

उपसभाध्यक्ष (श्री मोहम्मद सलीम) :
महंगाई के मुद्दे पर जब बात हो रही थी, हम
अगर समय इतना महंगा नहीं करते तो इसको
कनक्लूडिंग स्तर पर ले जा सकते थे ।

ایسے سبھا اوصیائے ہر گھانے کے مد سے ہر
جیب بات ہو رہی تھی۔ ہم اگر سب سے اسامہ لگا
نہیں کرتے تو اس کو کنکلوڈنگ اسٹریٹج
رے جا سکتے تھے۔

**(I) STATUTORY RESOLUTION SEEK-
ING DISAPPROVAL OF THE INDIAN
MEDICAL COUNCIL (AMENDMENT)
ORDINANCE, 1992**

**II. THE INDIAN MEDICAL COUNCIL
(AMENDMENT) BILL, 1992**

**III. STATUTORY RESOLUTION SEEK-
ING DISAPPROVAL OF THE DEN-
TISTS (AMENDMENT) ORDINANCE,
1992**

**IV. THE DENTISTS (AMENDMENT)
BILL, 1992**

THE VICE-CHAIRMAN (SHRI MD. SALIM): The statutory resolutions disapproving the Indian Medical Council (Amendment) Ordinance, 1992, and the Dentists (Amendment) Ordinance, 1992, and the Bills replacing the Ordinances will be taken up together.

DR. JINENDRA KUMAR JAIN (Madhya Pradesh): Sir, I move the following resolutions:

1. "That this House disapproves the Indian Medical Council (Amendment) Ordinance, 1992 (No. 13 of 1992) promulgated by the President on the 27th August, 1992."
2. "That this House disapproves the Dentists (Amendment) Ordinance,

1992 (No. 14 of 1992) promulgated by the President on the 27th August, 1992."

Sir, I would like to read a portion from the debates of the Constituent Assembly for the benefit of my hon. friend.

THE VICE-CHAIRMAN (SHRI MD. SALIM): Have you moved both the resolutions?

DR. JINENDRA KUMAR JAIN: Yes. Can I now explain why I moved these resolutions?

I am reading a portion from the Constituent Assembly debates, Volume 8, Page 213 in which Dr. Ambedkar said that the ordinance-making power was to be exercised in cases

"where the powers conferred by the ordinary law existing at any particular moment may be deficient to deal with the situation which may suddenly or immediately arise." Sir, I want to make a case here that the Government has abused the President's powers to issue ordinances under article 123 of the Constitution. It is a panicking and ill advised response to a problem that needs a deeper understanding and analysis. Let me explain. The Government has not done its business properly. The Members of this hon. House know that in the Rajya Sabha, a Bill was introduced by the then Minister of Health on 26.8.1987 which was also for amending the Indian Medical Council (Amendment) Act. Sir, that Bill had a provision which is included in this Bill also that any medical college, before it is opened, will have to take the prior sanction of the Medical Council of India. That Bill which was introduced in the Rajya Sabha on 26.8.87 was referred to a Joint Committee of both Houses of Parliament on 14.12.1987 and that Joint Committee of Parliament deliberated on this issue, gave its opinion and submitted a report on 28.7.1989. This report, with the opinion of both Houses of Parliament, was in the possession of the Government.

† [] Transliteration in Arabic Script.

I have read the hon. Minister's Statement of Objects where he said that the Government desired it. I can appreciate that the Government desired it. Here the Government and you, I mean the Minister of Health, have been in the chair for the last 15 months. I would like to remind you that during the last session of Parliament when you yourself so raised this issue along with people like me and other, said that the problem of mushrooming of medical colleges, involved corruption, political partonage, and was disturbing all the sane elements in this country. So there was no urgency—for which it was done—for the Government of India to bring this Ordinance during the recess of Parliament. I say this is an insult to the institution of Parliament, to the work done by the Joint Committee of Parliament. Why did the Government not do anything for 15 months or more? And suddenly when the Parliament was in recess, they came out with an Ordinance. This is very unfair. Sir, the present system of medical education is very biased because it only take care of the people living in the urban areas. It is heavily loaded in favour of a westernised medicine, a clinic-based or hospital-based medicine—a medicine and a medical system which are quite alien to the needs of the Indian masses, especially to those who are living in the rural areas. That is the reason why we failed as a nation and this Government has also failed. All the State Governments have failed to have doctors in the rural areas because the products of this system of medical education do not go to the rural areas. I would like to quote a figure which is an authoritative statement by our hon.

Health Minister that even today 14 per cent positions in the primary health centres in the rural areas are lying vacant. So, we need to have a new system of education, a community-based approach, a simple clinic-effective primary health care approach which will provide at least the minimum primary medical care to the rural areas. Where from are

these doctors produced. In our medical colleges.

At a time when we need to discuss about the very basic reforms in medical education, we are asked to give effect and approve an Ordinance which takes away the opportunity from us to have a serious debate discussing the medical education reforms. Sir, this is not for the first time that I am talking like this. In 1978, this issue was discussed and the Government had set up a Committee. They called it 'ROME', Reorientation of Medical Education. It was in 1978 and now we are in 1992. About 14 to 15 years have passed. What are the recommendations of that Committee? Is the Government serious about its commitment to provide medical care in the rural areas? What is the advantage of having this Committee when this Government does not discharge its function and just makes Ordinances and makes it a *fait accompli* for us to pass that Ordinance into a Bill? I also want to point out another anomaly of this Bill which is hitting our Centre-State relations.

I concede that medical education is in the Concurrent List. It is a right of the Centre as well as of the States. But what I am seeing is the tendency of excessive hunger to rule, excessive hunger for power to run the affairs of this country, excessive concentration of powers in the Central Government, and the State Governments are being deprived more and more of their duties and functions and of their domain which is essentially theirs. This is hitting the federal character of our Constitution, and this will be another contribution of this Government to weaken the States and concentrate all their powers in the Central Government. We are not very happy with the way some States have gone. And every time we discuss the Centre-State relations, we all say that concentration of all the powers in the Central Government should not take place. But it is taking place all the time. And I wish to request the hon. Minister that while he is taking powers in his hands, he should also please consider that he may not cause such damage to our polity which is going beyond repair.

Sir, I also wish to make another point. As I read the Bill or the Ordinance, I find that the Medical Council and the Dental Council are only the recommending bodies and that the final decision, the final authority rests with the Central Government. These bodies, Sir should be professional bodies. If you want these bodies, the Medical Council of India and the Dental Council of India to do justice to their jobs, you should give them powers, you should give them teeth. They should be allowed to play their role to regulate and monitor the medical education administration in their respective areas. But you have reduced them to the position of just being recommendatory bodies, and all the power and the final decision is in the hands of the Central Government. How can I be certain that the Central Government will not take political advantage? How can I be certain that this power that this Parliament gives to the Central Health Ministry will be immune from the evils of political patronage and political vindictiveness? Sir, we are missing an opportunity, an opportunity to take up a comprehensive Bill on medical education. After all, is the problem of medical education in our country to focus only on one point and that is the mushroom growth of medical colleges? Is there no problem of under-graduate and post-graduate education, training of paramedical staff, changes in curricula, scope for continuing medical education, development of manpower and super-specialities, and laying of other standards of medical education? These are all issues which have to be dealt with by an exercise when we bring the Bill. But this Bill is taking care of only one, that any person having a medical college has to come to the Central Government. And it also has a retrospective effect that any medical colleges which were opened one year before the date you have given—you have given June—have to be approved within one year. How about those medical colleges which were opened earlier and which are not authorised, which do not have the essential ingredients to be qualified for this? And will they go scot-free? This Bill is very deficient. It is very incomplete. It does not solve all the problems, even that limited problem that you are

trying to address. So, my request is that this Ordinance should be withdrawn, and a larger thinking should be done. Already, the two Houses of Parliament had taken into account various issues. Another point that I would like to mention here is, the Ordinance says that within a year if the Central Government does not give the permission, the applicant is deemed to have got the permission. We know how administrative things happen in our country. Suppose it can be managed that the applicant does not hear within one year. It can be managed. Instead of getting the permission, the applicant manages just to ensure that permission is not obtained by him within a year, and he gets it automatically. Such an absurdity of law has never come at least to my notice. The Health Minister is very privileged to have a critic like me calling from the Opposition Benches. I think this 'one-year' clause is simply absurd. The people who had opened medical colleges and had flouted all the rules before one year, do not come within the ambit of this legislation. And in future also, if I do not get permission, I can manage not to get permission and in fact one can manage with some people to see that the file does not move, and he gets the permission automatically. I cannot understand the rationale behind such kind of legislation.

The basic problem in the country today is not only to look after the health care needs of the privileged few, the few rich classes who live in the cities who can go to private doctors, to nursing homes and to other institutions but the challenge of the day is to provide medical care to the Indian masses who live in rural areas, in our far-flung areas, to our mothers who cannot even get the medical care when they are pregnant, to those unfortunate women who cannot afford even contraception, who do not have access to the facilities to be able to regulate the fertility behaviour. And that is the reason why all our programmes linked with medical education, medical care and family planning, are coming to a standstill. It is because the very productive houses for producing doctors, for

producing nurses, for producing dentists and for producing para-medical staff, are a sick institution. That is an institution which is quite alien to our Indian needs. What we need to do today is a basic thinking. We need to do a swadeshi thinking as to what is India, what are the Indian population's health care needs and what are the minimum needs of our people, and we need to come out to this House with that sort of legislation and say that here is a new Bill which you propose to this House which will take care of all these things, which will produce doctors and para-medical staff, which will be suitable to our needs. The products of this kind of Indian medical education are not being trained to suit the needs of our country. I am one of the typical products. About 90 per cent of the people who were trained along with me are now serving in America or in England. Why don't we see that thing in the beginning? We are producing doctors who are not suitable to our country. And this Medical Council of India which you are again re-shaping, will continue to produce doctors which are not suitable for this country. Why have this sort of medical education? Why have this Medical Council of India at all? Let us address our problems and let us have a suitable system of medical education. It is not that this has not been done. As I referred to in my presentation earlier, in 1978, this Government realised and set up a committee on reorientation of medical education. Let us go into what they have to say. There are conferences held every year. Even this year there was a conference held by the Medical Council of India. Experts came from all over. What did they say? Why should not the Health Minister channelise all that information which is coming from Indian Medical Association, the Indian Rural Medical Association and other professional bodies, bring this information before Parliament and get the approval of Parliament? But no. The Minister of Health takes full advantage of the Presidential powers which are contained in the Constitution under article 123 and when Parliament is in recess, comes out with an Ordinance. Of course, it is a fait accompli.

Sir, I am trying to say this, not with a view to criticising my hon. friend, Mr. Motedar. Personally, I have tremendous respect for him. I can only urge upon him because there is no other authority in the country to whom I can go. He must accept the challenges of the time. He must look into this problem and come out with a Bill, a comprehensive Bill, which would address the problem of medical care in our country and give us doctors who would serve Indians, doctors who would be trained in India, for Indians. We cannot carry on with a system of medicine which was given to this country by those Indians who were trained in England, or, by those who were trained by those who were trained in England, because, the basic socio-economic conditions of the Western society and Indian society are different. Those communities are small, their socio-economic standards are rich, and they need hospitals, clinics, etc. Curative medicine is the real need of those societies. Our needs are different. We need to have a lot of emphasis on prevention of disease and promotion of health. The curative aspect of medicine is a very small part. Even in regard to curative aspect, the allopathic system is not the only system of medicine. There are other systems of medicine also.

Sir, today, when we are talking of globalisation, I would like to see how much scope this country has to contribute to world medicine, how much benefit we can give to the world, by taking to the other countries the fruits of research that our ancient people made in the field of medicine. We can contribute. We can earn foreign exchange by export of Indian medicines to other countries. We can start a new process of rejuvenation and regeneration of the Indian nation, in this vital area of health. It is being denied now because we continue to get into the same trap again and again. We continue to commit the same

mistake. Through our various amendments, through our reforms, we continue to put the same wine in a new bottle, a wine which is not the right medicine for the Indian masses. The right solution is, the right drug for the Indian masses is, an Indian solution. That is in your hands, Mr. Minister.

Therefore, I would urge upon the hon. Minister to withdraw this Ordinance and come back to this House, as early as possible—it should not be delayed—with the reforms. We would be very happy to support it and make that Bill into an Act. There is no need for an Ordinance. There is need for a very serious thinking and debate. We would be very happy to support that Bill. Thank you.

श्री मोहम्मद खलीलूर रहमान (आन्ध्र प्रदेश) : यह इतना इम्पोर्टेंट बिल है और इसको ज्वाइंट सलेक्ट कमेटी में रैफर किया गया था। जब कि अटॉर्नेस इतनी पुग्रर है, ऐसे में इस बिल को लाने का कोई मायना नहीं रहेगा।

شری محمد خلیل الرحمن : یہ اتنا امپارٹنٹ بیل ہے اور اس کو جوائنٹ سلیکٹ کمیٹی میں ریفر کیا گیا تھا۔ جبکہ ایڈوکیٹس اتنی پورور ہے ایسے میں اس بیل کو لانے کا کوئی معنی رہے گا۔

उपसभाध्यक्ष (श्री मोहम्मद सलीम) :
सब पार्टी के लोग बोलेंगे हैं।

SHRI V. NARAYANASAMY (Pondicherry): If he wants to speak, he can speak. He can make a reference to this in his speech.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI M. L. FOTEDAR): Mr. Vice-Chairman, I would first move the Indian Medical Council (Amendment) Bill, Sir, I beg to move:

"That the Bill further to amend the Indian Medical Council Act, 1956, be taken into consideration."

Mr. Vice-Chairman, Sir, may I remind the hon Members, the Government intro-

duced a Bill to amend the Indian Medical Council Act on the 26th August, 1987, containing a number of amendments to the Indian Medical Council Act? The Bill was referred to a Joint Committee of Parliament on 14-12-1987 and the Joint Committee submitted its report to the House on the 28th July, 1989.

As you are aware, after 1989 there have been changes of Government at the Centre. The previous Government had desired to review some of the important provisions of the Bill, inter alia, relating to empowering the Medical Council of India to fix the rates of tuition fees in medical colleges. My Ministry had also undertaken a review of the policy covering grant of permission to start medical colleges in the private sector with a view to make them abide by certain conditions, like reservation of seats for meritorious students selected through the All India Entrance Examination, reservation of seats for Scheduled Castes and Scheduled Tribes according to the percentage fixed in respective States. This policy was under active consideration and would have been incorporated in the proposed Indian Medical Council (Amendment) Bill.

However, the Supreme Court of India, in their judgement on 30th July 1992, directed that educational institutions cannot charge capitation fee and "education" including higher education is a fundamental right. A number of private institutions have challenged the above-mentioned judgement for a review by the Constitution Bench of Supreme Court. In the circumstances, it was not found possible to proceed with the Bill as reported by the Joint Committee of Parliament as the case is before the Supreme Court and is, therefore, *sub-judice*.

The other important aspect related to the growth of sub-standard medical colleges. The situation had largely arisen because of certain inherent inadequacies in the Indian Medical Council Act. New Medical Institutions were being started after getting permission from the State Government and affiliation from the University. The Medical Council of India were being approached much after the

admission of students had started and been completed. Although the Medical Council of India were quick to point out the deficiencies in the infrastructure and other facilities, the Council was unable to stop the mushroom growth of new colleges.

The number of unrecognised medical colleges which are operating today indicates the magnitude of the problem. There are 28 medical colleges in the country which are admitting students and do not have any recognition. Reports of new colleges starting in different States began reaching us. What was particularly distressing was the fact that such colleges had hardly any infrastructure and were providing admission in the hope that recognition would come some day.

Unfortunately, some of these colleges had received approvals from the States concerned. The Government of India, had to take firm and immediate steps to ensure that no State permits the establishment of new medical colleges without ensuring the availability of infrastructural facilities stipulated by the Medical Council of India. Had this not been done it was likely that more medical colleges would have been opened in other places by utilizing the avid interest of students to gain admission at any cost. The President therefore, promulgated an Ordinance on 27th August, 1992, to amend the Indian Medical Council Act. The Ordinance covers one of the important provisions contained in the Indian Medical Council (Amendment) Bill pending before Parliament, namely, getting prior approval of the Central Government and the M.C.I. before establishing new medical colleges, increase of seats and opening of new courses of study in the existing medical colleges. The effect of the Ordinance was to check the unplanned growth of medical colleges and prevent people who embark upon opening such colleges from capitalising on the present demand of medical education at the cost of maintenance of standards. Since the finalisation of the other provisions of the Bill as reported by the Joint Committee of Parliament would take further time and since Parliament was not in Session, the issue of

an Ordinance was unavoidable.

The Bill placed before the House is in replacement of the Ordinance.

Mr. Vice-Chairman, Sir, now I come to the Dentists (Amendment) Bill, 1992.

SHRI M. L. FOTEDAR : Sir, I also beg to move :

"That the Bill further to amend the Dentists Act, 1948, be taken into consideration."

Sir, Dental Council of India is a statutory body constituted under the Dentists Act, 1948. Apart from advising the Central Government on the curricula and standards of dental education, recognition of the dental qualifications granted by the Universities and other dental institutions in India, it also maintains the Indian Dentists Register.

According to the existing provisions of the Dentists Act, 1948, it is not mandatory to seek prior approval of the Dental Council of India and the Central Government before starting a new dental college or expanding its intake capacity or introducing a new course of study. Taking advantage of this lacuna in the Act, anyone could start a new dental institution provided he could obtain affiliation from a University and permission from the State Government. This was increasingly being done without reference to the standards of hospital facilities, staff, equipment etc. as set out by the Dental Council of India. Although circulars were being issued by the Central Government as well as the Dental Council of India from time to time advising the intending institutions not to open any dental College without obtaining the prior permission from the Dental Council of India, it had not yielded the desired effect in the absence of legal provisions. Students continued to get admission in the new sub-standard dental colleges and after they had put in 2-3 years of study, pressures were built up for recognition of the degree. More specifically the Dental Council of India brought to the notice of State Governments of Karnataka and Bihar on 26th December, 1991 about the functioning of some dental colleges without proper infrastructural facilities and without the prior approval of Dental

Council of India. As efforts of the Council had not yielded the desired results, the Dental Council requested the Central Government to issue an Ordinance requiring prior approval of the Council before establishment of a new dental college, increase of seats or starting Postgraduate courses in any existing institution.

