Mr. Speaker: The question is:

"That this House agrees with the Eighty-ninth Report of the Committee on Private Members' Bills and Resolutions presented to the House on the 6th September, 1961."

The motion was adopted.

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15 56 hrs.

RESOLUTION *RE*: CONTRIBUTORY HEALTH SERVICE SCHEME—*contd.*

Mr. Speaker: The House will now resume further discussion of the following Resolution moved by Dr. K. B. Menon on the 25th August, 1961:—

"This House is of opinion that the Contributory Health Service Scheme for Central Government servants and members of their families in Delhi and New Delhi may be extended to other cities."

Out of two hours allotted for discussion on this resolution, only one minute has been taken up. Dr. K. B. Menon may kindly continue his speech. Does he find it difficult to stand?

Dr. K. B. Menon (Badagara): No, Sir.

Shri S. M. Banerjee (Kanpur): Will somebody reply on behalf of the Health Minister? There is no one there.

Shri Rane (Buldana): The Health Minister is in the Rajya Sabha. I have requested Shri Kanungo to be here.

The Minister of Commerce (Shri Kanungo): I am taking notes. I am attending to the debate.

Mr. Speaker: Even if there is no Minister here, our friend is a Member. Any Member can take notes.

Dr. K. B. Menon: The Contributory Health Service Scheme which I propose to discuss this evening is a subject in which every Member of this House is personally interested because today he makes a contribution and is a beneficiary. Listening to the criticism of the scheme during the last budget session whetted my interest, and I made a study of the scheme as it is working in this city in a limited way, and I thought that I would share the information that I gathered with the House, and plead with the Government to see whether mistakes of omission and commission cannot be corrected and the scheme improved. This is one of the objects of my resolution. The second object of my resolution is to plead with the Government to see whether the scheme can be extended to other areas; and in extending this scheme, it is certainly necessary that we should correct the mistakes, if any, in the scheme as it is working.

The scheme is a departure from the accepted or the working policy of Governments. Health is a subject in which every citizen is interested, and yet it is significant that it was not until our own times that this responsibility was openly accepted by Governments even of progressive countries. England, of course, was the first country to accept it by her National Health Act of 1948 which she modified and perfected in the succeeding two years. We have been following England in many respects. On this health affair also we have been following them. We had general hospitals in urban areas, and the people in the rural areas depended almost exclusively upon practitioners of indigenous medicine like Ayurveda and Unani. After we became independent, we have extended this service of opening more hospitals and with the Employees' State Insurance Scheme, and with the opening of maternity centres, and primary health centres in NES and community development blocks, we have been trying to extend the medical service and make it available to more people. According to the figures given in India of 1959, the Employees' State Insurance Scheme served nearly 14 lakhs of people.

[Dr. K. B. Menon]

I am sure that it must be very much more than that today. With the maternity centres and the primary health centres opened in the first and second Plans, I believe, it must be serving another few lakhs of people. I understand that in coal mines and mica mines they have arrangements for medical aid to employees.

16.01 hrs.

[SHRIMATI RENU CHAKRAVARTTY *in the Chair*]

The Contributory Health Scheme is limited to the Central Government employees and that only in the city of Delhi and New Delhi. It serves 120,000 employees who with their families—multiplying it by 4·2—would come to nearly 5 lakhs of people. Then, the State Governments are giving a certain kind of medical privileges to the employees which is a little cumbersome and, therefore, is not fully used.

Taking all these into consideration and the number of people served in all these ways, quite a large section of the people of India are given medical aid by Government. I do not know whether it is not time to extend these services to the whole of the population. While it is the poor man that needs this service, the CHS is limited to the Central Government employees—and also in the States to Government servants—the area covered and the sections served are sections which probably can get along without it. It is time that we thought of rendering medical aid to the people that are not at present included. That was another objective that I had in mind when I thought of moving this Resolution.

Now, I shall place before you the facts that I have been able to gather with regard to the actual working of the CHS in the cities of Delhi and New Delhi. There are, I understand, 40 centres and 5 mobile vans. As I said before, the Central Government employees and their families number about 5 lakhs or a little more than that. For serving this number, we have 40 centres. And, out of these 40 centres, according to my information, 14 are rather crowded centres where the aid given is, consequently, not very satisfactory. I do not wish to name all of them. They are like Chandni Chowk, Paharganj, Gole Market and a number of other crowded areas where the centre is heavily worked and, consequently, the service is not very satisfactory.

According to the figures given in the 1959 report, a doctor attends on 120 patients. I am afraid—of course, I do not know and I am subject to correction—that this 120 does not take into account these crowded and heavy centres. If it does, I am quite sure that the average must be much higher. As far as I could find out—and I have talked to friends and patients also and to doctors, as well—in a place like Gole Market, I think there is an average of 900 to 1,000 patients a day. At present I believe that there are in that centre five to six doctors working. A doctor is expected to work for six hours a day on the average. Calculating on the basis of five minutes as the average time for the new and the old patients taken together, one doctor can conveniently attend to 72 patients. Even if we add something more to that 72, I think for a doctor to handle more than a 100 patients a day will be too much of a work-load. He is bound to get fagged out and is bound to become more irritable, and consequently he is not likely to give satisfaction to a patient. The patient-doctor relation is very important in the matter of treatment, and the doctor must be in a mood to attend to a patient. I am afraid he will not be in that mood if he has to attend to more than a 100 patients a day. I wish that the Government would remember this fact and see that more doctors are provided, and that a doctor is given on the average of 100 patients per day.

I feel that some immediate relief is necessary in crowded areas. If that relief is to be given immediately, probably it enhances the staff a little bit—by giving an attendant who may regulate the crowd, by giving a staff nurse who may be of some service to the doctor, etc. In that way some relief is possible. But as a long term permanent arrangement, more centres should be opened in these crowded areas. If we do not do that, and if we simply increase the staff in the centres and increase the doctors and increase the attendants, we will only duplicate the general hospital system of working in those areas. The one advantage of the contributory health service scheme, as worked today, is the aspect of decentralisation. The service is brought very near to the home of the patient; the patient feels a little more satisfied and has not the inconvenience of going long distances; he has not got to form a long queue; he has not to meet a doctor with whom he is not familiar. In all these ways, this decentralisation has helped the people, and I wish that in these crowded areas, when an attempt is made to regulate the work, it is done by accepting this principle of decentralisation and not by enhancing the staff of the existing units.

Now, I may get to the next subject and that is about medicine. I heard strong criticisms about it in the House at the budget debate on health. As I said, it whetted my interest in this scheme. There is a complaint about the distribution of medicines. But I know from my little enquiry that even expensive medicines are given to patients whenever the doctor finds it necessary. This is a fact which is not very well known, and it may be well to acquaint the patients about this fact. I do not think we should take the North Avenue or the South Avenue health centres as types. But taking areas outside, I understand that medicines are classified into two, one given by the doctor-in-charge and the other by the specialist. In this connection, I may have some other suggestions to make. I have nothing to say against this classification, for it is for the doctor to decide what type of medicine should be given to the patient.

The only fact I wish to state is, my information is that costly medicines are not denied to poor people. But in the ordering of medicine and making available the medicine, the system is not satisfactory. It takes sometimes days for the medicine to reach the centre. My feeling is that the patient is seriously affected when he finds that the delivery of the medicine is delayed. There should be an arrangement whereby the medicine should be made available to the patient at least the day that it is prescribed by the doctor. This can be done easily, especially in a city, where there is telephone convenience, convenience of transport, etc. Therefore, when the doctor phones, sufficient stock should be kept in the centre. Sometimes it may not be possible; it might get exhausted or a particular medicine may not be available. Therefore, I suggest that a scooter should be made available to the distributing centre at Curzon Road, from where the medicine should be taken immediately on the scooter to the centre where it is needed, within an hour after the 'phone call is made.

This kind of quick delivery will enhance efficiency, will satisfy the patient and I am sure will go a long way in his cure. In certain cases where the complaint is serious and medicine is urgently needed, such an arrangement certainly is helpful and necessary.

With regard to the medicine itself, I have a word to say. I understand from my little enquiry that certain low grade medicines are pushed into the CHS. We are certainly interested in using as much as possible Indian medicines and we have made fairly good progress, I think, in the manufacture of medicines in India. We have fairly good standard producers in our country. But we have also low grade producers in our country and through pressure or some other

[Dr. K. B. Menon]

ways, if these low grade medicines are tried to be pushed into use, it is not fair to the patient.

I am speaking after some enquiry. I know that innocent injections like B-12 have been given to patients and there are instances where the patient has collapsed in the sense that he has fainted. Such cases happen because of the use of bad medicine and because there is something wrong with the medicine. B-12 is an innocent medicine, but if it is some other medicine like penicillin, something more serious might happen. Therefore, it is my suggestion that we may encourage Indian-made medicines, but those Indian medicines should be of the standard quality.

Again speaking from experience, there are capsules made in India which are such that the capsule is not dissolved in the stomach and passes out. That is because of the wrong method of manufacturing. Care shoud be taken by the Director of Health Services to see that only accepted standard quality medicines, Indian-made, should be used by the CHS.

Then, with regard to distribution of medicines in heavy centres like Paharganj and other heavy centres, a lakh of rupees worth of medicine is used a year, and in smaller centres like the North Avenue or the South Avenue about Rs. 40,000 worth of medicines are used. This is a heavy responsibility, to receive the medicines, to enter the medicines in the stock-book and to distribute them. Here again, the arrangement at present I do not think is very satisfactory. To load a doctor with that work is to misuse his time. His time is valuable. He is a specialist. He is in charge of the whole scheme and his time should not be used for taking delivery of medicines or entering them in the stock-book. There should be an assistant for this, and my submission is that a staff nurse may be entrusted with this work under the supervision and direction of the doctor in charge. Doctors should not be entrusted with this kind of responsibility. That is my submission with regard to medicines.

Let me now go to the doctor. The doctor is the linch-pin of the whole scheme, of the entire scheme. The success or failure of the scheme will depend almost exclusively upon the doctor. The doctor, therefore, should have sufficient time to attend to the patients. Therefore, I have suggested that a work-load of not more than 100 patients should be given to a doctor.

Secondly, a doctor has night duties two days in a week. On the succeeding day when he comes for duty I think he should be allowed two hours' time. Now he is expected to be on duty at the same time as usual. Supposing he had calls throughout the night, it will be very difficult for him to attend duty at 7.00 in the morning. Therefore, he may be allowed two hours extra time on the day following his night duty days.

It is very necessary that the doctor in a decentralised service like the contributory health service scheme is made available to the patients whenever they need him. It logically follows from that that free quarters should be provided to the doctor very near the centre. As and when the scheme develops, as I am sure it will develop, special buildings will be constructed for the health centres or the contributory health centres, and then I feel that quarters will be provided not only for the doctors but for the entire staff. The doctor if he is to be available must be within reach of his centre.

With regard to the work of the doctor, his salary etc., it is very technical and I do not wish to enter very much into it, but I would like to say just a few words about it. There are in the Contributory Health Service scheme, according to the latest figure available, 254 doctors. Out of these 254 doctors I think 36 are specialists. Majority of these 254 doctors will be

assistant surgeons. I do not know whether there are any post graduate doctors in the contributory health scheme. These assistant surgeons or staff surgeons may have a salary, I believe, of Rs. 350 to Rs. 800 or Rs. 375 to Rs. 800. The other salary grade is Rs. 425 to 900. Unless the surgeons are able to get a post-graduate degree, they have not much prospect of getting into the other grade. So, it would be good if Government would consider giving them that grade or, alternatively, raise the scale from Rs. 375—800 to Rs. 375—900. That may raise the status of the doctor and will be a source of encouragement for him to work.

My enquiries reveal that though their working hours are limited to six hours, often they have to work very much more than six hours. They have to make themselves available for calls at home. Even at the centres, if there are long queues waiting, they cannot but attend to them irrespective of their working hours.

In the case of centres that are heavy where half a dozen doctors are working, I suggest that one doctor, not from the point of view of his qualifications or from the point of view of his seniority but from the point of view of moving best with the patients, a doctor who has tact and a way of moving with the people must be selected and put in charge of the centre. That may be helpful, because he will be the public contact man and he will give satisfaction to the patient. As I said, doctor-patient relationship is a very important factor in the treatment of disease.

Then I would suggest that staff nurses should be added to the CHS. A staff nurse added to the health centre will be of great service to the doctor for minor things like giving medical aid. I also feel that the clerks in the CHS should all be women because women fit in more into the atmosphere of the hospital than men. They can also be of more service to the hospital. If the whole staff can be converted into women staff nurses and clerks, they can help in the receipt of stock, distribution of stock and also in helping doctors.

I would like to conclude by saying that the service, as it is run, is done fairly well. But it needs all these kinds of improvements like better satisfaction to the patient, better attendance to the patient and also better remuneration to the doctors. If the doctors have to work for more than six hours, either they may be given the grade or they may be given a charge allowance, or some other kind of allowance, which may compensate them for the extra work that they are called on to put.

If all these things are done, I am sure the efficiency of the CHS will improve and it will be made more popular. Once the CHS gets a good name, you can maintain it; but once it gets a bad name, it will be very difficult to correct it. Therefore, I hope the hon. Minister will examine the suggestions I have made, the mistakes I have pointed out, and then try to correct them in the near future.

Mr. Chairman: Motion moved:

> "This House is of opinion that the Contributory Health Service Scheme for Central Government Servants and members of their families in Delhi and New Delhi may be extended to other cities."
> Shri Shankar Deo.

Shri Shree Narayan Das (Darbhanga): I have to move my amendments.

Mr. Chairman: All right. Shri Shree Narayan Das. I will call Shri Shankar Deo later.

Amendment No. 1?

Shri Shree Narayan Das: Yes.

Mr. Chairman: It is a substitute motion. Isn't it?

Shri Shree Narayan Das: Yes.

Mr. Chairman: All right, Shri Shree Narayan Das. I will give the hon.

[Mr. Chairman]

Member a chance later on. I find now that a large number of hon. Members are suddenly taking interest. At first there were only two or three. That is why I permitted Dr. K. B. Menon to have about 35 minutes. Now that I find quite a large number of hon. Members standing up I would request that hon. Members take ten minutes each so that we will be able to cover a large number of speakers.

