

It is like a white elephant on the administration. Now I would like to draw the attention of the hon. Minister to this aspect. The Railway Convention Committee (1977) in its 4th Report submitted to the Parliament had said that since the Railway Board is too centralised a body, it cannot function efficiently from the Centre. Therefore, they recommended: delegation of power to the General Managers, organisation of the Zonal railways and the Railway Board officers. They further said that they should introduce modern techniques, simplification of the procedure and other things because the real benefits do not reach the consumers; these benefits are yet to be realised. In view of these recommendations, I would like to ask the Minister whether he is taking any effective steps not only to change and lift up some vacancies but also reorganise the functioning of the entire Railway Board.

SHRI KEDAR PANDAY : It is a fact that the Railway Board Act was of 1905 and this Board was constituted according to that act and this was done in slavish India. No doubt about it. We have got the Indian Railways Act of 1890; that Act also was passed in slavish India. We are thinking, as a whole, to overhaul all those Acts; we wish to decentralise the administration.

श्री मूल चन्द्र डागा : अध्यक्ष महोदय, हिन्दुस्तान की सब से बड़ी पब्लिक ग्रन्डरटेकिंग रेलवे है और वह बराबर घाटे में जा रही है। जो प्रश्न पूछा गया है, वह यह है :

“Whether government have decided to reorganise the Railway Board to make it more effective?”

The answer is : “No”.

यह आप का मान्तर है। यहां आप क्या उत्तर दे रहे हैं और आप का लिखित उत्तर क्या है। जो उत्तर आप ने दिया है उस को आप पढ़िये। आज सारा हिन्दुस्तान कह रहा है कि उसे रेलवे के कारण असंतोष है और जनता में आक्रोश है। पब्लिक ग्रन्डरटेकिंग्स कमेटी ने भी इस के बारे में अपनी फाईन्डिंग्स दी हैं आप को इस के बारे में क्या कहना है।

श्री केदार पांडे : उस का क्लेरीफिकेशन हमने किया है। यह पूछा गया था कि क्या हम स्ट्रक्चर चेन्ज कर रहे हैं? इसलिए हम ने कहा 'नो' लेकिन परसोनेल को चेन्ज कर दिया गया है।

MR. SPEAKER : Next question. Shri Tariq Anwar—Absent. Next question. Shri Ne' alohithadassan—absent.

श्री सत्यनारायण जटिया : दूसरा सप्लीमेंटरी पूछने का मौका हमें नहीं मिला।

MR. SPEAKER : Please sit down; you have missed the bus. Next question Shri G S Reddy—absent. Shrimati Geeta Mukherjee.

श्री सत्यनारायण जटिया : अध्यक्ष महोदय, दूसरा सप्लीमेंटरी हमें पूछने दीजिए। मेरे साथ न्याय कीजिए।

MR. SPEAKER : I have gone too far.

श्री सत्यनारायण जटिया : मुझे दूसरा पूरक प्रश्न पूछना है।

MR. SPEAKER : No, please sit down. I have gone to the third question.

Scheme prepared by the Indian Council of Medical Research for Medical care of people

! *249. **SHRIMATI GEETA MUKHERJI :**
SHRI G. S. REDDY :

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Indian Council of Medical Research has prepared a scheme for medical care of the people by the year 2000;

(b) if so, details thereof;

(c) whether Government have accepted the scheme; and

(d) if so, when it will be implemented?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE : (**SHRI NIHAR RANJAN LASKAR**): (a) A Study Group was set up jointly by the Indian Council of Medical Research and the Indian Council of Social Science Research (I.C.S.S.R.). This Group has presented its Report entitled “Health for All : An Alternative Strategy”.

(b) A summary of the recommendations of the Study Group is placed on the Table of the Sabha.

(c) and (d). The main recommendations pertaining to health sector are sought to be implemented in a phased manner through respective five year plans.

Summary of the Recommendations of the Report of the Study Group set up jointly by I.C.M.R. and I.C.S.S.R. on health for all : an alternative strategy :

1. The objective of the national health policy should be to provide health for all by 2000 A.D. This implies the provision of a good and adequate health care system for all citizens, and especially for women and children and the poor and under-privileged groups. It also implies a drastic reduction in the total mortality and morbidity and bringing down the infant mortality from 120 to 60 or less and overall death rate from 15 to 9.

2. To achieve this goal a major programme for the health care services is necessary but not sufficient. Health is a function, not only of medical care, but of the overall integrated development of society—cultural, economic, educational, social and political. Therefore the three programmes of :— (i) integrated overall development including family planning; (ii) improvement in nutrition environment and health education; and (iii) the provision of adequate health care services will have to be pursued during the next two decades.

