

As far as our receiving a memorandum from 24 unions is concerned,) have not received. If you forward it to me, I would like to help them as much as possible.

SHRI PARVATHANENI UPENDRA: My other question is this. The Minister has admitted that there is a lacuna in the Act. Would the Government take action to amend the Act? Definitely the Government can provide in the Act or while giving the permission to foreign airlines to operate in India, they can stipulate a condition that they must have an office here and that they should not employ a GSA instead.

Part (b), while employing a GSA and closing down their offices, they are cutting down their expenditure and earning enormous profits which they are utilising to undercut rates. There is an unfair competition also, because of which our Air India is also being affected. Will the Minister take steps so that they do not reduce the rates to the disadvantage of Air India and other foreign airlines?'

SHRI JAGDISH TYTLER: Sir, all airlines are governed by the IATA regulations. That is an international body which regulates the fares. We cannot control other Airlines and we cannot tell them that you can have your own offices and you cannot have agencies and all that. The competition is such that they want to sell their tickets. Under the IATA regulations there is a set commission which is given to the agents. But once they appoint GSA they are allowed 3 per cent extra and more commission on selling certain tickets. So what happens these agents give concessions out of their commissions so that they are able to sell their airlines tickets. It is a competition affair. I do not think the Government of India or any Government in the world has regulations to control such things. I would also like to inform the hon. Member that places like America where it is not legal to have GSA what the airlines are doing is that they are able to give more commission under such consolidators. So it is a commercial venture of the airlines. Whereas it is possible our Air India is also doing.

MR. CHAIRMAN: Next question.

162. [The questioner (Shri Ajit P. K. was absent. For answer, vide cols. 31—34 infra],

163. [The questioners (Shri Ramnaia-yan Goswami and Shri Sunil Basu Ray) were absent. For answer, vide cols. 33 in-fra],

*164. [The questioners (Shri Pawan Kumar Bansal and Shrimati Krishna Kaul) were absent. For answer, vide cols. 34-35. infra].

Purchase of Electronic Lung Function Machine by Safdarjung Hospital

*165. SHRI ATAL BIHARI VAJPAYEE:
SHRI KAILASH PATI MISHRA:

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

(a) whether it is a fact that the Safdar-Jung Hospital, New Delhi had purchased an expensive 'electronic lung function machine' despite the fact that there were no trained personnel available to handle it and that a high level Screening Committee had categorically rejected the proposal?

(b) if so, what were the reasons advanced by the Committee for its rejection and what compulsion arose later to purchase and

(c) whether it is also a fact that two Operation Tables worth lakhs of which had not been measured up in the required specifications had been purchased for use in heart-tests, and lakhs of rupees is lying unused if so, what are the details thereof?'

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHANNA): (a) and (b) The proposal for the purchase of "electronic lung function machine" was initiated in October,

†The question was actually asked on the floor of the House by Shri Atal Bihari Vajpayee.

1984 and v. as placed before the Screening Committee in January, 1985. The Screening Committee felt that, since there was no Specialist heading the respiratory laboratory, it would be difficult for the unit to function. The proposal was, therefore, referred to the Medical Superintendent for creating a post of a Specialist Grade Officer in the Department of Respiratory Laboratory. The post of Specialist in Respiratory Laboratory was created in October, 1985 and now there is a trained Specialist available in Safdarjung Hospital in the field of respiratory diseases.

The Indent for the purchase of an "electronic lung function machine" was placed in November, 1985 after approval by the Screening Committee in October, 1985 and after a doctor of the Safdarjung Hospital had been trained at the All India Institute of Medical Sciences to operate the machine. At no stage the Screening Committee had rejected the need for purchasing the "electronic lung function machine".

(c) Two Operation Tables costing Rs. 75,000 - each with acceptable specifications were purchased through D. G. S. & D. These Operation Tables are in use. The Treadmill was not purchased.