श्री श्रीनारायण दास : सभानेत्री महोदया, I beg to move:

For the original Resolution, *substitute*—

"This House is of opinion that a Committee be appointed to consider the feasibility of extending the scheme of Contributory Health Service for Central Government Servants in Delhi and New Delhi to other cities and to suggest ways and means and a phased programme in this respect if the Committee makes recommendation for the extension."

जो प्रस्ताव हमारे माननीय सदस्य डा० क० ब० मेनन ने सदन के सामने उपस्थित किया है उसके पीछे जो खयाल है वह बहुत ही सुन्दर है । अंशदायी स्वास्थ्य सेवा योजना चला कर केन्द्रीय सरकार ने अपने कर्मचारियों को डाक्टरी सहायता देने की जो योजना बनाई है वह भी एक प्रशंसा की चीज है ।

प्रस्तावक महोदय के प्रस्ताव का आशय यह है कि जो अंशदायी स्वास्थ्य सेवा योजना दिल्ली और नई दिल्ली में चल रही है उसको अन्य शहरों के लिए भी जहां कि केन्द्रीय सरकार के कर्मचारी रहते हों, बढ़ा दिया जाय । उनके लिए भी ऐसी योजना लागू की जाय । अब वैसे देखा जाय तो यह विचार बहुत अच्छा है लेकिन जैसे कि अभी उन्होंने अपने प्रस्ताव पर बोलते हुए बतलाया कि दिल्ली और नई दिल्ली में यह योजना जो चालू की गई है और उसके अन्तर्गत जो काम हो रहा है वह हर तरीके से सन्तोषप्रद नहीं है तो फिर यह कैसे समझा जाय कि अन्य शहरों में यह योजना बगैर खामी के चल सकेगी और सन्तोषजनक सिद्ध हो सकेगी ? दवाओं के समुचित वितरण के अभाव में , डाक्टरों की कमी में या दूसरे जो और काम करने वाले कर्मचारी हैं उनमें कमी होने के कारण लोगों की जिस प्रकार से उचित देखभाल और सेवा सुश्रुषा होनी चाहिए वह नहीं हो पा रही है । जहां तक मैंने इस सेवा योजना के संचालन को देखा है यद्यपि डाक्टर्स लोग बहुत मेहनत से काम करते हैं और इसके कर्मचारी भी जहां तक हो सकता है अधिक से अधिक समय देने की कोशिश करते हैं और इस बात का प्रयत्न किया जाता है कि रोगी की सुश्रुषा और देखभाल ठीक तरह से हो फिर भी डाक्टरों के अभाव में और दूसरे कर्मचारियों के अभाव में जिस मुस्तैदी और जिस तत्परता के साथ सेवा सुश्रुषा का काम होना चाहिए वह नहीं हो पा रहा है ....

Mr. Chairman: Is the hon. Member reading out his speech or is he referring to something?

Shri Shree Narayan Das: It is only the sheet containing the amendment.

Shri Radha Raman (Chandni Chowk): Only his eyes are focussed there, otherwise there is nothing.

The Minister of Health (Shri Karmarkar): That paper is an inspiration.

Shri Shree Narayan Das: There is nothing here.

मैं यह कह रहा था कि जो सेवा की योजना है उसमें बहुत खामियां आ गई हैं और दिल्ली और नई दिल्ली में भी इस सेवा योजना का जिस तरीके से संचालन होना चाहिए वह कई कारणों से जैसे दवाओं के

अभाव या डाक्टर्स के अभाव अथवा दूसरे कारणों से, जिस तरीके से इसका संचालन होना चाहिए वह नहीं हो पा रहा है । इसमें खामियां पाई जाती हैं ।

बीमारी की जांच के लिए जो अस्पतालों में क्लीनिकल अरेंजमेंट है जहां तक मुझे मालूम हो सका है वह भी जांच करने वाले डाक्टरों का बहुत ही अभाव है । एक तो रोगी की जांच ठीक से नहीं की जाती है क्योंकि जांच करने के वास्ते बहुत काफी तादाद में पर्चे मौजूद रहते हैं और समय चूंकि बहुत कम रहता है इसलिए जांच ठीक से नहीं हो पाती है । उस ओर भी ध्यान देने और आवश्यक सुधार करने की बहुत गुंजाइश है ।

जैसा कि प्रस्तावक महोदय ने भी बतलाया है कि डाक्टर्स और दूसरे कर्मचारी जितने होने चाहिएं वह आज मौजूद नहीं है और इसके अलावा भी जो दवा की व्यवस्था है और जैसा कि मैंने सुना है और जाना है कि डिस्पैंसरीज़ में जो डाक्टर्स बैठते हैं उनको सभी दवाइयां मरीज़ों को देने का अधिकार नहीं है । अगर किसी रोगी को कोई खास दवा देने की जरूरत महसूस होती है तो डिस्पैंसरीज के डाक्टर्स को दूसरे डाक्टर अर्थात् अस्पताल के स्पेशलिस्ट्स के पास उनको भेजना पड़ता है और नतीजा यह होता है कि समय पर रोगी को उचित व आवश्यक दवाई नहीं मिल पाती है । इसके अलावा ऊपर के डाक्टर के पास रेफर करने में भी उनको जरा आनाकानी होती है कि वह क्या समझेगा और अक्सर होता यह है कि रोगी को जो दवा मिलनी चाहिए वह नहीं मिलती है । यही सब देख कर मैं ने अपना सबस्टीच्यूट मोशन रखा है कि इस सेवा योजना को अन्य शहरों में बढ़ाने के सवाल पर विचार करने के हेतु एक कमेटी की स्थापना की जाय जो तमाम समस्या पर गौर करे । जब दिल्ली और नई दिल्ली में अंशदायी स्वास्थ्य सेवा योजना में खामियां मौजूद हैं तब मैं नहीं समझता कि अगर इस योजना को अन्य शहरों में बढ़ाया गया तो वहां यह अधिक कारगर सिद्ध हो सकेगी और वर्तमान हालत में इससे लोगों का विशेष फायदा नहीं होगा । इस लिये कुछ दिनों तक दिल्ली और नई दिल्ली में तजुर्बा कर के उस तजुर्बे के आधार पर अगर दूसरे शहरों में इस योजना का विस्तार किया जायेगा, तो कर्मचारियों को अधिक लाभ होगा । मेरे संशोधन का तात्पर्य यह है कि एक कमेटी बिठाई जाये, जो इस बात की जांच करे कि उन अन्य शहरों में, जहां केन्द्रीय सरकार के कर्मचारी रहते हैं, कहां तक इस योजना का विस्तार किया जा सकता है । अगर समुचित जांच-पड़ताल के बाद वह कमेटी इस मत पर पहुंचे कि दूसरे शहरों में इस का विस्तार होना चाहिए, तो फिर वह एक कार्यक्रम (प्रोग्राम) बनाये कि किन किन शहरों में और किस तरीके से इस की व्यवस्था की जाये ।

जहां तक इस प्रस्ताव का सम्बन्ध है, मैं समझता हूं कि अभी सरकार के लिये इस को मंजूर करना सम्भव नहीं है । मैं भी उस का समर्थन नहीं करता हूं, क्योंकि मैं जानता हूं कि अभी हम दिल्ली और नई दिल्ली में इसका पूरा तजुर्बा हासिल नहीं कर पाये हैं और जो प्रबन्ध डाक्टरों, कर्मचारियों और दवाओं आदि का करना चाहिए, वह पूरी तरह से नहीं कर पाये हैं । ऐसी हालत में दूसरे शहरों में इस योजना का विस्तार करना लाभदायक नहीं होगा । लेकिन फिर भी आवश्यकता इस बात की है कि जब केन्द्रीय सरकार के कर्मचारियों को दिल्ली और नई दिल्ली में इस योजना से लाभ पहुंचाया जा रहा है, तो दूसरे शहरों में रहने वाले केन्द्रीय सरकार के कर्मचारियों को भी इस का फ़ायदा जल्द से जल्द मिले, इस का कार्यक्रम बनाना ज़रूरी है । यह तभी हो सकता है, जब कि एक छोटी सी कमेटी बनाई जाये, जो इस विषय में जांच-पड़ताल कर के दूसरे शहरों के लिये कोई कार्यक्रम बनाये ।

[श्री श्रीनारायण दास]

इन शब्दों के साथ मैं इस संशोधन को पेश करता हूं। मैं आशा करता हूं कि माननीय मंत्री जी इस संशोधन को कम से कम मान लेंगे और इस बात की कोशिश करेंगे कि अंशदायी स्वास्थ्य सेवा योजना दूसरे शहरों में जल्द से जल्द लागू की जा सके।

श्री मोहन स्वरूप (पीलीभीत) : सभापति महोदय, मैं अपने माननीय मित्र, डा० के० बी० मेनन, के प्रस्ताव का समर्थन करने के लिये खड़ा हुआ हूं। जहां तक इस योजना का ताल्लुक है, इस में कोई शक नहीं कि यह एक बहुत अच्छी और लाभदायक योजना है और दिल्ली में रहने वाले चाहे कोई भी, कैसे भी कर्मचारी हों, वे इस से फ़ायदा उठा रहे हैं। जहां तक मैं ने देखा है, वहां पर दवाओं का अच्छा बन्दोबस्त है और डाक्टर भी अच्छे तरीके से मरीज़ों की देख-भाल करते हैं, जिस की वजह से इस की लोकप्रियता बढ़ती जा रही है। बहुत सी आटानोमस बाडीज़ और सैमी-गवर्नमेंट आरगनाइज़ेशन्ज़ ने इस बात की कोशिश की है कि कान्ट्रीब्यूट्री हैल्थ सर्विस की योजना उन के यहां भी लागू की जाये। मुझे बताया गया है कि दिल्ली में चौबीस ऐसी संस्थायें हैं, जिन्होंने इस में सफलता प्राप्त की है और उन के कर्मचारी इस से लाभ उठा रहे हैं। जैसा कि डाक्टर साहब ने कहा है, यहां पर चालीस सेंटर हैं, जिन में ३८ सैंटर काम कर रहे हैं और दो सैंटर अभी बाकी हैं, जिन को जल्दी इम्प्लीमेंट किया जाने वाला है।

जहां तक इस योजना का सवाल है, कलकत्ता, बम्बई और मद्रास वग़ैरह में रहने वाले जो केन्द्रीय सरकार के कर्मचारी हैं, उनको भी इस से लाभ हो, मैं समझता हूं कि यह बड़ा अच्छा ख्याल है और अब न सही, आगे चल कर सरकार को प्रयत्न करना चाहिए कि वे लोग भी इस योजना से लाभ उठा सकें। मैं तो इस से भी आगे बढ़ कर यह चाहता हूं कि सूबों की सरकारें भी इस योजना को अपनायें और केन्द्रीय सरकार उस सिलसिले में उन की सहायता करे।

जहां तक हैल्थ का सवाल है, सरकार का यह फ़र्ज़ है कि वह लोगों की तन्दुरुस्ती कायम रखने के लिये उन के इलाज के लिये अच्छी से अच्छी व्यवस्था करे। मैं देखता हूं कि इस दिशा में कान्ट्रीब्यूट्री हैल्थ सर्विस स्कीम का जो कार्य चल रहा है, वह संतोषजनक है। बहुत सी जगह, जहां यह योजना लागू नहीं है, मैं देखता हूं कि अस्पतालों में डाक्टर हैं, तो दवायें नहीं हैं। मैं अपनी कांस्टीट्यूएन्सी की बात कहना चाहता हूं कि मैंने बहुत से ऐसे अस्पताल देखे हैं, जहां एक एक साल से डाक्टर नहीं हैं, दवाओं और स्टाफ़ की तो बात ही दूसरी है। बहुत सी जगह मैं ने देखा कि दवायें हैं और डाक्टर नहीं हैं और कहीं डाक्टर नहीं है और स्टाफ़ मौजूद है। ऐसी स्थिति में जनता की सेहत का कैसे इन्तज़ाम हो सकता है और कैसे उस के इलाज की व्यवस्था हो सकती है? इसलिये मैं चाहता हूं कि कान्ट्रीब्यूट्री हैल्थ स्कीम सूबों में भी लागू हो और केन्द्रीय सरकार इस के लिये अच्छी तरह से सहायता करे, क्योंकि यही एक योजना है, जिस के अन्तर्गत लोगों को दवायें मिल सकती हैं और चिकित्सा की दूसरी सुविधायें उपलब्ध हो सकती हैं।

इस सिलसिले में मैं कांस्ट्रीब्यूट्री हैल्थ सर्विस स्कीम की कमियों के बारे में मंत्री जी का ध्यान आकर्षित करना चाहता हूं।

मैं ने यह देखा है कि बाज़ ऐसे मर्ज़ हैं, जिन की दवा तीन महीने के बाद नहीं मिलती है। कहा जाता है कि तीन महीने तक सरकार की तरफ़ से दिये जाने की इजाज़त है और उस के बाद अपनी जेब से खरीदिये। मेरे कुछ साथियों को डायबिटीज़ की शिकायत है, लेकिन उन को रेस्टीनान की गोलियां नहीं मिलती हैं। मैं चाहूंगा कि जहां और महंगी महंगी दवाओं का प्रवन्ध है, वहां रेस्टीनान जैसी दवाओं का भी प्रबन्ध होना चाहिए।

कोई भी मर्ज़ हो, उस का समुचित इलाज होना चाहिए और जो दवायें उस के लिये आवश्यक हों, उन का प्रबन्ध होना चाहिए । मैं आशा करता हूं कि मंत्री महोदय इस सिलसिले में उचित व्यवस्था करेंगे ।

जो घनी बस्तियां हैं, जहां लोग काम-काज में बहुत ज्यादा मसरूफ़ रहते हैं, वहां मोबाइल वैन्ज़ का इन्तज़ाम हो, जिन में डाक्टर बैठे और दवाओं का भी वहां इन्तज़ाम हो । मैं समझता हूं कि इस तरह से उन बस्तियों में रहने वाले कर्मचारियों की सेहत की देख-भाल का अच्छा बन्दोबस्त हो सकता है ।