Over the last few months, there were reports of a number of dental colleges having been opened without obtaining the approval of the Dental Council of India. There are at present 34 private dental colleges which are unrecognised. From January to August, a total of 23 requests for recognition has been made to the Dental Council. Bold and determined steps had to be taken to contain the irresponsible manner in which dental colleges were being opened without considering the need to provide proper standards

or facilities essential for furthering professional dental education. Had this not been done it was likely that more dental colleges would have been opened in other places by utilizing the avid interest of students to gain admission at any cost. The President has, therefore, promulgated an Ordinance on 27th August, 1992 to amend the Dentists Act, 1948. The Ordinance makes provisions for prior permission of the Central Government before establishment of new dental colleges, increase of seats and opening of new courses of study in the existing dental colleges. Such permission has to be obtained in the form of a Scheme containing all relevant particulars like the availability of adequate financial resources, accommodation, equipment, staff, attached hospital etc. The form of the scheme is under preparation in consultation with the Dental Council of India.

The Bill placed before the House is in replacement of the Ordinance.

Sir, I appreciate the arguments which Dr. Jain has advanced, and if the debate goes on on this issue, I would like to reply later. But, before the debate is held on the main issue, I would request him that in the light of what I have said, let him withdraw the Statutory Resolution that he has put before this House, and then

we can discuss the different provisions of the Bill. That is what I request.

The questions were proposed.

DR. JINENDRA KUMAR JAIN: Sir, shall we consider his request after the debate is over or at this stage?

SHRI M. L. FOTEDAR: I think this is the stage when he should show his good gesture and withdraw his Resolution. Then we can discuss the other business.

DR. JINENDRA KUMAR JAIN: I want to have a dialogue with the hon. Minister in the spirit in which he has said it. There are two concrete assurances that I demand, which I want him to make on the floor of this House. There are two specific assurances that I need because he holds all the powers in his hands, reducing the Medical Council of India and the Dental Council of India into recommending bodies. I want an assurance from him that there will be no patronage or adverse discrimination in matters related to medical education on a political basis. This is the first assurance I want, that on political considerations you will not favour or disfavour the issue relating to medical education.

THE VICE-CHAIRMAN (SHRI MD. SALIM): Dr. Jain, you have already spoken in favour of your Statutory Resolution. After the debate you can consider whether you will withdraw the Resolution. Already you have moved it. The Bills have already been moved. Let us start the debate on the Bills and the Resolutions together.

DR. JINENDRA KUMAR JAIN: I may withdraw it if I am given....

THE VICE-CHAIRMAN (SHRI MD. SALIM): You have already advocated in favour of your Resolution. Please, please.

DR. JINENDRA KUMAR JAIN: Sir, I will put my demands after the debate.

SHRI W. KULABIDHU SINGH (Manipur): Thank you, Mr. Vice-Chairman for giving me this opportunity to make my observations on the Indian Medical Council (Amendment) Bill, 1992 and the Dentists (Amendment) Bill, 1992.

By and large I would like to support the Bills, both the Bills. But in certain respects a lot of amendment is necessary. The hon. Health Minister has given the genesis of the introduction of the Ordinances and the present Bills. He has mainly dealt with the mushroom growth of medical colleges and dental colleges. All the Members in this House will agree that the mushroom growth of medical colleges and dental colleges does not create a good climate. So, we are all unanimous on that. But, taking advantage of that mushroom growth, between barring the starting of new colleges and barring the opening of new courses of study, there should be some difference. I lay emphasis on opening of new medical colleges on the one hand and on the other on the opening of a new course or giving admission to some additional students, two or five students by the institutions or by the Government. These two are very different things. Opening a new medical college may be a very important and very vital matter, but opening a new course or giving admission to some additional students, two or five students by the institutions or by the Government. These two are very different things. Opening a new medical college may be a very important and very vital matter, but opening a new course or increasing the admission capacity by two or five seats should not be kept in the same category. The Government has put these two categories on the same plane. Opening a new medical college carries a huge responsibility, and certain infrastructural facilities are necessary. But, for increasing a few seats, two, five or more number of seats in any particular, Government-recognised medical college, for this purpose, why is the Central Government so eager to usurp the power? Why is the Medical Council so eager to usurp the power? Already Government-recognised medical colleges or Government-recognised dental colleges

are there. To increase a few seats, why should the Central Government or the Medical Council of India be so eager to usurp the power? William Blackstone said:

"Power corrupts, and absolute power corrupts absolutely."

I agree with the hon. Health Minister fully that on opening of new colleges there should be some permission. It should be examined by the Medical Council of India or by the Central Government whether the necessary infrastructure is already there or not. Very good, well and good. I fully support it. But, for increasing a few seats, two or five seats, the Central Government should not be so eager to usurp the power of that. If the recognised medical institutions and the State Governments, concerned think that the increase of a few seats is very necessary, why should they wait for the Central Government or the Medical Council of India's

approval? It goes without saying that the Government dithers and the element of red-tapism is always there. So, for these petty matters, i.e. for increasing a few seats or for opening a new course by the recognised medical colleges, there should not be such a bar. This should be differentiated from opening a new medical college.

[The Vice-Chairman (Shri Syed Sibte Razi) in the Chair.]

The hon. Health Minister has stated that there are 28 unrecognised medical colleges and 34 unrecognised dental colleges. Those colleges are there unfortunately. We will not encourage them. If there is a lack of infrastructural facilities and equipment, those institutions should not be recognised. On that I agree. But there is one point to which I would like to draw your attention. I have got data about the number of recognised medical colleges in advanced States in India. In Bihar there are nine such recognised medical colleges. In Andhra Pradesh also there are 9. In Maharashtra, there are 12 Government

Medical Colleges while in Tamil Nadu the number is 11. In Uttar Pradesh, there are 9, while in West Bengal there are 7. In this way, these advanced States have got sufficient number of medical colleges. The position is different in backward States like Kashmir or the North-Eastern States. In the State of Assam, there are three medical Colleges, but in the rest of the other seven sister States there is only one. For the North-Eastern States, Himachal Pradesh, Kashmir or even Goa, the number of these colleges is not sufficient. I repeat for the seven North-Eastern States, there is only one medical college. Of course, in the State of Assam there are three medical colleges. But the other seven States taken together, including the State of Manipur, have got only one medical college. So, for opening a new medical college, this sort of cumbersome course of furnishing the scheme first to the Central Government, which will then send it to the Medical Council of India for its consent, should not be there. I had earlier conceded that for opening new medical colleges the Medical Council of India and the Central Government should have some say and that it should examine the availability of infrastructural facilities. Medical and technical education are in the Concurrent List and the Central Government has got a heavy responsibility in the matter of medical education. I ask why the Central Government does not show special interest for the backward States and regions. The regional imbalance in this respect should be removed. When we speak of equality and regional imbalance, then should you allow so much of imbalance in this respect? If you persist with it, a lot of problems will arise. It will give rise to divisive and separatist tendencies. In fact, such tendencies have already cropped up. Therefore, the Central Government, which has got absolute powers in the matter of medical education, should ensure that those backward States are helped to start new medical colleges. One State is having 14 medical colleges and the seven States together are having only one medical college. Why? This is absolutely an imbalance. This will be a very bad augury. The hon. Health

Minister has mentioned about the Supreme Court judgement which held that education, including higher education, is a Fundamental Right. In that case that is too far to be thought of by the citizens of the North-Eastern States. Therefore, with the observation of the Supreme Court—I am not sure whether it is the finding of the Supreme Court a mere observation in the form of obiter dicta is that medical education is a Fundamental Right. I believe that review applications have been filed by certain applicants. In that review application, the finding that higher education is a Fundamental Right may be reviewed. I cannot believe myself that medical education is a Fundamental Right of every citizen in India. I cannot conceive of it. So that application may be reviewed. However, the spirit enunciated by the Supreme Court should be followed by the Government of India.

Finally, I want to urge upon, through you, the Government of India that the regional imbalances should be removed and some more medical colleges should be started in the North-Eastern States. Thank you.

SHRI VITHALRAO MADHAVRAO JADHAV (Maharashtra): Mr. Vice-Chairman, Sir, I rise to support the Indian Medical Council (Amendment) Bill, 1992. Though I have moved some amendments, it is likely that I am going to withdraw my amendments at the time of voting. But what I feel about this Bill and what should be the frame of medical education are very important. That is what I am going to express in this House.

The Government of India have brought forward this Bill after issuing an Ordinance. Our hon. Minister has rightly pointed out: "However, by early 1992 it became necessary to reconsider some of the recommendations contained in the Joint Committee's Report keeping in view

the current requirements of medical education. While the matter was in an advanced stage of consideration, the Supreme Court of India in the judgement in *Mohini Jain V. Government of Karnataka* on 30th July, 1992 held that educational institutions cannot charge capitation fee and that education, including higher education, is a Fundamental Right. A number of private institutions have challenged the above mentioned judgement and sought a review by the Constitution Bench of the Supreme Court. In the circumstances, Government has, therefore, considered it advisable not to proceed with the 1987-Bill as many of the matters covered by the Bill will become subject of review by the Supreme Court."

Further it has been said that opening of new medical colleges led to the mushroom growth of medical colleges. These are the two important aspects that this Bill has highlighted.

As it has been stated in the Bill recently there was a hearing in the Supreme Court and the private medical institutions have challenged the judgement in the case of *Mohini Jain V. Government of Karnataka*. Then some of the private medical institutions in Maharashtra also have gone to the Supreme Court. The hearing was over. Now the judgement is to be delivered. How many doctors are there in India? What is the ratio of doctors and the population? For every 20,000 population or more there is one medical doctor. If I am wrong, Dr. Jain can correct me. I was hearing him very patiently when he was putting forth his arguments. He is a medical doctor. I am not a medical doctor. I also do not own any medical college. My State has got the maximum number of medical colleges in the private sector. Some of the medical colleges are not good. But the majority of them are doing very well because one medical college was started in Pravranagar by the Pravranagar Cooperative Sugar Factory. Padm-Shri V. K. Patil, who had been awarded the title by Pandit Jawaharlal Nehru himself, started the first cooperative sugar factory in India. And that sugar factory is at Pravara, Ahmednagar District,

has started a medical college. The Indian Medical Council has given recognition to the institution. Later on, a former Member of Parliament, Mr. Yashwant Mohite who was from Karad, from where Mr. Prithviraj Chavan or Mrs. Premlata Chavan was elected, also started a medical college. That medical college also got sanction from the Indian Medical Council. There are some new medical colleges in Maharashtra and Karnataka. And some medical colleges have come up in Andhra Pradesh. And it is said in newspapers that Mr. Janardhan Reddy had to lose his position as the Chief Minister due to the new private engineering colleges. I do not agree personally with this.

After a large number of complaints, the Government of India has formulated the Indian Council of Technical Education to obtain permission to start engineering colleges. And the former Chief Minister of Maharashtra, Mr. Vasant Dada Patil had permitted about 50 engineering colleges in Maharashtra. Before that, there were only 2000 engineers coming out per annum from the different universities. Now, there are more than 15,000 engineers coming out of universities every year. And that is the only reason why if you go to Maharashtra you will find that every block, every taluk, is having an industrial establishment. About 50 per cent of the engineers who are coming out from the institutions are not going to any government office begging for jobs. They want to start their own industrial units. That is the reason why Maharashtra is the leading State in the country in the field of industry. That is the State which is having more per capita income than any other State in the country; that is the State which is bringing out more number of technocrats, engineers, medical doctors and so on than any other State every year. Some newspapers criticise that these institutions, engineering and medical colleges, come up like mushroom and that is why the Government of India has become more sensitive and brought an ordinance and one day, they will close

down all these things. Since Vasant Dada's time, there was not a single engineering college which came up in Maharashtra. As a result of that, the industrial growth of the country is affected. The main question before our country is how to create new technocrats, manpower; how India can be taken into the age of modern technology; how to bring about a very modern industry in the country; how to bring new doctors who are technically more qualified. I am proud to say that some of our doctors have got the Nobel Prize. Dr. Khurana, who was serving in the USA.... (Interruptions).

DR. YELAMANCHILI SIVAJI (Andhra Pradesh): He is not a medical doctor.

SHRI VITHALRAO MADHAVRAO JADHAV: Might be. He is a doctor like you and me. He is doing some research in the medical field. Let it be.

The second thing is that I had an opportunity to visit the Powai Institute. I knew that more than 60 per cent of the engineers who are coming out of that institute go abroad, either to the USA or to some other country. What is the reason behind that? That is important. If we can produce more number of doctors and if they are going to seek employment somewhere else, then it is not useful for our country at all. As my friend, Dr. J. K. Jain said, what about the mass health of the rural areas? How many doctors are going to the rural areas? Actually, education is a State subject. As per the Constitution, for every citizen of the country, there is the right to education. Up to the age of 14 years, it should be free. Even if you charge 25 paise for education, it is not free then. That is also capitation. What is happening in the Doon School of Dehradun and the Scindia School of Gwalior? They are charging from Rs. 10,000/- to Rs. 12,000/- per term as fees. That is also capitation fee. The question is, if the Government is not prepared to bear the expenses of the students, then the Government has no right to say to other

institutes that they should not charge any fee. Any fee which is charged outside the framework of the Constitution is a capitation fee. It is a question of haves and have-nots. So many time I have stated this thing in our party meetings in Maharashtra that for the people who are below the poverty line—their population comes to 30 per cent — you reserve 30 per cent seats in medical, engineering and all technical colleges and their expenses should be borne by the State Government or the Central Government. That is what we should do and that is what social justice demands. That is the need of the hour. Education is a State subject. The Central Government has unnecessarily taken upon itself the burden of the All India Council of Technical Education. A lot of corruption is going on. While giving permission to start any engineering college, there are so many bottlenecks. There are officers who are indulging in corruption and the people who want to start some good institutes never get the permission to start the same. All things are going on like this. It is also our moral responsibility to see that the medical education is not very costly. I have got information about my own State—Maharashtra. In one of the rural medical colleges which is situated at Ambedubai in Maharashtra, the State Government of Maharashtra is spending Rs. 1,84,000 on one student per year. Then what about the urban medical colleges St. George Medical College, J.J. Medical College, Bombay? The Government of Maharashtra is spending about Rs. 3 lakhs per student per year. The State Government is bearing these expenses. The Government of Maharashtra is spending crores of rupees. Though they are not in a position to do it, they are doing it. We have to spend more money on primary education. It is obligatory on our part that primary education up to the age of 14 should be free without any capitation fee. If any fee is charged by the institute, the State Government or the Central Government should come forward to bear the expenses of the poor students. That is the responsibility of the Government. That is why I have mentioned in my amendment at pages 1 to 4 that the

word 'Central Government' wherever it has occurred should be substituted by the word 'State Government' because it is the responsibility of the State Government and the Central Government should not unnecessarily take upon itself this burden and then do nothing. That is not advisable at all. I have given several amendments. I have already mentioned in my statement that fees in the private medical colleges shall be allowed to be charged on a cost-effective basis, that is to say, the recurring expenses of the medical college and 700-bedded teaching hospital, which does not exclude the capital expenditure for establishment of a college or a hospital, and the trust of such a college shall bear the capital expenditure. If either the Central Government or the State Government is unable to provide the expenses for the reserved category of students, as has been provided under this section, the trust of such medical college shall be allowed to increase the management seats proportionately and in respect of the Government medical college, all such expenses should be borne by the State Government concerned. I strongly defend the rights of the poor people of this country. What is the scenario in our country today? A student who has secured 95 per cent of marks in the 12th standard, is unable to get admission in the medical college. And what is the rule for admission? Any student who has secured more than 50 per cent marks is eligible to get admission in any course of his choice. I would like to know from the Hon. Minister as to in which city, in which town, a student who has secured 50 per cent marks has got admission in the medical college or in the engineering college. It is not possible. There is cut-throat competition. I strongly defend the 30 per cent population which is living below the poverty line. Those people should be given economic and social justice. Thirty per cent reservation for admission in medical, engineering and technical colleges should be made on the basis of poverty line and not on the basis of caste, creed, religion and so on. That is what we need today.

That is very important. Sir, there are so many medical colleges which have already come up. Now this law will be applicable only after 27th August. Before 21th August there are hundreds of institutions. What are we doing for them? I give the picture in Maharashtra. Out of 14 or 15 medical colleges, 5 or 6 colleges did not get sanction from the Indian Medical Council. They did not give them the permission. Government is running those institutes. My submission is this. Suppose, your district is having a medical hospital, Government hospital, which has got 500 to 600 beds. If the Government is eligible to start a medical college, it can start the medical college. It can utilise the services of the staff of that hospital. If the Government is unable to do it, and if any trust is coming up and if they want to start a medical college in any district, Government should allow them. That is what I suggest.

One thing more. It is also essential to find out what the percentage of rural students is in the medical and engineering colleges. How many are getting admissions? Only wards of doctors are getting admission into medical colleges. If the wards of doctors don't get meritorious marks, then they will pay a very high capitation fee or donation and get the admission. They will go to the private colleges and become doctors. What about the poor man who is working in the farms or who is working in the industry on daily wages? Is his son getting admission in an engineering or medical college? Now the time has come when we have to think on those lines and keep education as a State subject. You put some restrictions on the State Government while giving permission. You don't unnecessarily carry the burden of these things which are being done by the State Governments. With the mushroom growth of medical colleges it is not possible to do so. What is the percentage of medical doctors in our country? Not even one per cent, as my friend, Dr. Jain, has said. It is not possible. It is not possible for the Government or any doctors to create such infrastructure to construct a 700-bed hospital? Do you know what the cost of constructing a 700-bed hospital? It costs

about Rs. 14 or 15 crores. Not a single private trust can do that. The point is the Government must consider all these realities. Either you bring forward a comprehensive Bill or you accept all the amendments which I have given. If you are not going to accept them, even then I am going to support it because it is my moral responsibility to support it because I belong to your party, but the question is: what kind of social and economic justice are you going to give to the poor students of this country? That is very important. What message is to go? It is not a question that you grant permission to people who are charging 5 lakhs or ten lakhs as donation.

