hence my suggestion for establishing medical colleges in rural areas will, if implemented, will go a long way in lowering the expenditure on medical education; the student will also have to settle down in a village covering group of villages. Not only that; by establishing a medical college in a rural area or semi-urban area, we will be able to cover a large number of villages which are now devoid of medical facilities. Day in and day out we are asking medical men to go to the rural area and are saying that the rural population is devoid of medical facilities. Until and unless the Central Government takes in hand to solve this problem, in a big way, nothing will come out. By living in a village environment and identifying himself with the rural population, the prospective doctor from such medical college will have a good grounding for rural service.

The second point, which I had also stressed last year, is that the ESI Corporation is not working satisfactorily. When we started

this Corporation, we wanted to give medical facilities to our workers. Later on, since last three years or a little more, we have included the family members of the workers who can be treated not only as out-patients but also as in-patients. The Corporation is expected to build hospitals specially in such areas where industries are in large number. In cities like Bombay, Ahmedabad, Kanpur and Madras, we must have TB and General Hospitals for workers under E.S.I.E. Till such time the Corporation cannot spend money for building such TB and other hospitals, a scheme was started for reserving beds in general government hospitals which have facilities to treat such patients.

Sir, for maintaining a bed, a hospital which is run by a private trust or a public trust spends not less than Rs. 21 per day. But the Corporation is paying Rs. 12 per bed per day. There has been a persistent demand that if the worker and his family are to be given proper medical care, they must pay a little higher charges. This amount of Rs. 12 per bed per day was fixed about five years ago, and now, the cost of medicines, the pay and dearness allowance of the medical and para-medical staff have gone so high that it is natural that the Corporation should start thinking of paying at least Rs. 16 per day per bed. Why I am saying so is that, after all, the trust hospitals which are supposed to serve the community must also shell out from their own funds and if they are spending Rs. 21, let the Corporation pay Rs. 16, and Rs. 5 should be the charge of the trust to spend.

The Patents Act was passed some years ago, but I do not know what difficulties are there to implement it. The rules are not made as yet? The Patents Act should be brought into force now. Not only that; so many foreign concerns which are producing medicines in India should be nationalised forthwith. While replying to the debate on the budget demands of the Ministry of Petroleum and Chemicals, the Minister said that the technical know-how is not available in this country and till such time as the technical know-how is not available in this country and till such time as the technical know-how is known, it will be difficult to nationalise them. I fail to understand this plea and ask which are the drugs being

[Dr. Kailas]

manufactured by these foreign firms. According to me, our Indian Drug manufacturing firms have developed their research section well and they have now been manufacturing almost all drugs which are necessary for the country, and hence the plea for not nationalising the foreign firms should not hold any water today. Hence my request is that the foreign firms should be nationalised.

I would say a few words about the Indian systems of medicine—Ayurveda and Unani.

MR. CHAIRMAN: You have already exceeded your time.

DR. KAILAS: I am finishing. I was just saying that more funds should be made available for the development of the Indian systems of medicine, especially Ayurveda and Unani and also homoeopathy. I fail to understand why the All-India Council for Ayurveda and for Homoeopathy is not working as nothing has been mentioned in the report about their working.

I am sure that with the able guidance of our Minister, Shri Uma Shankar Dikshit, and the Minister of State, Shri Chattopadhyaya, and the Deputy Minister, Shri Kisku, the Health Ministry will be able to serve the rural areas, especially protecting the population for diseases.

I wanted to say something about the primary health centres also, but the time is not there. In the Mid-Term Appraisal of the Fourth Plan, we noted that so many targets have not been fulfilled, especially in respect of primary health centres and mobile hospitals which the Minister had assured last year.

*SHRI MADHURYA HALDAR (Mathurapur): Sir, I will speak in Bengali, I regret to point out that the Minister in charge of the Ministry of Health and Family Planning is not present in the House when the demands of that Ministry are being discussed in the House. He has run away to Geneva leaving two junior Ministers in the House. (Interruptions)

MR. CHAIRMAN: Please explain why he is absent.