मैं ने देखा है कि रात के समय डाक्टर सेंटर पर नहीं रहते हैं । पांच के बाद वे चले जाते हैं । अगर कुछ और न हो सके, तो कम से कम एक कम्पाउंडर सेंटर पर रहे, जो टैम्प्रेचर ले सके और दवा की थोड़ी बहुत व्यवस्था कर सके ।

कान्ट्रीब्यूटी हैल्थ सर्विस स्कीम के सैंटर्ज़ में मैटर्निटी फ़ैसिलिटीज़ नहीं है । अगर कोई ऐसी आवश्यकता होती है, तो वहां से दूसरे अस्पतालों में भर्ती करने के लिये रीकमेंड कर दिया जाता है । मैं चाहूंगा कि अगर सब सैंटर्ज़ में नहीं, तो कम से कम सिलेक्टिड सैंटर्ज़ में मैटर्निटी फ़ैसिलिटीज़ मुहैया की जायें और वहां पर लेडी डाक्टर, नर्सें और इस किस्म की दवाओं की व्यवस्था हो ।

अक्सर देखा गया है कि ऐलोपैथिक दवायें नहीं मिलती हैं । आज जब कि हिन्दुस्तान में देसी चीज़ों की तरफ़ प्रवृत्ति बढ़ रही है, तो इन सेंटर्ज़ में देसी दवाओं का ज्यादा से ज्यादा इस्तेमाल किया जाना चाहिए । इस के अलावा होम्योपैथिक डिस्पेंसरीज़ कायम कर के उन में होम्योपैथिक दवाओं का प्रचलन हो । इस से फ़ीस को कम कर के तीन रुपये से एक, डेढ़ रुपया किया जा सकता है । यह व्यवस्था सस्ती भी होगी और मरीज़ों को दवायें भी अच्छे तरीके से मिल सकेंगी ।

जैसा कि डाक्टर साहब ने कहा है, बाज़ औकात दवायें जब ख़त्म हो जाती हैं, तो इन्डेन्ट भेजना पड़ता है और उस में दो तीन दिन लग जाते हैं । अगर मरीज़ को समय पर दवा न मिले—उस को सुबह ज़रूरत हो और दवा उस को दूसरे दिन मिले—तो इससे अच्छा असर पड़ने वाला नहीं है । दवाओं के स्टाक की समुचित व्यवस्था होनी चाहिए । जैसा कि डाक्टर साहब ने कहा है जिस से मैं बिल्कुल सहमत हूं—डाक्टरों का दवाओं के स्टाक से कोई सम्बन्ध नहीं होना चाहिए, बल्कि हर एक सैंटर में एक स्टाक-मैन हो, जो कि दवाओं की देख-भाल करता रहे और इस बात का ख़्याल रखे कि जो दवा ख़त्म हो रही है, उस को मंगाने का प्रबन्ध किया जाये । इस से काफ़ी सुधार हो सकता है ।

डाक्टर साहब ने यह भी कहा है—और मैं भी महसूस करता हूं—कि सैंटर्ज़ में दवाओं का जो स्टाक आता है, वह फ्रैश नहीं होता है । बाज़ औकात देखा गया है कि ऐसी दवायें दी जाती हैं, जिन की एक्सपायरी डेट करीब है और करीब एक महीने या पंद्रह रोज़ का फ़र्क रह गया है । ऐसी दवाओं का प्रभाव ज्यादा नहीं हो सकता है, चाहे वे सल्फ़ा ड्रग्ज़ हों और चाहे एन्टी-बायटिक्स । इस लिये मेरा सजेश्शन है कि वहां पर फ्रैश दवायें मंगाई जायें और आउट-डेटिड दवायें स्टाक में न रखी जायें ।

मैं इस ओर भी आपका ध्यान आकर्षित करना चाहता हूं कि एक्स-रे का इंतिज़ाम बहुत ही कम जगहों पर है । जब किसी को एक्स-रे करवाने के लिए कहा जाता है तो ऐसा करवाने के लिए उसको विलिंगडन अस्पताल या किसी दूसरे अस्पताल में जाना पड़ता है । वहां पर भी एक तरह का डिसक्रिमिनेशन किया जाता है । कुछ लोगों को तो एक्स-रे का फोटो फ्री मिल जाता है और कुछ दूसरे लोग हैं जिन को इसके लिए फी देनी पड़ती है । आज जब कि हमारा देश स्वतंत्र हो चुका है और समाजवाद की बात की जाती

[श्री मोहन स्वरूप]

है तो यह जो सुविधा है, यह सभी को समान रूप से मिलनी चाहिये और किसी प्रकार भी कोई डिसक्रिमिनेशन नहीं होनी चाहिये । एक को काफी फ्री मिलती है तो दूसरे को भी फ्री मिलनी चाहिये । ऐसा इंतिज़ाम भी होना चाहिये कि एक्स-रे की आज जो दिक्कत है, वह दूर हो ।

एक और भी दिक्कत की बात है । सी० एच० एस० सैंटर्ज़ में अगर किसी को यूरीन और ब्लड टैस्ट करवाने के लिए कहा जाता है तो मरीज़ों को दूसरे अस्पतालों में जाने के लिए कहा जाता है और दो तीन दिन के बाद टैस्ट हो कर वह चीज़ आती है । अगर इसका प्रबन्ध सभी सैंटर्ज़ में नहीं किया जा सकता है तो कम से कम सिलैक्टिड सैंटर्ज़ में तो किया ही जा सकता है । इस वास्ते मैं चाहता हूं कि सिलैक्टिड सैंटर्ज़ में यूरिन और ब्लड को टैस्ट करने का समुचित प्रबन्ध हो ताकि आसानी से और जल्दी इसकी रिपोर्ट प्राप्त हो सके ।

अन्त में मैं माननीय मंत्री जी से कहना चाहता हूं कि अगर वह चाहते हैं कि यह स्कीम कामयाब हो और चाहते हैं कि इसका प्रचलन ज्यादा से ज्यादा हो तो जो कमियां मैंने बताई हैं, उनको दूर करने का वह प्रयत्न करे ।

मैं एक बार फिर जोरदार शब्दों में कहना चाहता हूं कि इसका विस्तार दूसरे शहरों में भी हो और साथ ही साथ राज्यों में भी इसका विस्तार हो और केन्द्रीय सरकार इसकी समुचित व्यवस्था करे ।

श्री शंकर देव (गुलबर्गा-रक्षित-अनुसूचित जातियां) : सभा नेत्री जी, इस प्रस्ताव का मैं विरोध करने के लिये खड़ा हुआ हूं । यह स्कीम जो गवर्नमेंट की तरफ से इस वक्त चलाई जा रही है, इसके अन्तर्गत एलोपेथिक सिस्टम को ही कम्पलसरी किया गया है, एलोपैथिक ड्रगज़ का ही उसके अन्दर इंतिजाम किया जाता है इसका मतलब यह हुआ कि तमाम गवर्नमेंट सर्वेन्ट्स या और भी जो कोई इसका मेम्बर बनता है, उन सब को कम्पल सेरिली एलोपेथिक दवायें लेनी पड़ती है । जो लोग इस सिस्टम में विश्वास नहीं रखते रखते हैं, जो लोग आयुर्वेदी के अन्दर विश्वास हैं, या प्राकृतिक चिकित्सा पद्धति के अन्दर विश्वास रखते हैंनेचर क्योर के अन्दर विश्वास रखतेहैं या किसी दूसरें सिस्टमके अन्दर विश्वास रखते हैं, उनके लिये कोई भी इसके अन्दर इंतिजाम नहीं है कि वे इन सिस्टम से इलाज करवा सकते हैं । इस दृष्टि से मैं इसका विरोध करता हूं ।

हमारा देश गांधी जी के आदर्शवाद को लेकर चल रहा है और गांधी जी ने अपने जीवन में नेचर क्योर का प्रयोग किया है, प्राकृतिक चिकित्सा का उन्होंने प्रयोग किया है और उन्होने लोगों को भी यह कहा है कि यही एक ऐसी चिकित्सा है पद्धति है जो कि किसी रोग को भी जड़ से खत्म करती है और दूसरी जो दवायें हैं वे रोग को जड़ से निकाल बाहर नहीं फेंकती हैं, केवल ऊपर से ही लीपा पोती करती हैं । इस चीज को पश्चिम के लोगों ने भी रीयलाइज़ कर लिया है । मुझे इस बात का सौभाग्य मिला है । कि मैं पश्चिम के देशों में जाऊं और मैंने के देखा है अमरीका के अन्दर कनाडा के अन्दर, यू० के० के अन्दर तथा दूसरे देशों के अन्दर भी जहां मैं घूमा हूं कि इस एलोपैथिक सिस्टम के खिलाफ बहुत बड़ा रियेक्शन हुआ है । असल में पश्चिम के देशों के अन्दर जब कोई चीज़ चलती है तो जब तक वह हिन्दुस्तान के अन्दर आती है, तब तक पुरानी पड़ जाती है और पुरानी होकर ही यहां वह आती है । वे लोग दूसरी चीजों को शुरू कर देते हैं और वह उनके लिये नई होती है लेकिन जब तक वह नई चीज भी यहां आती है, वह पुरानी हो चुकी होती है । जब वह यहां आती है तो हमारे लिये वह नई होती है । इसी तरह से एलोपेथी एक नई चीज़ हमारे देश में आई ऐसा लोग समझते भी हैं । लेकिन

वास्तव में देखा जाय तो पता चलेगा कि पश्चिम के लोगों ने इस ड्रगिंगा के सिस्टम को इस वास्ते छोड़ दिया है क्योंकि यह पुराना पड़ गया है और इसके खिलाफ एक बड़ा विद्रोह सा खड़ा कर दिया है। आज हम नये नये इंजेक्शंज़ लोगों को दे रहे हैं, पैनिसिलीन दे रहे हैं और इस तरह सभी चीजों का प्रयोग कर रहे हैं और बड़े शौक के साथ कर रहे हैं। लेकिन मेरा कहना यह है कि ये सब चीजें पुरानी पड़ गई हैं। आज हमें अपने जीवन को नेचर के, प्रकृति के नज़दीक लाने की कोशिश करनी चाहिये। और इस दृष्टि से गांधी जी के उपदेश को अपने अन्दर उतारना चाहिए। उन्होंने एक बहुत बड़ा संदेश दिया है अपनी वाणी के द्वारा और अपने साहित्य के द्वारा। बड़ा सुन्दर साहित्य उन्होंने इस विषय में लिखा है। आप उसको देख सकते हैं। इस दृष्टि से मैं कहना चाहता हूं। कि सी० एच० एस० के द्वारा सब लोगों के गले इस एलोपैथी को उतारना गलत चीज़ है। आनरेबल मैम्बर्ज़ से भी कांट्रीब्यूशन कम्पलसैरिली काटा जाता है। इस वास्ते वे लोग सोचते हैं कि क्यों इन दवाओं को लेने के लिये उन को मजबूर किया जाता है। इस बात को सभी जानते हैं कि एलोपेथिक सिस्टम किसी बीमारी में इमिडियेट रिलीफ तो देता है और ऐसे ही देता है जैसे भूसे पर लीपना लेकिन किसी सभी रोग को यह सिस्टम और भी अधिक कम्पलीकेट बना करके चला जाता है। इस चीज़ को जो साइंटिस्ट हैं वे भी स्वीकार करते हैं।

ऐसी हालत में मेरा यह कहना है कि इस सी० एच० एस० को एक्सटेंड करने से पहिले हम हम लोग सोचें कि क्या इस बारे में हम लोगों के साथ जबर्दस्ती करें और अगर ऐसा किया जाता तो क्या यह उचित होगा और क्या हम उन्हे कहें कि उनको एलोपैथी ड्रग्ज़ का उपयोग करना ही पड़ेगा? इस दृष्टि से मैं इसका विरोध करता हूं कि इसको और जगहों पर भी एक्सटेंड किया जाये। इसके अलावा आयुर्वेद है, प्राकृतिक चिकित्सा पद्धति है और दूसरी चिकित्सा पद्धितियां हैं और मैं चाहता हूं कि जिन की तनख्वाह में से पैसा काट लिया जाता है उनको यह आल्टरनेटिव दिया जाये कि जिस सिस्टम के अन्दर उनका फेथ है, उस सिस्टम से वे अपना इलाज करवा सकते है। मैं हूं, मैं आयुर्वेद में फेथ अगर रखता हूं तो मुझे सहूलियत दी जानी चाहिये कि मैं इस सिस्टम से इलाज करावा सकूं। इसी तरह से अगर मेरा विश्वास प्राकृतिक चिकित्सा पद्धति में है तो मेरे लिये उसका प्रबन्ध होना चाहिये। अगर किसी का एलोपेथी के अन्दर विश्वास नहीं है तो इसके अन्दर यह भी प्राविजन होना चाहिये कि यह चीज उसके ऊपर जबरदस्ती नहीं लादी जायेगी। इस वास्ते जब तक ऐसा नहीं होता है तब तक तो इसको बिल्कुल ही एक्सटेंड नहीं किया जाना चाहिये। अगर कोई यह लिख देता है कि उसका होम्योपेथी के अन्दर विशवस है या आयुर्वेदी के अन्दर विश्वास है या प्राकृतिक चिकित्सा पद्धति के अन्दर विश्वास है तो उसके ऊपर यह सी० एच० एस० लागू नहीं होनी चाहिये। अगर इसको कम्पलसरी किया जाता है तो मैं मन्त्रालय से कहूंगा कि वह इन तमाम सिस्टम्ज़ के ज़रिये इलाज करवाने का प्रबन्ध करे।

एक आयुर्वेद के डाक्टर ने कहा है कि प्राकृतिक चिकित्सा प्रणाली जो है वह एक दैवी चिकित्सा पद्धति है, डिवाइन ट्रीटमेंट है, जो आयुर्वेदिक चिकित्सा पद्धति है वह मानवीय चिकित्सा पद्धति है, ह्यूमन सिस्टम है और जो एलोपेथी है वह राक्षसी चिकित्सा पद्धति है क्योंकि वह चीर-फाड़ में विश्वास करती है। चीर फाड़ के अलावा वह कुछ नहीं करती। अगर किसी को टांसिल्ज़ हो गए तो कोई यह नहीं देखता है कि क्या ये पेट की खराबी की वजह से तो नहीं हुए हैं या किसी और चीज़ के खराब होने की वजह से तो नहीं पड़े हैं बल्कि वे छुरी लेकर उनको काट देंगे। अगर किसी को पाइल्ज़ हो गए तो यह नहीं देखेंगे कि कन्टिनुअस