I don't mind that. If you are unable to do, either you increase some management quota or you bear the expenses of the 30 per cent people who are living below the poverty line. That is a poor community. "Community" does not mean "caste". Fotedarji, you are a very learned man, you have been trained under the leadership of Madam Indira Gandhi. Madam Indira Gandhi was goddess to me. I loved her personally and till death I am going to love Madam Indira Gandhi and Rajiv Gandhi. The point is that the Indian society must get economic, social and educational justice and from that point of view these things should be considered. If possible, and if you are going to accede to my request, then you form one Parliamentary Committee and have a detailed study of this Bill. Let us find out some solution and what is to be done for medical education.

With these words I support the Bill. Thank you.

श्री मोहम्मद सलीम (पश्चिम बंगाल)

उपसभाध्यक्ष महोदय, यह जो दो विधेयक प्रस्तुत किए गए हैं इनके पीछे एक बैंकगारंटी है। जो आर्डिनस लाया गया कैपिटेशन फीस के बारे में या नए मेडिकल कालेज खोलने के बारे में, सरकार की इच्छा शक्ति इसके पीछे नहीं थी। तब विद्यार्थियों ने कानून का दरवाजा खटखटाया। दस-बारह साल तक सरकार के कान में कोई आवाज पहुँची नहीं।

उनकी राजनीतिक इच्छा शक्ति तो थी नहीं बल्कि अपने राजनीतिक स्वार्थ को बढ़ाने के लिए एक के बाद एक राज्यों में इस तरह के कालेज खोलकर एक प्रकार का व्यवसाय करने की इजाजत दी जाती रही और लाखों रुपए एंटेने की कोशिश की जाती रही। कुछ काले धन के मालिक और कुछ राजनीतिक लोग दोनों मिलकर यह कोशिश कर रहे थे। तब विद्यार्थियों ने कानून का दरवाजा खटखटाया और सुप्रीम कोर्ट ने यह राय दी कि यह गलत है। संविधान का जो प्रियम्बल है और डॉयरेक्टिव प्रिंसिपल्स हैं, यह उसके विरुद्ध है कि रुपए लेकर सीट बेची जाए। उस समय हमारा पिछला सत्र चल रहा था लेकिन सरकार खामोश बैठी देखती रही। हमारे स्वास्थ्य मंत्री जी यहाँ हैं, उनकी खामोशी की कुछ वजह थी क्योंकि इस खेल के साथ बहुत से ऐसे लोग जुड़े हुए थे जो काले धन के मालिक हैं और राजनीतिक पहुँच रखते हैं।

विद्यार्थी रास्ते में उतरे, नौजवान रास्ते में उतरे, आंध्र प्रदेश में, तमिलनाडु में, कर्नाटक में आंदोलन हुए। जब संसद का सत्र खत्म हुआ तो आर्डिनंस पास हुआ और आज फिर इतने महीनों के बाद उसी आर्डिनंस को कानून में परिवर्तित करने के लिए यह विधेयक पेश किया गया। जब कि मंत्री महोदय ने खुद कहा कि हमारा एक कांफ्रिडेंस बिल एडिंग है और हमेशा यह बात कहते रहते हैं कि बीच में सरकार बदल गई इसलिए हम ला नहीं पाए। पता नहीं फिर सरकार बदलने का इंतजार कर रहे हैं शायद डेढ़ साल से यहाँ आपकी सरकार है। जो है नहीं वह है इच्छा शक्ति, अगर मैं ऐसा कहूँ तो गलत नहीं होगा। ये सोच रहे थे कि आंध्र प्रदेश में, कर्नाटक में, तमिलनाडु में कुछ और मेडिकल कालेज खोल लिए जाएं, पैसे इकट्ठे कर लिए जाएं, कुछ राजनीतिक लोग अपने-अपने क्षेत्रों में प्राइवेट मेडिकल कालेज और डेंटल कालेज बना लें, तब दरवाजे पर ताला लगाएँ और यही वजह है कि आंध्र प्रदेश में 12 मेडिकल कालेजों की डेंटल कालेज के रूप में राज्य सरकार ने अनुमति दे दी। उसके खिलाफ विद्रोह हुआ, विद्यार्थी रास्ते में उतरे, बंद आयोजित किए गए, लाठी चर्चा, गिरफ्तारियाँ दी गईं। मैंने खुद इस विद्रोह में हिस्सा लिया।

सरकार जिस आर्डिनंस को रिप्लेस कर रही है, मैं एक सवाल पूछना चाहता हूँ कि आखिर वह कांफ्रिहेंसिव बिल जो ज्वाइंट सेलेक्ट कमेटी ने यूनैनिमसली पास किया, आप उसको क्यों नहीं ले रहे हैं। कहते हैं सुप्रीम कोर्ट में सब-जुडिस है। सुप्रीम कोर्ट ने तो अपनी राय दी। वह हमारे संविधान के अनुसार, डायरेक्टिव प्रिंसिपल्स के अनुसार और प्रिवेंचन में जो कहा गया है, उसके अनुसार है। आपका बिल अगर उसके अनुसार है तो वह सुप्रीम कोर्ट की राय के प्रति मुदाखलत नहीं करता बल्कि सुप्रीम कोर्ट की राय को साराहता है। आप इसका बहाना बना रहे हैं। सुप्रीम कोर्ट का राय का बहाना बना रहे हैं और सेलेक्ट कमेटी ने जो रिपोर्ट दी थी, वह मान ली जाती तो मेडिकल काउंसिल के हाथ में ज्यादा अधिकार होने और वह मजबूती में इसकी देखभाल करती और जो हमारी आयुर्विज्ञान शिक्षा का स्तर है उसकी भी अच्छे ढंग से देखभाल की जा सकती। आप इस रास्ते पर नहीं गए।

अभी भी मंत्री महोदय सिर्फ सदन में ही नहीं, सदन के बाहर भी चाहें वह पत्रकार वार्ता में हों, चाहे वह सेमिनार में हों, चाहे वह जो लोग इस मामले में जुड़े हुए हैं प्राइवेट मेडिकल कालिजों के लोग, उनके साथ वार्ता में हों, हमेशा वे यह कहते हैं कि सरकार प्राइवेट मेडिकल कालिजों में कैपिटेशन फीस के विरुद्ध है, लेकिन चूंकि सरकार पैसा नहीं लगा सकती इसलिए हम कुछ जो व्यक्तिगत उद्योग वाले व्यक्ति हैं उन्हें ये मेडिकल कालिज खोलने देते हैं। प्रधानमंत्री से लेकर वित्त मंत्री तक, सब लोग यही कह रहे हैं कि हमारे पास मेडिकल कालिज बनाने के लिए पैसा नहीं है, हम खर्च नहीं कर पायेंगे इसलिए हम ऐसे लोगों को इजाजत देते हैं। कहां जायेंगे वह लोग? जहां ढाई लाख रुपए में एक सीट बेची जाती है वहां मेडिकल कालिज बनेंगे और दूसरी ओर ऐसे रीजन्स हैं जहां मेडिकल कालिज खुलते ही नहीं हैं। जो प्राइवेट एंटरप्रेन्योरशिप वाले जो लिकर बेचते हैं, जो सूबा मछली का व्यापार करते हैं उनके साथ

राजनीतिक व्यवसायी जुड़ जाते हैं और देखते हैं कि लिकर से ज्यादा फायदा मेडिकल कालिज खोलने में होगा तो वह मेडिकल कालिज खोल रहे हैं। इससे क्या मेडिकल एजुकेशन की शिक्षा नहीं गिरती जा रही है? जो ढाई लाख रुपया देकर मेडिकल की सीट खरीदेगा वह क्या गांवों में जाएगा? जो ढाई लाख रुपया इनवैस्ट करेगा वह इसका रिटर्न देखेगा कि कितना मिलेगा। वह इसी कोशिश में लगा रहेगा। हमारे देश में ऐसी बहुत सी कुप्रथाएँ हैं, जैसे सर्ती की प्रथा है, डादरी की प्रथा है। एक और कुप्रथा आप मेडिकल कालिज खोलने की चला रहे हैं, जो मोनोपली कमीशन की रिपोर्ट है, अनुसूचित जातियों और जनजातियों के आरक्षण की बात है तो बहुत से प्रचार माध्यम हैं हमारे देश में जो बहुत बड़े हथियारों का काम कर रहे हैं। जब ढाई लाख रुपया में सीट बिक जाती है तो कहां मेरिट का सवाल है? जिसके पास काला धन है, वह खरीद सकता है तो मेरिट का कहां स्थान रहता है। यहां पर मंत्री महोदय ने यह आश्वासन दिया कि सरकार प्राइवेट मेडिकल कालिज, इंजीनियरिंग कालिज, डेंटल कालिज खोलने के विरोध में है। आपके पास कोई मेडिकल कालिज खोलेगा तो इसलिए नहीं खोलेगा कि उससे मेडिकल शिक्षा में, चिकित्सा में, ज्यादा उन्नति होगी और लड़कों को ज्यादा अच्छी शिक्षा मिलेगी। वह इसको व्यवसाय के नजरिए में देख रहे हैं।

दूसरी बात यह है कि भारत जैसे देश में जो आपकी कमेटी है, जो जनार्दन रेड्डी साहब की कमेटी बनी थी, इतिफाक से ऐसा हुआ कि उनकी चीफ मिनिस्टरशिप चली गई प्राइवेट मेडिकल कालिज के सवाल पर। उनका कहना है कि ग्रास नेशनल प्रोडक्ट में से हमें तालीम पर जितना खर्च करना चाहिए वह हम नहीं करते हैं। जो आगे बढ़े हुए देश हैं उनको छोड़ दें तो भी जितना प्रतिशत अन्य देश शिक्षा पर खर्च करते हैं उतना हम नहीं करते हैं। हम केवल तीन प्रतिशत खर्च करते हैं। हम शिक्षा को जिस नजरिए से देखते हैं उसी का नतीजा है कि हमारे यहां कैपिटेशन फीस प्राइवेट मेडिकल कालिज

और डेंटल कालेज खोलकर लोग ले रहे हैं। वह नजरिया हमें बदलना होगा तभी मेडिकल एजुकेशन में सुधार संभव है।

तीसरी बात यह है कि हमारे देश में डॉक्टरों की जो संख्या होनी चाहिए वह कम नहीं है लेकिन हमको जरूरत है गांव में जाने वाले डाक्टरों की। ग्राम लोगों को जो बीमारियां होती हैं उनकी चिकित्सा के लिए हमें डाक्टर चाहिए। लेकिन ऐलीट मेडिकल कालेज बनाकर आप उनको डिग्री दे सकते हैं लेकिन वह डाक्टर गांवों में नहीं जाएंगे, वह चिकित्सा सब के लिए स्वास्थ्य केन्द्र बनें सबको चिकित्सा सुविधा मिले जो हमारी जिम्मेदारी है वह हम नहीं निभा सकते हैं। हमारे देश में डाक्टरों की जो संख्या है उसके मुकाबले में नर्सों नहीं हैं, पैरा मेडिकल स्टाफ नहीं है। हमारे समाज में यह देखने में आता है और उसी का फल यह है कि डाक्टर बनने के लिए वह लोग आएंगे वह पैसा लगाएंगे क्योंकि डाक्टर बनने से ज्यादा पैसा मिलेगा, इसलिए पैरा मेडिकल स्टाफ के लिए सरकार यह जिम्मेदारी क्यों नहीं लेती कि नर्सों की ट्रेनिंग के लिए स्कूल खोले, पैरा मेडिकल स्टाफ की कमी दूर करने के लिए ट्रेनिंग स्कूल खोले। इसके लिए वह नैयार नहीं है क्योंकि इससे ज्यादा फायदा नहीं होगा।

महोदय, आपका ही बताया हुआ यह जवाब है जो 2 दिसम्बर को इसी राज्य सभा में तारांकित प्रश्न संख्या 127 के उत्तर में कहा गया है कि केपिटेशन फीस की जहां अदायगी की जा रही है ऐसे 8 रियासतों में मेडिकल कालेज हैं।

कर्नाटक में 13 मेडिकल कालेज हैं जहां कपिटेशन फीस है, महाराष्ट्र में 10 है। अभी यादव जी चले गए 1... 10 मेडिकल कालेज हैं जहां कपिटेशन फीस ली जाती है। तमिलनाडु में दो हैं, आंध्र प्रदेश में एक है, गुजरात में एक है, मणिपुर में एक है, पंजाब में एक है और बिहार में दो हैं जो रिकोगनाइज्ड नहीं हैं। आप यह कह रहे हैं कि इस विधेयक के जरिये या आर्गिनेस के जरिये मेडिकल कॉलेजों से परमिशन लेनी पड़ेगी जबकि हमारे पास ऐसा भी है कि आप राजनीतिक वृद्धि से जब काम लेते हैं गलत ढंग से तो तमाम इंटरजाम और बंदोबस्त करने के बावजूद भी वर्षों दिल्ली के दरवाजे खटखटाने पड़ते हैं कि हमारे मेडिकल कालेज को मान्यता दे दो। अगर हम एक मरे नेता के या ज़िंदा नेता के नाम पर कुछ लाख लगाकर मेडिकल कालेज की विलडिंग भी नहीं है खड़ी कर देते हैं तो उसको मान्यता मिल जाती है। आपको जो अधिकार दिया जायेगा उसका सम्पूर्ण और अच्छे ढंग से प्रयोग होना चाहिए यह आश्वासन भी मिलना चाहिए, वरना टु मच सेन्ट्रलाइजेशन होगा और राजनैतिक दृष्टिकोण से व्यवहार करेंगे जो घटना अभी घट रही है उससे गलत जगह पर हम चले जायेंगे क्योंकि हमारा इंटेन्शन अलग होता है जब हम विधेयक लाते हैं और जब इम्प्लीमेंटेशन करते हैं तो इंटेन्शन अलग होता है अगर राजनीतिक नजरिये में कुछ खोटा है। यह हम 45 वर्षों से देख रहे हैं।

सुप्रीम कोर्ट का जो फैसला है जिसकी तरह आपने इशारा किया है वह यह है शिक्षा इन्क्विडिंग हायर एजुकेशन फालोज

फ्राम फंडामेंटल राइट्स आफ लिव। हम इसको इतने दिन तक नजरअंदाज करते रहे हैं। जो हमारा बुनियादी हक है शिक्षा उच्च शिक्षा तक आप संविधान में 42वां संशोधन करके उसकी जिम्मेदारी कांग्रेस लिस्ट में ले आये हैं। आप इससे अपने हाथ नहीं धो सकते हैं। इसका प्रावधान करना पड़ेगा बंदोबस्त करना पड़ेगा। अगर लाखों लोग अशिक्षा में डूबे रहेंगे और जो पैने से खरीद सकता है बाजार में जाकर उनके लिए दरवाजे खोल देंगे तो इससे जो सोशल टेंशन हांगा उसका आप सामना नहीं कर पायेंगे। इसलिए यह जिम्मेदारी आपकी है यह जिम्मेदारी पूरे राष्ट्र की है। सुप्रीम कोर्ट ने यह कहा है : इट इज द ड्यूटी ऑफ द स्टेट। हमारे संविधान के नेतागण ने यह बताया है, राष्ट्र के प्रति यह निर्देश दिया है कि शिक्षा का प्रावधान आपको करना पड़ेगा, स्वास्थ्य का प्रावधान आपको करना पड़ेगा। वहां आप यह नहीं कह सकते कि जिसके पास रुपया है उसे मिलेगा जिसके पास रुपया नहीं है उसे नहीं मिलेगा। इसलिए मैं फिर कह रहा हूं अगर आपकी राजनीतिक इच्छा शक्ति होती सही होती तो आप वह कम्परी हैं सिव बिल जो पांच साल से पड़ा हुआ है सिलेक्ट कमेटी की रिपोर्ट के बाद दो साल से तीन साल से पड़ी हुई है उसे आप ले आते लेकिन अभी जो सेन्डालाइजेशन कर रहे हैं हम इस विधेयक का समर्थन तो कर रहे हैं लेकिन आपकी नीयत के खोट के बारे में

इशारा कर रहे हैं वह हाउएवर वाली शब्दावली हटा दीजिए अपनी डिक्शनरी से। कहिये हम कैपिटेशन फी का विरोध करते हैं, प्राइवेट मेडिकल कालिज का विरोध करते हैं लेकिन हम पैसा लगा नहीं पायेंगे इसलिए कुछ न कुछ जगह पर, कहीं न कहीं हम यह देंगे। यह अधिकार नहीं रखना चाहिए। आन्ध्र प्रदेश, कर्नाटक और महाराष्ट्र का नाम लिया है इसमें आप कोई दूसरा नहीं ले सकते। हमारे यहां के एडीएमके के साथी गुस्सा हो सकते हैं। जो कहते हैं प्राइवेट रिसोर्स आफ द मोबिलाइज करना है हायर एजुकेशन के लिए, हमने देखा है तमिलनाडु में क्या हुआ। प्राइवेट मेडिकल कालिज को रिकोगनाइज किया है, छात्र भर्ती हो गये उसके बाद जो प्रावधान करना चाहिए था वह नहीं किया। सरकार ने उसको ले लिया। सरकार ने 14 करोड़ रुपये खर्च किये और उसकी मांग बढ़ा कर जो शरायत थी पूरी कर दी। उसके बाद आपकी साथी जयललिता जी प्राइवेट हाथों में दे रही है। वह आपकी साथी बनी हुई है। सरकार के 14 करोड़ रुपये खर्च करने की बात किस चीज की तरफ इशारा करती है? हम जिस उद्देश्य से कह रहे हैं प्राइवेट मेडिकल कालिज, प्राइवेट डेंटल कालिज, प्राइवेट इंजीनियरिंग कालिज प्राइवेट पार्टीज पैसा डालने के लिए नहीं बैठी हुई हैं। वह पैसा निकालने के लिए बैठी हुई हैं। वह शरायत को पूरा नहीं कर सकती। जैसे अभी आपने मेडिकल कालिजेज का नाम लिया, अच्छा होता दो तारीख को जो तस्वीर पेश की है उस उत्तर के साथ कौन मेडिकल कालिज कौन लोग चला रहे है यह भी लिख देते। जो मैनेजमेंट हैं, जो पालिटिकल पावर उसके पीछे खड़ी है वह ताकत देती है कि मान्यता मिले बगैर वह मेडिकल कालिज चालू कर दे, उसमें विद्यार्थी