THE DEPUTY MINISTER IN THE DEPARTMENT OF PARLIAMENTARY AFFAIRS (SHRI KEDAR NATH SINGH): He is not here.

SHRI MADHURYA HALDAR: He has gone to Geneva to attend the World Health Conference. This is contempt and disregard shown to Parliament.

MR. CHAIRMAN: Concentrate on the subject.

SHRI MADHURYA HALDAR: Sir, I will call it running away. We get an opportunity to discuss the working of the Ministry once a year and if the Minister in charge is not present then all these discussions do not carry any meaning. Sir, if we study the performance report of this Ministry it will be seen that in 1970, 1800 people died of Small Pox in the country. In 1971 the number of deaths in the country due to Small Pox went up to 1959. Then speaking about vaccination, in 1971 the target for vaccination was 32 million but only 8 million people were vaccinated. About revaccination, the target was 115 million but only 23 million persons have been revaccinated. Now I will come to Cholera, let me deal with the diseases one by one first. Every year about 9000 people die in the country of Cholera. In Bihar 4700 people died of Cholera in 1970. In 1971, 3500 died in Bihar due to Cholera and Small Pox. In this respect Bihar is leading other States.

18.18 hrs.

[SHRI K.N. TIWARY in the Chair]

Speaking about T.B., 20 million of people are suffering from T.B. in the country. Two million of them are in very acute condition and they are also spreading this dreaded disease all round. Government have not been able to check the spread of this disease or to provide proper treatment to those people. They have also not been able to spend sufficient amount of money for their treatment. Now, Sir, I will come to Cancer. About 50 lakhs of people die of Cancer every year in the country. In the report it has been stated that the Government are providing financial assistance to some Cancer hospitals. But, Sir, I regret to say that the Chittaranjan Cancer Hospital

* The original speech was delivered in Bengali.

in Calcutta is facing closure on account of paucity of funds. The Government have not been able to assist them with adequate finances except for throwing some meagre amount to them occasionally like giving of alms. That is perhaps because the institution in question is not under the control of the Congress Party or the Congress Government. Then, Sir, about 20 million of people in the country are suffering from Venereal diseases and 10 million are suffering from diabetes. This is the picture of health in our country today. Then Sir, about Malaria it has been admitted by the Government in this year's report that cases of Malaria are on the increase. In Delhi, itself there were rarely any mosquitos to be seen except in the rainy season. But now we find lot of them even now. It is being said that mosquitos are growing immune to D.D.T., Flit and such other insecticides. Therefore, I will request the Government to find other effective insecticides to prevent their growth. Perhaps our Minister is more busy with Family Planning, abortion, nirodh etc. to pay adequate attention to check the growth of mosquitos. Then, Sir, about leprosy, certain facilities are provided for research on leprosy. But what results have been achieved through these researches have not been mentioned in the report furnished by this Ministry. It has however been stated that the incidence of this disease is on the increase. Now I will come to Nutrition. Some time back there was a news item that about 2½ crores of children in our country are facing blindness due to Vitamin A deficiency. Sir, when it is claimed that our country is self-sufficient in food is it not a paradox that 2½ crores of children are victims of malnutrition and are facing blindness due to Vitamin deficiency in their diet.

In May 1971 our Planning Minister Shri Subramaniam appealed to the United Nations that the year 1972 may be declared as Nutrition Year. But looking at the performance, report of this Ministry, and its future programmes, no hopeful trends are perceptible in matter of Nutrition.

Some medical facilities are available to the Urban children but in the millions of villages in the country no facilities are available for vaccination of the children against Small Pox, diphtheria, whooping cough, Polio etc,

In West Bengal, Sir, the Children from the villages have to be brought to Calcutta for polio vaccination. The villagers face much hardship in the process and that results in discouragement. In cases of Small Pox and Cholera there are no effort on the part of the Government to take preventive steps to check their spread. What is done is that, when the epidemic breaks out, the medical workers do a little running about and visit particular houses where they can obtain certificates and get signatures in their registers to show that they are taking much pains to eradicate these diseases. All this is an eye wash. Actually proper preventive measures should be taken. About drinking water Sir, I regret to say that supply of drinking water is very inadequate. The place I come from, have one tube-well at a distance of 4 or 5 miles. It becomes very difficult to walk 4, 5 miles to get drinking water particularly in the rainy season in Sunderbans.