[श्री शंकर देव]

कांस्टीपेशन की वजह से तो वे नहीं हैं और छुरी लेकर पाइल्ज़ को काट देंगे। इस राक्षसी सिस्टम को हमने एडाप्ट किया है।

मैं चाहता हूं कि हम महात्मा गांधी के आदर्श को सामने रखें और मैं यह भी चाहता हूं कि उनके आदर्श के अन्दर विश्वास रखने वाले व्यक्तियों के लिए कम से कम इस बात का इन्तिज़ाम होना चाहिये कि प्राकृतिक चिकित्सा पद्धति द्वारा वे अगर इलाज करवाना चाहते हैं तो वह हो सके। मैं यह नहीं कहता हूं कि इसको आप कम्पलसरी कर दें। जिनका जिसमें विश्वास है, उनको उस पद्धति द्वारा इलाज करवाने की सहूलियतें दी जानी चाहिये।

इसको एक्सटेंड किये जाने का मैं बिल्कुल विरोध करता हूं और जो इस वक्त नियम है, इसको भी खत्म करके आल्टरनेटिव अगर लोगों को दे दिया जाए तो अच्छा रहेगा।

यहां पर हमारे एक बन्धु थे, शायद उन को बोलने का मौका नहीं मिल सका, इसलिये मैं उनकी तरफ से कहना चाहता हूं कि कण्ट्रिब्यूटरी हेल्थ स्कीम के तहत जो नेम्स कार्ड के अन्दर रहते हैं केवल इन्हीं को दवा मिलती है। उनके साथ जो रिलेटिव्ज रहते हैं उनको नहीं मिलती।

एक माननीय सदस्य : सर्वेंट्स को भी नहीं मिलती है।

श्री शंकर देव : तो मेरे दोस्त का यह सजेशन है कि जो रिलेटिव्ज बाहर से आते हैं उनको भी दवा मिलनी चाहिये, भले ही वह आन पेमेंट हो। बात यह है कि कहीं पर एक ही अस्पताल है और किसी को तकलीफ हो गई, भले ही वह उस का भाई बन्धु या चपरासी हो, तो उस को बड़ी दिक्कत होती है क्योंकि दूसरे अस्पताल दूर पर होते हैं और वहां पर उसको जाना पड़ता है जब कि अपने लिये उसको सी० एच० एस० से दवा मिल सकती है। इसलिये मैं मन्त्रालय से बिनती करूंगा कि कम से कम पैसे लेकर जो कार्ड होल्डर के बन्धु हैं उनको यह सुविधा मिलनी चाहिये।

इन शब्दों के साथ मैं इस प्रस्ताव का पुरजोर विरोध करता हूं, लेकिन मन्त्रालय से प्रार्थना करता हूं कि उस को प्राकृतिक चिकित्सा पद्धति की ओर विशेष ध्यान देना चाहिये क्योंकि उसके अन्दर कम से कम खर्च आता है और उसमें संयम है, नियम है, एक पूरे जीवन का आदर्श है जो कि जीवन को सुधारता है। महात्मा गांधी जी ने भी प्राकृतिक चिकित्सा को पुरजोर तरीके से चलाया। इस का पूरा प्रबन्ध करना चाहिये ताकि हम को योग्य चिकित्सक मिल सकें। गवर्नमेंट के इस को रिकग्नाइज करने से प्राकृतिक चिकित्सा पद्धति को प्रोत्साहन मिलेगा और लोगों के अन्दर संयम और नियम के प्रति आदर बढ़ेगा। यही मुझ को आयुर्वेद के सम्बन्ध में भी कहना है।

श्रीमती लक्ष्मी बाई (विकाराबाद) : सभापति महोदय, मुझे कुछ अधिक नहीं कहना है, केवल एक बात ही कहना चाहती हूं कि जो एम० पी० ऐसे हैं जिनकी फैमिलीज उनके साथ नहीं रहती हैं, उन के नौकरों को भी सी० एच० एस० से दवा मिलनी चाहिये।

Shri Kodiyan (Quilon—Reserved—Sch. Castes): Madam Chairman, I support the Resolution moved by Dr. Menon. He has made several suggestions for improving the working of the C.H.S. scheme. I entirely agree with those suggestions; and I have only to add a few minor suggestions.

My first suggestion is that in the C.H.S. dispensaries there must be some arrangement for attending to children's diseases. In Delhi there are some Maternity and Child Welfare centres. If you become a beneficiary of the C.H.S. then these centres no longer cater to your needs. They ask

you to go to the CHS dispensary. In the CHS dispensaries there are no specialists to attend to children's ailments. Therefore I request the hon. Minister to examine this suggestion also.

There are arrangements in the CHS dispensaries for doctors to attend to emergency cases. But from my own experience I have found that sometimes it is very difficult to contact the doctor who is on emergency duty. Only last week I found that in the North Avenue Dispensary, the name of the doctor was mentioned on the board but there was no telephone at his residence. When I enquired at the dispensary, the staff told me that there was no telephone at his residence and that he was residing somewhere near Sadar Bazaar. It is very difficult in emergency cases to contact the doctors who are supposed to be on duty. At least you must provide some telephones at their residences.

Then there is another suggestion that I want to make. The CHS beneficiaries are mostly Government servants, and they get a holiday only on Sundays. On Sundays of course there will be doctors on duty. The regular or the usual doctor who attends the patients in a particular dispensary will be on leave on that day and some other doctors will be officiating on that particular holiday. I think if the doctors are given a holiday on any week day, other than Sunday, the Government servants will find it very convenient to take their families to the dispensary. Such arrangements will be very advantageous so far as the beneficiaries are concerned.

It was said that the CHS scheme was launched as a nucleus for the future development of health service in our country. This is the eighth year since the contributory health service scheme was launched in 1954. I think it is high time that we evaluated the working of the scheme so far, and assess the quality of service rendered and the extent of satisfaction that is being derived by the beneficiaries from this scheme. We are told that the Planning Commission themselves are preparing a long-term perspective plan covering a period of say, ten to 15 years. Tentative targets have been fixed for the production of food grains, steel, power, etc. I want to ask the hon. Minister whether he has any idea of the future development of health service in our country. Sometime ago, we were told that the Government were contemplating some sort of a pilot scheme for introducing a national health insurance scheme. But in the Third Plan we find nothing of the sort. We do not know whether this national health insurance scheme will come into being even after 10 or 15 years, at the end of the fourth, fifth or the sixth Plan. A wealthy country like Britain, where the standard of living of the people is very high, introduced a sort of national health insurance scheme immediately after the second world war. Of course, I do realise that in a country like India, where financial difficulties often come in the way, it is very difficult to launch upon an ambitious programme like that, immediately. But I would submit that efforts should be made to convert the schemes like the contributory health service schemes into a national health service scheme at least in the future. I do not know whether the hon. Minister has any such idea. If he has any such idea of converting the contributory health service scheme into a real national health service scheme in the not too distant future, then I would submit that there are some essential pre-requisites for the successful implementation of any such scheme which would bring free medical aid to the majority of our people.

In our country, the majority of our people find it very difficult to have modern treatment because of the exorbitant cost involved. Especially the essential drugs are very costly. Any scheme that should bring modern medical aid free to the common people should conceive of effective steps to bring down the price of essential

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drugs. The price of essential drugs can be reduced only if the State comes forward and takes over the manufacture of drugs in the public sector.

Take for example, penicillin that is being manufactured in our factory at Pimpri. The price of penicillin has been reduced during the last ten years almost by 90 per cent. At the same time take medicines like tetracyclin, tetramycin, auruomycin, etc. Since 1951 not a single pie has been reduced in the prices of these essential drugs. Therefore, I would urge upon the Government to think in terms of socialising the production of medicine in the country. That is why I have mentioned about this perspective planning, so far as health services are concerned.

If there is a perspective plan before us, that after the fourth or fifth Plan, the essential drugs will be manufactured in the public sector that there will be a health insurance scheme, then we can work out our present plans according to that perspective before us. That is why I request the hon. Minister to consider these long-term aspects also, while this question is being considered today.

सरदार अ० सिं० सहगल (जंजगीर) : सभानेत्री महोदया, जो रिजोल्यूशन हमारे आनरेबिल मेनन साहब लाए हैं, उसके सम्बन्ध में मुझे यह कहना है कि अभी उस पर दिल्ली और नई दिल्ली में तजुरबा किया जा रहा है। इससे सरकारी नौकरों को फायदा मिल रहा है। हमको अभी यह देखना है कि हम इस स्कीम को दिल्ली और नई दिल्ली में कहां तक कामयाब बना सकते हैं।

श्री मेनन ने कहा है कि इस स्कीम को दूसरे शहरों में भी बढ़ाया जाए। मैं समझता हूं कि अभी वह वक्त नहीं आया है कि इसको दूसरे शहरों में बढ़ाया जा सके। अभी हम को यहां एक कमेटी बना कर यह देखना है कि यह स्कीम यहां पर किस हद तक कामयाब रही है और इसको आगे बढ़ाने की कहां तक गुंजाइश है। अगर स्टेट गवर्नमेंट्स सामने आती हैं और इस स्कीम को अपनाती हैं, तो मैं समझता हूं कि इससे बेहतर चीज नहीं हो सकती। अगर स्टेट गवर्नमेंट्स इस स्कीम को अपना एंगीतो सेंट्रल गवर्नमेंट की तरफ से उनको जरूर मदद मिलेगी, यह निश्चित है।

मैं आपके सामने बड़े अदब से के साथ कुछ सुझाव रखना चाहता हूं। आपकी जो कण्ट्रीब्यूटरी हैल्थ सरविस स्कीम है यह विलिंगडन और सफदरजंग अस्पतालों में है और वहां लोग जाते हैं और उनको दवायें और डाक्टरी मदद मिलती है। मैं अर्ज करूं कि सफदरजंग अस्पताल के पास आपने आल इण्डिया इंस्टीट्यूट आफ मैडिकल साइन्स खोला हुआ है। मेरा सुझाव है कि आप सफदर जंग अस्पताल को इस इंस्टीट्यूट में मिल दें और कण्ट्रीब्यूटरी हैल्थ स्कीम को उससे अलग रखें। इससे यह होगा कि जो सीरियस केसेज होंगे वे इंस्टीट्यूट में जायेंगे जहां पर उनके बारे में अच्छी तरह रिसर्च भी हो सकेगी और उनको अच्छी मदद भी मिल सकेगी। इसके अलावा आपने इस आल इण्डिया इन्स्टिट्यूट आफ मैडिकल साइंस में एम० बी० बी० एस० क कोर्स भी रख दिया है। मैं चाहता हूं कि आप ऐसा न कर। आप इस इंस्टीट्यूट को केवल रिसर्च के लिये रखें ताकि इसमें खास खास बीमारियों के बारे में खोज की जा सके। यहां पर रिसर्च स्कालर्स को रिसर्च करने के लिये प्रोत्साहन दिया जाना चाहिए और उसका ठीक से इन्तिजाम कीजिए। आज हालत क्या है ? आपने एक प्रेसीडेंट बना दिया है। लेकिन उस प्रेसीडेंट में और आपके हैल्थ डिपार्टमेंट में खींचतान रहती है जिससे उनको जो मदद मिलनी चाहिये वह नहीं मिल पाती है। मेरा सुझाव है कि इसका प्रेसीडेंट खुद मिनिस्टर को होना चाहिये ताकि वहां के काम में ढील न हो।

इसके साथ ही साथ में यह भी कहना चाहता हूं कि सरकारी नौकरों को डाइबटीज की दवा देना बन्द कर दिया गया है ।

श्री करमरकर : तीन महीने के बाद ।

सरदार अ० सिं० सहगल : जो भी हो, लेकिन यह चीज अच्छी नहीं है । जबकि वह कंट्रीब्यूशन देते है और उन को यह बीमारी है तो उनको मदद की जानी चाहिये । इसलिये मेरी प्राथना है कि आप इस पर विचार करे ।

इस स्कीम के लिये मैं मन्त्रालय को धन्यवाद देना चाहता हूं, लेकिन साथ ही साथ कहना चाहता हूं कि अभी इसमें कुछ कमियां हैं । डाक्टरों की कमी के कारण और स्टाफ के पूरे तौर पर ट्रेंड न होने के कारण लोगों को पूरी सहूलियत नहीं मिल पाती । इस कमी को दूर करने पर आपको विचार करना चाहिये । इसीलिये मैं अर्ज करना चाहता हूं कि दूसरे शहरों में यदि आप इस स्कीम को बढ़ाना चाहते हैं तो इन सारी चीजों पर विचार करने के बाद ही किसी निर्णय पर पहुंचे ।

अगर आप आल इण्डिया इंस्टीट्यूट आफ मैडिकल साइन्स और सफदर जंग अस्पताल जो मिला दें तो मैं समझता हूं कि खच में कमी हो जाएगी । मैं यह नहीं चाहता कि कंट्रीब्यूटरी हैल्थ स्कीम से लोगों को फायदा न हो, लेकिन इसके साथ ही साथ यह भी जरूरी है कि हम अपने खर्च को कम कर सकें और हमारे जो मैडीकल एक्सपर्ट हैं उनको इस इंस्टीट्यूट में रखा जाए । मैं तो यहां तक जाने को तैयार हूं कि स्टेट गवर्नमेंट्स को अपने आदमी यहां ट्रेनिंग के लिये भेजना चाहिय और ये लोग यहां से जाकर अपने प्रान्तों में प्रचार करें । ये जो एक्सपर्ट तैयार होकर अपनी स्टेटों में जायेंगे वहां यह काफी अच्छा काम कर सकेंगे ।

अगर हमारी कंट्रीब्यूटरी हैल्थ स्कीम के बारे में रिपोर्ट फेवरेबिल आती है तो हम इसको आगे बढा सकेंगे । अभी तो मैं जो यह दिल्ली और नई दिल्ली के सरकारी कर्मचारियों के लिये स्कीम है इसका समर्थन करता हूं, पर जहां तक उसको दूसरे शहरों में एक्सटेंड करने का सवाल है मैं समझता हूं कि उसके लिए अभी समय उपयुक्त नहीं है ।

Shri S. M. Banerjee: Sir, I rise to support the resolution moved by my hon. friend Dr. K. B. Menon. He has very ably argued his case and his contention is justified also on the face of the Central Pay Commission's Report. There is a recommendation in that report that this particular scheme of contributory health service should be introduced in other cities like Bombay, Calcutta and Madras. My submission will be that we should accept the recommendation of the Pay Commission, because the present arrangement of medical facilities for the government employees, whether in autonomous corporations or elsewhere, is very inadequate. Before going through that question, I would invite the attention of the hon. Minister to the question of the defence employees here in Delhi and Delhi Cantonment. Some of them have been deprived of the concession of the CHS scheme. I put a question on the 25th August, 1961 to the Defence Minister about this. My question was:

"(a) whether it is a fact that the Contributory Health Service scheme has not so far been made applicable to the civilian defence employees residing in Delhi Cantonment area;

(b) whether the Ministry of Defence has taken any decision in this respect;

(c) what are the medical facilities which are being provided to these employees;

(d) whether it is a fact that contribution towards the CHS scheme is being deducted from the MES employees of Delhi Cantonment for the last one year, but the CHS token cards have not so far been issued to them; and

[Shri S. M. Banerjee]

(e) if so, how these contributions are going to be adjusted?"