مর্তی کئے جائیں وہ آپکو بےکام کر رہے ہیں۔ میں یہ چاہتا ہوں کہ اگر آپ کی وہ راجنیتیکہ عکھا شکتی ہے کمپنیشن کی بند کرنی چاہیے، شیکھا کو نیکر وکھسا ی بند کرنا چاہتے ہیں اور ہماری جو جھرت ہے سماج کی उसके انوسار شیکھا کا بندوبست کرنا چاہتے ہیں اومکے پیٹھ کون سے لوگ ہیں جو یہ مڈیکل کالین چلاتے ہیں اسکو آپ آڈیٹیفائی کر دیں۔
ذنیواد۔

شری محمد سلیم "پشیم بنگال": آپ ادھیکش مہودیرہ۔ یہ جو دو ودھیک پرست کئے گئے ہیں انکے پیچھے ایک بیک گراؤنڈ ہے۔ جو آرڈیننس لایا گیا کیپٹیشن فیس کے بارے میں یا نئے میڈیکل کالج کھولنے کے بارے میں۔ سرکار کی اچھا شکتی اس کے پیچھے نہیں تھی۔ تب و دیار تھیں نے قانون کا دروازہ کھٹکھٹایا دس بارہ سال تک سرکار کے کان میں کوئی آواز پہنچی نہیں۔ انکی راجنیتیکہ اچھا شکتی تو تھی نہیں بلکہ اپنے راجنیتیکہ سوارتھ کو بڑھانے کے لیے ایک کے بعد ایک راجیون میں اس طرح کے کالج کھول کر ایک پرکار کا دیوسانے نے کی اجازت دی جاتی رہی اور لاکھوں روپے ایشٹھنے کی کوشش کی جاتی رہی۔ کچھ کالے دن کے مالک اور کچھ راجنیتیک لوگ دونوں مل کر یہ کوشش کر رہے تھے۔ تب و دیار تھیں

نے قانون کا دروازہ کھٹکھٹایا اور سپریم کورٹ نے یہ رائے دی کہ یہ غلط ہے۔ سموڈھان کا جو پریسبل ہے اور ڈائریکٹو پریسبل ہے یہ اس کے درودھ ہے کہ روپیے کے کرپٹ پیسے جئے۔ اس سے ہمارا پیچھلا سٹرچل رہا تھا لیکن سرکار خاموش بیٹھی دیکھتی رہی۔ ہمارے سوسائٹھ منتری جی یہاں ہیں انکی خاموشی کی کچھ وجہ تھی کیونکہ اس کھیل کے ساتھ بہت سے ایسے لوگ جڑے ہوئے تھے جو کالے دن کے مالک ہیں اور راجنیتیک پیسے رکھتے ہیں۔

ودیارتھی راستے میں اترے۔ نوبھوان راستے میں اترے۔ آندھرا پردیش میں۔ تل ناڈو میں۔ کرناٹک میں آندھرا پردیش ہوئے۔ جب سندھ کا سٹریم ہوا تو آرڈیننس پاس ہوا اور آج پھر اتنے مہینوں کے بعد اس آرڈیننس کو قانون میں پر یورٹ کر کے لیے یہ ودھیکش کیا گیا۔ جبکہ منتری مہودیرہ نے خود کہا کہ ہمارا ایک کمیری ہنسیو بل بینڈنگ ہے۔ اور ہمیشہ یہ بات کہتے رہتے ہیں کہ چونکہ پیسے میں سرکار بدل گئی اس لیے ہم لائیں پاس کئے۔ پتہ نہیں پھر سرکار بدلنے کا انتظار کر رہے ہیں شاید۔ لیکن ڈیڑھ سال سے یہاں آپ کی سرکار ہے جو ہے نہیں وہ ہے اچھا شکتی اگر میں ایسا کہوں تو غلط نہیں ہوگا۔ یہ سوچ رہے تھے کہ آندھرا پردیش میں۔ کرناٹک میں یا تل ناڈو

ہو گا۔ اور راج نیتک درستی کون سے دیوہار کریں گے۔ تو جو گھنٹا ابھی گھٹ رہی ہے۔ اس سے غلط جگہ پر ہم چلے جائیں گے۔ کیونکہ ہمارا انٹینشن الگ ہوتا ہے۔ جب ہم دودھ دیکھ لاتے ہیں اور جب امپلیمنٹیشن کرتے ہیں تو انٹینشن الگ ہوتا ہے اور راج نیتک نظریہ میں کچھ کھوٹ ہے۔ یہ ہم ۵۴ ورغوں سے دیکھ رہے ہیں۔

سپریم کورٹ کا جو فیصلہ ہے جس کی طرف آپ نے اشارہ کیا ہے وہ یہ ہے شکشا انکلوڈنگ ہائر ایجوکیشن فالو فرام فنڈامینٹل رائٹس آف لیو۔ ہم اس کو اتنے دن تک نظر انداز کرتے رہے ہیں۔ جو ہمارا بنیادی حق ہے۔ شکشا۔ آج شکشا تک آپ سنو دھان سے ۴۲ واں سنشودھن کر کے آپ کی اسکی ذمہ داری کنکریٹ لسٹ میں لے آئے ہیں۔ آپ اس سے اپنے ہاتھ نہیں دھو سکتے ہیں۔ اس کا پراودھان کرنا پڑے گا۔ بندوبست کرنا پڑے گا۔ اگر لاکھوں لوگ اس شکشا میں ڈوبے رہیں گے اور جو پیسے سے خریدے سکتا ہے۔ بازار میں جا کر ان کے لیے دروازے کھول دیں گے۔ تو اس سے جو سوشل ٹینشن ہو گا اس کا آپ سامنا نہیں کر پائیں گے اسلئے یہ ذمہ داری آپ کی ہے۔ یہ ذمہ داری پورے راشٹر کی ہے۔ سپریم کورٹ نے یہ کہا ہے:

”اٹ از دی ڈیوٹی آف دی اسٹیٹ ہمارے سنو دھان کے نیتاگن نے یہ بتایا ہے۔ راشٹر کے پرتی یہ نردش دیلا ہے کہ شکشا کا پراودھان آپ کو کرنا پڑے گا۔ سو اسٹھ کا پراودھان آپ کو کرنا پڑے گا۔ وہاں آپ یہ نہیں کہہ سکتے کہ جس کے پاس روپیہ ہے اس کو ملے گا۔ جس کے پاس روپیہ نہیں ہے اسے نہیں ملے گا۔ اس لیے میں پھر کہہ رہا ہوں اگر آپ کی راج نیتک اچھا شکستی ہوتی۔ صحیح ہوتی تو آپ وہ کپری ہینڈو بل جو پانچ سال سے پڑا ہوا ہے۔ سیکیٹ گیٹی کی رپورٹ کے بعد دو سال سے تین سال سے بڑی ہوئی ہے اسے آپ لے آئے لیکن ابھی جو سینٹرلائزیشن کر رہے ہیں ہم اس دودھیک کا سمر تھن تو کر رہے ہیں لیکن آپ کی نیت کے کھوٹ کے بارے میں اشارہ کر رہے ہیں وہ ہاؤ ایور والی شدادلی ہٹا دیجیے اپنی ڈکٹری سے۔ کہیے ہم کیپٹیشن فی کا ورو دھ کرتے ہیں پائروٹ میڈیکل کالج کا ورو دھ کرتے ہیں۔ لیکن ہم پیسہ لگا نہیں پائیں گے۔ اس لیے کچھ نہ کچھ جگہ پر کہیں نہ کہیں ہم یہ دینگے۔ یہ ادھیکار نہیں رکھنا چاہیے۔ آندھرا پردیش، کرناٹک اور مہاراشٹر کا نام لیا ہے۔ اس میں آپ کوئی دوسرا نہیں لے سکتے۔ ہمارے یہاں کے

پرائیویٹ انٹربینور مشپ والے جو لکیر بن
ہیں۔ جو سو کھا پھلی کا بیوپار کرتے ہیں لاکے
ساتھ راجنٹک دیوسائے جڑ جاتے ہیں اور
دیکھتے ہیں لکیر سے زیادہ فائدہ میڈیکل کالج
کھولنے میں ہوگا تو وہ میڈیکل کالج کھول رہے
ہیں۔ اس سے کیا میڈیکل ایجوکیشن کی شکشا
نہیں گرتی جارہی ہے۔ جو ڈھائی لاکھ روپیہ
دے کر میڈیکل کی سیٹ خریدے گا وہ
کیا گاڑی میں جائے گا۔ جو ڈھائی لاکھ روپیہ
انویسٹ کرے گا وہ اس کا رٹرن دیکھے گا۔
کہ کتنا ملے گا۔ وہ اسی کو شش میں لگا
رہے گا۔ ہمارے دیش میں ایسی بہت
سی کپرتھائیں ہیں۔ جیسے سٹی کی پرتھا ہے۔
ڈاوری کی پرتھا ہے۔ ایک اور کپرتھا
آپ میڈیکل کالج کھولنے کی چلا رہے ہیں۔
جو نو نو پونی کمیشن کی رپورٹ ہے انورجٹ
جاتی اور جن جاتیوں کے آرکشن کی بات ہے
تو ایسے بہت سے پرچار مادھیم ہیں۔ ہمارے
دیش میں جو بہت بڑے ہتھیاروں کا کام
کر رہے ہیں۔ جب ڈھائی لاکھ روپیہ میں
سیٹ بک جاتی ہے۔ تو کہاں میرٹ کا
سوال ہے۔ جس کے پاس کالا دھن ہے۔
وہ خرید سکتا ہے۔ تو میرٹ کا کہاں استھان
رہتا ہے۔ یہاں پر منتری مہودے نے یہ
آشوا سن دیا کہ سرکار پرائیویٹ میڈیکل کالج

انجینئرنگ کالج۔ ڈینٹل کالج کھولنے کے
دروودھ میں ہیں۔ آپکے پاس کوئی میڈیکل
کالج کھولے گا۔ تو اس لیے نہیں کھولے گا
کہ اس سے میڈیکل شکشا میں چکلتا میں
زیادہ انٹی ہوگی اور لڑکوں کو زیادہ بھی شکشا
ملے گی۔ وہ اس کو دیوسائے کے نظریہ سے
دیکھ رہے ہیں۔

دوسری بات یہ ہے کہ بھارت جیسے دیش
میں جو آپ کی کمیشن ہے۔ جو جنار دن رٹنی
صاحب کی کمیٹی بنی تھی۔ اتفاق سے ایسا ہوا کہ
ان کی چیف منسٹر مشپ چلی گئی پرائیویٹ
میڈیکل کالج کے سوال پر ان کا کہنا ہے کہ
گر اس نیشنل پروڈکٹ میں سے ہم کو تعلیم
پر جتنا خرچ کرنا چاہیے وہ ہم نہیں کرتے
ہیں۔ جو آگے بڑھے ہوئے دیش ہیں۔

ان کو چھوڑ دیں تو بھی جتنا بہرہ
دیش شکشا پر خرچ کرتے ہیں۔ اتنا ہم نہیں
کرتے ہیں۔ ہم کیوں تین پر تینست خرچ
کرتے ہیں۔ ہم شکشا کو جس نظریہ سے
دیکھتے ہیں۔ اسی کا نتیجہ ہے کہ ہمارے یہاں
کمپیٹیشن فیس پرائیویٹ میڈیکل اور ڈینٹل
کالج کھول کر لوگ لے رہے ہیں۔ وہ نظریہ
ہمیں بدلنا ہوگا تبھی میڈیکل ایجوکیشن میں
سردھار سمبھوٹو ہے۔

تیسری بات یہ ہے کہ ہمارے دیش میں

ڈاکٹروں کی جو تنگدستی ہوتی چاہیے وہ کم نہیں ہے لیکن ہم کو ہم ورت سہے گاؤں میں جانے والے ڈاکٹروں کی عام لوگوں کو جو بیماریاں ہوتی ہیں انکی چکیتسا کے لیے بھی ڈاکٹر چاہیے۔ لیکن ایلیٹ سیکٹر کا کالج بنا کر آپ ال کو ڈاکٹر دے سکتے ہیں لیکن وہ ڈاکٹر گاؤں میں نہیں جائیں گے۔ وہ چکیتسا کے لیے سوسائٹی کی دیر نہیں، سب کو چکیتسا سمجھ رہا ہے۔ جو ہماری ذمہ داری ہے۔ وہ ہم نہیں بنھا سکتے ہیں۔ ہمارے دیش میں ڈاکٹروں کی جو تنگدستی ہے اس کے مقابلہ میں نرسز نہیں ہیں۔ پیرامیڈیکل اسٹاف نہیں ہے۔ ہمارے سماج میں یہ دیکھنے میں آتا ہے۔ اور اس کا پھل یہ ہے کہ ڈاکٹر بننے کے لیے وہ لوگ آئیں گے۔ وہ پیسہ لگائیں گے کیونکہ ڈاکٹر بننے سے زیادہ پیسہ ملے گا۔ اس لیے پیرامیڈیکل اسٹاف کے لیے سرکاری ذمہ داری کیوں نہیں ملتی کہ نرسز کی ٹریننگ کے لیے اسکول کھولے۔ پیرامیڈیکل اسٹاف کی کمی دور کرنے کے لیے ٹریننگ اسکول کھولے۔ اس کے لیے وہ تیار نہیں ہے۔ کیونکہ اس سے زیادہ فائدہ نہیں ہوگا۔

مہودے۔ آپ کا ہی بتایا ہوا یہ جواب ہے جو ۲ دسمبر کو اسی راہیہ سبھا میں تارا

انکسٹ پرشن سنکھیا ۱۲۷ کے اثر میں کہا گیا ہے کہ کیپٹیشن فیس کی جہاں ادائیگی کی جارہی ہے۔ ایسے ۸ ریاستوں میں میڈیکل کالج ہیں کہ ٹانک میں ۱۳ میڈیکل کالج ہیں جہاں کیپٹیشن فیس ہے۔ ہمارا شریں ۱۰ ہیں ابھی یاد دوجی چلے گئے۔ ۱۰ میڈیکل کالج ہیں جہاں کیپٹیشن فیس ملی جاتی ہے۔ کل ناڈو میں دو ہیں آمد مرا بردیش میں ایک ایک ہے۔ بھارت میں ایک ہے۔ مئی بور میں ایک ہے۔ پنجاب میں ایک ہے اور بہار میں دو ہیں۔ ہر ایک کو ناڈو نہیں ہیں۔ آپ یہ کہہ رہے ہیں کہ اس ودھیک کے ذریعے یا آرڈیننس کے ذریعے میڈیکل کونسل سے پریشن یعنی بڑے ڈاکٹر جبکہ ہمارے پاس ایسا بھی ہے کہ آپ راج نیک بدھی سے جب کام لیتے ہیں۔ غلط ڈھنگ سے تو تمام انتظام اور بندوبست کرنے کے باوجود بھی ورشوں دئی کے دروازے کھٹکھٹا پڑتے ہیں۔ کہ ہمارے میڈیکل کالج کو مانتہ دیدو۔ اگر ہم ایک مرے نیتا کے یا زندہ نیتا کے نام پر کچھ لاکھ لگا کر میڈیکل کالج کی بلڈنگ بھی نہیں ہے کھڑی کر دیتے ہیں تو اس کو مانتہ مل جاتی ہے۔ آپ کو جو ادھیکار دیا جائے گا۔ اس کا سمپورن اور اچھے ڈھنگ سے پرہ لوگ ہونا چاہیے۔ یہ انشورن بھی ملنا چاہیے ورنہ ٹوبچ سینٹرلائزیشن

میں کچھ اور میڈیکل کالج کھول لیے جائیں۔ پیسے اکٹھے کر لیے جائیں۔ کچھ راجسٹریٹ لوگ اپنے اپنے اکسٹروں میں پرائیویٹ میڈیکل کالج اور ڈسٹریکٹ کالج بنالیں تب دروازے پر تالا لگائیں گے اور وہی وجہ ہے کہ آندھرا پردیش میں ۱۲ میڈیکل کالجوں کو ڈسٹریکٹ کالج کے روپ میں راجیہ سرکار نے انومنی دیدی اسکے خلاف و دروہ ہوا۔ و دیار تھی راستے میں آئے۔ بند آئیو جت کئے گئے۔ لاٹھی چلی۔ گرفتاریاں دی گئیں۔ میں نے خود اس و دروہ میں حصہ لیا۔ سرکار جس آرڈیننس کو ریلیس کر رہی ہے۔ میں ایک سوال پوچھنا چاہتا ہوں کہ آخر وہ کبھی ہینسویل جو جوائنٹ سلیکٹ کمیٹی نے یونینسلی پاس کیا آپ اس کو کیوں نہیں لے رہے ہیں۔ کہتے ہیں سپریم کورٹ میں سب جو ڈس ہے۔ سپریم کورٹ نے تو اپنی رائے دی۔ وہ ہمارے سمو دھان کے انوسار۔ ڈائریکٹو پرنسپلس کے انوسار اور پرنسپل میں جو کہا گیا ہے اسکے انوسار ہے۔ آپ کا بل اگر اس کے انوسار ہے تو وہ سپریم کورٹ کی رائے کے برقی مداخلت نہیں کرتا بلکہ سپریم کورٹ کی رائے کو سراہتا ہے۔ آپ اس کا بہانہ بنا رہے ہیں۔ سپریم کورٹ کی رائے کا بہانہ بنا رہے ہیں اور سیکٹ کمیٹی نے جو رپورٹ دی تھی وہ مان لی

