

would like to. This is also a very essential amendment which we are proposing here. We feel that it should have been there all along. But, as it was not there, we have taken the first opportunity to put it in the Act.

17 hrs.

It has been laid down in the amendments here that the printer, publisher or more specially the editor of a paper should be generally residents in the country. This has been decided because we felt that if a person declares himself to be the printer, publisher or the editor and does some act or writes something for which he is liable before the law, it is not possible for us to take any action against him if he is residing in any other country or if he goes away from here. It is therefore felt that unless some such condition is laid down the conduct of the paper will not be carried on in a responsible way. It will not be conscious that it is amenable to the laws of this country and that all the work ought to be carried out according to the laws governing this country. This is also another amendment that is being proposed here.

There are, of course, a number of minor amendments which have been proposed, but they will come up in the course of discussion and hon. Members will have an opportunity to discuss them. There are certain, what I call, resultant amendments, small ones, which are also being proposed in order to make the main amendments more effective. I would not like to say much at this stage regarding the other smaller amendments. I would only repeat at the end that these amendments which are purely of a practical nature and are made in order to make the working of the Act better and plug the loopholes in the Act, which have also got the approval of the journalistic world in general and more especially of those who are concerned with it, that is, the proprietors of newspapers, might be accepted by the House.

I propose that the House might take into consideration the Bill for amend-

ing the Press and Registration of Books Act which I have the honour to present to you.

Mr. Speaker: Motion moved:

“That the Bill further to amend the Press and Registration of Books Act, 1867, as passed by Rajya Sabha, be taken into consideration.”

I have to inform the House that the President has, in pursuance of clause 3 of article 117 of the Constitution of India, recommended to the Lok Sabha the consideration of the Bill as passed by Rajya Sabha.

Shri Tangamani (Madurai): Mr. Speaker, Sir, I have listened with interest to the hon. Minister's speech on the new amendments to the Press and Registration of Books Act. As this House is aware the original Act was passed in the year 1867.

Mr. Speaker: The hon. Member may continue tomorrow. We now have an Half-an-hour discussion. This matter will stand over till tomorrow.

17.04 hrs.

*NEW C. H. S. TOKEN CARDS

Shri Sadhan Gupta (Calcutta—East): Mr. Speaker, Sir, I have to initiate this discussion because I feel that a great affront has been offered to the low-paid staff of the Central Government by way of discrimination regarding facilities for direct consultation with specialists. On the 2nd August, a question, Question No. 39, was asked of which part (b) was an enquiry as to what advantages were derived by stating the pay-scales of the employees on the Contributory Health Service tokens. The hon. Minister gave this answer to it. I am quoting the relevant part of the answer to part (b).

“This is essential in order to determine . . .” I am leaving out the first two; the third is the important one.

*Half-an-hour discussion.

[Shri Sadhan Gupta]

"... the facility for direct consultation with specialists, which is only open to those who are in receipt of a pay of Rs. 800 per month or above."

Certain supplementaries were asked. Our hon. friend, Shri Elias, asked:

"We get reports from the lower categories of Government servants that they do not get as much facility from the C. H. S. as the higher categories. If the pay-scales are mentioned on the token will there not be more discrimination with regard to the treatment and other facilities?"

Then the hon. Health Minister first of all scores a point by saying that those who get Rs. 130 and below are entitled to free accommodation and free diet and therefore Shri Elias would certainly agree to such a discrimination. Then comes the other point. He says—and I quote him:

"With regard to the other things, owing to want of hospital accommodation, there is a certain limitation. Categories getting Rs. 800 and above can have direct access to certain types of referees, but I should like to add..."

Please mark those words.

"but I should like to add that in no case where proper treatment is necessary is treatment denied to any patient whatever."

Then I asked a supplementary after some time, namely,—

"Since the Minister has assured us that no one who needs proper treatment is denied such treatment, may I know the reason for enabling persons drawing over Rs. 800 to have direct access to specialists and deny this to others?"

The hon. Minister says:

"We would like to have the services of the specialists made available to everybody, but since that

is impossible and since these people are paying a little higher contribution..."

Please mark this.

"... since these people are paying a little higher contribution to the Scheme, we have thought of limiting it somewhere, but as I have already informed the House, there will not be a single case requiring proper treatment where that treatment is not given. We shall make the whole of our machinery available for such treatment."

These are brave words, namely, that not in a single case would proper treatment be denied. But then these answers are completely inconsistent. If proper treatment is not denied in a single case, if in every case proper treatment is given, there cannot be any need for the facility given to the higher-paid staff. I shall try to deal with this answer from both sides—first on the assumption of the more probable that the hon. Ministers' assertion or assurance that proper treatment is not denied in a single case is not correct and then on the assumption that that assurance is correct.