श्री अटल बिहारी वाजपेयी : महोदय, काफ़ी लंबा जवाब दिया गया, लेकिन जवाब स्पष्ट नहीं है। पहली बात तो यह मैं जानना चाहता हूँ कि अक्टूबर, 1984 में जब "इलेक्ट्रॉनिक लंग फंक्शन मशीन" की खरीदने का प्रस्ताव किया गया, तब क्या प्रस्ताव करने वाले का यह पता नहीं था कि रेस्पिरेटरी लेबोरेटरी में कोई विशेषज्ञ नहीं है? यह प्रस्ताव किसे किया? क्या प्रस्ताव बिना इस बात की ध्यान में रखे हुए कि पूरा नहीं होगा, किया गया? जवाब में कहा गया है कि स्क्रीनिंग कमेटी ने किसी स्तर पर प्रस्ताव रद्द नहीं किया है, मगर स्क्रीनिंग कमेटी ने

कहा है कि अगर विशेषज्ञ नहीं है तो मशीन लेकर क्या करेंगे? यह प्रस्ताव को रद्द करना नहीं हुआ तो क्या हुआ?

मानव संसाधन विकास मंत्री (श्री पी०वी० नरसिंह राव) : किसी मशीन को मंगाने में ढाई साल लग जाते हैं और एक विशेषज्ञ तैयार करने में चार महीने लगते हैं, तो यह तो दूर अंदेशी की बात हुई कि पहले मशीन की बात की गई और उन्होंने कहा कि अच्छा अभी तो आप पहले विशेषज्ञ तैयार कीजिए, तो विशेषज्ञ तैयार किया गया। फिर इसको रिपीट किया गया कि हमें मशीन चाहिए, तो मैं समझता हूँ कि यह बहुत अच्छा किया, पहले मशीन की मांग की जिसमें तीन साल लग सकते हैं और... (व्यवधान)

श्री अटल बिहारी वाजपेयी : उन्होंने, किसने मांग की?

श्री पी० वी० नरसिंह राव : उस डिपार्टमेंट वालों ने, जो जवाब में दिया है, डिपार्टमेंट वाले कहते हैं कि हमें मशीन चाहिए। स्क्रीनिंग कमेटी ने कहा कि पहले विशेषज्ञ तैयार कीजिए। आदमी तैयार किया गया, फिर दो साल लग गए। इससे पता चलता है कि जिन्होंने मांग की थी उन्होंने बड़ी दूर-अंदेशी से काम लिया था।

श्री अटल बिहारी वाजपेयी : महापति महोदय, यह दूरदर्शिता है कि प्रस्ताव कर दिया जाए और यह तय कर दें कि मशीन आने के बाद कौन चलाएगा? यह दूरदर्शिता है या असमर्थता है? सफ़दरजंग अस्पताल राजधानी का एक प्रमुख अस्पताल है। मगर उसमें आधुनिक चिकित्सा के जो उपकरण उपलब्ध होने चाहिए, वह अभी तक वहाँ नहीं है। अस्पताल में बिस्तरों की कमी है, मरीज पलंग के नीचे लिटाए जाते हैं। मैं पृष्ठ रखा हूँ कि जवाब के अन्त में कहा गया है—दि ट्रेडमिल वाज़ नॉट परचेज़्ड।

महोदय, आप जानते हैं कि यह ट्रेडमिल जो दिल के मरीज है उनके लिए आवश्यक है। तो इतनी दूर-अंदेशी की कि जब लेबोरेटरी तैयार नहीं थी तब तो लंग रेस्परेटरी उपकरण खरीदने का प्रस्ताव कर दिया गया लेकिन जब ट्रेडमिल खरीदने की बात आई तो उसको अस्वीकार कर दिया गया। क्या मंत्री महोदय...

श्री पी० बी० नरसिंह राव : अस्वीकार करने की बात नहीं है। जो जवाब मिलना था आपको मिल गया। जो आपने कहा कैंडेगरिकली रिजेक्ट कर दिया गया है, वह गलत साबित हो गया। अब इधर-उधर बीटिंग एवाउट दिव्य करने से क्या लाभ?

श्री अटल बिहारी वाजपेयी : सभापति महोदय, ट्रेडमिल खरीदने का प्रस्ताव क्यों रद्द किया गया, वह इधर-उधर करना है?

KUMARI SAROJ KHAPARDE: It was not purchased. That is what we have said.

SHRI ATAL BIHARI VAPAYEE: Why was it not purchased?

KUMARI SAROJ KHAPARDE: We will purchase when the time comes.

SHRI ATAL BIHARI VAJPAYEE: Is the reply satisfactory?

KUMARI SAROJ KHAPARDE: Yes, Of course.