جاتی تو میڈیکل کالجوں کے ہاتھ میں زیادہ ادھیکار ہوتے اور وہ مضبوطی سے اسکی دیکھ بھال کرتی اور جو ہماری آئیور و گیان شکشا کا اسٹر ہے اس کی بھی اچھے ڈھنگ سے دیکھ بھال کی جاسکتی۔ آپ اس راستے پر نہیں گئے۔ ابھی ابھی منتری مہودیر ہرہف سدن میں ہی نہیں۔ سدن کے باہر بھی چاہے وہ پترکار وارتا میں ہوں چاہے وہ سیمینارس میں ہوں۔ چاہے وہ جو لوگ اس معاملہ میں جڑے ہوئے ہیں پرائیویٹ میڈیکل کالج کے لوگ انکے ساتھ وارتا میں ہوں۔ ہمیشہ وہ یہ کہتے ہیں کہ سرکار پرائیویٹ میڈیکل کالجوں میں کیپیٹیشن فیس کے درودھ ہے۔ لیکن چونکہ سرکار پیسہ نہیں لگا سکتی اس لیے ہم کچھ جو ویکٹنگت ادیوگ ولے ویکٹی ہیں انھیں یہ میڈیکل کالج کھولنے دیتے ہیں۔ پردھان منتری سے لے کر وٹ منتری تک۔ سب لوگ یہی کہہ رہے ہیں کہ ہمارے پاس میڈیکل کالج بنانے کے لیے پیسہ نہیں ہے۔ ہم خرچ نہیں کر پائیں گے اس لیے ہم ایسے لوگوں کو اجازت دیتے ہیں۔ کہاں جائیں گے وہ لوگ جہاں ڈھائی لاکھ روپے میں ایک سیٹ بیچی جاتی ہے وہاں میڈیکل کالج بنیں گے اور دوسری طرف ایسے ریزنس ہیں جہاں میڈیکل کالج کھلتے ہی نہیں ہیں جو

اے۔ ڈی۔ ایم۔ کے۔ کے ساتھ غصہ ہو سکتے ہیں۔ جو کہتے ہیں پرائیویٹ رسورسز آف دی میڈیکل کالج کرنا ہے۔ ہائر ایجوکیشن کیلئے ہم نے دیکھا ہے۔ تمل ناڈو میں کیا ہوا۔ پرائیویٹ میڈیکل کالج کو رکوگنائز کیا ہے۔ چھتر بھرتی ہو گئے اس کے بعد جو برا دھان کرنا چاہیے تھا وہ نہیں کیا۔ سرکار نے اسکو بے لیا۔ سرکار نے ۴ کروڑ روپیہ خرچ کیے اور اس کی مالک بڑھ کر جو شرائط پوری کر دی اس کے بعد آپ کی ساتھی جے للتاجی پرائیویٹ (حقوں میں) دے رہی ہیں۔ وہ آپ کی ساتھی بنی ہوئی ہیں۔ سرکار کے ۴ کروڑ روپیہ خرچ کرنے کی بات کس چیز کی طرف اشارہ کرتی ہے۔ ہم جس ادیشہ سے کہہ رہے ہیں۔ پرائیویٹ میڈیکل کالج۔ پرائیویٹ ڈینٹل کالج۔ پرائیویٹ انجینئرنگ کالج پرائیویٹ پارٹنر پیسہ ڈھانسنے کے لیے نہیں بیٹھی ہوئی

ہیں وہ پیسہ نکالنے کے لیے بیٹھی ہوئی ہیں۔ وہ شرائط کو پورا نہیں کر سکتی۔ جیسے ابھی آپ نے میڈیکل کالج کا نام لیا۔ اچھا ہوتا دو تاریخ کی جو تصویر پیش کی ہے اس اثر کے ساتھ کون میڈیکل کالج کون لوگ چلا رہے ہیں۔ یہ بھی لکھ دیتے۔ جو تجرٹ ہے۔ جو پالیٹیکل پاور اس کے پیچھے کھڑی ہے۔ وہ طاقت دیتی ہے۔ کہ مانتیہ ملے بغیر وہ میڈیکل کالج چلا کر دیں۔ اس میں وہ بھارتی بھرتی کیے جائیں وہ آپ کو بلیک میل کر رہے ہیں۔ اچھا ہوں کہ اگر آپ کی وہ راج نینک (اچھا شکتی ہے۔ کیپٹیشن فی بند کرنی چاہیے۔ شکشا کو لیکر دیو سائے بند کرنا چاہتے ہیں اور ہماری جو ضرورت ہے سماج کی اسکے الو سار شکشا کا بندوبست کرنا چاہتے ہیں تو اس کے پیچھے کون سے وہ لوگ ہیں جو یہ میڈیکل چلاتے ہیں اس کو آپ آئینڈ نیٹائی کر دیں۔ دھنیہ وار۔ "ختم شد"

THE VICE-CHAIRMAN (SHRI SY-ED SIBTEY RAZI): We have to pass the Bills. There are a few more speakers. I think we have to sit for another one and a-half hours. Shri V. Narayanan.

SHRI V. NARAYANASAMY (Pondicherry): Mr. Vice-Chairman. I thank you very much for giving me this opportunity to speak on the Indian Medical Council (Amendment) Bill and the Dentists (Amendment) Bill. The previous speaker who is from the Communist Party of India, has said that this Government lacks the political will and, therefore brought this Bill before this House

belatedly. I will have to explain to the hon Member though the hon. Minister has said in clear terms how this Bill has been brought before this House. what are the steps taken by the previous Congress Governments. In 1987, a joint Committee went into the matter and at the end of 1989, they submitted a report. By that time there was an election and there was a Supreme Court judgement. After that, this Bill is brought before this House.

I would like to put this question to the hon. Member who said that the Government had lacked the political will.

They were supporting the National Front Government. In 1990, that Government was there. If they had the political will, why did they not bring this Bill before this House? Not only that; they went all out to support Mr. V. P. Singh and they said that they would bring all social measures for the purpose of developing this nation. But it was that Government who lacked the political will. It is not the Congress Government. It was the Janata Dal Government and their allies who were ruling the country earlier; it was they who lacked the political will to bring this Bill before this House. The Congress Government has the political will and, therefore, this Bill has been brought before the House.

Sir, I have been a Member of this House for more than seven years. Time and again, right from 1985 till 1987 before the joint Committee was appointed by the Government, Members were raising the issue before the House that for medical seats, some of the colleges in the States are looting the students. Not only that, they have been charging enormous capitation fees which a common man, who desires to educate his son in a medical profession, could not pay. Hon. Members from that side or this side, irrespective of party affiliations, raised this issue before the House. But now I see criticism from the other side when we brought this Bill before the House to curb these evils, to give powers to the Central Government to check these problems. There is opposition from the other side. The hon. Member Dr. Jain, has stated that the powers have been grabbed by the Central Government. It is the States which have misused the powers vested in them. Whatever the party that is ruling in the States, irrespective of party affiliations, the States are biased. They have been giving permission to various private medical colleges. Not only that; when the private medical colleges were started, they did not have the infrastructure. They did not have any facilities and the students who paid the fees studied for two to

three years, even without the colleges having got affiliation. Even in the fourth year, they did not get affiliation and the students had to agitate. Then it becomes a law and order problem for the States. The Central Government has considered all this, and ultimately they found that the Central Government has to regulate the giving of permission for starting new courses in the existing medical colleges. Therefore, Sir, this Bill has been brought by the Central Government.

Sir, the hon. Member from the other side and from here have said that facilities are not there in the private medical colleges and that the students who come out of these medical colleges are not up to the standard. The basic thing is that the students who have been educated and who have been brought to the profession are not up to the standard because of the lack of facilities in these colleges and because they have not been trained in the modern trends prevailing in the medical profession. Therefore, Sir, the Central Government has to intervene for the purpose of regulating and running the courses, and also for the affiliation of the new medical colleges and so on and so forth.

Sir, as everybody has said, in Karnataka there is a mushrooming of medical colleges, whichever party may be in power. In Andhra Pradesh, recently several medical colleges have been opened. In Maharashtra also some medical colleges have been opened. In Tamil Nadu also, some medical colleges have been opened. Sir, the private persons who would like to promote the medical colleges, think that they can grab money from the students by charging this capitation fee. Sir, even after the Supreme Court's Sir, as the hon. Minister has said, there was a judgement of the Supreme Court in July, 1992 that the capitation fee should not be charged by the medical institutions. Sir, now what are they doing? They are collecting money now as donations. They changed the word 'capitation fee'. They are now collecting money from the students as donations

and for building funds. They are changing the name. And circumventing the Supreme Court judgment, they are collecting funds even today in the medical colleges from the students. Today, to get admission in a medical college, a student has to pay more than five to six lakhs of rupees. An ordinary person, a person who has got the maximum number of marks, a person who is eligible to get admission in a medical college, is not able to get it. But a student who has got lesser marks and who could not get admission on the basis of marks, is getting admission in the medical college because he is wealthy. This disparity is there. The persons who have got higher marks and who have got the eligibility to study in a medical college have been denied admission to study there. But the students who have got lesser marks and who are not qualified for admission are admitted into the medical colleges because they are wealthy. This kind of anomaly is prevailing in the country as far as medical education is concerned. Therefore, Sir, to clear that just to see that this kind of anomaly does not exist, this Bill has been brought.

Sir, while moving the Bill, the hon. Minister clearly mentioned that in spite of the Supreme Court judgment, they wanted to bring this limited Bill because of the mushrooming of medical colleges. Sir, now there is a petition filed before the Supreme Court by some of the institutions. Therefore, he could not bring a comprehensive Bill. Sir, I would like to know from the hon. Minister whether they are getting for the Central quota, a minimum of 49 per cent of seats in the private medical colleges or not. While admitting the students according to the annual examination, you have to get more seats from the private medical colleges also when they are affiliated. Sir, under the checks and balances, the Central Government should also have control as far as the admission of the students is concerned in the private medical colleges.

Sir, while referring to the private medical colleges, I would also like to refer

to something about the Government medical colleges, the Central Government-run medical colleges and the State Government-run medical colleges. Sir, the hon. Minister has said that permission need not be sought by the Central Government. This is according to the Bill here. Even where the Central Government runs medical colleges, these facilities are lacking. The Medical Council sometimes sends a letter to some of the medical colleges threatening to de-affiliate them. For example, we have a Central Government medical in Pondicherry which is called JIPMER Medical College named after our great leader Pandit Nehru. About three or four years back, the representative of the Medical Council visited that college and found that the number of doctors, the staff and the teaching doctors was less than 40 per cent. The doctors go there to teach but they do not do the teaching work and they get transferred from Pondicherry. I raised it in the Advisory Committee meeting also. Therefore, the Medical Council of India issued a notice that they are going to derecognise it. Like that, there are many medical colleges which are run by the Central Government. The hon. Minister should see that adequate number of doctors are appointed for the purpose of teaching and whenever the demand arise for creating new departments, this should be taken into consideration. In the JIPMER institute the funds provided were insufficient and the hon. Minister was kind enough to send the Secretary to our State to study the situation and find out how the institute could be helped and I am thankful to the hon. Minister for it. This is not only the case in my State; in other States also where the Central Government is running medical colleges, similar situation exists and I suggest that provision of proper facilities has to be taken care of and it should be reviewed personally by the hon. Minister.

While concluding I would submit that the purpose of the Bill is not for usurping power by the Central Government.

It is only for the purpose of regulating the running of these medical colleges, their affiliations, and so on. Therefore, with this novel provision this Bill has been brought about. Not only that, the Dentists Bill that has been brought by the hon. Minister also cover the same provisions. I therefore, support both these Bills and I think the hon. Member, Dr. Jain, will withdraw his motion of disapproval.

श्री संरप्रिय गोतः (उत्तर प्रदेश) :

माननीय उपसभाध्यक्ष महोदय इस विधेयक पर बोलने की न तो मेरी इच्छा थी और न तैयारी थी। लेकिन मैंने जब माननीय सदस्यों के विचार सुने तो मुझे बड़े विरोधाभास और भ्रमात्मक वयान पढ़ने और सुनने को मिले। हमारे स्वामी जी अभी बोले और उनसे पहले यादव साहब बोले जो अब चले गये हैं। उन्होंने जो बातें कहीं उनसे पहले मैं कुछ बातें कहना चाहूंगा। यह बहुत आवश्यक है कि अधिक से अधिक संख्या में डाक्टर पैदा हों और स्वास्थ्य सेवाओं में अपना योगदान करें। हम जरा डाक्टरों के चरित्र को भी देखें। सरकारी अस्पतालों में डाक्टर सरकारी तन्खवाह पते हैं लेकिन जिस शहर में रहते हैं उसी शहर में वे प्राइवेट नर्सिंग होम भी चलाते हैं। ऐसे डाक्टर जो सरकारी अस्पतालों में नियुक्त हैं, बहुत पैसा कमा रहे हैं। वे सरकारी निगमों और कारपोरेशनों के पैन्ल में भी डाक्टर हैं। जब उन डाक्टरों का स्थानांतरण पहाड़ी अथवा ग्रामीण क्षेत्रों में किया जाता है तो वहां पर नहीं जाते हैं। मैं उत्तर प्रदेश का रहने वाला हूं। हमारे यहां की तत्कालीन सरकार जो भारतीय जनता पार्टी की थी उसको अन्न के विवेक होकर के यह निर्णय लेना पड़ा कि सरकारी नौकरी पसंद करो या प्राइवेट नर्सिंग होम। दोनों एक साथ नहीं चलेंगे। पहाड़ी क्षेत्रों के 8 जिलों के नाम गिनए गए जहां कोई डाक्टर नौकरी करने नहीं जाता। इस बिल के साथ जहां डाक्टरों की संख्या बड़े मेडिकल कालेज खुलें कुछ ऐसी शर्तें भी निर्धारित हों कि जिस जगह डाक्टर सरकारी नौकरी करते हैं वहां प्राइवेट नर्सिंग होम नहीं चला सके। साथ ही साथ

ग्रामीण क्षेत्र और पहाड़ी क्षेत्र में भी सेवा के लिए जाना आवश्यक होगा। आप इस तरह की व्यवस्था करें।

मान्यवर, दूसरी बात मैं यह कहना चाहता हूं कि अभी जो सुप्रीम कोर्ट का जजमेंट आया हमारे मित्रों ने उस जजमेंट को बारीकी से नहीं देखा है। मैं केवल संदर्भ दे रहा हूं और वह यहां पर किस तरह से लागू होगा? सारी आरक्षण नीति को सुप्रीम कोर्ट ने मंडल कमीशन के विवाद के संबंध में तय कर दिया है। उन्होंने एक तो यह कर दिया है कि प्रोव्हात में तो आरक्षण किसी का नहीं होगा। लेकिन यह भी तय कर दिया है कि मेडिकल में, टेक्निकल में, मेथमैटिक्स में और बहुतों में प्रवेश में भी आरक्षण नहीं होगा। एडमिशन में भी आरक्षण नहीं होगा। तो मेरे इन कांग्रेसी मित्रों ने यह कहा कि कोई 30 परसेंट का कोटा गरीबों के लिए आरक्षित कर दिया जाए। सुप्रीम कोर्ट ने कहा क्या है कि आरक्षण करने से मेरिट पर प्रभाव पड़ेगा। जब जति के नाम पर आरक्षण से मेरिट पर प्रभाव पड़ सकता है तो गरीब के नाम से आरक्षण पर क्या मेरिट पर प्रभाव नहीं होगा? अवश्य होगा। इसलिए सुप्रीम कोर्ट के जजमेंट को ध्यान में रखते हुए उसे भी नलीफाई करने के लिए एक अमेंडमेंट लाना पड़ेगा, एक कांस्टीट्यूशन अमेंडमेंट एक बिल और लाना पड़ेगा, तब इस बिल की सार्थकता सिद्ध होगी वरना इससे गरीबों को एडमिशन मेडिकल कालेज में नहीं मिलेगा।

आपको ध्यान में होगा। केन्द्र में भी आपकी सरकार थी, गुजरात में भी आपकी सरकार थी। तत्कालीन गुजरात के मुख्य मंत्री श्री मधव सिंह सोलंकी ने उस प्रवेश में, मेडिकल में, आरक्षण किया था बैकवार्ड कासज का 10 परसेंट से 18 परसेंट, 8 परसेंट बढ़ाया था। सारे गुजरात में आंदोलन छिड़ गया। आंदोलन पिछड़े वर्ग से चलकर अनुसूचित जातियों के खिलाफ भी चला गया। यह कहा गया कि इससे मेरिट प्रभावित होगी। कैचिया

निकलेगी पेट में, तौलिये रह जाएंगे चपेटों में अगर ये लोग रहेंगे। सारे देश को उसने प्रभावित किया। मैं पूछता हूँ इस तरह से पैसा दे करके बेकार लड़के हैं, जो थर्ड क्लास है और बेवकूफ मैं तो समझता हूँ जो पढ़ने भी नहीं जाते क्या वे मेरिट को प्रभावित नहीं करेंगे इस कंपिटेशन फीस में? यह क्या विरोधाभास नहीं होगा उस आंदोलन का, सुप्रीम कोर्ट के जजमेंट का और यहाँ के चन्द लोगों का जिनकी मानसिकता खराब है, जो नहीं चाहता कि इस देश का गरीब शोषित वर्ग पिछड़े गरीब लोग भी इस राष्ट्र के प्रशासन में भागीदार बन जाए। क्या यह उनकी मानसिकता का परित्याग नहीं है?