It is more probable that this assurance cannot be correct because if it was correct there would be no need of consulting specialists directly and that facility would not have been thought of for anyone. If that is so, why should people earning Rs. 800 or more per month be given that facility? The hon. Minister gives the explanation, that is, because, firstly, there are not enough hospitals; secondly, somewhere the limit is to be fixed; and, thirdly, that these people are paying a higher contribution—of course, he says 'a little higher contribution'—than others. That is why they have been given the facility. It seems very logical at first sight. But did Government consider the uglier side of the whole matter? This distinction is based on nothing except wealth. It is based on the repulsive assumption that the people

of a higher rank—rank, I emphasise—are entitled, by their birth right, or rather wealth right or rank right, to more respectable treatment. The assumption is implicit that it would be presumptuous for the lower paid staff to expect access to specialists directly when there are just enough to go about for the higher paid staff.

One reason given for this is that it is because they are making a higher contribution—the Minister says “a little higher”. Of course, if you take it in terms of money the contributions are higher. But in terms of burden I ask the hon. Minister, is the contribution of this group higher or is the contribution of the lower paid group higher? If the contribution of the lower paid group imposes a greater burden, is it not a fact that they it is who should receive the facility rather than the higher paid staff?

There is the other reason given that hospital facilities are not available for everyone; so a start should be made somewhere; therefore a start has been made at the higher-paid level. Does the Government realise that they should have found some basis which would not stink of the divine right of rank? For instance, it might have been put on an area basis: that is, low paid staff living in a certain area might have been given the facilities in the first instance. Or it might have been given on a sectional basis: for instance, the low paid staff of certain post offices or certain offices under the Railways or a Ministry might have been given the first choice on an *ad hoc* basis. It cannot be said that this would cause jealousy. The Government might well have explained that they should make a start gradually, and since they cannot provide for everyone the low-paid staff have to be taken on a sectional basis.

On the other hand, whatever grounds may be shown for adopting this procedure, those grounds are bound to be obnoxious not only because they depend on the rank of the employee but also because those who are granted the facility are precisely

those who can afford the facility by themselves and those who are denied those facilities are just those who cannot afford the facility by themselves.

Let me tackle it on the Minister's own ground, that the proper treatment is not denied to a single case. Now, this cannot be true; because, otherwise the facilities would not be necessary at all; all would receive equal treatment with or without access to specialists. But even assuming the impossible to be true, the discrimination becomes even more revolting. Because, why should certain people have something which, on the Minister's own showing, they do not need at all? Why give, on the basis of rank, a needless luxury at the cost of deliberate affront to human sentiments and human self-respect? Here indeed . . .

Mr. Speaker: The hon. Member is going on very leisurely. It is only half an hour for all.

Shri Sadhan Gupta: I think I can have fifteen minutes.

Mr. Speaker: No. He has exceeded twelve minutes already.

Shri Sadhan Gupta: I thought. . .

Mr. Speaker: There is no good thinking like that. There are other hon. Members.

Shri Sadhan Gupta: That is the rule, ten to fifteen minutes.

Mr. Speaker: He can have one more minute.

Shri Sadhan Gupta: Here is a very strange manifestation of the coming socialist order. And had it not been a vote-catching slogan, Government would have realised that the days when human beings were classified in terms of their pecuniary worth, in terms of whether they were worth a tuppence or a million, such days are long over and any attempt to bring them back even unconsciously causes the greatest resentment. I therefore,

[Shri Sadhan Gupta]

demand on behalf of the 400 millions of the country that, if the Minister's statement is a fact that proper treatment is not denied, then, these facilities should be withdrawn from the higher paid staff. On the other hand, if proper treatment is denied and is not forthcoming to every body, the facilities should be given on a sectional basis, on the basis of people residing in a certain area or people working in certain offices, in that way. I want an answer whether this procedure is going to be adopted and when.

Shri S. M. Banerjee (Kanpur): I want three questions to be asked. My first question is this, I asked the hon. Minister, "I want to know what special facilities are given to the T.B. patients and whether this scheme will also recommend sanatorium treatment for T.B. in the case of prolonged sickness". The answer was, "Yes, Sir. As I said, for the T.B. patients the pay limit is a little higher. Any one drawing Rs. 300 or less, in the case of T.B. is exempted from paying diet charges". I never wanted to know about diet charges. My question was specific with regard to treatment to be given in sanatoria. I want to know whether T.B. patients admitted under this scheme are provided sanatorium treatment.

My second question is; is it a fact that more than 40 to 50 per cent of the civilian employees working in the various Defence installations in Delhi are still not covered by this C.H.S. scheme, and if so, what steps have been taken by the Government to cover those employees under this particular scheme and what are the difficulties. My third question is about this discrimination. We see that a person getting Rs. 800 and more will have immediate access to special treatment. For those people who are getting less, what is the procedure? Are they also entitled to special treatment and if so, what is the method of approach? These are three questions.