श्री पी० बी० नरसिंह राव : यह तो चित्त भी मेरी पट भी मेरी वाली बात हो गई जहां खरीदा वहां पूछते हैं कि क्यों खरीदा और जहां नहीं खरीदा वहां कहते हैं कि क्यों नहीं खरीदा।

श्री अटल बिहारी वाजपेयी : जहां गड़बड़ खरीद की गई वहां पूछा जाएगा कि क्यों खरीदा गया, जो नहीं खरीदा गया तो उसके लिए पूछेंगे कि क्यों नहीं खरीदा।

श्री बी० सत्यानारायण रेड्डी : मंत्री महोदय ने अपने जवाब में कहा है कि वाजपेयी जी तोड़ मरोड़ रहे हैं, तो मैं मंत्री जी का ध्यान सफदरजंग अस्पताल व दूसरे जो राजधानी के अस्पताल हैं, जैसे राममनोहर लोहिया अस्पताल, जय प्रकाश नारायण अस्पताल, इनके बारे में ध्यान दिलाना चाहता हूँ। इनके बारे में कई बार चर्चा हो चुकी है, जो इंस्ट्रुमेंट इन अस्पतालों में हैं इनके बारे में आम तौर पर कहा गया है कि ये इंस्ट्रुमेंट वहां बराबर नहीं हैं। आज का जो प्रश्न है, इस संबंध में मैं यह कहना चाहता हूँ कि इन बातों को नजरअन्दाज नहीं करना चाहिए। जो इंस्ट्रुमेंट लोगों के जीवन को बचाने के लिए, लोगों के जीवन की रक्षा करने के लिए जरूरी हैं उन इंस्ट्रुमेंट्स को इन हास्पिटल्स में रखना बहुत जरूरी है। जिन अस्पतालों में स्पेशलिस्ट नहीं है इसके बारे में पहले से सोचा जाना चाहिए। पहले से ही स्पेशलिस्ट नहीं होते। जवाब में कहा गया है कि स्पेशलिस्ट न होने के कारण यह मशीन खरीदी नहीं गई, इलेक्ट्रॉनिक्स लंग फंक्शनिंग मशीन नहीं खरीदी गई।

श्री सभापति : आपका प्रश्न क्या है?

श्री बी० सत्यानारायण रेड्डी : मेरा मंत्री महोदय से सीधा सवाल यह है कि ऐसे हास्पिटल जो राजधानी और पूरे देश के अन्दर हैं, इन के अन्दर जिस मशीनरी की जरूरत है वह पहले से ही तैयार होनी चाहिए। तो मैं मंत्री महोदय से जानना चाहता हूँ कि इस के लिए स्पेशलिस्ट पहले से ही तैयार करने की क्या कोई योजना सरकार के पास है? अगर है तो वह क्या है और इस संबंध में सरकार की नीति क्या है?

कुमारी सरोज खापर्डे : श्रीमन्, माननीय सदस्य ने जो मुझसे सदन के सामने रखा है कि इस तरह की मशीनें अन्य अस्पतालों में जो हैं उसके लिए, उन मशीनों को ठीक ढंग से चलाने के लिए लोगों को ट्रेन करना चाहिए

ताकि उनका इस्तेमाल ठीक ढंग से हो सके । यह मुझाब वास्तव में स्वागत योग्य है और हम लोग इसको ध्यान में रखेंगे । सफदरजंग-हॉस्पिटल के संदर्भ में उन्होंने अन्य अस्पतालों का भी जिक्र किया है कि अन्य अस्पतालों में भी इस प्रकार की मशीनें पड़ी हुई हैं । इन मशीनों को ठीक ढंग से चलाने के लिए लोगों को ट्रेन्ड करेंगे ताकि जनसाधारण को इनका लाभ मिल सके ।

DR. G. VIJAYA MOHAN REDDY:

Mr. Chairman Sir, through you, I would like to ask one question of the hon. Minister. I am not talking of a very costly equipment which may be useful in certain selective cases but I am talking of ordinary equipment for laboratories. Distilled water is not there in the schedule of supply. Reagents are not properly replenished. These are the complaints which we are receiving from the laboratories attached to the CGHS Hospitals. The equipment is also not replaced. Today morning, I went to Parliament House Annexe. Distilled water was not in the schedule of supply. They were telling me that the instruments had become old and they were not in a position to give me the correct reasons. This is the particular situation. Laboratories are some of the most important part of the hospitals. (*Interruption*).

MR. CHAIRMAN: She says that if you want to know about other hospitals, she will need a notice.

DR. G. VIJAYA MOHAN REDDY: Yes, Sir.