3. Integrated development should include the programme of (i) doubling the national income per capita by 2000 AD; (ii) full scale employment including the guarantee of work on reasonable wages to every adult; (iii) improvement in the status of women; (iv) adult education with emphasis on health education and vocational skills; (v) universal elementary education for all children by 1991; (vi) Welfare of Scheduled Castes and Scheduled Tribes; (vii) creation of a democratic decentralised and participatory form of Government; (viii) rural electrification; (ix) improvement in housing and slum clearance and (x) organising the poor and under-privileged groups.

4. To establish a National Population Commission by an Act of Parliament to formulate and implement an overall population policy with the objective to reduce the N.R.R. from 1.67 to 1.000 and the birth rate from 33 to 21.

5. To achieve improvement of nutrition through adequate production of food, reduction in post-harvest losses, proper

organisation of storage and distribution and increasing the purchasing power of the poor through generation of employment and organising food for work programmes. Special programmes should be developed for nutritional disorders like iron deficiency and anemia or vitamin A and iodine deficiencies. In addition supplementary feeding programmes should be organised for carefully identified target groups at risk.

6. Special drinking water supply should be provided to all urban and rural areas. Good sewage disposal system should be established in all urban areas where, simultaneously, a massive programme of proper collection and disposal of solid wastes and their conversion into compost will have to be developed. Similarly, an intensive programme of improving sanitation should be developed in the rural areas. Urgent steps have to be taken to prevent water and air pollution, to control the ill effects of industrialisation.

7. Health education should become an integral part of all general education and an essential component of all health care.

8. The existing exotic, top-down, elite oriented, urban-biased, centralised and bureaucratic system which over emphasises the curative aspects should be replaced by the alternate model of health care services. This alternate model is strongly rooted in the community, provides adequate, efficient and equitable referral services, integrates promotive, preventive and curative aspects.

9. M.C.H. services should be expanded and improved. The dais should be trained and fully utilised. Health education of the mothers should be an important component of M.C.H. Services.

10. The objective should be to eradicate or atleast effectively control diarrhoeal diseases, tetanus, diphtheria, hydrophobia, poliomyelitis, tuberculosis, guinea-worm, malaria, filariasis and leprosy.

11. A new category of personnel, the Community Health Volunteers, should be introduced to form the main bridge between the community and the services. There should be adequate arrangement for the continuous in service education of all categories of health personnel. The Government should establish, under an Act of Parliament, a Medical and Health Education Commission.

12. There is need for a clear cut drug policy and a National Drug Agency to implement it.

13. Research of social aspects of medicine and especially on the economics of health should be promoted.

14. The roles of Central and State Governments, in view of the large powers delegated to the local bodies at the district level and below, should be re-defined. Voluntary organisations should receive encouragement and aid.

15. The total investment in health services should be substantially raised and health expenditure should be raised by 8 to 9 per cent per year, at constant prices, and reach about 6 per cent of G.N.P. by 2000 A.D.

16. Time is not ripe for the creation of a National Health Service and the issue may be examined in due course.

17. For its success the suggested programme would depend on our capacity to create a mass movement and the ranks of millions of young men and women to work for it.

SHRIMATI GEETA MUKHERJEE : In view of the fact that the study group had stated that the 'existing exotic, top-down-elite oriented, urban-biased, centralised and bureaucratic system' over-emphasised curative aspects and has called for overall change and has particularly recommended the adoption of a national health policy on new, strategic lines, will the Health Minister let us know whether the Government are planning for a suitable national health policy. and (b)....

MR. SPEAKER : You are not putting a question in writing; in oral supplementaries you can ask only one question. I will give you a second opportunity for supplementary.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): The hon. Member should know

DR. SUBRAMANIAM SWAMY : Why ?

SHRI B. SHANKARANAND: Because she has asked the question. The study group was jointly sponsored by the Indian Council of Medical Research and the Indian Council of Social Science Research; it was not appointed by the Government. They have given many recommendations to the government. We had them barely a month ago, formally. The Government are examining the various recommendations. We can only say that the main recommendations as far as the health sector is concerned—because they have recommended so many things not concerned with the health ministry also—all these recommendations are under consideration of the government and we will take necessary steps to implement them.

MR. SPEAKER : Has not a Member the right, Dr. Swami, the right not to know ?

SHRIMATI GEETA MUKHERJEE: I have not claimed that right.

DR. SUBRAMANIAM SWAMY : The Communists are generally poorly informed.

SHRIMATI GEETA MUKHERJEE : You should expunge his observations. In view of the fact that government is considering various recommendations, will the Minister let us know, since the curative aspect has been particularly emphasised, the plan of the government at least to give potable drinking water to the villages. By which time they propose doing that ?

SHRI B. SHANKARANAND : I can only say that Government is very much concerned with the promotive and preventive aspect of the health programmes. As far as we are concerned we will see that all the programmes regarding promotive and preventive aspects will have the highest priority, as far as health is concerned.

SHRIMATI GEETA MUKHERJEE: About potable water ?