The reply given by the hon. Minister, Shri Krishna Menon, was:

"(a) The Contributory Health Service Scheme is applicable to all defence civilians residing in Delhi Cantonment excepting those who have their headquarters in the cantonment itself or are residing in other areas outside the purview of the Contributory Health Service Scheme....".

I would invite the kind attention of the hon. Health Minister to this, because when we raised this question with the Defence Minister we were told, as in this reply also, that this is under consideration in consultation with the Ministry of Health. I would like to know from the hon. Health Minister whether any final decision has been taken to include those civilian defence employees also who are residing in the cantonment area or in Shakur Basti. It will really be most unfortunate if these employees are not included within the purview of this scheme.

Secondly, before introducing this particular scheme to other cities, there are certain defects in the scheme, which are bound to be there for some time more, which should be rectified. The Report of the Ministry of Health shows that there is definite improvement since 1954. About the case of tuberculosis, I shall mention here for the information of this House that in Mehrauli, though there is a TB sanatorium, it is hardly a sanatorium in the real sense of the term. I have personally visited the sanatorium, because a friend of mine was admitted in that sanatorium. It is not a sanatorium at all, because one does not get any kind of treatment there. At the most, one can call it a health resort. I do not know whether the climate of Mehrauli is better than that of old Delhi or New Delhi. No treatment as such is given in that sanatorium.

I am of the opinion that if this scheme is to work successfully, there should be some sanatorium specially meant for the Central Government employees. I do not want to discriminate between employees and employees, but since this scheme is only made applicable to the Central Government employees, I wish that this matter should be considered with the utmost sympathy.

Thirdly, what about the TB patients? If a Central Government employees becomes a TB patient, he is granted 18 months' leave. Now, he is granted leave; there is no doubt about it. It is very good. But what kind of leave is it.? Suppose, I am a Central Government employee and I have been a victim of TB. I will be granted 18 months' leave. But that entire period of leave, except one or two months which is due to me, is leave without pay. Are the Government asking me to starve, or beg, or borrow or steal to maintain myself. The hon. Health Minister knows better than myself that the treatment of TB is quite expensive, and more than medicine what is required is proper nourishment. So, if a Central Government employee is unfortunately suffering from TB, he cannot possibly get anything except leave without pay. I would request the hon. Health Minister to kindly throw some light on this question.

I welcome the suggestion that this should be extended to other cities, as the Employees State Insurance Scheme has been extended to other cities. With these words, I support the Resolution. But I would request him to kindly consider all those points, vey fine points, raised by Dr. K. B. Menon in his speech, both as a doctor and as a parliamentarian. Those points must be sympathetically considered. There should not be any complacency that whatever has been done is enough and nothing more need be done. I would again invite the attention of the hon. Health Minister to the fact that merely because a person contributes twelve

annas, it does not mean that he must be given medicine worth twelve annas and a person paying Rs. 1.8.0 should be given medicine worth that amount. There should be no discrimination between an employee and an employee, irrespective of whether he belongs to Class IV,III, II or I. With these words, I support the Resolution and congratulate Dr. Menon for bringing this Resolution.

पंडित ज्वा० प्र० ज्योतिषी (सागर) : सभानेत्री महोदया, इस प्रस्ताव पर विचार करते समय मुझे क्षोभ है और मुझे लगता है कि सदन के अधिकांश दूसरे सदस्यों के प्रतिकूल मेरा मन दूसरी दिशा में काम कर रहा है। मेरे जी में यह ख्याल आता है कि स्वराज्य इस देश में जो हमने पाया तो क्या उस स्वराज्य रूपी वृक्ष से जो फल निकलने वाले हैं उन सारे के सारे फलों को जो हम पार्लियामेंट के सदस्य हैं अथवा जो कर्मचारी इस शासन रूपी शकट को चला रहे हैं उन तक ही हम उनको सीमित रखना चाहते हैं ? मैं जानना चाहूंगा कि क्या हम देश के गांव गांव में जो गरीब और मुफलिस आदमी तड़प रहे हैं उन तक दवादारू का पूरा इन्तजाम कर सके हैं। अपने देश के गरीब और बेकस किसान की शक्ल मेरी आंखों के सामने तैर जाती है। मेरी आंखों के सामने एक दुखियारी मां की गोद में तड़पता हुआ एक बच्चा है, पानी उसकी झोंपड़ी में बरस रहा है और वह बीमार बच्चा दवादारू के अभाव में मां की गोद में तड़प रहा है और व दम तोड़ रहा है। उधर गांवों में हम लोगों के वास्ते दवा दारू का इन्तजाम नहीं कर सके हैं लेकिन पार्लियामेंट के सदस्यों के लिये हम ने यह दवादारू का बंदोबस्त कर लिया। काश उस दिन मैं इस सदन् में उपस्थित होता जबकि यह कंट्रीब्यूटरी हैल्थ सर्विस स्कीम स्वीकृत हुई थी। मैं अवश्य इस के बारे में कहता कि आखिर यह कहां का न्याय है। अगर मैं बीमार पड़ जाऊं तो मेरी दवादारू के वास्ते इंतजाम है लेकिन हमारे लाखों गरीब भाई जोकि गांवों में रहते हैं और तरह तरह की बीमारियों का शिकार होते हैं, उन के वास्ते हम ने कोई ऐसा बंदोबस्त नहीं किया है। हम ने अपने वास्ते जो यह इंतजाम कर लिया है तो क्या हम ने यह भी सोचा है कि लोग हमारे विषय में क्या सोचेंगे। शहरों में रहने वाले आदमियों के वास्ते और सरकारी कर्मचारियों के वास्ते तो दवादारू का बंदोबस्त है लेकिन गांवों में जो लोग बसते हैं उन को यह सुविधा सुलभ नहीं है। उचित तो यह था कि ऐसे गरीब लोग जोकि दूर जगहों में देहातों में रहते हैं उन के लिये आज कोई इस तरह का माकूल बंदोबस्त किया जाता, क्योंकि वे हमारी सहानुभूति और सहायता पाने के अधिक पात्र हैं।

जहां तक सरकारी कर्मचारियों के लिये इस सेवा योजना का सम्बन्ध है यह स्वागत योग्य है और यह ठीक भी है कि हमारे कर्मचारी जोकि जनतांत्रिक प्रशासन के अन्तर्गत काम करते हैं वे स्वस्थ रहें। मैं यह नहीं चाहता कि उन को तकलीफ हो। जरूरी है कि अधिक से अधिक आराम उन को पहुंचे। अधिक से अधिक सुख और सुविधा उन को पहुंचे ताकि वह शासन का काम ठीक तरीके से कर सकें। लेकिन दूसरे नक्शे भी मेरी आंखों के सामने हैं। क्या यह किसान इस देश के सेवक नहीं हैं। क्या केन्द्रीय सरकार के कर्मचारी ही इस देश के सेवक हैं ? क्या यह मजदूर या वह चर्मकार भाई जोकि दूर बस्ती में बैठा जूते के टांके लगा रहा है वह क्या इस देश का सेवक नहीं है ? वह मोची जोकि गरीब आदमियों के वास्ते बैठा जूता बना रहा है, क्या वह देश का ऐम्पलाई नहीं है ? क्या वह भारत माता की संतान नहीं है ? इन गरीबों की उपेक्षा आज के युग में किसी तरह भी न्यायसंगत नहीं ठहराई जा सकती है। गरीब आदमी तो बगैर इलाज के तड़प तड़प कर मर जाय और ज्वाला प्रसाद ज्योतिषी एम० पी० यदि बीमार पड़ जायें तो उन को सभी उचित

[पंडित ज्वा० प्र० ज्योतिषी]

डाक्टरी सुविधा दी जाये, यह हम सही कर रहे हैं या गलत इस पर हमें अपने दिलों पर हाथ रख कर सोचना होगा ।

जब यह सेवा योजना यहां सदन से स्वीकृत हुई थी तो मैं सदन का सदस्य न था, लेकिन आज जब इस को अन्य शहरों में बढ़ाने का प्रस्ताव लाया गया है तो मुझे यह थोड़ा सा निवेदन करने का मौका मिला है और मैं बड़ी गम्भीरतापूर्वक सदन् के सामने यह विचार रखता हूं कि आज के हालात में जबकि गांवों के गरीब लोगों को डाक्टरी सुविधा हम ने सुलभ नहीं की है, इस सेवा योजना को केवल केन्द्रीय सरकार के कर्मचारियों के लिये सारे देश में भी बढ़ाने के क्या हम हकदार हैं । हमारा पहला कर्त्तव्य तो यह है कि जो आदमी इनसैनिटरी कंडीशन्स में पड़े हुए हैं, और उन को ऐसे क्षेत्र में हम ने सर्विस दी है जिस की कि वजह से उन को बीमारी होती है उन के लिये हम कंट्रीब्यूटरी हैल्थ सर्विस स्कीम का इंतजाम करें लेकिन ऐसे आदमी जोकि इनसैनिटरी कंडीशन्स में नहीं रह रहे हैं और जिन को कि उन की सेवाओं के लिये पैसा मिल रहा है केवल उन के वास्ते ही हम यह सुविधा देने की दिशा में सोचें, क्या यह चीज ठीक है ? आज इस देश के सामने और इस सदन् के सामने मैं यह प्रश्न रखता हूं । इन शब्दों के साथ मैं अपना स्थान ग्रहण करता हूं ।

Mr. Chairman: Shri Radha Raman is not here, I think.

Shri C. K. Bhattacharya (West Dinajpur): May I say a few words, madam?

Mr. Chairman: Ch. Ranbir Singh.

चौ० रणबीर सिंह (रोहतक) : सभानेत्री महोदया, मैं इस प्रस्ताव की ताईद करता हूं और मैं समझता हूं कि जितना ज्यादा से ज्यादा हम इस व्यवस्था को बढ़ायेंगे एक तरीके से हम इस खयाल को बढ़ावा दे रहे हैं कि हर एक इंसान विशेष कर सरकारी कर्मचारी डाक्टरी सेवा के लिये जोकि उसे दी जाय उस के लिये वह कुछ न कुछ अदा करे । वैसे मैं जानता हूं और जैसेकि हमारे भाई श्री श्रीनारायण दास ने बतलाया कि जैसेकि लोग तवक्को करते हैं उस हद तक इस सेवा योजना के तहत लोगों को सेवा प्राप्त नहीं हो सकी है । मैं मानता हूं कि इस में कमी है लेकिन तो भी इस बात से इंकार नहीं किया जा सकता है कि यह कंट्रीब्यूटरी हैल्थ सर्विस स्कीम काफी आगे गई है और लोकप्रिय साबित हुई है । इसलिये लोग इस स्कीम को बढ़ावा देना चाहते हैं । अब इस में जो कुछ खामियां हैं या इक्के दुक्के भाई खराबी करते हैं उन को दूर होना ही चाहिये । लेकिन अब अगर कोई भाई यह समझते हैं कि इस सेवा के द्वारा ऐसा इंतजाम किया जा सकता है कि चाहे कितनी भी महंगी दवाई क्यों न हो वह बीमार को अवश्य ही पहुंच जायगी तो यह कुछ ठीक न होगा । अब हम लोक-सभा के सदस्यों के इस स्कीम के मातहत साढ़े ४ या ५ रुपये कटते हैं और उस ५ रुपये के भीतर कोई बढ़िया से बढ़िया दवाई १०० या २५० रुपये की हमें या किसी सरकारी नौकर को मिल सकेगी, तो मैं समझता हूं कि वह एक ग़लत आशा है और अगर एसी ग़लत आशा हम लोग न रखें, तो अच्छा है । लेकिन एक बात सही है कि दवाओं की भी और डाक्टरों की भी व्यवस्था कुछ न कुछ अच्छी होती है और इस तरह से सरकार के पास कुछ पैसा भी पहुंच जाता है, जिस के ज़रिये वह अपने चिकित्सा के काम को, दवा-दारू के काम को बढ़ावा दे सकती है । उस नुक्ता-ए-निगाह से—मैं नहीं जानता कि इस बारे में प्रस्ताव महोदय के दिल में क्या ख्याल है—मैं इस प्रस्ताव की ताईद करता हूं कि एक तरफ लाखों भाइयों की कुछ रुपया माहवार देने पर डाक्टरी इमदाद हो सकेगी और दूसरी

