[Shri A. B. A. Ghani Khan Chaudhuri]

for leave to introduce a Bill further to amend the Indian Railways Act, 1890.

श्री शिव चन्द्र झा (बिहार) : इस बिल के इंट्रोडक्शन के स्टेज पर ही मैं कहना चाहता हूं कि 1890 के रेलवे ऐक्ट में यह संशोधन ला रहे हैं 1983 में । आप देखें कि आज रुपये की वैल्यू कितनी कम हो गयी है । इस के अनुसार यदि रेलवे ऐक्सीडेंट में कोई मर जाता है तो उस को कंपेंसेशन के लिये जो 50 हजार की व्यवस्था है उसके स्थान पर आप एक लाख करने जा रहे हैं । आप देखें कि 1890 में रुपये का क्या दाम था और आज वह कितना कम हो गया है । कम से कम दस या बीस गुना तो यह होना ही चाहिए (व्यवधान) . . . तो यह नहीं होना चाहिए और इस के स्थान पर कम से कम 50 लाख होना चाहिए । इस को आप सीरोयसली टेकअप नहीं कर रहे हैं ।

श्री उपसभापति : आप कोई टेक्निकल आब्जेक्शन रेज करें कि यह क्यों न पेश किया जाये ।

श्री शिव चन्द्र झा : इस का मेमोरेंडम भी एडीक्वेट नहीं है ।

श्री उपसभापति : ठीक है । आप का आब्जेक्शन हो गया । अब आप बैठिये

MR. DEPUTY CHAIRMAN: The question is:

"That leave be granted to introduce a Bill further to amend the Indian Railways Act, 1890."

The motion was adopted.

SHRI A. B. A. GHANI KHAN CHAUDHURI: Sir, I introduce the Bill.

RESOLUTION RE. NATIONAL HEALTH POLICY (CONTD.)

MR. DEPUTY CHAIRMAN; Now, we take up further discussion on the Resolution of the Health Minister. Mrs. Margaret Alva, you have taken sufficient time yesterday.

SHRIMATI MARGARET ALVA (Karnataka); Not at all * was just reaching the stage when I was mentioning about the hospitals that we have in the country today. Well, there is no denying the fact that most of the hospital care is provided by the Government hospitals though there is quite a lot of voluntary and private effort also. Speaking about Government hospitals, we have to admit that the hospitals are undoubtedly overcrowded, the waiting list for admission running into hundreds with the result that most often the patients are prematurely discharged, even before they have completely recovered. T am speaking here about Kalawati Saran Hospital in particular on which there was a committee set up and I was a Member of that Committee. We saw three or four children sharing a bed with the result that the child who is admitted for one ailment very often goes with **two** other ailments because of the infection contacted by sharing beds in the hospital itself. It is unfortunate that the Government has not thought it necessary to expand such hospitals even in cities where the demand is so great. We have had questions in Parliament repeatedly about the insufficiency of drugs and essential medicines in hospitals which do not get there on time. We have also heard of cases which have come up in the Press very often about food and medicines meant for patients being unscrupulously sold to the patients outside the hospital doors in many States.

[The Vice-Chairman (Shri Syed Rahmat Ali) in the Chair].

There is also the question of equipment. Because the budgetary allotments run out at the end of the year, equipment is ordered to make sure that the funds are utilised. If you conduct a survey, you will see that a lot of this equipment ia not used because there is **a** lack of

trained people t0 operate the equipment. I was in Nagaland for the elections. There was an accident of a jeep and there were four or five young boys injured. We managed to get them at the hospital. We were told that the X-Ray machine was out of order. So, we had to take these boys down to the pla4ns through the hills in the night about 200 kilometres away to go to anothe, place where the X-Ray could be taken. The equipment is there on your record, but it is out of order and is not used. Most of the equipment is not repaired for months.

Statistically, we have the least number of hospital beds as far as population is concerned. I would just give figures. We have 6.2 hospital beds per 10,000 in India. Even in countries like Thailand, they have 12.9 per 10,000. The Filipines have 15.6 beds per 10,000. Countries like Australia and the U.S.A. have a much higher figure.

There is another problem in our hospitals. There ig too much of interference from various sources which kills the morale of the people who run them. Trade union interference, favouritism and various other aspects are crippling the administration which are not really able to do what they would like to do in the existing circumstances. With the result, (and I wouM like to really ask the Minister for figures) we have had some of the most experienced and outstanding people in Government service quitting and going into private practice because they found that they had no scope to function in Government, and after many years, out of frustration, they quit. So is the case with Nurses who are going in large numbers abroad because they find that even the basic requirements are not available to them.

Sir, the question of mental hospitals has come up repeatedly in this House. In fact, there was also the Joint Select Committee of Parliament. So, Il do not want to go deep into this matter. But I would like to say that recently when I was in Amritsar on some other work. I was surprised to see what seemed to be an open-air hospital in the heat of summer where mental patients were in the open, chained to their beds in the heat of summer in Amritsar. And I was wondering whether it was a kind of an open jail, and when I enquired they said that they were mental patients in the open and they have been chained to their beds so that they would not run away. It is true that we have tremendous problems as far as accommodation a'nd finances are concerned. But, I think, that the fate of mental patients even in well known hospitals today is such because whatever they say or complain about it cannot be taken note of, and even women in mental hospitals are having tremendous problems.