PROF. B. RAMACHANDRA RAO: Sir, referring to this question, I would like to ask the hon. Minister whether in the Delhi hospitals where such equipments are not functioning or are out of order, there is a common problem that in some cases expert orders a machine and by the time

the machine comes, he would be leaving for another job and therefore, there is always a mismatch. I would like to ask this question whether it is possible to keep two experts when you have such costly machines. Secondly, in case an expert is not available, I want to know whether an expert from a neighbouring hospital can be utilised for the purpose of using this machine optimally.

SHRI P. V. NARASIMHA RAO: Sir, this could be done but keeping two experts* for one machine in the expectation or in the apprehension that one of them might leave is not a practical proposition. But in each case, we will have to depend on its merits whether we can really get somebody from the next hospital and that will have to be looked into in each case.

SHRI LAKSHMI KANT JHA: Sir, may I in this context suggest to the hon. Minister that having two experts for a machine would also enable a fuller use of the equipment. At the moment, most expensive machinery functions during certain limited hours. Those are the very hours when people are working either in their offices or elsewhere. Now if you have two experts then the same equipment could be working for 12, 14 or 16 hours a day. You would get much better results with a fuller use of our manpower and a better return on the expensive equipment, whether imported or indigenous, which are installed in our hospitals.

SHRI P. V. NARASIMHA RAO: Sir, it is a good suggestion but it opens up certain other questions. Not just the expert but his assistants; the whole staff connected with the working of that machinery will have to be duplicated. That would mean additional expenditure. It is a very valid question. But whether we can do it in respect of every machine remains to be

seen because it is a fact that the machine which we have is used for only a limited time and if it has to be used for double that time, what the implication will be in respect of the overall staff will have to be seen. But, I have noted the suggestion. Sir. If there is a possibility of doing so in the case of a very sophisticated machine, which is available at only one place and not available in every hospital and the demand for which is very heavy, it will be worthwhile to double the staff and make use of it for double the time. I would certainly look into the possibility.

MR. CHAIRMAN: Question No. 166.

Decline in Room Occupancy in the Hotels of ITDC

*166. SHRI BIR BHADRA PRATAP SINGH:

SHRI BHAGATRAM MANHAR!:

Will the Minister of TOURISM be pleased to state:

(a) whether it is a fact that room occupancy of number of hotels of ITDC has declined *durin*» [he first six months of 1987 as compared to the first six months of 1986;

(b) if so, what are the details in this regard;

(c) whether the decline of room occupancy of ITDC owned hotels this year is j due to inadequate publicity abroad; and

(d) if so, what are the steps Government are contemplating to increase the room j occupancy of ITDC hotels during the next j six months ?

THE MINISTER OF STATE OF THE MINISTRY OF CIVIL AVIATION AND THE MINISTER OF STATE OF THE ! MINISTRY OF TOURISM (SHRI JAGDISH TYTLER): (a) to (d) A Statement is laid on the Table of Sabha.

tThe question was actually asked on the floor of the House by Shri Bhagatram Manhar.

Statement

(a) and (b) The overall average percentage of room occupancy in ITDC's 25-Hotels during the first six months of 1987 was 70% as against 64% for the same period of 1986. There was marginal decline in occupancy in respect of only three hotels viz. Ashok Bangalore, Temple Bay Ashok Beach Resort, Mamallapuram and Samrat, New Delhi as per attached Annexure. (*See below*).

(c) and (d) Publicity Promotion and marketing overseas is undertaken by Government of India Tourist Offices located in important tourist generating- markets.

To accelerate tourism to India publicity is carried out through posters, brochures, films, audio-visuals, advertisement through-TV, radio and video, in addition to print media, etc.

To achieve higher percentage of room. occupany numerous steps have been taken by the ITDC which *inter alia* included:

(il participation in travel trade forums. in overseas market,

(ii) sponsoring of travel writers and journalists from abroad and writing about India anti the Ashok Group Hotels.

(iii) sponsoring of familiarisation, tours of foreign travel agents to India in coordination with Air India,

(iv) signing of special rate contracts with foreign tour operators by offering ncentives on volume based business to encourage group tourism,

(v) establishing personal contacts with major tour operators and travel agents for promoting traffic to India,

fvi) marketing and reservation tie-ups with International Hotel chain e. g. —

(I) Odner Hotel Representatives Lt. Hong Kong.

(2) Golden Tulip Worldwide Hotels,. Holland