फिर यह प्रश्न आ सकता है, अगर मेडिकल कालेज नहीं खुलेंगे तो शिक्षा का प्रचार, प्रसार कैसे होगा? मान्यवर, हम देखते चले आ रहे हैं, बहुत से व्यक्ति, बहुत से व्यक्तियों के समूह, बहुत सी समाज सेवा मस्थाएँ ऐसी हैं जो अपने पैसे से या पैसा इकट्ठा करके मस्थाएँ खोलती हैं, मस्थाएँ चलाती हैं। मैं एक उदाहरण देना चाहता हूँ। अरुण दयानंद ने जमाने में आर्य समाज का प्रादुर्भाव और अष्टादश देश के अंदर हुआ। उन्होंने सबसे ज्यादा शिक्षा पर जोर दिया। आर्य समाज ने पैसा इकट्ठा करके बगैर सरकार के सहयोग से सैकड़ों डी०ए०बी० कालेज इस देश के अंदर प्रस्थापित कर दिये। आज भी कानपुर का डी०ए०बी० कालेज जिनके अंदर 12 हजार विद्यार्थी हैं, सबसे बड़ा कालेज है। हर सैयद अहमद खान न मुस्लिम यूनिवर्सिटी, अलीगढ़ और पंडित मदन मोहन मालवीय ने हिंदू विश्वविद्यालय, वाणसी खड़ा कर दिया। तो क्यों नहीं हम ऐसे लोगों को प्रोत्साहित करें, इन्वाइट करें, आकर्षित करें और उनसे प्रार्थना करें। हमारे देश में बड़े बड़े वोहराज और खोजाज हैं जो अरबपति हैं जिनके पास बहुत पसा है या और लोग हैं। क्षमा करेंगे। मन्दिर मस्जिद वाले, आपका तिरूपति

मन्दिर है। करोड़ों रुपया जमा है ट्रस्टों का, क्यों नहीं इस पैसे का सदुपयोग मेडिकल कालेज, इंजीनियरिंग कालेज के खोलने में किया जाए। क्यों कंपिटेशन फीस ली जाए। सरकार बहावा दे और सरकार स्वयं जिम्मेदारी ले। यह सरकार का अपना दायित्व है जँमे मेरे लायक दोस्त ने कहा डाइरेक्टिव प्रिंसिपल्स आफ स्टेट पालिसी किस लिए है? इसका तो पहले ही अनुपालन हो जाना चाहिए था और अनुपालन हो जाता तो मान्यवर आज यह स्थिति नहीं आती। मैं एक-दो बातें और कहना चाहूँगा। जैसा कि मैंने कहा कि मेरी कोई तैयारी नहीं थी, आखिर इन को प्रोत्साहन कैसे मिला कि यह बिजनेस के लिए मेडिकल कालेज खुल रहे हैं।

इसके लिए यह सरकार दोषी है। पता नहीं कि कोई मंत्री जी बैठे हैं कि नहीं, जो थे वह चले गये। तो यह सरकार क्या दोषी है। दोहरी शिक्षा नीति के कारण इन कालेजों को प्रोत्साहन मिला है। दोहरी शिक्षा नीति अगर इस देश में नहीं होती, तो यह कानवेंट और पब्लिक स्कूल नहीं खुलते और गरीब के बच्चे शिक्षा से महसूस नहीं रह पाते। आज बिजनेस के अड्डे जितने यह पब्लिक स्कूल हैं और यह नर्सरी स्कूल, यह बिजनेस के अड्डे हैं उनसे प्रोत्साहन मिला इन मेडिकल कालेज और इंजीनियरिंग कालेजों को कि तुम भी बिजनेस के अड्डे खोलो।

यह सरकार इसके लिए दोषी है। क्यों नहीं एक यूनिकार्प कंप्लेसरी एंड फ्री एजुकेशन टु आल सिटिजंस आफ दो कंट्री, भारत के तमाम नागरिकों के लिए हो? यह हमारे साम्यवादी भाई बैठे हैं, यह भी बड़ी राजनीतिक इच्छा-शक्ति की बात करते हैं। आप तो गरीबों की बात करते हो। आप ही लाये होते कि देश के अंदर या प्रदेश के अंदर आवश्यक शिक्षा, समाज शिक्षा व निशुल्क हटेगी और कोई आवश्यकता किसी के लिए भी आरक्षण की नहीं होगी। आरक्षण की आवश्यकता

कौन मांगेगा, कोई निर्लज्ज होगा जो मांगेगा आरक्षण अगर यह व्यवस्था होगी।

लेकिन एक तरफ आप इस व्यवस्था को भी नहीं करेंगे और शोषित वर्ग व गरीबों को जाति के नाम पर आरक्षण भी नहीं देंगे। जब तक इस देश में जाति रहेगी, तब तक उन लोगों को, जिनका जाति के नाम पर शोषण हुआ है, आरक्षण रहेगा। इसे कोई नहीं हटा सकता। या तो जाति हटाइये, तब आरक्षण हटेगा और या व्यवस्था बदलिये, तब आरक्षण हटेगा।

इसलिए हमारी इच्छागति, पहले जो पुराने पाप हैं, उनको भी धोने में लगना चाहिए। मैं प्रार्थना करूंगा, समर्थन तो हम करना ही पड़ता है, एक रस्म अदायगी भी है और वंशी मजबूरी भी है। लेकिन अब समय आ गया है। आशा है हम अब तक इंजाम करेंगे कुछ व्यवस्था में ऐसे परिवर्तन करें, हम राज भी बदलें, लेकिन समाज भी बदलें और समाज बदलेगा, उधर हमारी मान्यताएँ बसिगी।

इसलिये मैं प्रार्थना करूँगा स्वतन्त्र मंत्री जो मैं कि जिन मुद्दों का प्रारंभ मैंने उल्लेख किया, आप कृपया उनको ध्यान में रखें, लागू करें और सुप्रीम कोर्ट के जजमेंट की लाईट में, चर्च उवाइट रेस्पॉन्सिबिल टी आफ मिनिस्टर्स हैं, कौंसिल आफ मिनिस्टर्स को, आप उस जजमेंट के खिलाफ जैसे जानें यानि जजमेंट के खिलाफ, सुप्रीम कोर्ट की जजमेंट के खिलाफ, आप उस समय विधेयक लाये थे, आप इस तरह का लाये कि अन मूविंग जर्नियों के लिए जन-जर्नियों के लिए, पिछड़ी जातियों के लिए, गरीबों के लिए, ग्रामीणों के लिए भी आरक्षण की व्यवस्था इन तमाम प्राइवेट मेडिकल कॉलेजों में होगी।

इन्हीं जगहों के साथ मैं आपके विधेयक का समर्थन करता हूँ।

SHRI N. GIRI PRASAD (Andhra Pradesh): Mr. Vice-Chairman, Sir, the two Ordinances relating to the amendment of the Indian Medical Council Act, 1956, and the Dentists Act, 1948, were brought in a particular background, as far as I know, which existed in Andhra Pradesh at that particular point of time. The Andhra Pradesh Government sanctioned some medical colleges and some dental colleges also. So far, in Andhra Pradesh, except one minority college, there were no medical or dental colleges in private sector. All of a sudden, for one reason or the other, the State Government accorded sanction for about 12 or 14 medical colleges. So many people had grievances. Some corruption charges were also made and political pressures for Delhi downwards were applied on the Chief Minister. These were the charges at that time. So, in that background the student community also came into the streets. This privatization of medical education and dental education, or whatever it is, was resented and, in order to assuage such feelings, the Central Government brought these Ordinances. It may be to bail out the Chief Minister who was besieged by this agitation or, for some other purpose. I don't know.

Even these Ordinances or Bills do not indicate the mind of the Government. What do they want? Only one thing is clear. These Ordinances or Bills will allow the private sector to operate in medical education. That much is clear. Earlier also it was there, but it was in the realm of the State Governments. Now the Central Government has come into the picture. It has laid down certain guidelines as to under what provisions or on what conditions they want to accord permission. Almost all these things were there earlier also. The State Governments were also doing the same thing. Whether all those conditions were fulfilled or not, I don't know. They should have buildings, support—all these conditions were there. Besides that, there is nothing in the Bills. The only difference is, earlier the State Governments used to accord permission and sanction

[Shri N. Giri Prasad]

the colleges. Later on the Medical Council was to intervene and give recognition. And Universities are there to give degrees and certificates. This is the situation. Because this is a concurrent subject, the Central Government has brought these particular Bills.

Some hon. Members were saying that some State Governments were misusing the powers and allowing mushroom growth of medical colleges, and in order to curtail that the Central Government has to judiciously apply its mind, take the advice of the Medical Council and accord sanction. That is the whole logic behind this. But what is the guarantee that the Central Government will apply its mind judiciously even as per these guidelines, because these guidelines were there earlier also? As far as I know, our Chief Minister was under pressure from top people here who were given two or three colleges for their kith and kin or friends or political proteges. I know who those are. For political reasons or for personal reasons, certain things were conceded. Otherwise he would not have gone to the extent of sanctioning so many colleges. So my submission is, the Central Government thinks that it can apply its mind to, reasonably think over, the matter without succumbing to pressures this way or that way. That is the position. At least, that is the impression they want to give through these Ordinances.

But, as far as politicians are concerned, after all, in Andhra it is their Government. They could have advised them. The Congress President is here, the Prime Minister is here, the Cabinet is here, the Education Minister is here, the Health Minister is here—and they could have advised him that he should not go on like that and then that man would not have gone to that extent. But, in fact, he was pushed through by some pressures and this had happened. And what did it prevent? Afterwards all these people went to court. Nothing has happened. These Ordinances could not help anybody, either the private college people or the Government. They have no *locus standi*. Whether this Ordinance

will apply to the already sanctioned colleges in Andhra Pradesh, nobody knows. That is also a question, a million dollar question. Even the Supreme Court also cannot answer that. That is why the whole matter is still pending before the Full Bench of the Supreme Court. What they will decide, I do not know. I think that this Government has to be hauled out by the Supreme Court itself because they want to do everything through rules, whether they want to allow capitation fees or they want to allow donation or they will fix a certain amount of fees which is necessary for running the colleges because private people will not run the colleges for charity, but they will run them for money. Otherwise, why should they come into this field? They have got 101 ways of making money. So, they are coming to make money. On how far the Government will allow them, it has no policy. Indirectly they are continuing the same thing.

I have got a list. Rajya Sabha was informed about the present state of private medical colleges existing in our country. They are in Andhra Pradesh, 1; Bihar, 2; Gujarat, 1; Manipur, 1; Punjab, 1; Tamil Nadu, 2. This is one type of category. The other States do not have them. But surprisingly Karnataka is having 13, and Maharashtra is having 10. This is the answer given in Rajya Sabha in this month itself. So, all of them, except two or three, were recognised by the Medical Council of India.

So, the Government has to announce its policy. Without announcing its policy, they issued this Ordinance. They are not clear about their own things, how to allow capitation fees, whether or not to allow or fix some percentages. What about the principle of social justice to be applied in this regard, whether any reservation should be there? In the State sector certain things are there, but when the Central Government wants to intervene, what is their policy? They could not make out what their policy is about reservation because that must be there.

The main thing is: If the Medical Council itself has recognised all these colleges except two, 11 in Karnataka, 10 in Maharashtra, they have themselves allow them, thinking that they have got certain facilities, infrastructure and everything else. How can they discriminate against them? Some people argue in our place also, "Andhra Pradesh students are going to Karnataka and Maharashtra by spending lakhs of rupees. Why should we spend money in other States? Why can't we start colleges here?" That is their main logic. So, when the Central Government wants to intervene, they should have a clear-cut policy. I think, they have not applied their mind to this aspect. They are not at all clear about it.

Though there was some judgement in July or June, on that also many problems were taken up before the Supreme Court. They want to consider it in depth. The only thing I would like to suggest is that after you get the Supreme Court judgement, whatever judgement is given by the Supreme Court, the Government has to consult various Opposition parties also in this respect, on how to bring about a scientific, rational approach to these matters.

I have got one or two suggestions or submissions. One thing is clear. According to our Constitution, our Government has to concentrate on primary education, universal education to all the people below the age of 14 years. They have grossly failed in this respect. They have not succeeded more than 50 per cent. How many years will they take for that? Though the Constitution, as far as I remember, stipulated only 10 years, they have taken a longer time. Even after 40, 45 years they could not do it. When the state of the primary education of our children is in such a bad shape, how can we expect that the Government would spend a lot of money to make doctors?

Some doctors, after getting educated, on whom the Government spends, Rs. 10 lakhs, Rs. 15 lakhs—I don't know how many lakhs they spend on each

student—they go abroad to serve the people there to make money there. But in rural areas, urban areas and slum areas our people do not have any health care. How to meet that problem? If these doctors are trained by spending a lot of money, they must earn money to make up that money spent. But the problem is how to attend to the health care of the poor. The Government must have a policy in this regard. As far as I know, there are no hospitals in the rural areas. The so-called primary health centres do not work. Patients do not go there. Doctors are generally found absent. They will be somewhere in the cities. So, there is no medical facility there. Even if some doctor is there, there is no medicine. Even in the urban hospitals we do not get medicines, though doctors are there. This is happening because everything is being commercialised. In this state of affairs only the rich can afford to have any proper type of health care. But the question is about the poor people. I know one heart patient went to the Nizam Medical Hospital. He was having only Rs. 20,000. For the treatment Rs. 70,000 to Rs. 80,000 were required. The problem for him was how to get that money. He gave up the treatment because with Rs. 20,000 or Rs. 30,000 he could marry his daughter. So, instead of saving his life with that money he had to spare it for his daughter's marriage. This is the state of affairs. I would like to know whether the Government will take up the responsibility that the patient is not deprived of the treatment because of shortage of money at his disposal. I request the Government to ponder over this question. By delivering speeches and making false promises the Government will not be able to solve this problem. These are deeper problems having socio-economic dimensions. I think the Government in consultation with political parties and experts in this regard should evolve a proper policy so that the principle of social justice and the principle of meeting the health care are attended to thereby helping the society at large. This is all my submission. Thank you.

DR. YELAMANCHILI SIVAJI: The medical education has affected many politicians right from Nilangekar in Maharashtra. He lost his job as a Chief Minister. The then Governor Mr. Kona Prabhakar Rao, who hails from Andhra Pradesh, also lost his job as Governor. Dr. Janardana Reddy is the recent victim from Andhra Pradesh. He also lost his job. There are shadows on Mr. Bangarappa also. We can quote medical education. Not only that, several Chief Ministers, Governors and politicians lost their job because of the education. Not only that, several principals of medical colleges and Directors of Medical Education in various States lost their jobs and they were found guilty by various courts of law of the land, be it the High Courts of various States or the Supreme Court. As mentioned by my friend, Mr. Giri Prasad, I feel that it is ... fall out of Andhra Pradesh that this amendment was brought. The original amendment to the Medical Council was proposed some time during 1987, when Mr. P. V. Narasimha Rao, the present Prime Minister, was the Minister holding the portfolio of Human Resource Development. He was responsible for that Bill. Somehow or other it could not be passed. It was referred to the Joint Select Committee and after so much of arduous labour for two years they could submit their report. But for the reasons that are obvious, it could not be passed. Anyhow the Government prepared a comprehensive Bill for amendment of the Indian Medical Council. Meanwhile, when we go back to Andhra Pradesh, when Mr. Vengal Rao was the Chief Minister, sometime during 1978, there were two Medical Colleges in the private sector in Andhra Pradesh—one at Kakinada and another at Warrangal. Those colleges were collecting capitation fee to the tune of something like Rs. 12,000 or Rs. 13,000. Mr. Vengal Rao thought collection of capitation fee was not proper. So, he brought those colleges under the purview of the Government. The Government is running those colleges. But within two years Dr. Channa Reddy came into office—the present Governor of Rajasthan—reversed the same

and opened a private medical college in Vijayawada during 1980 with a capitation fee of Rs. 1.5 lakhs. From the same party one Chief Minister closed the two private medical colleges that were collecting a capitation fee to the tune of Rs. 12,000 or Rs. 13,000 per student. Within two years the clock had run a full circle. Again a college was opened with Rs. 1.5 lakhs as capitation fee. Shri N. T. Rama Rao came into office during 1983 and the capitation fee was banned and this college was also nationalised. But the medical college that was opened at Vijayawada during 1980 could not be recognised by the Indian Medical Council for nine years. But for the Government of Andhra Pradesh taking over the college and establishing a medical and health university at Vijayawada, that college would not have been recognised by the State Medical Council. But it was recognised after 1989. Mr. Janardhana Reddy came into office in 1992.

SHRI M. L. FOTEDAR: You need not mention the names of the Chief Ministers.

DR. YELAMANCHILI SIVAJI: Okay. In July, 1992 on a fine morning we got 20 medical and dental colleges in Andhra Pradesh. For the last fifty years, Andhra Pradesh could not open more than 8 or 9 colleges. But on a fine morning in July, 1992 we got 20 colleges. Everybody was surprised at the decision. Everybody was taken aback. It is a fact that these colleges are supposed to be owned by the liquor barons, arrack contractors or sand contractors and cement contractors. I thought that they would impose some discipline in the colleges because all the people that are managing these colleges, whether they are arrack contractors or sand contractors, are running private armies in Andhra Pradesh. Elsewhere also the situation is the same. In addition to the police and the Excise force, it is a fact of life that all the arrack contractors are running their own private protection force. So they could impose some discipline in the medical colleges. If by any chance, the medical students go on a

stricke, they can press into action their private armise "Are boys, you better join your colleges; otherwise you will be taught a lesson physically and man-handled." Even our friend, Mr. Narayanasamy was mentioning that in JIPMER not even 40 per cent of the teaching staff were available. So if that happens in Andhra Pradesh, I am sure that these arrack contractods may warn the teaching staff also and see that they stick to their jobs; otherwise they will be taught a lesson physically. So this is the situation.