रफ़ सरकार को डाक्टरों और दवा-दारू का इन्तज़ाम करने के लिये कुछ पैसा मिल सकेगा। वर्ना मैं जोशी जी की इस बात को मानता हूं कि जैसा कि गांधी जी सोचते थे, चाहे तालीम हो, दवा हो या कोई और अच्छी व्यवस्था हो, हम सोचें कि वह सारे हिन्दुस्तान के लोगों के लिये हो। आप जानते हैं कि आज ऐसे इलाके भी हैं, जहां के लोगों को जिंक लोशन या टिंक्चर आइयोडीन भी नहीं मिल सकता है। अगर वहां पर खेत पर काम करते हुए किसी को सांप काट खाये, या दूसरे ऐसे हालात का सामना करना पड़े, तो उस के लिये कोई सुविधा नहीं है। आखिर वे भी इस देश के वासी हैं। मैं मानता हूं कि जैसा बड़ा इन्तज़ाम हम नई दिल्ली में करते हैं, वैसा इन्तज़ाम हम शायद दूसरी जगह न कर सकें, लेकिन मेरे ख्याल में उन इलाकों के लिये भी उस इन्तज़ाम को बढ़ावा देना अच्छा है, चाहे उस में कुछ खामियां रहें।

जहां तक देहात का वास्ता है, यह बात सही है कि ज्यादा अस्पताल ऐसे हैं, जिन में डाक्टर और दवाओं का ठीक इन्तज़ाम होता है, लेकिन कुछ अस्पताल ऐसे भी हैं, जहां दवायें नहीं हैं, या डाक्टर नहीं हैं। मैं चाहूंगा कि वहां पर जिस चीज़ की कमी हो, उस को पूरा करने की कोशिश की जाये। यह भी सही है कि अगर कोई डाक्टर दिल्ली में पढ़ा हो, तो कुदरती तौर पर उस की यह ख्वाहिश होती है कि वह दिल्ली, कलकत्ता या मद्रास जैसे बड़े शहर में नौकरी करे। वह ऐसे देहात में कैसे जाना पसन्द करेगा, जहां से अपने घर पहुंचने में पांच दस दिन लगें। इस लिये ऐसी व्यवस्था की जानी चाहिए कि सरकारी नौकरी में वही डाक्टर आयें, चाहे वह इस स्कीम के मातहत हो, चाहे दूसरी जगह हो, जो उस से पहले कम से कम तीन चार साल देहात में ग़रीब आदमियों की सेवा कर दे। मैं चाहता हूं कि इस देश में वह दिन आये, जब कि हर एक काश्तकार को यह हक हासिल हो कि वह कुछ पैसा दे कर कन्ट्रीब्यूट्री हैल्थ सर्विस स्कीम के तहत अपनी चिकित्सा का इन्तज़ाम कर सके।

Shri Radha Raman: Madam Chairman, I consider that the C.H.S. scheme which the Government introduced seven years ago, was a very welcome experiment. Although it does not cover the whole area or Delhi and New Delhi, yet, with the number of dispensaries that exist today, under this scheme, they are doing quite goodwork, particularly among government servants or government employees. I however, feel that the scheme has suffered right from the very begining up to this day, on account of certain handicaps, and, therefore, it has not become so effective and successful as it was envisaged to be. Of course, it has done a limited good, but it deserves to be tried on a larger area, firstly in the Union Territory of Delhi. I know that at present it has covered quite a big area. Yet, the dispensaries that exist today do not have the wherewithal to meet the growing needs of the employees.

I, therefore, feel that this is not the time when we should support the proposal of the Mover of the resolution that it should be tried elsewhere, before it has been tried completely and throughout in the Union Territory of Delhi.

It is my experience that not only more money is required to be spent on this scheme, but the difficulties that it suffers from, namely the lack of buildings or shortage of acommodation, also has to be solved. I have seen some of these dispensaries which exist today in various parts of the city of New Delhi and in Old Delhi. The dispensaries in Old Delhi are located in very small and inadequate buildings. Even the doctors and the staff connot actually do justice with the huge number of patients that come to them every day. Of course, some buildings are under construction for the dispensaries under this scheme, but many more are still required. Unless Government provide sufficient money for having their own

[Shri Radha Raman]

buildings in order to accommodate the dispensaries, the crowding and other difficulties that are seen today cannot be removed.

Further, the number of patients which each dispensary has to attend to every day is too large for the capacity of the doctors and the staff that exist there. It is necessary to mention that if we want that the scheme should give satisfaction or contentment to the contributor, then the minimum requirements must be fulfilled, so that, every patient who comes to the dispensary gets the proper attention and the necessary medicine and the other amenities or facilities which he or she wants in order to get a proper treatment.

At present, day and night service has not been introduced in any of the dispensaries, as far as I know. The patients are required to go to the doctor during some fixed hours. Sometimes, it is very difficult either for the male or for the female patient to stick to those timings. Sometimes, because of the large number of patients that every dispensary has to attend to, they have to wait for a longer time than they would like to spend for this purpose. Therefore, this causes a lot of dissatisfaction. About medicines also, my hon. friends have already spoken. I am of the opinion that more and more standard medicines are required to be introduced. Sometimes, there is a tendency to experiment on new medicines that come to the market with the result that there is a grumbling on the part of the patients that the medicine which the doctor prescribes is not of that make which would give them satisfaction.

As regards the staff, I cannot blame them very much because except for a few, every dispensary is so overcrowded that no doctor howsoever humane, can do justice.

17.39 hrs.

[MR. SPEAKER *in the Chair*]

It is absolutely necessary, Sir, that there should be a maximum number of families or daily patients fixed which a doctor should attend to, because if you want that a doctor should attend to a much larger number of patients than he can handle with efficiency, naturally the attention he will be able to devote will be much less, and there will be growing dissatisfaction among the patients who go to any dispensary in such circumstances.

Again, the sytem of rendering night service along with day service by the same staff has produced a lot of irritation on both sides. The doctors who are asked to attend to night calls or are disturbed very often at night are not able to do the of amount of work in the morning as they are expected to do.

In the same way, I find there is lack of integrated service in the dispensaries. Unless the service is integrated with hospitalisation with specialist or expert advice with proper medicines quickly available, I think the scheme cannot give the results which are expected of it. If this is not done, the result will be that there will always be some kind of grumbling or dissatisfaction. I believe that the experience gained during the seven years the schme has been in existence in Delhi should encourage us to bring about perfection in the scheme by the removal of these defects, and then we should see that such of the areas which are not covered by this scheme are also covered. We must also look to the facilities in regard to suitable accommodation for the doctors, rooms for the nurses, rooms for dispensing medicine, waiting rooms for patients and arrangements for quick disposal of the cases. These are some of the things which we lack today in these dispensaries, not for lack of any desire on the part of the authorities to

keep things as they are but on account of lack of resources or limited availability of funds or other difficulties.

I am not very happy with the idea that we should try this experiment in other places with these deficiencies still with us. Though this scheme is a well-thought out one and has a very good motive behind it, and it gives to the government employee who serves the nation a certain amount of relief so far as his medical treatment is concerned, it certainly requires a lot of improvement and all these requirements should be fulfilled before it is tried elsewhere. Otherwise, what will happen is that the partial dissatisfaction that is found among the government employees who are served by this scheme will grow and spread to other places as well, the thoroughness of the scheme will not be admitted and it will always mean a half-hearted attempt. It is my suggestion that before we try this scheme elsewhere, there should be periodic assessments even of the present scheme in the areas in which it is applied. If after such assessment and evaluation of the benefit that has accrued, we make necessary improvements, so that it gives greater satisfaction to government employees. And they will find that the scheme has done really good work.

There has been a suggestion that the scheme should cover not only the husband or wife of the Government employee and his/her dependent children, but that it should be extended to other members of the family, even to the guests who come to the family.

Shri S. M. Banerjee: The other members are already there. The mother or father staying with the family is covered.

Shri Radha Raman: I quite welcome the idea, but the point is that presently we find that even the persons covered by the scheme are not thoroughly attended to, and there is always this difficulty. I have seen that in the dispensaries long queues wait for the doctor's attention, and sometimes they have to wait for days and days to get the medicine prescribed by the expert, and sometimes the medicine is not available even in the stores. That is why I say that unless there is a thoroughness in the execution of the scheme and there is integrated service—service in the dispensary, service of the expert, service of the hospital, the supply of medicine, the storing of medicines etc., should all be integrated—we should try this experiment elsewhere.

Everybody who is in this scheme thanks the hon. Minister for having introduced it in Delhi. I suggest that he should see that perfection is achieved, that at least that much of standard is achieved in the services rendered by the scheme that a large majority of the patients feel satisfied, that they do not have to waste their time or suffer on account of one thing or the other. I am sure many of our hon. friends have gone round the dispensaries in the City. I have also attended these dispensaries and I find that some of them do not even have a waiting shed, and people have to queue outside in the rain or sun, and have to suffer sometimes on account of the vicisstitudes of the weather. So, while it is a welcome experiment and is doing a lot of good, it has its own limitations and suffers from many handicaps. Hence, there is need for a regular assessment and the introduction of improvements, so that in course of time we can say that it has done good as contemplated. After that it would be time to try it in other big cities like Bombay and Calcutta as suggested by the Pay Commission. I do not say that the scheme is bad and should not be introduced elsewhere, but considering the limited resources and the large number of people to be benefited by the extension, we should not try a half-hearted measure, because that would only give a bad impression and leave irritation all round instead of doing good.

I am thankful to Dr. K. B. Menon for having brought this before the House. In principle we are at one

[Shri Radha Raman]

with him, but to begin with I would suggest the experiment being enlarged in the Union Territory of Delhi to cover the rural areas where also quite a large number of Government servants reside. After covering this area with the thoroughness which it deserves, we can try the scheme elsewhere. I therefore commend of acceptance the amendment moved by my hon. friend Shri Shree Narayan Das and oppose the motion of Dr. K. B. Menon.

Shri Keshava (Bangalore City): At the very outset I must admit that our healthy Minister—I mean to say the Minister for Health—has justified the portfolio he holds and has been pleased to do one good act once in his life by introducing this very nice scheme, the CHS.

Looking at the larger aspect of the whole affair, it looks as though this was a harbinger of the introduction of a National Health Scheme. I wonder why our Minister of Health has not been pleased to take one step towards that direction. No doubt, the Mover of this resolution has been seeking for the extension of the scheme to the other cities. That is one way of extending it.

I do not doubt even for a moment the excellent service that is being rendered by the scheme to all the Central Government servants and Members and their families. No doubt, this is a good thing we have been doing. In a Welfare State we ought to be able to take care of the health of the entire population. First, perhaps, we start with our own servants. The administrative set-up is the pipeline through which our plans flow to the people and I am sure we must take care of their health. That is a very nice thing that we are doing.

But, in doing that there are several shortcomings. Of course, there is insufficiency of drugs and medicines. My friends have already referred to that aspect of the matter. Insufficiency of staff, insufficiency and unsatisfactory nature of the buildings and various other things are there. That, by itself, does not mean that we should not extend this to the other cities. Of course in the working of the CHS there have been some difficulties. But I do not agree with my predecessor, I mean the hon. Member who preceded me, that we should wait and make this a perfect scheme and then go to the other cities.

I do not know what special privilege the Central Government servants in the capital city of Delhi have in preference over the other Central Government servants in the other cities. If we are not able to carry this simple amenity all over the country, I do not know when the day will come when we will be able to carry this facility to the entire nation which is our claim and programme.

Insufficiency of funds must not be an excuse at all for the Minister-in-charge to refuse to make the service satisfactory in Delhi and also to introduce it in other cities. I really cannot wait for such length of time to make it perfect. At this rate nothing can be perfect because there are so many other counter-factors at work here. As such, we should not wait for that length of time for the service to be made into a perfect one and then take it over to other cities. The extension of service to the Central Government servants in other cities is only a small idea; and that has got to be done at the earliest opportunity. Funds shall not stand in the way. I think this House will never refuse any amount which the Health Minister would require for these.

I would like to congratulate the hon. Minister on one other aspect. I learn the CHS has embarked on the prevention of diseases as well. I am told that yogasanas which have been going on in Delhi, in various parts of the city, have now been thoroughly examined by a committee of

doctors and other experts of the Central Government. They seem to have come to a definite decision that the system of yogasanas which some people practise in Delhi and various other places also is also suitable to promote the health of our people in general. As such, it appears that the Government is attempting to introduce these classes as well in a few centres of the CHS scheme, in order to promote the health of the people who are suited to take up these lessons. Even there, I do not want my learned colleague to do anything in a half-hearted manner.

Mr. Speaker: So far as yogasanas are concerned, what is the contribution? This is a contributory health service scheme.

Shri Keshava: The yogasanas contribute to the health of the people. The doctors who are in charge of these centres advise the patients who approach them for the purpose of promoting their health to take up yogasanas, at least those patients who are in need of such exercises.

Mr. Speaker: Why should there be any contribution for yogasanas?

Shri Karmarkar: No, Sir. Except that they have to exert themselves by asanas there is no separate contribution!

Shri Keshava: Such arrangements must be made in all the health centres and not in a few centres only. A committee of experts have gone into this question, and they have found that this contributes to the promotion of health of the people who practise these exercises. That is also a matter for consideration, at the hands of the Government, that is, why they should not extend this to all centres. I would not like this thing to be dealt with in a half-hearted manner. If this is introduced in all the centres, that may even help them to reduce the quantity of drugs and medicines that are needed.

With these few words, I wholeheartedly welcome the demand for an extension of this scheme to other Central Government servants in the other cities as well. In fact, there has been a sort of charge laid upon us that it seems to be a sort of privilege even in respect of the city of Delhi. What I mean to say is, here in Delhi, the defence workers in the Delhi area have been denied this very measure. So, the aspect of insufficient and unsatisfactory functioning of this scheme is also there. I do not know under what excuse the defence workers in Delhi area are denied this service.

Shri S. M. Banerjee: Not all.

Shri Keshava: I mean the workers residing in the cantonment area. I do not know why they are denied the amenities and facilities of this service. With these words, I again wholeheartedly endorse this resolution and support the propositions made.

Shri Karmarkar: Mr. Speaker, Sir, I am deeply grateful to the Mover of this resolution for having enabled this subject to come before this House and giving us on this side the benefit of the many suggestions that have emanated. I would like to say that the discussion has been really fruitful in the sense that it has brought out many useful suggestions for the administration to think of. The very fact that there has been unanimous enthusiasm about the desirability of extending the scheme is a measure of tribute given to the scheme. In other words, subject to the suggestions which the hon. Members have made, they are satisfied that the scheme has worked satisfactorily. Otherwise they would not have asked for an extension ofthe scheme to other areas. If the scheme had not served its purpose, certainly none of the Members would have asked for the extension of this scheme.