Sir, J am very glad that this statement speaks about the need to involve voluntary effort in making our health services more meaningful, and I quote here from page 5; "There are a large number of private, voluntary organisations active, in the health field, all over the country. Their services and support would require to be utilised and intermeshed with the governmental efforts, in an integrated manner." Again, I quote just a part of the Statement from page 7:

> ". . .to encourage the establishment of practice by private medical profession, increased investment by non-governmental agencies in establishing curative centres and by offering organised logistical, financial and technical support to voluntary agencies active in the health field."

Sir, I do not want to sound, parochial. But I would like to say that many private institutions and organisations have given their best in the field o'f health. But we find that instead of supporting their efforts, instead of helping them, more often than not, problems are created, problems are created at the local levels, makmg it impossible for these institutions even to continue to function. A case in this regard I would speak about is S*. John's Medical Hospital

[Shrimati Margret AlvaF

and College in Bangalore where with private voluntary effort so much was built up. But the State Government sought somehow to destroy what had been built over so many years by so many people. And this is where I say that I am glad that this. Statement does mention the need to co-ordinate and support effort$_s$ by various institutions provided, of course, they maintain the standards which they are expected to maintain. Sir, whether it is at the local level or at the Central level, Il feel that in the Boar-, which decide policy and which • upervise medical care and attention, more representation and a greater voice should be given to the professional people, and not to the so-called generalised bureaucrat or even th$_e$ politician. Most often these decisions are taken by bureaucrats, who sit in the Ministry somewhere and who do not even know what is happening in the hospitals. And then their voice and their word is final and the law, whereaa the real problem is faced by those who are at the hospital counters, those who are in the wards and who really know the meaning of running those hospitals. But their voice is generally ignored and the policy is made, as I said earlier, somewhere by those who know nothing about it.

Sir, one of the real questions which has also received attention and mentioned in the Statement is the question of essential drugs and medicines. We have for long been speaking about being self-sufficient in essential drugs. Now, with the intention or making this possible, we have a very good policy that tax concessions are given to b'g business houses in the field—they wer$_e$ earlier, multinationals but now they are more and more Indianised—in order that research might take place. Their R&D Depart-

3 P.M.

ment receive a lot of support and they are given tax concessions. I have had the cases of our young people coming to us and telling us that whatever formulae are developed, which should really be marketed by these pharmaceutical companies, are |sent to their head offices abroad to receive their approval and then they are approved. But then they are marketed under international brands, rather than being manufactured locally and the benefits goig directly to the Indian consumer, with th$_e$ result that you are still paying international rates and international prices with all the import duties and other things which you impose, on formulae which are being developed in India by Indian technicians and research people in their R & I> establishments.

Sir, cheap mass produced drugs for the common people is the crying need today and I think these can be manufactured in the country if we make our minds that it must be done. We do not need imported materials for ordinary common ailments for which medicines could be produced within the country.

Now, Sir, I come to the question of care of women and children which, I think, is an important aspect in health policy. Today only 30 to 35 per cent of deliveries are attended to by trained birth attendants which, I think, is a very small figure. The infant death mortality is very high. One-third of the deaths which occur in the country are in the age-group 0 t$_0$ 5. And, as I said earlier the hospitals for children, special wards for children, are just insufficient today. I would appeal to the Minister and to the Government that we set the 0-15 age group as the target group for particular attention in health care, immunisat'on as well a$_s$ nutrition care. If you tackle the 0—15 age group for the next ten years then I think you would ^ave really got to the root of providing the proper basic requirements for the whole population.

Sir, we have had the integrated child development scheme. T think there is need for greater co-ordination for bringing all these agencies together. You talk about certain schemes,

then you are asked to go to the Social Welfare Department. You go on to something else and they say, this comes under Food and Agriculture, and this comes under Health and then when somebody talks about sanitation, they say it comes under something else. I would appeal that you have a kind of co-ordinated project, if neeessary, even a kind of co-ordination committee, though I am against extra committees, which can tackle all these issues and produce one common programme which could help the children in a particular age-group. In this respect, Sir, nutrition is, I think, of basic importance. The mid-day meal scheme which has heen introduced in certain States. I think, should become a part and parcel of your health programme as well, because at least one good meal, nutritionally prepared is of great help in building the health of the people. *(Time hell rings).* Sir, please give me two minutes more. In this connection, Sir, I would like to refer to large work sites where thousands of people are working on dams, on various big projects, where migrant children are left to be bom, to eat what they get or not get, and to die in large numbers. Under these circumstances they should be given particular attention by way of nutrition and health care. Large scale immunisation in these work centres is a great need because there is hardly any drinking water and other facility for these children who die in large numbers due to neglect.