The Minister of Health (Shri Karmarkar): Mr. Speaker, I listened to my esteemed friend Shri Sadhan Gupta very carefully. On the one crucial point which may have been otherwise a good basis for the argument that he was trying to put before the House, he had to content himself with saying that probably the treatment given to the lower paid staff is not good, is not efficient. I am quite sure that if there were cases of that kind, they would surely have come to his notice. As it is, the point raised by Shri Sadhan Gupta is a very slender and fine one. When I answered the supplementary question, I said that people drawing Rs. 800 and above have direct access to the specialists whereas with regard to others efficient means are taken to give them the best treatment possible. In other words....

Mr. Speaker: I understood the hon. Minister to say that the others must, in the first instance, go to their doctor and if he wants expert advice, he will take it....

Shri Karmarkar: That is right.

Mr. Speaker: ...whereas the other section, on account of their wealth, has opportunities to avoid the preliminary enquiries and investigations and go to the specialist straight-away.

Shri Warior (Trichur): Why is not preliminary examination by doctor necessary in the case of people getting Rs. 800 and above?

Shri Karmarkar: I do not want the clarification that you have brought forward to be interrupted. That point is covered like this. If we were writing on an absolutely clean slate, I can assure my friends that I for one or the Government of India would make no distinction whatever regarding the facilities to be given whether one is a Class IV officer or a topmost man. It is not as if we wrote on a slate which was absolutely uncovered by writing. This Contributory Health Service Scheme is the successor of the

earlier Medical rules governing either treatment or reimbursement of expenses incurred by government servants serving under the Government of India. As a matter of fact, the type of concession that is now being enjoyed by people drawing Rs. 800 and above would normally, under those rules, have been available to people drawing Rs. 500 and above. We have raised the limit upward, and I think gradually this distinction should completely disappear. We did try, but it was open to the higher salaried servants to say that we could not curtail completely the privileges they were enjoying before, and we could not. That is the plain truth of it. We want to move gradually towards that state of affairs where everyone under the CHS scheme would be entitled to the same benefit.

Supposing I am a person drawing Rs. 800 and upwards, what is it that I get? If my eyes are wrong, I get the service of an eye specialist. The man getting below Rs. 800 goes to the dispensary, and if there is something wrong, he is sent to the specialist. If I hear of a single case in which proper treatment is not given, I would like to see to it that such a case does not arise.

Shri S. M. Banerjee: Let me give an instance.

Shri Karmarkar: That is one way of side-tracking people when they are on a relevant argument.

Though the other man goes through the dispensary, no one misses the services of the specialist. Let me tell my hon. friend Shri Sadhan Gupta that in order to make the service as efficient as possible, I recently asked the Director-General of the CHS to have 50,000 slips printed and sent to a whole cross-section of Government servants to find out if they have any complaints. We are not asking them to sign so that they need not disclose their identity. I have myself gone through that, and I have yet to receive a case where proper treatment has been denied simply because a person is drawing less than Rs. 800.

This distinction does exist, and for a historical reason, as we have not found it practicable to abolish it immediately. If some one complains that we are sitting in Parliament with air-conditioning, while the world outside is not air-conditioned, I have no reply except that Members must be asked to transact their business. No one will complain, they just realise the necessity.

Mr. Speaker: I am afraid the hon. Minister is somewhat labouring the point. He can justify it on other grounds, that Class III and Class IV servants may not be in a position to judge for themselves whether the ordinary doctor will do or the specialist is necessary, with the result that every one will go to the expert, and therefore some screening is necessary, not on account of wealth.

Shri Karmarkar: I want to be honest about the facts. Had it not been for the objection from the higher salaried persons, possibly our movement would have been speedier. What you rightly pointed out is an additional argument, but if I advance that argument, that becomes no argument to my hon. friend Shri Gupta. The real, plain truth of the matter is that it would be impracticable. In the type of society that we want to have, this is not ideal, but we have inherited this from the past, and we are trying to minimise the differences. I would like the service to be blamed if in any single case a man has been denied treatment. I would like my hon. friend Shri Gupta to bring such cases to my notice and I would be grateful to him. No doubt there is strong force in what you suggested as a plausible argument.

Mr. Speaker: Is there any country in the world, whatever its pattern of society, where every patient, without discrimination, is straightway allowed to go to the expert and take away all his time? Is that possible at all?

Shri Karmarkar: I am not well informed about other countries.

Shri Sadhan Gupta: That is possible only for people drawing above Rs. 800!

Shrimati Renu Chakravartty: It is not so in Great Britain.