I am happy to note this constructive view, especially because we sometimes expect much more from any particular scheme than what is devised. Ultimately, there are two things: the

[Shri Karmarkar]

scheme has arisen out of an obligation which the Government of India had towards those whom it had employed earlier than this scheme to come into operation. That is to say, the Government authorised the reimbursement of the medical expenses incurred by any servant of the Government of India. But then the services that were rendered were not as complete or as satisfactory as the present scheme gives. The Government servants had to go to private practitioners, who had profit motive. The CHSS does not want to make profit, though we are investing substantial monies in it. So, we thought of making as much provision as possible for giving medical aid to the Government servants and started this scheme.

In the solitary case of chronic diseases like diabetes which my friend was mentioning, we give a free supply of medicine for three months and not more. When a case is fully diagnosed and a particular person knows what to do about his diet and other things, our doctors continue to give advice, and we thought it would be an unnecessary burden on the tax-payer if we give medicines for all time, because there is no end or time-limit until which a diabetic patient should take medicine. Diabetes is never cured, especially advanced cases. The patient has to help himself by strict dieting, rigid discipline and medication. Excepting for this small thing, this scheme is rendering service not only in the case of simple temporary ailments, not only hospitalisation, but it also sends people for treatment of cancer and tuberculosis.

In this connection, a point was mentioned which again has its implications on the exchequer, *viz.*, whether the leave granted to T.B. patients should be fully paid leave, etc. It is a matter more for the Home Ministry than this Ministry. If the Government of India decide that we should give full paid leave, nobody will be happier than myself. But the question has to be considered whether the poor tax-payer has to be burdened with this. But subject to that, this scheme is making available to its beneficiaries all possible types of treatment.

I shall not do justice to the discussion if I do not deal with the various suggestions made, because in a sense this has turned out to be a debate in which a number of useful suggestions have been made. I entirely agree with the basis of these suggestions. I should like this scheme or any other national health service scheme to be as perfect and as well-financed as the scheme in England. But even there, when I met the Health Minister, I asked him. "You are so liberal in your national health service scheme. Are the people satisfied"? He said, "Our experience is, as usual, nothing that the Government does will ever satisfy all the people." In spite of the fact that every blossoming child is given milk and nutrients and every mother who has a new baby is given all the nourishment possible, ultimately the democratic people were not up to the mark in utilising the scheme there. Firstly they used to give free dental fixtures and free spectacles. Then they found that people who should have never gone to the dispensary were going there and they stopped free supply.

Every country has the same type of difficulty. I was mentioning the other day the case of a personal friend of mine who was visiting an intimate friend of his. He said to him, "This evening we shall spend the time at the CHS dispensary." When asked what was the matter with him, he said, "Whether there is anything or not, instead of going somewhere else let us go to the dispensary and spend the time." Though he was not ailing, he could make the doctor give him something. In England, they had the same experience. To save themselves from that trouble, for simple ailments, they charge 1 shilling per prescription per day. Here we have kept the whole thing open. We are aware of the fact that a few persons—some 10 per cent. are coming to the dispensary, who

might not have come to the dispensary at all. They might be just having some cough or something like that for which no doctor is required. They could have helped themselves in their homes. But we do not complain; we are happy that by and large very great advantage is being taken of the scheme.

Shri Keshava was very liberal with regard to grants which will never be passed in this House. He signed away a blank cheque. I wish it is as easy for me to have the money as he thinks. If I am able to get the money, I promise all the medical relief that he has suggested. But that does not happen.

Now, I shall share with the House a little of information regarding the working of the scheme. What is it that we are really spending on this scheme? Our income from the beneficiaries—I am quoting these figures from 1960—has been in the neighbourhood of about Rs. 33 lakhs, and expenditure from 1960 has been about Rs. 66 lakhs. It is possible for me—it is not impossible—to think about expanding the scheme, having a larger number of doctors and things like that. Then, to my mind, if about Rs. 3 crores are spent on this scheme there could be one doctor for about every 50 patients and things like that. (*Interruption*). It may be that a time may come when the normal tax-payer in the village will rightly grudge the amount that is being spent on a limited class of population. They will say: "What are these government servants? We are dying here of hunger and thirst and Rs. 3 crores are being spent on about 1,00,000 families." A time will come when the proper persons will protest.

Shri Keshava: I was talking of the national health scheme.

Shri Karmarkar: I am coming to that. I am afraid I made a rough computation—that unless out of Rs. 7,500 crores that has been set aside for development during the next five years Rs. 1500 crores are spared not a semblance of national health scheme could be thought of. Ultimately, we have calculated, the cost per head for the whole year is Rs. 14. If you multiply 14 by 43 crores, which will be 53 crores in ten years or at least 50 crores, let us say, in ten years—thanks to our family planning programme—it will be 14X50 or Rs. 700 crores. The whole budget for the development schemes of the Health Ministry as a whole during the next five years is not one pie more than Rs. 341 crores. My hon. friend wants me to think in terms of spending Rs. 700 crores only on the national health scheme and nothing else. That is, as you will see, an impracticable proposition. It is one of those dreams which we should have, because it shows the ideal that we should have, I am one with all hon. Members in this House who have been feeling that the type of national health service has to be there, and the sooner it is there the better for the country. I am behind none of them in the enthusiasm, but my enthusiasm has a limitation and that is the limitation of every year's budgeted money. If only that limitation were not there and if I were to work on a clean slate and I could sign my own cheques, I am quite sure in my mind that I will bring national health service in the country in the shortest possible time. Let us understand our own limitations. We are like people whose knowledge extends far more than their capacity to fulfil the needs, who know what is to be done but who have not got the money to do it.

Coming back to some of the suggestions made by hon. Members, the mover of the resolution suggested that a staff nurse should be attached to every health centre. I entirely agree with him, there is no doubt about it, that assistance should be given to the doctors. But what a staff nurse will do there, I do not know. I do realise the necessity of medical assistance. I wish that there is a male assistant at every centre to help the doctor in simple works like injections and other things.

[Shri Karmarkar]

My hon. friend Shri Shree Narayan Das has made the position worse by his amendment. I regret I am not in a position to accept his amendment. He says:

"...that a Committee be appointed to consider the feasibility of extending the scheme of contributory health service for central government servants in Delhi and New Delhi to other cities and to suggest ways and means....."

It is simply a question of finance. If my hon. friend could have a discussion with me I will satisfy him. Given the financial arrangement during the next ten years I shall be very happy to appoint a committee.

Then I come to the question of medicines, I should like, taking advantage of this opportunity, to make one point clear. There are what you call "labelled medicines". A medicine in substance is a medicine. Now, you give a particular name to it and say that a famous, well-known pharmaceutical concern has manufactured or produced that medicine. In public imagination certain brands are popular. We cannot afford to purchase those brands of medicine simply because of the name. Ultimately, the substance of the medicine has to be good, and that substance is cared for. If there is an antibiotic which comes under the stamp of some famous or better known firm, we do not care for it. In fact, we would like our people not to care about the name but care about the substance of the medicine. I should like hon. Members to go into this matter, because it is a serious matter, and satisfy themselves.

16 hrs.

Then, if any one has come across a personal experience where at a particular time a particular medicine that was required was not supplied, I should like to take serious notice of it because we try our level best to supply all medicines. I am satisfied that such cases are not common. Of course, you cannot store all the medicines in the store and, once in a while, what is wanted is not available. In all such cases, the 99 people who go and get what they want keep quiet and the one who does not get what he wants always comes to the fore. That is always as it should be because, ultimately, a person who suffers is likely to say "do not go" to other people who are satisfied with the scheme. But I should like to go into that point and see if there is any lacuna or deficiency and have it corrected.

Then there was the question of emergency. I understand that there is arrangement for emergency so that all the 24 hours at least one doctor would be found on duty. If there is any difficulty experienced by any member of the service, well we would like to have it examined, if it is brought to our notice by any aggrieved person. But you cannot open a dispensary for all the 24 hours. It is impracticable. In fact, it is not necessary. There are emergency wards in all hospitals. Failing CHS, there is 24 hours' service in Safdarjung and Willingdon hospitals and any one who is going there will be admitted if it is an emergency case.

Here we have always to remember that doctors are also human beings. There have been cases,—happily for us, they are not common—where doctors have been put to unnecessary difficulties. Three years back, a doctor was called for an emergency, saying that a particular lady was suffering from high fever, with a temperature of 105°. The doctor went there and asked "Where is the lady?". The man who made the call replied "No. I wanted to test whether you will come or not; my wife has gone out". Things like that happen once in a while. They are happening. We are anxious to see that

such things do not happen. This is a case that has actually happened. But that is no excuse, no reason, as to why any doctor should not care for a call, even if it is midnight. I would like to know whether there have been cases where a call has not been responded to. I can promise this House that I shall take very serious notice of such instance, because no doctor has any business to refuse the service which is legitimately expected of him. I will welcome any suggestion in this matter.

I wish the patients also give the doctors some respite. I wish the doctors have a little more relaxation and peace of mind and things like that. I wish our doctors have a little time to spend with their wives and children and things like that. After all, a doctor is not a machine. I want this House to know what my practice is. Whatever the emergency may be, unless I am satisfied that not bringing of that expert will result in death, I do not call a CHS doctor late at night. I have my own family doctor whom I may call and pay Rs. 10, the idea being that I must spare the doctor in the CHS a little trouble at night. If I do not like to be woken up in the night, if I should like to avoid it, why should I give trouble to the doctor? That is why I say that except in proper and deserving cases, we should resist the tendency to call in doctors merely because they are at our service.

Regarding the diagonstic aids, we have a number of laboratories for examination of stools, urine etc. I have asked my Director to think in terms of establishing at least four independent laboratories for this purpose. They are thinking in terms of that so that the waiting period of these examinations may be as short as possible. Regarding outpatients, sometime we think—it was said also—at least some of us think, that it should be like a railway station where we could give the money and buy a ticket on the spot. I consulted one of the leading hospitals in London and they were surprised at this question. They said that there principle is "First come; first served". The first man is disposed of in 15 minutes, whereas the last man may have to wait for five hours. An accurate assessment of the waiting time was made and we found that in worst season, in February, there is quick despatch.

But in October, the coming month which is the worst month, as many as about 43 per cent. of our patients were disposed of within half an hour. We had a computation made. Another small percentage, about 20 per cent, took more than half an hour, from half an hour to an hour. It all depends on when you go.

The other day a suggestion came from a colleague. I considered it sympathetically. In all the three dispensaries for Members of Parliament we have kept the first 45 minutes specially for Members of Parliament because they have public duties and they should not be late in attending to those duties. Therefore, much against my own inner instinct, I directed that for Members of Parliament in each of these dispensaries the first 45 minutes should be exclusively set apart. But then not all of them turn up during those 45 minutes because that requires a little exertion of rising a little earlier and of getting ready to go to the dispensary. 7 to 7·45 is sometimes too early for some of us.

When all is said and done I am satisfied in my mind that there is no greater delay. In fact, I wish there was a little greater delay and the patient was better examined rather than, like a slot machine, turn round a patient every minute. That does not do the patient any good nor does it do the doctor any good. Therefore I am not able to appreciate that.

[Shri Karmarkar]

We have the best examination of a patient. We have pathological examination. We have physical examination. We have psychological examination. We have all types of examinations. In fact, apart from the cities like Bombay and Madras, doctors who come here and see our hospitals say, "How is it that your hospitals can have the luxury of these medicines?" They are astounded. One of them was shocked to see the amount of antibiotics that our hospitals treasure and the amount of care that is taken. I should like to have cases where there has been any difficulty about any examination of a particular case.

Then my hon. friend, Shri Shankar Deo, spoke about Ayurvedic treatment. We have now put up a proposal to have the services of one good Ayuavedic vaid.

Ch. Ranbir Singh: Good.

Shri Karmarkar: That is very good provided the patients have discretion and the *vaid* also has discretion. The other day I came across a case. A colleague in Parliament whom I saw in the Willingdon Hospital had burst the appendix making it a difficult case because he wanted to have the luxury of homoeopathic advice for four days prior to that. A case like that comes in. I asked the doctor about that and he said that he was worried about it. When the appendix is burst inside you have to take the pus outside. He would have been for wiser if instead of consulting the homoeopathic doctor he had gone straight to the Safdarjang Hospital. That would have been much better. It all depends in cases what is the proper remedy. But we would like to try the Ayurvedic vaid also because we have faith that certain types of diseases could well be treated by Ayurvedic medicines, perhaps better than by the modern system. Therefore we are trying to have one. I am quite sure that when we have the Ayurvedic one there will be demand for homoeopathic, naturopathic and things like that. Well, if there is clientele, we should try to meet the taste of the clientele without putting their safety in jeopardy.

I entirely agree with Shri Kodiyan. In fact, the problems are overstepping our efforts. From the statistics that I had got collected I find that in our dispensaries whereas roughly about 30 per cent. patients are male and about 30 per cent. are ladies, 40 per cent. are children. I have directed the administration to recruit as many paediatricians, that is, people knowing children's diseases, as possible so that we might have more and more of children's diseases specialists. As it is the children's hospitals that are there are the Kalavati Saran Hospital and some beds in the Irwin Hospital. 200 beds are coming up in the Safdarjang Hospital. But there is greater consciousness and we would like to serve our beneficiaries as much as possible.

The question of holidays and Sundays is rather a ticklish one, but I think we shall have it considered.

Then regarding manufacture of drugs in the public sector entirely, I have said once or twice here and elsewhere that ultimately the solution for supplying cheap and good drugs is in bringing all the drugs manufacture under the public sector. But as our colleagues will know it cannot be done in a day. The Pimpri factory is working very nicely. It has brought down the price of Penicillin to such a level that to bring that down further would not be in the interest of the consumer himself. The whole effort has resulted in making a small sizeable profit which can be ploughed back again.

Shri Braj Raj Singh (Firozabad): It will not be in the interest of the consumer?

Shri Karmarkar: Yes. My hon. friend has to know that. If you make drugs available very cheap, everyone of us will get crazy about cheap drugs. Drugs have to be priced at a particular

level. They cannot be thrown away. To make drugs cheaper is not always a service done to society. I wish he remembers the experience of some of the advanced countries where drugs are cheap and are easily avaialble within the income of the people there. They have to live on drugs, sleep on drugs and do everything on drugs. I do not want my countrymen to get into that vicious circle.