Sir, the question of population is a part of the policy which just cannot be ignored when we speak about a national policy. I think this is something which has been accepted as a national policy. It has nothing to do with parties or with individual programmes. We add 14 million a year to our population and as far as family planning is concerned, 23 per cent of eligible couples are covered by the family planning programmes in one form or the other. But, if we are to attain our targeted birth rate of 21 per thousand by 2000 A.D, at least. 60 per cent of eligible couples have to be covered. This is going to require a massive support programme °f the people. The Sixth Five-Year Plan has set apart Rs. 10,000 millions for family planning, which I think, is a big amount. So they can never complain of lack of funds. It is only a question of mobilizing popular opinion; and in this, I think, the voluntary agencies will be able to play a very big role.

I would, in this connection, quote the Prime Minister's statement. "The time has come for us to revamp and revitalize our family planning programme to re-examine existing schemes for information, communication and motivation, I reiterate my Government's total commitment to voluntary family planning . Family planning should be the centre of planed development" I think no greater emphasis than this could be laid by anybody on the whole programme.

Sir, I do not want to take much time. We all know the problems involved in tha CGHS, by which we all are covered. I would appeal to you to make it much more broad-based so that many more people could be covered, of course on payment of a nominal fee.

Sir, in conclusion. I would just like to make a few suggestions in the form of points which perhaps could receive attention. They will be just points for lack of time. The first is that I believe that the statement should be discussed at various levels, in various forumsf private and voluntary agencies who in some form or the other contribute to provide a ground for its implementation. Only then) will this objective be achieved.

A lot of money is spent by the Centre on schemes in the States. I feel that unless Health is brought into the Concurrent List, where a certain amount of direction, control and grea-

[Shrimati Margret Alva]

ter involvement of the Centre would be possible, not all the schemes and programmes are going to be implemented.

I believe also that there should be some scope for localised research, for there are certain ailments which are basically localised. We have, for instance the iodine deficiency zones, for which a lot of research is taking place at the Nuclear Research Istitute in Delhi: In our State we have got this problem of what they call the monkey disease. Where as many many people have died, they are not able to detect the reason, nor find a proper serum. I feel that local research in particular diseases would become much more meaningful.

During the Janata rule there were all those mobile vans which were imported by Mr. Raj Narain—I do not know, for what—and we do not know where they are today. I would like to ask the Minister whether they are Jn operation and whether they could be put to use, particularly in the rural side where local medical care is not available.

Sir, I have already mentioned about shifting the emphasis from the urban to the rural side. I think that the mass media should be mobilized in a big way for taking health care to the masses.

There is one more point. When we are speaking about the preventive aspects of health care, I think that greater emphasis on sports and outdoor activities for the younger people should be laid, and things lijpe yoga and the use of our beautiful stadia and other sports facilities should be made a part and parcel of our educational efforts.

Sir there is one thing more. That is about compulsory health care and insurance for all the employed people with 50:50 contribution by the employer and the employee. 1 feel that would bring medical care more within the reach of the common people.

And then Sir, finally, I would say that there is need for recasting our policies, rather our laws, regarding adulteration and sale of food and drugs, because so much harm is don© not only by adulterated drugs but also by adulterated food.

I feel that if all these steps are somehow added on to this policy in one form or the other, the objective of health for all by 2000 AD. could really become a reality.

♦SHRIMATI ILA BHATTACHARYA (Tripura); Hon. Mr. Vice-Chairman, Sir, the Hon. Health Minister made a statement on National Health Policy yesterday. That statement disappointed us very much. 1 do not think that that Statement contained a National Policy on Health. I rather feel it is an evaluation of health problems in our country during the past thirty seven years. It has said about the mortality rates of children and women these days in our country. So this kind of evaluation is there in that Statement.

I feel that the National Health Policy is very much related to.socio-economic system in our country. I do not think that the Government will be able to implement National Health Policy simply by adopting certain measures. It is a fact that more than sixty per cent people in our counti-y live below the poverty line. A great majority of people in our country struggle to only one square meal a day. You cannot expect that such a people can maintain their health. So the National Health Policy must be formulated, keeping in view the basic problems of poor in our country. Any National Policy—whether it is about health or Industry—primarily depends upon socio-economic system. The National Health Policy does not depend upon the number of hospitals that the Government may set up to provide medi-care to the people. Hospitals will not serve the purposei in ultimate analysis if people suffer

•English translation of the original speech delivered in Bengali.

contantly from malnutrition. Anaema cannot be cured if people do not have money to buy medicines. Again starved people cannot hope to regain their health. Similarly, people cannot take the benefit of nearby hospitals if medicines are not supplied to them free of cost from there. No National Policy on Health will ever succeed without providing nutritious food to the people.

Certain Committees recommended, on health Measures before and after independence. I would like to refer to some of those recommendations. Those recommendations were made by Bhor Committee and Mudaliar Committee. According to the recommendation of Bhor Committee, the Government must see to it that no person in our country should be deprived of free medical treatment. In other words, every individual in the country must be provided with free medical service. Thi$_s$ is the first recommendation. The second recommendation says that Health Services must be equipped with health advisors, specialists, laboratories and other Clinical facilities to diagnose the diseases. The third recommendation was that f^{ree} primary health centres in rural areas should be situated near to various localitie$_s$ so that people may reach there without difficuluty to receive free medical aid. It i$_s$ unfortunate that these recommendations Bhor Committee were not implemented by the Government during the past thirtyseven years.