Mind you, Mr. P. V. Narasimha Rao was the Chief Minister of Andhra Pradesh during 1972. Not only that, when I was a student in a medical college, he was holding the portfolio of medical college, he was holding the portfolio of medical and health services. He had visited my college at Guntur to inaugurate an exhibition. For some more time he was holding the portfolio of education department also. The Prime Minister knows pretty well the medical education system in Andhra Pradesh. It is not a new area to him. Both as Chief Minister as well as Minister of Medical and Health Services and Education, he knew the goings on in the medical colleges in Andhra Pradesh.

Mr. Fotedar, the hon. Health Minister, gave some wrong signals.

SRI MENTARY PADAMANABHAM (Andhra Pradesh): To whom?

DR. YELAMANCHILI SIVAJI: As the Minister of Health, I compliment his wisdom, I compliment his sagacity. But he gave some wrong signals as far as medical education is concerned. He had issued a statement in Madras stating that the Government was thinking on the lines of privatising medical education. It appeared in a section of the press. Privatisation of medical colleges does not mean liberalisation of our economic policy which is being preached by Mr. Manmohan Singh. It is something different. It is privatisation with Government protection. That is the privatisation in medical education, as far as

understand it, because it is a fact that to run a medical college the prerequisite is to have a teaching hospital. And, it is a fact that the stipulation of the Indian Medical Council is that for every 100 admissions in a medical college, in under-graduation, they should possess a teaching hospital with 750 beds. So, after opening the college, they will collect capitation fees to the tune of Rs. 5 lakhs or Rs. 10 lakhs, whatever it is, according to the demand. They start the college without the necessary infrastructure. Later on, they simply come to the Government with the request, "Please allow your District Hospital to be utilised for our teaching purpose". The State Government jolly well sanctions the hospital to be used for teaching purposes and the onerous responsibility of running the hospital lies with the Government whereas the right to collect capitation fees lies with the management. That is the flaw. So, if Mr. Fotedar is serious about the job, he should have seen to it that a teaching hospital is made prerequisite. Unless a teaching hospital is started, nobody should be allowed to start a medical college. It should be there in the Bill, it is conspicuously missing.

Another point I would like to add in this context is about the demand and supply position of doctors in this country. What are the recommendations? What does the Planning Commission say? The Planning Commission, in the Eighth Plan Document, categorically says that the supply of doctors had overstripped the demand. So there is no point in opening new medical colleges, whether private or Government. What does the annual report of the Ministry say? It also says categorically that the number of doctors available is more than the requirement in the country. The various recommendations of expert committees, right from the days of Dr. Bhob and Dr. A. L. Mudaliar, and even of the UNESCO and the World Health Organisation are on these lines. Mr. Motilal Vora, the then Minister for Health warned all the State Governments stating that not only within the country but also outside the country the demand is going down and

therefore, there may not be an opportunity for Indian doctors, for our boys and girls, to seek employment elsewhere. Therefore, the Union Government wanted the State Government, to see that no medical college was opened, whether in the private sector or in the public sector. But contrary to that, medical colleges are opened. And what is the ratio of the doctor population to the general population of the country? More doctors are available than expected by the expert committees. And, the expert committees advised the Government against the opening of new medical colleges. But, on top of all these things, suddenly medical colleges are opened, whether in Andhra Pradesh or in Karnataka or in Maharashtra or elsewhere. In the first week of July, 20 colleges are opened in Andhra Pradesh itself. Almost all the Members of Parliament signed a memorandum. Sir, please do not ring the bell.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): I am not going to ring the bell. But your party has been allotted only five minutes.

DR. YELAMANCHILI SIVAJI: Not party.

SHRI MENTAY PADMANABHAM: He is a doctor.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): That is why he has taken ten minutes already. Mr. Sivaji, you take five minutes more and conclude.

DR. YELAMANCHILI SIVAJI: All the Members of Parliament from Andhra Pradesh, cutting across party lines, signed a memorandum and submitted it to the Prime Minister for his intervention in the matter. And we had a dialogue with the Prime Minister three or four times. We approached the hon. Minister also and we were about to discuss the matter on the last day of the last Session in the form of something like a half-an-hour discussion. But the Minister said that he would do something in this regard and so it might be deferred. So, that was deferred. The last Session concluded on

21st August. But suddenly, within five or six days, an ordinance was issued. What is the meaning of it? When the Session was on, Mr. Fotedar could have had the matter discussed and elicited the opinions of the various parties. He could have done it in a wiser way, in a more systematic way. He just pulled out some three or four pages from the original Amendment Bill, 1987, and carved out another ordinance. I have seen the provisions of the Bill. But in Andhra Pradesh there is a feeling that Fotedar did it only to bail out the State Government. I may not subscribe to that feeling but there is a popular feeling in Andhra Pradesh. (*Interruptions*)

SHRI M. L. FOTEDAR: I am not a judge. I cannot bail out anybody.

SHRI MENTAY PADMANABHAM: But you bail out the Chief Ministers of the Congress party. (*Interruptions*)

DR. YELAMANCHILI SIVAJI: But in spite of your best efforts you could not do it. I was made to understand that a lot more discussion took place between the State Government and the Union Government, a lot more correspondence took place between the State Government and the Union Government. So I would like to request the hon. Minister to place the record on the Table of the House as to what correspondence took place between the State Government of Andhra Pradesh and the Union Government in regard to opening of medical colleges. What was your advice? Did you advise them to open the colleges or did you advise them to withdraw the G.O.? What was your advice? You please place the record on the Table of the House. It will be useful for the future Chief Ministers also so that they can behave in a wiser way. (*Interruptions*) So what I feel is, Mr. Fotedar feels that it is liberalisation. In accordance with this, the credit goes to Mr. Manmohan Singh. Let everybody open a college. Let the university conduct examination and there is the survival of the fittest. Whoever gets the maximum results in a particular college, that college survives and the others will vanish. This is not liberalisation. It

is privatisation with the Government protection and allowing them to use the Government hospitals and the onerous responsibility to run the hospital lies with the Government. But the right to collect the capitation fees lies with the management. So this distortion should be corrected lock, stock and barrel.

I would like to add another aspect that whether it is private medical college or Government medical college, enough number of teachers are not available in medical education nowadays. More so, for Anatomy, Physiology, Pathology etc. teachers are non-existing because as soon as one completes his graduation, naturally he opts to go in for surgery or child health etc. but nobody wants to live as a teacher as is the case in any Arts college or a Science college. So unless some incentives are there, it is not possible to train people to teach in medical colleges. Every medical college is running short of teachers. The picture is the same whether it is the All India Institute of Medical Sciences or JIEMER or whatever it is. So some effective steps are needed, some incentives are to be offered to see that teachers are available in medical colleges.

Another aspect I would like to add is about dental colleges. During our school days, in every medical college, medical education was for six years. Nowadays it has been reduced to 4½ years. (*Interruptions*)

SHRI M. L. FOTEDAR: Miss Saroj Khapare is appreciating your argument.

DR. YELMANCHILI SIVAJI: She was the Minister for some time. I was given to understand that from the next year, the Indian Medical Council is reducing the duration of medical education from 4½ years to 4 years. What I mean to say is that in every medical college enough space is available for Professors' rooms, for lecture gallery etc. for both BDS course as well as MBBS course. The same infrastructure is sufficient whether it is Anatomy, Physiology, Pathology etc. We can start a BDS course in every college without any investment at all. (*Interruptions*) Without any extra expen-

diture, dental course can be started. That is how the University at Vijayawada in Andhra Pradesh sought the permission from the Dental Council to start the BDS course. Suppose, every State is conducting an entrance test for medical education and boys and girls are selected depending upon the rank in merit they get. Some people who are on the top may be allotted to medical colleges. Some people may be at the bottom. Since they could not acquire a higher rank, they can be allotted to dental course. And those who are admitted into dental courses, they can as well be asked to pay a little more than in the form of tuition fees. Let the Government conduct BDS course in each medical college. Your Planning Commission says, there is demand for BDS course, there is demand for dental surgeons. Your Annual Report also says so. But why don't you examine. The question of opening dental courses in each medical college, whether it is Government or private? It is a fact that our resources are very limited. Let us utilise our limited resources in a more meaningful way. I would like to suggest, instead of opening dental colleges, you should start dental courses in each medical college. It is also a fact that more advertisements are appearing in a section of the press stating that Russian Republics are inviting people to train there. Even Republics like Uzbekistan are also inviting applications. But as soon as they join these, they again approach the Government and say, "The conditions are very bad there and we cannot pay the fees. Let the Government reallocate us to various State Governments." Why don't you make it very clear and see to it that such rackets do not operate in the country? These are all dilly-dally operations.

SHRI MENTAY PADMANABHAM :
A very big racket is operating.

DR. YELMANCHILI SIVAJI: Yes,
a very big racket is operating.

SHRI MENTAY PADMANABHAM :
There is one Mr. Jain, not this Jain. I want to interrupt, Sir, if you allow me to speak for one minute because there is one Mr. Jain...

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): Dr. Sivaji, kindly yield.

SHRI MENTAY PADMANABHAM : There is one Mr. Jain who has been sending a number of students to Soviet Russia collecting huge fees from students. The moment they reach Soviet Russia, nobody is taking care of them. This is a very, very serious issue. This was discussed in this House. There was a CBI inquiry but nobody can touch him. This is the most shameful thing, Sir. I appeal to Fotedarji to investigate the matter. There is a very big racket. There is one Jain who was previously the Secretary of the Indian Medical Council, that is what I was told. He has collected lakhs and lakhs of rupees particularly from the students from Madras, Tamil Nadu, Andhra Pradesh and Karnataka. And he is let off! Nobody can touch him now!

DR. YELAMANCHILI SIVAJI: I don't know what is happening.

SHRI MENTAY PADMANABHAM : Not this Jain.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): Please try to conclude, Dr. Sivaji.

SHRI V. NARAYANASAMY: Dr. Jain will only go for video films, nothing else.

DR. YELAMANCHILI SIVAJI: What happens is if one gets trained in a private college by paying five lakhs or ten lakhs of rupees, one enters the market with a strong commercial mind. Whether it is warranted or not, he writes several prescriptions to get a commission or he asks the patient to get some X-ray or some scannign done or, whatever it is, again to get more commission... (Interruption)... So he enters the market with a strong commercial mind. It is not desirable to allow all such colleges. My friend was also mentioning that more colleges were opened. Five more colleges were opened by Bangarappa in Karnataka.

SHRI M. L. FOTEDAR: I said, "Don't mention names."

DR. YELAMANCHILI SIVAJI: But there is an ill-feeling in the State just like prohibition. Until 1956 there was prohibition in Andhra Pradesh. "Andhra" means Rayalaseema, and Circar... (Interruptions)... Telengana also. Andhra Pradesh consists of three regions—Andhra proper, Rayalaseema, and Telengana. In the erstwhile Nizam rule no prohibition was there. So people used to complain "All our money is going to Hyderabad and Telengana. Why don't you open liquor shops in Andhra Pradesh itself so that we can retain our money here itself." Likewise, an argument is gaining momentum that all our money is going to Karnataka and Maharashtra, then why don't you open medical institutions and engineering institutions in our own State? So, a comprehensive act and a comprehensive penal measure are needed. As far as the dental colleges are concerned, I don't think that there is anything new in this Bill because the earlier Dental Council Bill envisages that if anybody wants to go in for a dental college, prior permission is needed. So, there is nothing particularly new in this Bill as far as the dental colleges are concerned. I hope that the hon. Minister will consider my suggestions while replying and he will respond to them.

SHRI TARA CHARAN MAZUMDAR (Assam): Mr. Vice-Chairman Sir, thank you for giving me this opportunity to speak on this Bill. I am just referring... (Interruptions)...

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): ...to a peculiar SYED SIBTEY RAZI): Please listen to him. (Interruptions) ... Please listen to him.

SHRI TARA CHARAN MAZUMDAR: ... to a peculiar situation that has arisen out in my State of Assam. That has arisen out of the reservation of forty seats for admission by the Chief Minister. In my State the Chief Minister drew up a list containing forty names without consideration of the minimum required qualifications for admission into a medical college. Naturally, there was a writ petition before the hon. High Court and the High Court cancelled the list. Of course, the High Court upheld that the State Government should

to given forty seats as discretionary quota. Now the other students are on the streets. There are a lot of disturbances. Medical education has come to a halt in the State and the Guwahati Medical College Hospital, which is the premier hospital of the State—not only of Assam but of the entire North-Eastern region—was closed resulting in difficulties to the people who come there for treatment. Now, after the judgment of the High Court, the State Government again wanted to admit those very students who were arbitrarily selected. The movement is still going on. The medical education has come to a standstill. What I want to submit is that in this Bill there should have been some modalities, some restraints, as regards the filling of the discretionary seats. If there is no restriction, then these discretionary seats will perpetuate the capitation fee. It is clear that the students for these forty seats were selected not on the basis of merit, but the selection was made for considerations other than merit. So, this Bill should have made some provision as regards the exercise of the discretionary power. Some measures should be there to put some restriction or some restraint on the exercise of this discretionary power and some modalities should be there by which this discretionary power has to be applied. I fully support my learned friend, Shri Kulabidhu Singh, that the entire North-Eastern region is neglected as regards medical education. Our people are poor people. It is not possible for our boys to go outside the region for getting medical education. So, I request the hon. Minister of Health, through you, Sir, that proper provisions for medical education in the North-Eastern region should be made. My State, of course, has got three medical colleges and these three medical colleges are also not adequate. So, the Government should take some special steps for providing medical education to the boys of this region. With these words I support the Bill. My submission is that some restriction has got to be put on the exercise of discretion in selecting the students for the discretionary quota. Thank you.

DR. JINENDRA KUMAR JAIN: Sir, I thank the hon. Members for taking part in the debate and speaking on the Statutory Resolution which was moved by me. The quality of debate was high and many constructive suggestions and many new points were placed before the House. I would like to personally thank Shri W. Kulabidhu Singh, Shri Jadhavji, Shri Md. Saam, Shri Gori Prasad, Shri Sangh Priya Gautam, Shri Narayanasamy, Dr. Sivaji and Shri. Tara Charan Mazumdar for giving constructive suggestions. The few points which came out of the debate I would like to summarise in two minutes. Some Members feared excessive concentration of power in the hands of the Central Government which could be misused for political considerations or otherwise. Most of the Members expressed the view that there is need to bring a comprehensive Bill incorporating medical education reforms. The issue of capitation fee also came up. Although some Members were opposed to the concept of capitation fee, some suggestions made by hon. Members like Jadhavji need examination. The self-employment potential and the private financing of medical education, the points that Jadhavji mentioned, have merit and I would like the hon. Minister to respond to them. Some Members expressed their fear the way I had done, about the very nature of Centre-State relations, with more and more powers being shifted to the Centre and the State Governments being deprived of their duties and functions. The issue of political will was also raised. I would like to say that on matters like this we should not divide this Parliament on the basis of partisan considerations. Issues like medical education need not be judged on the basis of politics and all of us should unanimously support the Health Minister and confront the problems which are confronting the nation today. The issue of reservation for poor people, tribal people, hilly people also came in. Shri Sangh Priya Gautam made a very impassioned plea for the people belonging to the backward communities. Scheduled Castes and Scheduled Tribes. The lack of doctors in rural, hilly and tribal areas was also brought to the notice of

the House. Naturally the medical education system has to take care of these imbalances. The Supreme Court judgement also came up during the discussion. Certainly there is need to review it. How can a country which cannot provide drinking water to its population, justify that medical education, which is a very privileged type of education, will be a fundamental right of the people? Moreover, there is one thing which I would like to point out. The Supreme Court judgement is very clear that when a private medical college is recognised by the Government, the fact that it is recognised makes the Government responsible to provide free education. Now the review process is on. Some parties have gone to the Supreme Court. I would like to know from the Minister the stand taken by the Government of India before the Supreme Court on this petition. Your stand in this petition before the Supreme Court should be clearly spelt out so that we know what you want to do. Many of the Members objected, the way I have objected, to the manner in which Ordinances are issued. I would like to conclude. I would like to say that wherever there were disagreements, they have been expressed. But we should all focus now on agreement. And I make a suggestion to the hon. Minister. In a spirit of constructive contribution, I make a request to him that he should give two assurances to this House which will allow me to withdraw my motion of disapproval. And I am not asking for the moon. I am asking for two very practical assurances. My first request, Sir, is that I want him to assure this House that there will not be any patronage or adverse discrimination in matters of medical education while the hon. Minister and his Government exercise the powers that we are going to give them today. Let him assure this House that all these matters will be decided on merit and not on the basis of any partisan or, at least, political considerations. The second assurance, Sir, I need from him is, I need a time-frame within which he will bring before this House a comprehensive Bill incorporating the medical educational reforms. I don't want to inconvenience him. Let him say, "we shall take one year, we shall take

two years, three years, four years or five years." Feel free. But give a time-frame so that we can tell this nation that an active exercise is on in which our Government is considering all the aspects of the medical educational reforms. It should consult the parliamentarians, professionals, people, students and all sections of the community who will be affected by this vital Bill. And within that time-frame, say that you will bring a comprehensive Bill so that we are assured that today's Bill that you want us to pass or the ordinance about which you want that I should withdraw my disapproval motion, is only taking care of one part of the amendments. But the whole lot of improvements that are needed will have to be brought before this House very soon and within a time-frame. Sir, if the hon. Minister gives me and this House these two assurances, I assure you that I will withdraw my statutory resolution of disapproval of these ordinances. Thank you.

SHRI M. L. FOTEDAR: Sir, I am very grateful to the hon. Members who participated in this discussion. I wish that some more Members had participated and we had benefited more. I would like to refer to Dr. Sivaji's allegation that I said in Madras that I was in favour of privatising the medical education. I have not said that the Government is, or I am, intending to privatise the medical education. All that I said was that we would like to invite the private sector also in the medical education... (*Interruptions*)

DR. YELAMANCHILI SIVAJI: That is what I said, that you gave a wrong signal.