I am finishing. My hon. friend Sardar A. S. Saigal made a point into which I am not able to enter. I am very happy that he takes full advantage of our service so that he may get better relief. About the particular point that he made about integration of the All India Medical Institute with the Safdarjung hospital, this is a ticklish point. If I were to have my own way. I should like to have all the hospitals in Delhi integrated into one so that all of them may work together. But, what one wishes is not always fulfilled.

Then, there was a small point made —it is important—that there should be no distinction made between those who pay more and those who pay less. Excepting in one point, on account of the fact that we have not too many experts going round, there is no distinction. The only distinction is, people above a particular pay range, in certain cases, can have direct access to specialists. If our specialists were there in number, we could keep them open for everybody. Apart from that fact, service does not depend on the contribution that one makes. A Class IV servant, who contributes egiht annas a month is given the same care as the one who pays the highest. I have no doubt about that. No medicine is spared. In fact, it is best if any of my colleagues were to go with me or by themselves and consult a class IV servant, what was the situation before and what was the situation after. They say it openly. They say, where was the time when I could my child X-rayed and get immediate relief? In fact, the Class which is most thankful is Class IV, or the lower paid staff. It is highest paid staff which says, what is the use of this service to us Because, ultimately, the more intellectual you are, the less faith you have in good things. That is another matter. It is not relevant for our purpose. I am in a position to tell the House that good care is taken of every Class, especially the classes which are the lowest earning.

My hon. friend Shri Radha Raman made a lot of points. He is the Chairman of the Special Assessment committee for the Contributory Health Service. We set up an Assessment committee. We never thought that our scheme was perfect. We would like the service under the scheme to be extended. Recently, we had to appoint a Committee of which he is the Chairman. His knowledge is likely to be more up-to-date than mine, because he is sitting on it day and night. We are looking forward to the recommendations of that committee for the betterment of the scheme. It would be contempt of the committee to comment on any of the suggestions that he has made. Therefore, I would deny myself that pleasure. I am looking forward to that committee's report. Then, it will give us very great pleasure to consider those matters. It will be my privilege not only to send his own suggestions, but the suggestions all round to the committee which is sitting. I am very happy that this discussion came in time because that committee would have the benefit of all the suggestions.

My hon. friend Shri Keshava was very much interested in a National Health Service and said that we need not wait for the success of the scheme to extend it. I am one with him if it were made possible for me to extend the scheme. My hon. friend will take note of the fact that not one pie has been provided in the Third Plan for this purpose. I would like to try the experiment. My offer is open. I was enthusiastic about it. What can I do? Industry, higher standard of living, agriculture, everything else takes

[Shri Karmarkar]

away all the money and all that I am left with is a smaller percentage of allocation than what was done in the Second Plan. I did not complain because complaint is useless. But, my friend can complain and his complaint can be fruitful.

Then, there is the question of long queues, and all that. Long queues have to be there so long as we are not able to provide a sufficient number of doctors. One final word. I would only like to tell the House that the scheme has been expanding. The scheme began with 2½ lakhs of beneficiaries. Now, it is almost five lakhs. The number of doctors also has gone quite up. There is one matter in which I should like to find myself in agreement if it were only possible. I do really feel that on the out-patient side, the doctors are over-worked, very much over-worked. The number of patients is increasing. I should like the staff to be strengthened. In most of the dispensaries wherever there is a large attendance, I should like to have at least one doctor more. May be, if that committee also comes to the same conclusion, that personnel should be strengthened, my Ministry would be the first to take up this matter with the relevant Ministry because, ultimately, as I said, it is a question of finance.

Barring that and barring the fact that we need to have ancillary services like laboratories, etc., I really feel that the scheme has served its purposes. Ultimately, every scheme has its faults. It has been brought to my notice, sometimes, —solitary cases—that there has been negligence by doctors. Sometimes I have cases—solitary, happily for us—where patients were rude. We have had cases like that. Ultimately, it is a small percentage of cases. By and large, except on the out-patient side, on an objective analysis, I really feel that the scheme has served its purpose. We were not content with merely treating the ill patients. What we have done at the present moment is this,—and the House might be interested to know—that a full morbidity survey is going on under the C.H.S. scheme. That is to say, we are having a full-scale survey of the types of illness from which our patients suffer, so that preventive action could be taken in advance.

We want also to extend our service to every baby born. At the present moment, we have begun with a thousand babies, right from their birth, and we would like to pursue their health till about a year or two. As and when it becomes practicable, we should like all these service to be extended to every baby born under the auspices of the C.H.S. We have also a free family planning service.

Then, amongst government servants, after five years, we have had another repeat tuberculosis survey. Out of the 100,000 Government servants here, we have completed the survey in respect of about 60,000. I am happy to tell this House that as compared with what the position was five years ago when the first tuberculosis survey was made, the number of persons suffering from turberculosis is infinitesimally small, because ultimately we give them cure and things like that.

There is also a check-up system, and I say this particularly to my colleagues in Parliament. I wish they take advantage of that. Just at a stone's throw from here, we have set up a special establishment for checking up and for testing urine and blood and taking cardiogram wherever it is necessary and so on. And that has been found to be very beneficial. It is better to catch hold of the disease before it comes rather than have the disease and then treat it afterwards. But I am sorry to say that we are disappointed with the response because everybody seems to be believing that unless he

gets actually ill, he will not get ill, which, of course, is a fact, but then we have to take disease by the forelock. I would make an appeal especially to the Members of this House to see to it that everyone of them and every Member of their families get themselves checked up, so that tomorrow's illness will be looked after today. We are trying to render these and other services in addition to the normal services.

Ultimately, as you will appreciate, the real foundation of health is this; if I may say a little from my little experience of my health, without being egoistic, and from my experience of everybody else's health, a little more of regulated habits would largely contribute towards the elimination of illness. Delhi has such nice lawns, and such grounds and things like that, but it is a disappointment to find so very few people going out even for a walk. It was a heartening experience for me to find my hon. friend Shri Keshava very fashionably dressed and playing ping-pong....

Shri Keshava: I was playing shuttle-cock.

Shri Karmarkar:....or shuttle-cock; with whom he was playing, I shall not detail to this House, because it is not necessary for the House, and it is not relevant either. But I found him playing. It was very interesting and inspiring to find him enjoying a game like that. I wish we had more of that kind of thing, more of outing and more of picnicking, more of going out on walk on the lawns, especially in a place like Delhi where there are so many nice lawns and so many nice grounds, and wherever everything is so nice. In fact, people who have come to Delhi and then have gone back have gone back with additional pounds of flesh—where the water is so nice, and where you find, if we have to believe some of the people, the Halth Minister is so nice and the CHS service is so good. In such a place as this, everyone of us should go out healthy and happy without any medicines.

So far as the yogic practices are concerned, in which you, Sir, evince keen interest, I am very happy to tell the House, that those Members who participate in the classes,—about forty of them are in these classes, and about half a dozen classes are running—tell us that they are much better. I wish that yoga becomes more and more popular, because yoga is nothing more than a scientific exercise, very beneficial for the body. We shall be very happy to extend these yoga classes as much as possible for any number of beneficiaries that might come, and if we take care a little on the preventive side......

पुनर्वास तथा अल्पसंख्यक-कार्य मंत्री (श्री मेहर चन्द खन्ना) : क्या माननीय मंत्री खुद भी योगासन करते हैं ?

श्री करमारकर : मैं तीन बरस पहले करता था ।

—with a little less of eating on the Queensway in the dark, there will be less and less cases of gastro-enteritis, about which we have had so many questions in this House. Gastro-enteritis is nothing more and nothing less than what comes out of eating unwholesome food, and Delhi perhaps specialises in that. It is, of course, quite tasty; I once tasted that, with the mixture that you get in the bazars and things like that. If only people keep to their regular wholesome food prepared by their ladies at home, I am quite sure in my mind that three-fourths of the gastro-enteritis will disappear. But the fact is that people are getting restaurant minded, and they start taking food in the restaurant.

Some Hon. Members: No, no.

Shri Karmarkar: Those who protest have a greater realisation of the fact than I myself.

If only we take a little greater care about our own health, then the habit of going to the CHS dispensary will disappear. And instead of devoting

[Shri Karmarkar]

Rs. 50 lakhs to medicine. I shall be very happy to devote another Rs. 10 lakhs and more for extending parks and things like that. I am dreaming of having a whole ground of 20 acres with lovely park set up in it, for the CHS beneficiaries, and things like that, so that we can devote more of our money towards constructive health. But today what is happening is this, and since I have the opportunity, I should say that to the House. One of the besetting sins of the modern age is that we are getting less and less health-minded, more and more medicine-minded and less and less leisure minded. Let them have a cheerful time, go out in the fresh air and they will have better health rather than with resort to medicine. We must take to this aspect of constructive health. We are now getting more sedantary, sitting at home doing nothing, doing much sometimes. Sedantariness and health are enemies of each other.

Therefore, through these discussions I wish to tell the beneficiaries of the contributory health service scheme that they can help themselves, help me and help the poor man's exchequer much better if they are to be found at least one hour outside their houses enjoying the fresh air. And if Members also do this, it will be of some help to me during Question Hour!

That apart, I am grateful to hon. Members for all the suggestions made. I shall pass them on to the Committee that is sitting. I shall also have them examined in my Ministry, and to the extent to which it is physically possible to do so, we shall have them introroduced in the service.

Mr. Speaker: I hope the hon. Minister does not want that hon. Members should exercise their privilege of going out during the Question Hour.

Shri Karmarkar: I have no control over them. You have control over them.

I forgot to say one thing. I oppose both the Resolution and the amendment for a reason which I need not mention. We have actually under consideration extension of this to Bombay and Calcutta. Ultimately, the number of beneficiaries has to be a certain minimum to justify the cost of the scheme. Since the Resolution is too widely worded, namely, to extend it to all other cities, I regret very much that it is not possible for me to accept it. Therefore, I oppose both the original Resolution as well as the amendment.

श्री शंकर देव : मैं एक बात कहना चाहता हूं । ग्रापने इस स्कीम का नाम हैल्थ सर्विस स्कीम रखा है । मैं समझता हूं कि इसका नान कांट्रीब्यूट्री मैडिकल सर्विस स्कीम होना चाहिये । हैल्थ सर्विस स्कीम तो वही हो सकती है जैसे ग्रापने कहा है, बाहर घूमने के लिए जाना, मालिश वगैरह करना । यही हैल्थ सर्विस स्कीम हो सकती है । लेकिन इस स्कीम के तहत तो दवायें दी जाती हैं, इस वास्ते इसका नाम कांट्रीब्यूट्री मैडिकल स्कीम सर्विस होता तो ज्यादा उपयुक्त रहता । मैं चाहता हूं कि इस का नाम बदल कर कांट्रीब्यूट्री मैडिकल सर्विस स्कीम रख दिया जाये ।

श्री करमरकर : जो चीज है वह है । नाम से कोई चीज शानदार नहीं हो जाती है । जो शानदार चीजें होती हैं वे निकम्मी भी हो सकती हैं । इसका नाम भी ठीक है ग्रौर इसका काम भी ठीक है ।

श्री शंकर देव : मैं चाहता हूं कि जो नाम उपयुक्त हो सकता है, इस स्कीम के लिए, वही रखा जाये । ग्रगर नाम में कुछ नहीं है तो कांट्रीब्यूट्री मैडिकल सर्विस स्कीम ही इसका नाम क्यों नहीं रख लिया जाता .....

अध्यक्ष महोदय : काफी हो गया है। आपने सवाल किया था और आपको उसका जवाब मिल गया है।

As regards the substitute motion, the hon. Member is not here. Anyway, I shall put it to the vote of the House.

The amendment was put and negatived.

Mr. Speaker: As regards the main Resolution, does the hon. Member want to withdraw it or does he want to say anything?

Dr. K. B. Menon: The Resolution is not a political one. The Minister has said that he has already an idea of extending it to Calcutta and Bombay. The object of the Resolution is only to make it as a spearhead for introducing a National Health Scheme. The only objection he has raised is on the ground of lack of finance I accept it. I hope the Government will try to put it through as and when possible. Therefore, I am not pressing the Resolution. I would seek leave of the House to withdraw it.

Mr. Speaker: Has the hon. Member the leave of the House to withdraw his Resolution?

Several Hon. Members: Yes.

The Resolution was, by leave, withdrawn.

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18 25 hrs.

RESOLUTION RE: ASHES OF NETAJI SUBHAS CHANDRA BOSE AND RASA BIHARI BASU

Sardar Iqbal Singh (Ferozepur): I beg to move:

"This House calls upon the Government to take necessary steps to bring the sacred ashes of Netaji Subhas Chandra Bose and Biplabi Mahanayak Rasa Bihari Basu from Japan with full military honour and befitting ceremonies and build suitable memorials in Delhi to enshrine the ashes".

Shri S. M. Banerjee (Kanpur): I rise on a point of order. This resolution refers to the ashes of Netaji Subbhas Chandra Bose. You know, Sir, this is a controversial subject. Many people in India sincerely believe that the enquiry conducted as to whether Netaji has died or not is incomplete, and many people think that he is alive.

Mr. Speaker: What is the point of order?

Shri S. M. Banerjee: The point of order is this. Can we possibly have a resolution of this nature about a person who is alive according to many people?

Shri Raghunath Singh (Varanasi): The ashes are there, it is admitted.

Shri Aurobindo Ghosal (Uluberia): May I know whether the wife and daughter of Netaji Subhash Chandra Bose, have accepted this story of his death? If they do not accept it, can we discuss a thing which is not accepted even by his own relatives?

Mr. Speaker: This matter is not new. If there are some ashes there going in the name of Netaji Subhas Chandra Bose let them be brought here before they are dispersed. There is no point of order in this. The other hon. Members who say that they believe in his still being alive can express their point of view.

Shri S. M. Banerjee: Not I, Sir, but you know there are others.

Mr. Speaker: I will allow hon. Members to say that this resolution ought not to be passed. There is no point of order in this. A committee was appointed, and it came to a conclusion. One of the persons who was in the committee did not attend and did not sign the report. There have