Then we come to Mudaliar Committee recommendation. According to the recommendation of this Committee health of the people should be insured. Another recommendation was that rural people should be allowed to from health Committees in their respective areas so that they might bring their health problems to the notice of the Government for necessary action. Even those recommendation have not met been impulemented by the overnment.

I find that Hon. Minister has narrated his failures in the Statement. He has simply given this hope that by 200 A.D all the people in this country will be a position to enjoy good health as th$_e$ Government will make all arrangements to that effect.

I am proud of Charak and Susruta, I am happy that their names have been mentioned in the Statement. The Ayurvedic system of medicine of our country is famous all over the world. This system of medicine has its glorious heritage. I do not find any effort on the part of the Government to develop his system of medicine. But I find that the quacks are very active in our medical services. The life of the patients are not safe in the hands of these quacks as they are not trained medical practitioners. So far the Government has not taken any action to ban the practice of quacks in medicines. I demand that it should be done immediately.

My suggestion is that our health services should set up in well-organised manner. There should be coordination in various departments of health services.

Some medicines have harmful effects. Most of our rural people are ignorant of correct use of medicines, It is therefore, essential that our rural people and people living in slums and high density areas should be educated through documentary films about the correct use of various medicines. It is all the more necessary because our slums and rural areas usually disease-prone areas. The Government i$_s$ already spending huge amount of money on many unnecessary things. So the Government must undertake a comprehensive plan tc exhibit documentary films for educating the people about health care in irural and urban areas.

[Shrimati Ila Bhattacharya] Multi-national Companies are selling those medicines in our country which are banned in foreign countries. In this manner they are earning crores of rupees by sucking the blood of our people. It must be stopped. But the Government is doing nothing to stop it. A few months ago the Government banned thirteen medicines which were manufactured in foreign countries. But what are those thirteen medicines? The Government has not yet announced their names. So, how can the people know about the banned medicines? The Government must announce the names of banned medicines so that people may not purchase them.

I would like to refer to an important matter, namely, medical education in our country. This matter was discussed many times in our House. As you know Sir, Capitation fees charged from students for admission to medical colleges. Consequently, meritorious students, who fail to pay capitation fees, do not get admission to medical colleges. So, this capitation fees have spread corruption in our medical colleges. If the Hon. Minister abolishes capitation fees, it will enable meritorious students from poor families and from rural and tribal areas to get admission to medical colleges.

The Hon. Minister has made a little progress in family planning work. But we cannot attract the people in large number to family planning programmes, until we succeed in fulfilling their basic needs. The people are already suffering from poverty. They also lack in education. So long as poverty and lack of education remain, we shall not be able to pursuade our people to adopt family planning programmes. A poor and ill-educated man has no other diversion in life except sex pleasure. Therefore unless we banish poverty and lack of education from this country, we cannot turn our people away from sexual indulgence. Our people must, therefore, be provided with food and education in order that the Family Planning Policy of the Government may succeed one hundred per cent.

Mere statement on National Policy will not serve any purpose unless we provide employment opportunities to our people. Apart from providing food and education to the people, the Government will have to make arrangement for free medical aid for them.

Now there is one Primay Health Centre for every ten thousands people. In tribal areas of Tripura people are living in a scattered way-Few families live on different hill tops. So is the case with people living in jungles there. It is, therefore, necessary that the Government should reduc© the number of population for one Primary Health Centre ia the country. Unless we do that, we can not cover the entire population in rural areas through Primary Health Centres. By reducing the number of population we shall be able to implement one recommendation of Bhor Committee. Our rural people wiH be benefitted by increased number of primary health centres. Under the situation, medical facilities will be at their door steps.

Our Government has signed Alma Atta Declaration. According to that declaration, the entire people in our country should be covered by health problems by 2000 A.D. Is it possible in the present condition? In order to do this, our health Policy must undergo radical changes. Along with changing the present health policy the Government will have to change her policies in regard to education, food and housing because these basic human needs are related to health of an individual. It is therefore, necessary that the Government should coordinate the activities of all those departments which are concerned with food, education, housing and health of the people. I feel that only through a coordinated policy the present

national health policy of the Government cani be of real benefit to the jeople. I know that the Hon. Minister intends to improve the health of the people through enlarged medical facilities but fails. I think, the people of this country will accept the National Health Policy only when they are assured of coordinated efforts on the part of the Government for the fulfilment of their basic needs.

SHRI T. BASHEER (Kerala): Mr. Vice-Chairman, I welcome the statement made by the hon. Minister on tl e National Health Policy.