SHRI B. SHANKARANAND : That comes under preventive and promotive aspect.

SHRI KRISHNA CHANDRA HALDER : The hon. Minister is considering the recommendations of the Indian Council of Medical Research. In the rural areas there is shortage of doctors in the rural health centres and rural health care is practically neglected. Is the government thinking of introducing diploma course so that rural students could take that diploma course ? If you introduce the diploma course, the rural health centres will get doctors. Is the government thinking of introducing diploma course in our country?

SHRI NIHAR RANJAN LASKAR : As a Nation we have Committed ourselves to achieve health for all, at least the basic health needs for our population by 2000 A.D. In this regard we are now changing our emphasis from Curative to the Preventive aspect of health; the whole of our emphasis is on the care aspect. of it. Over 70 per cent of our expenditure will go to the rural area. About the second part, we are not in favour of this proposal.

SHRI HARINATH MISHRA : Are the government aware that during the last days of his life, the Father of our nation clearly declared that physical lepers were an answer to the existence of moral lepers in the society. And yet,

is it not a fact that compared to the Seventies, before the advent of Janta Government, while the incidence of leprosy has been gradually increasing, measures for prevention and cure have gradually been weakening with the slashing down of allotments by the Union Government?

SHRI NIHAR RANJAN LASKAR : In the Sixth Five Year Plan we are laying more emphasis on curbing communicable diseases. (Interruptions).

Leprosy is one of them. (Interruptions).

कैंसर अनुसन्धान संस्थान

* 251. श्री छीतूभाई गामित : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सरकार की कैंसर अनुसन्धान प्रयोगशाला स्थापित करने की कोई योजना है जैसाकि आयुर्वेदिक तथा होमियोपैथिक विशेषज्ञों ने सुझाव दिया है ;

(ख) यदि हां, तो उसकी मुख्य बातें क्या हैं ; और

(ग) सरकार द्वारा इस संबंध में स्थापित किये गये संस्थानों के नाम क्या हैं ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI NIHAR RANJAN LASKAR) : (a) No, Sir.

(b) and (c) : Do not arise.

MR. SPEAKER : It is galaxy of absentees to-day.

श्री छीतूभाई गामित : अग्र्यक्ष महोदय, कैंसर एक ऐसा रोग है, जिससे कोई आदमी बच नहीं सकता, क्योंकि इस रोग को मिटाने के लिए अभी तक कोई अच्छा उपाय या मैडीसन मिली नहीं है। इसलिए हमारे देश में दिन प्रति दिन कई लोग कैंसर से मर रहे हैं और कैंसर का जो रोग है वह भी बढ़ता जा रहा है। मैं मंत्री जी से यह जानना चाहता हूँ कि हमारे देश में कैंसर से

कितने लोग पीड़ित हैं और उनमें से हर साल कितने लोगों की मृत्यु होती है ? इस रोग की गम्भीरता को देखते हुए छठी पंचवर्षीय योजना में किन-किन जगहों पर कितने कैंसर के हास्पिटल खोले जाएंगे, उनका ब्यौरा देने का कष्ट करें।

SHRI NIHAR RANJAN LASKAR : About the research in cancer in the Ayurvedic, Unani and other Indian system of medicine, government do not have any specific programme. However, there is a separate Cancer Research Unit under the G.C.R.A.S. to conduct research. This much I can say. About the later part of the Question, he may put a separate Question. (Interruption).

श्री छीतूभाई गामित : अग्र्यक्ष महोदय, आज जो लोग कैंसर से पीड़ित हैं, जो जंगल में रहने वाले हैं, जहाँ वृद्धों द्वारा आयुर्वेदिक इलाज करते हैं वे इलाज कर रहे हैं और संस्कृत के ग्रंथों में भी कैंसर के इलाज के बारे में इस रोग को मिटाने के उपाय दिए गए हैं, ऐसा मैंने पढ़ा है। तो क्या भारत सरकार की ओर से इस पर विचार करने के लिए कोई विशेषज्ञों का स्टडी-ग्रुप बनाए जाने का विचार है या नहीं, इसके बारे में ब्यौरा देने की कृपा करें।

SHRI NIHAR RANJAN LASKAR : Even though it does not come under this Question, I can inform the hon. member that in the Allopathic system of the medicine we have already got three Regional Cancer Research Institute, the Chittaranjan Cancer Research Centre, Calcutta, Institute of Rotary Cancer Council and the All India Institute of Medical Sciences. Besides these, in the Sixth Five Year Plan the Government is proposing to have six—another six—Regional Research Cancer centres.

SHRI R. L. BHATIA : Sir, a large number of people are dying due to cancer and this disease is taking more and more lives every year. May I know from the hon. Minister—Because there are different sections in his Department, Allopathic, Homoeopathy and Ayurvedic,—and all are doing research into it—whether he is contemplating to coordinate all these sections so that a cure can be found to this great killer disease.