Shri Karmarkar: In Great Britain and even in socialist Russia,—I have recently studied the medicine there and their economic structure— and I think they are not as much advanced as we are in some matters. That is the plain fact. I would convince my hon. friend Srimati Renu Chakravartty any day, provided she is outside the House when she is likely to be more reasonable.

Coming back to the main point, on principle, I do not find myself at any difference with my hon. friend Shri Sadhan Gupta at all, and I should like to eliminate distinction as early as possible; that is not likely in the near future, but we shall try it by and by.

Now, I come to the other points that were mentioned by my hon. friend Shri S. M. Banerjee. First, there is the point about 50 per cent defence personnel....

Shri S. M. Banerjee: About the TB patient.

Shri Karmarkar: As for TB patients, I am happy to assure him that whatever pay he draws makes no distinction. In fact, we are trying to concentrate our attention on TB cases, and we have now undertaken a thorough screening of everybody in the Government of India and we are trying to treat everybody who is affected. I can assure my hon. friend that our ambition is not to leave a single TB patient unfound, but our regret is that some of them do not have themselves examined for fear of being found. That is my regret, but we are having a thorough assessment and a thorough screening, and in about a year's time, we shall see to it that almost every patient among the Government servants is found and almost every patient is given the best treatment possible.

Shri S. M. Banerjee: What about sanatoria?

Shri Karmarkar: Yes, he will be given sanatoria facilities, hospital, X-ray, and everything under the sun. I can assure my hon. friend of that. I shall not let one TB patient suffer under this scheme, in so far as we can humanly help it; if we can humanly save him, we shall certainly save him. There is no question about it.

Regarding the extension of this scheme the thing is like this, Outside Delhi, in centres like Calcutta and the rest, we are trying to extend the CHS scheme, but we have to move slowly in such matters. We have these things here in Delhi under our very supervision, and, therefore, we can take greater care of it, but we are trying to bring relief to the other servants also as early as possible. That is all that I wish to say about this matter.

I am grateful to my hon. friend Shri Sadhan Gupta for having drawn the attention of everybody, because he has spoken of something about which, on principle, there can be no difference. And if what he has pleaded, and if whatever opinions have been expressed in this House, persuade all concerned to forgo the privilege that they have got, then, nobody would be happier than I about such a result.

Mr. Speaker: I suppose if an ordinary man, to whatever class he may belong, requires expert advice, it would not be denied to him. Is that not so?

Shri Karmarkar: No, he will not be denied at all. My hon. friends opposite do not know this, and that is why they have raised these points. Recently, without our being called upon to do so, we have set up a check-up machinery by which we shall check up everybody, even though they may not be suffering from anything now, so that anything that might come up in the future, might be discovered now. About 3,000 Government servants have been

checked up already, although we were under no obligation to do so, and not only that, but about 1,500 to 2,000 of them have been found to have ailments like diabetes or weak eyes, and we have taken upon ourselves the additional responsibility of having them treated. We would like to have this check-up system introduced for every Government servant and the members of his family, so that the earlier we see the end of illness, the better will it be.

Shrimati Renu Chakravartty (Basirhat): My point was this. When a person goes to the CHS doctor and is being treated by him, it is only that doctor that can recommend him to the specialist. After such treatment, if the patient feels that he is not getting the best out of the treatment, he cannot suggest that he would go to a specialist, and he will not be recommended to go to a specialist. It is only on the recommendation of the CHS doctor that he can go to a specialist.

Shri Karmarkar: Of course, it has to be on the recommendation of an expert; it cannot be on my recommendation. It has to be an expert who has got to recommend his case, and there is already an order about it.

Mr. Speaker: What the hon. Member wants to know is this. Suppose there is a patient who is having a long period of treatment under a particular doctor assigned to him, and he is not satisfied about the progress, or there is no progress, still, the doctor

who is treating him will persist in treating him, and not recommend him to the expert. Is it open at that sage for the patient, of his own accord, to say that notwithstanding the doctor who is treating him, he should be sent to the expert or specialist?

Shri Karmarkar: In the normal course, you would have excluded this question as a hypothetical question, because this has never happened, and our doctors are so uniformly good that this will never happen; and if it does happen, there are so many hon. Members to take up their cause. I would be very willing to entertain an application from anyone in respect of whom any doctor is cussed or to whom any doctor is not giving proper treatment and I would request my hon. friend Shrimati Renu Chakravartty to take up this thing, and I would give her all the facilities, possibly place a man under her, and take all these people under her care, that is, anyone being treated and not being cured for a long time; if she brings such cases to my notice, I shall have the highest specialist's services made available to such a person, but such a thing never occurs.

Mr. Speaker: That is the assurance that if the patient is not satisfied, the doctor himself will be advised to take him to the expert.

17.30 hrs.

The Lok Sabha then adjourned till Eleven of the Clock on Wednesday, the August 17, 1960/Sravana 26, 1882 (Saka).