Sir, the Constitution of India directs the State to regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties. And I understand that the National Health Policy of this country is based on this directive. Providing adequate health service to the people is one of the primary responsibilities of any Government. Over the last three decades of our development, the health care facilities have improved substantially in this country. Nobody can deny that fact. I am not taking the time of the House to quote figures. My hon. colleague, Mrs. Alva, quited some telling figures here yesterday regarding the number of primary health centres, hospitals, beds, etc. Ali these have registered improvement. We have 10 medical colleges in our country. But in spite of that we cannot shut our eyes to the fact that a vast majority of our people in this country have no access to the medical facilities. Vast areas of our country are yet not covered by medical facilities. In other words, the health service infrastructure we ■ have is insufficient and inadequate to meet the needs of our people.

It is in this background, Sir, we are discussing here in this House the National Health Policy statement. The statement covers various aspects of the subject from mal-nutrition to eco-logical disturbances. The statement emphasises our goal, namely, "India is committed to attaining the goal ot health for all by the year 2000 AD". Again to quote from the statement "an integrated and comprehensive approach towards the future development of medical education, research and health service requires to be established to serve the actual health needs and priorities of the country". I understand that the National Policy is mainly aimed at this target. I am happy to say that the Policy Statement envisages a clear vision and proper direction. So, T support this statement.

But equally important is the implementation of the programmes and schemes envisaged in the statement, If we could not implement the schemes formulated m the Statement and if we could not achieve the results, then the policy document will remain as a mere theorotical exercise. It ill remain as a mere theoretical exercise. I hope, Sir, 'hat the Government would follow up this policy declaration with proper action. I am glad to note that in the revised 20> Point Economic Programme a special thrust is being given to the task of improving the health of the people of this country. I am sure that we will achieve our targets in a phased manner. I am also happy to note that the targets are given here and we would achieve them in a phased manner. On the implementation side. Sir, the most important thing is to provide medical care to the people in our rural areas. Many of the honourable Members have said this here. The people in the rural areas must be provided with adequate facilities for medical relief. We have enough medical institutes and hospitals and medicai centres. But they are all in cities and towns. But what is the condition in our rural areas? This is the most important thing. \Ve all know the conditions in the remote corners of the country. We also know that the people in the villages are very poor, a vast majority of them

[Shri T. Basheer]

are illiterate also and they are not even conscious of their health and health problems. The people in the villages, especially children, pregnant women and the old people never get adequate medical relief and in the villages facilities are n°t available at all. The people in the rural areas have to travel, as our honourable Minister pointed out, miles and miles for medical treatment to go to the taluk headquarters or the district headquarters or to the nearby cities or towns. The poor villagers go there only when the illness becomes very serious. Even in that situation, Sir, we know that the people, the poor people, cannot afford the expenses involved. This happens many times since the medical facilities are not available nearby, so, Sir, the condition of the people in our villages deserves the most serious and urgent attention. We are aiming at and moving towards a socialist society. Therefore, I would like to state that there must be three institutions in every village: One is a school, the other is a co-operative society and the third is a medical centre, of course, with medicine. We have to develop the present primary health care units so that they can cover the whole rural area. I would also like to emphasize that areas which have a concentration of people belonging to the Scheduled Castes and Scheduled Tribes must get the priority in this matter. A medical centre for every village should be our immediate target and I would like to* mention that this could be implemented with people's participation. The other important factor is trained men for the purpose of working in villages. I welcome the suggestion made in the statement that we have to find out persons, men and women, to undergo training for short periods, and they must work in villages. They can work in an area attached to some of the medical offices. So there should be a reference system also. These trained persons can refer the people to the nearest hospitals in such cases.

Because of the time-limit I am not going into the details.

Secondly, I would like to draw your attention to our indigenous system of medicines. Sir, we are proud that we have a very rich indigenous system of medicine in our country; Ayurveda, Unani, Siddha, Yoga, etc. Our systems have received appreciation. Actually, Sir, these indigenous systems are neglected. The practitioners of these indigenous systems treat people. Most of the people in the rural areas go to them. They do it for their own self-satisfaction. But they must have a feeiing that they are playing an important role in the country's health care. These people must be recognized. These systems must be developed and upgrade^ and the people must be put in their proper places. Sir, I usually meet some Ayurveda people in my State, Keraia, They say, Sir, that many valuable herbal plantations are disappearing or they are about to disappear. I would request the hon. Minister that the Government should consider it seriously to have a scheme to protect; these and to make new plantations and to keep these for generation. About the indigenous systems of medicines, I would also like to mention that we have to develop research in these fields. *(Time bell rings)*

I conclude, Sir.

Lastly, in this connection I will draw the attention of the hon. Minister to another thing. It is proposed to establish a National Institute for Ayurveda in Kerala which is well-known for Ayurvedic treatment. As my information goes, the Central Government has agreed to establish an Institute for Advanced Studies and Research in Kerala. A long time elapsed. Despite repeated reminders by the State Government, a final decision has not been taken so far. I i would like to appeal to the hon. Minister to take an early decision in this matter and to take steps to establish an Ayurvedic Institute for Advanced Studies in Kerala. Thank you, Sir.