SHRI JAGESH DESAI (Maharashtra): You have given a good material for the Minister.

SHRI M. L. FOTEDAR: The private initiative should be there. What I said at that time, if I remember correctly, is that the private initiative should be regulated in a manner that it serves our basic social objectives as enunciated in the Constitution. Some of my friends including Mr. Gautam asked what are our social objectives. Our social objectives

are: No. 1: the medical education should not be commercialised. And the medical treatment should not be merchandised. I am sorry to say that in our country, at this time, medical education has been commercialised

which has resulted in commercialisation of medical treatment to the people. So, it is with a view to check both these things that we thought that an Ordinance should be brought because there was muchroom growth of medical colleges without creating the necessary infrastructure like a hospital, as Dr. Thulasi Reddy has said; there should be infrastructure for that or that there should be a nursing school or any other thing. So, we thought that if we did not issue an Ordinance, more colleges would come up in the country and then it would be very difficult to apply the law retrospectively which would have been unconstitutional.

I agree with the hon. Members that we should have brought the Bill much earlier. It became necessary for us or expedient for us to issue an Ordinance. As all of you know, when Mr. P. V. Narasimha Rao, who is our Prime Minister, was the Health Minister, he brought a comprehensive legislation before this House in 1987 and I think before that this very Parliament had brought medical education on the Concurrent List of the Constitution. So, it was after a decade or so that the Congress Government took the initiative of giving a new orientation to medical education in the country. But that Bill was referred to a Joint Committee and the report came in 1989. From 1989 to 21st June, 1991, this period is part of history. We had Governments, but no Government could govern and no Government could bring any such... (interruptions)...

SHRI JAGESH DESAI: These are facts.

SHRI MENTAY PADMANABHAM: These are facts as understood by Mr. Fotedar... (interruptions)...

SHRI M. L. FOTEDAR: The did not do anything... (interruptions)...

SHRI MENTAY PADMANABHAM: Because you have not done anything Babri Masjid was demolished and 1500 people died after the holocaust.

SHRI M. L. FOTEDAR: Let me not accuse the then Governments who lacked to some extent, I could say, the political will. At least, I should say that they lacked the political initiative. They did not bring the Bill. During the last one year, we have tried that the Bill, which was recommended by this Joint Committee, should be examined in depth and I think twice or thrice I made a statement in this very House that I proposed to bring a comprehensive legislation before this House for smooth passage. But in the meanwhile the Supreme Court gave the judgment. The judgment said that capitation fee was not constitutional and medical education was a fundamental right. I would not like to go into the details whether it is a fundamental right or not. But I do say... (interruptions)...

SHRI VITHALRAO MADHAVRAO JADHAV: The judgment is given by the High Court not by the Supreme Court.

SHRI M. L. FOTEDAR: See, Mr. Jadhav, when I say something in Parliament I know what I am saying. We were proposing to bring the legislation before Parliament. But the Supreme Court case came up. What should be our stand? Some hon. Member has asked. I think Dr. Jain has asked, as to what is the stand of the Government of India before the Supreme Court so far as the capitation fee or any other thing is concerned. We had a stand. But when our lawyer went to the Court, the Court closed the case and the judgment was reserved. So, what is our policy with regard to capitation fee or any other thing could not be disclosed. Because we have not disclosed our case before the Supreme Court, I do not think it would be proper for me to say at this stage because the judgment has not been announced. At this stage, it would not be proper for me to say what is our stand so far as capitation fee is concerned. But, I do say, and I have

said it a number of times, that so far as health care of the people of India is concerned, it is a fundamental right of every citizen of India that he should get free medical aid from the State, from the Government. I have said it many times, and I do refer to it again. I would like to say that it is not only a fundamental right but it is a basic human right also.

Mr. Gautam has raised some points that the doctors should have rural orientation and that they should be posted in the rural areas. I completely agree with him. I know that the UP Government had issued an order banning the private practice in the State. But immediately the courts intervened, and I am told that in about 125 or 130 cases, the courts have permitted private practice and stayed the action of the State Government. Health as such is a State subject. How the State Governments ask the doctors to go to the rural areas is their business. But we are also in touch with them that they should depute doctors who seek first appointment to serve in the rural areas. So far as the point whether we want to bring any comprehensive Bill before the Parliament is concerned, as far as the medical education is concerned, I can assure the House that as and when the Supreme Court will give the judgment, we will examine it because we have comprehensive material. We want to give a new orientation to medical education in the country. As soon as the Supreme Court judgment is available, I will come before this House within a record time after consulting the Law Ministry and other Ministries. As soon as possible, I will bring before the House a comprehensive Bill so that the medical education gets a universal acclamation from the people of this country.

As regards the second point, Dr. Jain and some others have said that the Government of India, perhaps, wants to have excessive powers by either issuing an Ordinance or by taking away any right from the State Government. I must tell the hon. Members very frankly that at this time also, the Central Go-

vernment has got the power. The power is that once the State Government and the Medical Council recommends, the final notification or acceptance is given by the Central Government. The intention of this Ordinance or this legislation is that before starting a medical institution, they have to approach the Medical Council of India through the Government of India. They have to prepare a project report. After preparing the project report, they have to approach the State Governments and the University concerned, and then the State Government will recommend to the Government of India. We will it to the Medical Council. The Medical Council will send it back to the Government of India. The intention is that there should be checks and counter-checks so that there is no substandard medical education provided to the students of this country.

Secondly, Sir, Dr. Jain has said whether any political patronage will be given there. I can tell Dr. Jain that it has never been the intention of this Government to give any political patronage to any section of the society, especially in providing medical education or education. Had it been so, then we should not have taken the steps of issuing an Ordinance. All that I can assure you is that the only political patronage that we are going to provide in the medical education is that merit will have the only political patronage that we are going to provide in the medical education is that merit will have the only motivation and nothing else. And I propose that I will have a high-powered committee in the Government of India which will decide which is the party or which is the institution which has the necessary infrastructure to have this thing. So, the question of political patronage in such cases does not arise, especially in the case of education, more so in the case of medical education.

Another question has been raised by one of our friends from Manipur. He has said that more and more medical colleges should be opened. I can tell the hon. Member that the Chief Minister of

Manipur is trying hard that the medical college which is under the control of the State Government should be taken over by the Centre. If a State Government cannot run one medical college how is it possible for us to take that over? I can say that it is not possible for us to open new medical colleges in the public sector. We will encourage the private sector, subject to the condition that the private sector does not consider that this medical education will become a machine for earning money. That is why I have said that we have to give some quota for all-India meritorious students. We have to give some quota for the Scheduled Castes and the Scheduled Tribes where they do not get any quota in that State and also the OBCs in that State, whatever be the formation of the OBCs. This is a major policy decision that we will have to take and it can be taken only after the Supreme Court judgement is available.

A new hon. Member, Mr. Tara Charan Majumdar from Assam, has said that perhaps the State Government has given some seats to us, to the Central Government and this is a discretionary quota with the Central Government. I want to rebut it and rebut it very emphatically that Assam Government or any other Government has given any discretionary quota. All that we do is that wherever there are medical colleges in the States, we request the Chief Minister to give some seats to the Central Pool and the seats are given to the Central Government, to the Health Ministry. The Health Ministry allocates the seats. We give it either to the Defence Services, or to the MHA or to some other service or to some States which do not have medical colleges available there. The right of allocation is with the Central Government. But the right of nomination is with the State Government. We have nothing to do with the discretionary quota as Mr. Tara Charan Majumdar has said.

Another point raised was about the guarantee that the provisions of this Bill will not be misused. I can ask the hon. Members as to what was the guarantee that the provisions of this Act were

not misused, by the State Government. That is why we had to intervene. We have got the Concurrent jurisdiction. Now the only guarantee that I can give is, apart from my own personally, we are very judicious. This Parliament is the highest forum which can be the guarantee for the supervising anything that the Government does. I think that can be the only guarantee.

A mention was made about JIPMER. I am aware of it. There was shortage of some persons in JIPMER and I sent a team headed by the Health Secretary to that institution. This institution is in the name of Pandit Jawaharlal Nehru and we will see to it that this institution really deserves the name after whom this institution had been established. We have appointed professors assistant professors and other staff for that institute and I think that within the next three or four months everything will be okay.

Another point was raised—I don't know whether Dr. Jain mentioned it—whether anything has been done. We had referred the case to the CBI and the CBI has said that administrative or departmental action should be taken in this case.

Another hon. Member asked as to what the Government proposes to do and whether we had entered into any correspondence with the then Chief Minister of Andhra Pradesh. I can tell the hon. Member and say it publicly on the floor of the House that either directly or indirectly, there was no communication—either verbal or in writing....

SHRI MENTAY PADMANABHAM:
Verbal.

SHRI M. L. FOTEDAR: Even verbal, I said. Whatever communication was there, it was uniform with all the Chief Ministers, as to what they should do and what they should not do.

In conclusion I would say that we want to evolve a system by which we would like to create a new cadre of doctors who have creative thinking, a new cadre of doctors who would come out of the medical institutions, full of compassion and human touch, to alleviate human suffering particularly, in the rural

areas. This is the intention of the Government.

With these words, I would like to seek the indulgence and support of this House. For achieving this objective of the Government, I would like to seek the indulgence and support of this House. Therefore, I would request Dr. Jain to withdraw his Resolution and I would request the hon. House to pass these Bills.

SHRI MENTAY PADMANABHAM: Just one minute, Sir. Mr. Minister, I will invite your attention to sub-section (5) of the proposed new section 10A. It says:

"Where, within a period of one year from the date of submission of the scheme to the Central Government under sub-section (1), no order passed by the Central Government has been communicated to the person or college submitting the scheme, such scheme shall be deemed to have been approved by the Central Government in the form in which it had been submitted, and, accordingly, the permission of the Central Government required under sub-section (1) shall also be deemed to have been granted."

What is the purpose of this section?

SHRI M. L. FOTEDAR: The purpose of this section is....

SHRI MENTAY PADMANABHAM: This would only create more problems for you, for the Government. This section was inserted for helping the colleges already started in Andhra Pradesh, by the Chief Minister of Andhra Pradesh. But now, there is no such necessity because the Andhra Pradesh High Court had struck down the permission given by the State of Andhra Pradesh. The Supreme Court also was quite unequivocal in its decision, in the Mohini Jain case. Therefore, there is no need for this section.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): Mr. Padmanabham, please sit down. Let him reply.

SHRI MENTAY PADMANABHAM: Will the hon. Minister kindly say what is the purpose of this section?

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): Mr. Minister, would you like to respond?

SHRI M. L. FOTEDAR: For this very reason. Now, Dr. Jain referred to the question of any political patronage being given to anybody, or, any slackness on the part of the Government, in any organ of the Government. I want to make sure that as and when the letter is received, it is disposed of as expeditiously as possible, whether you give permission or you do not give permission, because, reports had come to us from different States that many cases were pending for years together and no decision had been taken. I want decisiveness in this matter. This is why there is this provision for one year. If it is not done, we would take action against that organ of the Government. But the party should not suffer. The party should not say that he had sent the application on such and such date and that this thing had happened. In case anything wrong happens, we are there to take action against the person concerned, who shows slackness, who does not show alertness, who does not decide the case in time.

SHRI MENTAY PADMANABHAM: Those people would be benefited. It would benefit the defaulters.

SHRI M. L. FOTEDAR: I see you have a problem in Andhra Pradesh.

SHRI MENTAY PADMANABHAM: I am not talking about Andhra Pradesh. I am talking in general. If a Joint Secretary or a Deputy Secretary sleeps over the report, the defaulter, the party, would get the benefit of it. That is the reason why I am pointing this out.

SHRI JAGESH DESAI: Mr. Vice-Chairman, Sir, kindly give me a chance.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): I will call you at the time of Third Reading.

SHRI M. L. FOTEDAR: For the information of the hon. Member, I would like to point out...

SHRI MENTAY PADMANABHAM : If a Section Officer sleeps over the letter, the party, the defaulter, would be benefited.

SHRI M. L. FOTEDAR : For the information of the hon. Member, I would like to point out that no college has been established. I want to clarify that. 'Opening' is different. 'Establishment' is different. 'Establishment of a college' means, there should be a college. 'Establishment of a college' means, there should be professors in different disciplines. 'Establishment of a college' means, there should be a hospital, running hospital. 'Establishment of a college' means, there should be a nursing school. All these things have to be there. A person cannot start a college unless all these things are there. I have been very clear in this. In case any officer does any mischief, it is for him to say that. If they do anything wrong, if they do any mischief, action would be taken against them.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI) : Mr. Kore. Only five minutes.

SHRI PRABHAKAR B. KORE (Karnataka) : Thank you, Mr. Vice-Chairman. Sir, for giving me this opportunity. First of all, I must thank the hon. Minister of Health for bringing forward this Bill at the right time. I am saying so, particularly because I come from that State which is the founder of private medical colleges. Sir, my colleagues were referring to private colleges and the capitation fees charged by them. I proudly say that I am an honorary chairman of one medical college which is 30 years old. Today that college, Jawaharlal Nehru Medical College, Belgaum, is supposed to be the best medical college in the country. Of course, recently I had been to the United States and the U.K. There are about 300 ex-students who have passed from this medical college and who are settled in the USA and the U.K. Today in the

Indian doctors' community they are considered to be the best in America and best in the U.K. This is all because of the best training imparted to them. All the training facilities are available in India, in our country. Do not belittle private medical colleges. Of course, there are good people and bad people are also there. Bad people should be punished, but good people should be given proper opportunities. When I say about a private college, people immediately think of capitation fees. I agree that some of the colleges are charging to the extent of Rs. 5 lakhs, Rs. 10 lakhs, Rs. 20 lakhs, but if you see in my State, the private colleges are doing very well. Because of those colleges health services in my State have improved. Most of the medical colleges have their own hospitals. Most of the modern facilities are available in those colleges. So, I would only request the hon. Health Minister to keep this in mind that all the private colleges are not making money. Do not hold this view. Please see and ask your Councils to visit the colleges and then you can decide what you should do.

For your information, as the hon. Minister just now said, already we are thinking to give 'merit seats' on all-India basis. In Karnataka we are giving 50 per cent seats purely on merit, selected by Karnataka Government, based on roster. Their annual fee was Rs. 800 but last year it was increased to Rs. 2000/-. This is just for your information.

I do not want to take any more time of the House. With these words once again I support this Bill.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI) : I shall first put the Resolution seeking disapproval of the Indian Medical Council (Amendment) Ordinance, 1992 (No. 13 of 1992) to vote.

DR. JINENDRA KUMAR JAIN : In view of the assurance given to the House by the hon. Health Minister, I am glad to withdraw the Statutory Resolution for disapproval.

The Statutory Resolution was, by leave, withdrawn.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): I shall now put the motion moved by Shri M. L. Fotedar. The question is:

"That the Bill further to amend the Indian Medical Council Act, 1956, be taken into consideration."

The motion was adopted.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): We shall now take up clause-by-clause consideration of the Bill. There are 29 Amendments. Amendments Nos. (1) to (10) by Shri Vithalrao Madhavrao Jadhav.

SHRI VITHALRAO MADHAVRAO JADHAV: Sir, I have already spoken on the subject. I am not moving the amendments now. As the hon. Minister has said that the decision of the Supreme Court is awaited, the amendments may be taken into consideration at that time.

I am not moving the amendments.

8.00 P.M.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): So you are not moving them. I shall now put clause 2 to vote. The question is:

That clause 2 stand part of the Bill.

The motion was adopted.

Clause 2 was added to the Bill.

Clauses 3 and 4 were added to the Bill.

Clause 1, the Enacting Formula and the Title were added to the Bill.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): Yes, Mr. Minister.

SHRI SANGH PRIYA GAUTAM: In the third reading, Sir, just one word. (Interruptions)...

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): No, I will not

permit... (Interruptions)... No, I am not permit you. Please sit down now... (Interruptions)... No, I am not permitting you. You have already spoken... (Interruptions)... I will not permit you... (Interruptions)... You have already spoken. I am not permitting you. Please sit down. Yes, Mr. Minister.

SHRI M. L. FOTEDAR: Sir, I beg to move:

"That the Bill be passed."

The question was put and the motion was adopted.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): We shall now take up the Statutory Resolution moved by Dr. Jain, disapproving the Dentists Amendment Ordinance, 1992 (No. 14 of 1992).

DR. JIENDRA KUMAR JAIN: Sir, in view of the assurance given by the Minister, I am pleased to withdraw my Resolution and request the House to pass the Bill unanimously.

The Statutory Resolution was, by leave, withdrawn.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): Now I shall put the motion moved by Shri M. L. Fotedar to vote. The question is:

"That the Bill further to amend the Dentists Act, 1948, be taken into consideration."

The motion was adopted.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): We shall now take up clause-by-clause consideration of the Bill.

Clauses 2, 3 and 4 were added to the Bill.

Clause 1, the Enacting Formula and the Title were added to the Bill.

SHRI M. L. FOTEDAR: Sir, I beg to move:

"That the Bill be passed."

The question was put and the motion was adopted.

MESSAGE FROM THE LOK SABHA

The Appropriation (No. 5) Bill, 1992

SECRETARY GENERAL: Sir, I have to report to the House the following message received from the Lok Sabha, signed by the Secretary-General of the Lok Sabha :

"In accordance with the provisions of rule 96 of the Rules of Procedure and Conduct of Business in Lok Sabha. I am directed to enclose the Appropriation (No. 5) Bill, 1992, as

passed by Lok Sabha at its sitting held on the 22nd December, 1992.

2. The Speaker has certified that this Bill is a Money Bill within the meaning of article 110 of the Constitution of India "

Sir, I lay a copy of the Bill on the Table.

THE VICE-CHAIRMAN (SHRI SYED SIBTEY RAZI): The House stands adjourned till 11 A.M. tomorrow.

The House then adjourned at five minutes past eight of the clock till eleven of the clock on Wednesday, the 23rd December, 1992.