Sir, the Harijans face still greater hardship in getting drinking water. If they draw drinking water from common wells or the wells belonging to caste Hindus they often become victims of rowdism and are assaulted. We come across such news items very often. Then, Sir, 75% of the drinking water that is obtained from wells in U.P. Bihar, Rajasthan etc, are harmful and injurious to human health. Sir, after 25 years of independence there is outcry for drinking water in villages and even in big cities like Calcutta. A little while ago we heard in this House about shortage of water in various areas of Delhi itself. It has been stated in the report of this Ministry that in 179 primary health centres there are no doctors. In 2157 health centres there is only one doctor. Even in these centres, the doctors have to perform multifarious duties. They have to do clerical work and also to dispense medicines. As a result patients have to wait long hours to consult these doctors. Very often there is not sufficient stock of medicines to dispense to the patients. When we go to North Avenue dispensary or to the Willingdon Hospital in Delhi and present our prescriptions, we are often told that the medicine is not in stock and local purchase will have to be made. We have to visit those places again the next day paying taxi-fare and again we are told sometimes that the medicine has

[Shri Madhuryya Haldar]

not been available. If this is the condition in Delhi, you can well imagine the condition in villages and small places. Sir, in the Hospitals in Calcutta we find patients squatting and lying in the corridors and on the floors in hellish conditions. There was a great need for more hospitals and health centres in Calcutta. But the Government have not been able to provide those facilities.

Sir, adulteration in everything is rampant in the country. Foodstuffs are adulterated. Medicines are adulterated. When we buy some medicines we do not know the extent to which it is adulterated and whether it will cure the disease or not. Often the medicine is ineffective due to it being adulterated. Now, Sir, I will come to medical education. The Government had taken a decision that 5% of the seats in every medical college shall be reserved for students of other States. But that decision has not yet been implemented. Why has this not been implemented and when this decision will be implemented? I would like the Minister to answer that. In Calcutta Sir, there are 800 seats in medical colleges for the entire West Bengal. The number of applications this year for those seats number about 35,000. Changes have been effected in the system of admission to the medical colleges. Formerly students were admitted on the basis of their results of the last examination. But this year they will be required to take separate admission tests. Thereby the students who are proficient in copying and unfair means will get a chance of admission.

Sir, for the last 3 years there has not been any examination in the medical colleges in Calcutta. Sir, there are some private medical colleges in the country, where admission can be had on a payment of a big sum in bribes. Coming to Family Planning, Sir, in Calcutta

we have seen that some such persons have been given charge of family planning centres, who have no training or expertise in family planning. This has been obviously done to please certain party members.

Sir, this Parliament passed the Medical Termination of Pregnancy Act some time back. I had the occasion to talk to a leading physician of Delhi. He told me that he had to undertake such operations for medical termination of pregnancy against his conscience. Where he could not create one life, he was to destroy one. Therefore I will request the Government to bring forward an amendment to that act or give an assurance in the House that those doctors who are unwilling to undertake such operations will not be forced to do so. With that Sir, I conclude my speech.

श्री शिवनाथ सिंह (झुन्झुन) : सभापति महोदय, स्वास्थ्य और परिवार नियोजन मंत्रालय की मांगों का मैं समर्थन करता हूँ। सब से पहले दो शब्द परिवार नियोजन के सम्बंध में कहना चाहता हूँ

सभापति महोदय : आप कल अपना भाषण जारी रखें।

श्री शिवनाथ सिंह : मैं कल रहूँगा नहीं, इसलिए अगर पांच मिनट समय मुझे आज दे दें तो मैं अपनी बात कह दूँगा।

MR. CHAIRMAN : He may continue his speech tomorrow.

18.30 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Thursday, May, 11, 1972/Vaisakha 21, 1894 (Saka).