श्री जगदम्बी प्रसाद यादव (बिहार) : उपसभाध्यक्ष महोदय, जब मैं राष्ट्रीय स्वास्थ्य नीति पर विचार करने लगता हूं तो यह सोचता हूं कि अपने देश की सचमुच में क्या कोई राष्ट्र नीति है ? राष्ट्र की भाषा नीति, वेषभूषा नीति . . . (व्यवधान) उसी पर आ रहा हूं।

कुमारी सरोज खापर्डे (महाराष्ट्र) : आप भी किसी जमाने में स्वास्थ्य मंत्री थे, उस समय यह विचार नहीं आया था ?

श्री जगदम्बी प्रसाद यादव : उसी जमाने में आया था, उसे को मैं कहने जा रहा हूं लेकिन समय तो निश्चित है इसीलिए मैं चाहता हूं . . . (व्यवधान) मैं वैसी चीजों का विरोध नहीं करना चाहता लेकिन जो तथ्य है उसको रखना चाहता हूं वह आप और हमारे दोनों के लिए बराबर है। इसी लिए मैं कह रहा था कि भारतीय चिकित्सा नीति जो है वह भी राष्ट्रीय चिकित्सा नीति जो होनी थी उस रूप में स्वीकार नहीं हुई। मैं इसलिए कहना चाहता हूं कि दुनिया की अपनी प्राचीन चिकित्सा पद्धति नहीं होगी लेकिन भारत की अपनी प्राचीन, सर्वांगीण, सर्वविकसित, चरक सुश्रुति प्रमाणित आयुर्वेदिक चिकित्सा पद्धति है जिसमें योग है सिद्धा है, प्राकृतिक चिकित्सा है और मैं यह भी कहना चाहता हूं कि अगर आपने इसको राष्ट्रीय चिकित्सा के रूप में स्वीकार किया होता तो यह भारत की सेवा तो कर ही रहा है लेकिन यह दुनिया की सेवा भी अत्यधिक करता। इसलिए मैं आपसे निवेदन करना चाहता हूं कि आपकी स्वास्थ्य नीति की घोषणा जो है उसमें आयुर्वेद का उल्लेख जिस ढंग से होना चाहिए था, वह नहीं हुआ है। आपने जो पांच ग्रुप बनाये और सन् दो हजार तक सबके लिए स्वास्थ्य, कार्यदल की रिपोर्ट में भी मैंने पढ़ा तो उसमें भी जिस ढंग का जो उल्लेख होना चाहिए था, वह नहीं हुआ। मैं आपका ध्यान इसलिए इस चीज की ओर आकर्षित करना चाहता हूं कि हमारे यहां यह पद्धति रही है कि जब हमारी चीजों को विदेशी कहे कि अच्छा है तब ही हम उनको स्वीकार करते हैं जैसे कि "अभिज्ञान शंकुतलम" नाटक के बारे में है। उसी तरह से अब कम से कम विश्व स्वास्थ्य संगठन ने भारतीय प्राचीन चिकित्सा पद्धति को स्वीकार किया है। उदाहरण स्वरूप अब "लिव 52" का व्यवहार सब करते हैं। अब अमेरिका और रूस भी आपके जो आयुर्वेदिक प्लान्ट्स हर्ब हैं इनको प्रचुर मात्रा में खरीद रहे हैं। मुझे शक इतना ही है कि वे विकसित देश हैं कहीं हमारी प्राचीन सिद्धियों को वह अपने हाथों में न ले लें और हम उससे मोहताज न हो जायें।

मैं एक उदाहरण और देना चाहता हूं कि कैन्सर का जो रा मैटीरियल है वह हमारे यहां से जाता है। विदेश से उसकी दवा बनकर आती है और उसको हमें 200 टाइम्स अधिक दाम देकर खरीदना पड़ता है। मैं रूस गया था, रैटीना की दवा निकली थी, मेरे एक मित्र ने कहा कि रैटीना के इन्जेक्शन्स और दवा लेते आना, वहां मैंने जब वह मांगी तो लोग हंसने लगे उन्होंने कहा कि यह दवा तो आयुर्वेदिक ढंग से आयुर्वेदिक प्लांट से हमने निकाली है। तो दुनिया आगे बढ़ती जा रही है उसमें और दुनिया फिर हमको आयुर्वेद पढ़ाये इसलिए उस पहले ही हम क्यों नहीं सावधान हो जायें और आप जानते हैं कि दुनिया क्यों परेशान हुई है क्योंकि एंटिबायटिक दवा से इतनी जबरदस्त, प्रतिक्रिया हो रही है, मानसि

[श्री जगदम्बी प्रसाद यादव]

रोग के रूप में, हृदय रोग के रूप में, रक्त के रूप में और अनिद्रा के रूप में, जिससे कि विश्व स्वास्थ्य संगठन परेशान भी हैं, और हमारे आयुर्वेद की दवाएं हैं, उसमें रिएक्शन नहीं करती हैं।

आपने इसके ऊपर जितना पैसा खर्च किया है, आयुर्वेद के अनुसंधान में और इस व्यवस्था को प्रतिष्ठा देने में अगर उसका आधा या एक-चौथाई भी किया होता, तो आपको सभी चीजों की दवा मिलती। आज मलेरिया की दवा नहीं मिलती है। अभी मैं नवभारत टाइम्स में पढ़ रहा था कि जंड नाम का एक ग्लास शर्बत पीने से यह बीमारी छूट जाती है। इसे थारु जाति के वनवासियों ने निकाला है।

उसी तरह से मलेरिया की दूसरी दवा आयुर्वेद के लोगों ने निकाली है। तो इस तरह से मैं इस राष्ट्रीय चिकित्सा के लिए यह कहना चाहता था, और इस ओर आपका ध्यान आकृष्ट करना चाहता था।

मैं अपनी माननीय सदस्या को कहना चाहता हूं कि शासन में आने का हमें अवसर कम मिला है। नीति निर्धारण का जो मौका मिला, तो मैं इतना कहना चाहता हूं कि तीन मुद्दों पर हमने उस क्षणिक समय में भी काम किया था, एक मुद्दा तो यह किया था कि परिवार योजन जो एकांगी था, उसको हमने इन्टेगरेटेड रूप में एक कि परिवार को स्वीकार किया है, तो परिवार को स्वस्थ करना होगा, और उसमें दो बच्चे होते हैं तो वह स्वस्थ और जीवित रहेंगे, इसलिए हमने परिवार कल्याण शब्द दिया।

दूसरी बात कि ग्रामीण लोगों तक आज तक हम पहुंच नहीं पाते हैं, तो उन तक पहुंचने के लिए हमने अधिक शीघ्र ग्रामीण स्वास्थ्य रक्षा की व्यवस्था की और ऐसे इलाज को वहां पहुंचाने की कोशिश की कि जो नीम हकीम के हाथ में है ताकि वह उसके हाथ में निकले। इसलिए हमने थोड़े दिनों में कुछ न कुछ वहां करने की बात की थी।

इसलिए मैंने आपका ध्यान उस ओर आकर्षित किया है। जब मैं पंच वर्षीय योजना की बात करता हूं, तो प्रथम पंच वर्षीय योजना से लेकर आज तक यह विचार करते रहे—और मैं यह भी मानता हूं, मैं यह कहूं कि आज तक स्वास्थ्य विभाग में कुछ नहीं हुआ है, सो यह बात नहीं है। बहुत हुआ है। अगर मैं उसका वर्णन करूं, तो कुछ कह सकता हूं कि मौत की दर में, 1951 में 27.4 था, 1978 में 14.2 आ गया, जीवन 32 वर्ष से 52 वर्ष आ गया, बच्चों की मृत्यु दर 146 से 129 आई, देश में पचास हजार सब-सेंटर, 5400 प्राथमिक सेंटर, 340 अपग्रेडेड सेंटर हुए, 106 मेडिकल कालेज भी खुले, लेकिन मैं इसमें यह बात बात देना चाहता हूं कि आपका साधन कितना लगा इस पर प्रथम पंच वर्षीय योजना में प्रति व्यक्ति जो खर्च हुआ, वह शून्य के बराबर है, दूसरे में .1, तीसरी योजना में .3 और चौथी योजना में जाकर आपने 1.8 किया और पांचवी योजना में 1.3 किया और छठी योजना में 1.1 है।

तो जो एक समस्या आगे आएगी, उस समस्या की ओर आपका ध्यान आकर्षित करना चाहूंगा कि अगर आप दुनिया के किसी विकसित देश को लेंगे और आप अपनी सुविधा की तुलना करेंगे, तो आपको लगेगा कि एक आसमान पर है और दूसरा पाताल में है। तो यह व्यवस्था जो अभी हुई है, इतनी प्राप्ति के बाद भी शायद मैं समझता हूं कि यह समस्या सहल नहीं

हुई, जैसे टेटनस का, पोलियो का, गलगंड का---अब गलगण्ड से ही एक करोड़ लोग पीड़ित हैं और छोटी सी (दवाई) आयोडीन की कमी के कारण यह होता है। अगर इसका इलाज चाहते, तो हम कर सकते थे। क्षय रोग बढ़ता जा रहा है, कुष्ठ रोग समस्या है, दृष्टिहीनता है, गिल्ली-कोमी का प्रचार है, यह चल रहे हैं। इन रोगों का उन्मूलन करने में हम सफल नहीं हुए हैं। यह पंच-वर्षीय योजना की जो स्वास्थ्य व्यवस्था है वह भोर समिति, 1946 और मुदालियर समिति, 1951 के आधार पर कर रहे हैं, लेकिन मुझे लगता है कि ज्यों-ज्यों इलाज करते गये, मरज बढ़ता गया। इसलिए यह ज्ञान की शिक्षा और स्वास्थ्य संबंधी जो तंत्र है वर्तमान रूप में, लोगों में एक असंतोष बढ़ा रहा है। हम एक तरफ तो विशिष्टता को और अधिक ध्यान दे रहे हैं, जो कुछ लोगों को और धनी लोगों की रक्षा करता है, आम लोगों को इससे कोई लाभ नहीं हो रहा है। आज आम लोग भी चाहते हैं कि हमें भी सब तरह की सुविधा प्राप्त हो। और जिस तरह की शिक्षा आप दे रहे हैं और शिक्षा प्राप्त करने वाले जो हैं जिस प्रकार की अर्हता प्राप्त करते जा रहे हैं उसके अनुसार वे आराम ही खोजते हैं। वे बड़े शहरों में ही रहना चाहते हैं और ग्रामों में जाना नहीं चाहते। मैं मंत्री महोदय का ध्यान दिलाना चाहता हूं कि अपनी शिक्षा पद्धति में जन स्वास्थ्य शिक्षा की बात आज समाप्त होती जा रही है। लोग उसको भूलते जा रहे हैं। अगर आप इसको भुलायेंगे तो हमारा कल्याण नहीं होगा। प्रधान मंत्री जो कहती हैं कि थोड़े से लोगों की आवश्यकता के लिये अधिसंख्यक लोगों की आवश्यकता को नजरअंदाज नहीं किया जा सकता। लेकिन देख रहा हूं कि आदिवासी, ग्रामीण, दूरस्थ इलाकों के निवासी और शहरों की गन्दी बस्तियों के लिये आज आप के पास कोई व्यवस्था नहीं है। और जब तक यह व्यवस्था ठीक नहीं होती तब तक क्या कहा जायेगा। यह सब लोग जानते हैं कि स्वास्थ्य के लिए लगा एक-एक पैसा मानव पर और उस के जीवन स्तर को उठाने के लिये लगा हुआ है। स्वास्थ्य की व्यवस्था समग्र विकास की नीति की व्यवस्था है। इसलिये मैं आप से आग्रह करूंगा कि स्वच्छ जल आज की सब से बड़ी आवश्यकता है। आप स्वयं अपनी घोषणा में कहते हैं कि 69 प्रतिशत लोगों को स्वच्छ जल नहीं मिलता। सेनीटेशन तो आश्चर्यजनक चीज है। साढ़े 99 प्रतिशत लोगों को वह प्राप्त नहीं है। आप विचार करें कि इसके लिये आप क्या कर सकते हैं। पर्यावरण की स्वच्छता, परिवार कल्याण, मातृ शिशु कल्याण के आधार पर आप को स्वास्थ्य की योजना बनानी चाहिए। इसके लिये एक राष्ट्रीय नीति अपेक्षित है। 2000 तक आप सब को स्वास्थ्य देना चाहते हैं। मैं कहना चाहता हूं कि यह बात भी अलमाटा में मेरे ही द्वारा संपादित हुई थी। आपने इस को पूरा करने के लिये 5 कार्यकारी दल बनाये हैं लेकिन मैं जानना चाहता हूं कि इस लक्ष्य की प्राप्ति के लिये आपने साधन की क्या व्यवस्था की है। अभी तक छठी पंचवर्षीय योजना में आपका खर्च प्रति व्यक्ति एक प्रतिशत है। तो इसकी पूर्ति कैसे होगी। इस आधार पर मैं कुछ प्रश्न प्रस्तुत करना चाहता हूं। योजना कार्यक्रमों का कितना और किस स्तर पर कार्यान्वयन हुआ है और उसमें क्या कमियां हैं, क्या त्रुटियां रह गयी हैं और उन को सुधारने के लिए क्या उपाय किये गये हैं या किये जा रहे हैं और क्या आप इस का पुनरीक्षण और मूल्यांकन करेंगे? क्या आप 1983-84 और 1984-85 की योजना की रूपरेखा तैयार करने में अंतरक्षेत्रीय

[श्री जगदम्बी प्रसाद यादव]

समर्थन और समाज को शामिल करने पर विचार करेंगे ? ग्रामीण, आदिवासी, बनवासी पिछड़े क्षेत्र, कमजोर वर्ग और गंदी बस्तियों के हित में विशेष कार्यक्रम तय करेंगे ? यह तीन महत्वपूर्ण मुद्दों पर मैं आप के विचार सुनना चाहूंगा। जब मैं संपूर्ण नीति पर विचार करता हूं तो स्वास्थ्य के कार्यक्रम पर भी कुछ कहना आवश्यक होता है। यह ठीक है कि हैजा और चेचक का उन्मूलन हुआ लेकिन आप ने पढ़ा होगा कि पटना में चेचक शहर में निकली। विश्व स्वास्थ्य संगठन इससे चिंतित हुआ कि यह कहां से आ गयी। हैजे का दूसरा रूप आंत्रशोथ के रूप में है। बाहर से यह दो अलग-अलग लगते होंगे लेकिन वास्तविक मरने वालों की स्थिति वही है, एक सी है। मलेरिया से दिल्ली भी त्रस्त है और लोग यहां मर रहे हैं। देश भी इस से त्रस्त है। तीन महाद्वीपों से फैल्सीफेरम डंक मारता हुआ भारत पहुंच गया है और इस पर क्लोरोक्वीन का असर नहीं होता है। आप ने कई जगहों पर इसके लिये रिसर्च और अनुसंधान किये हैं। तो मैं जानना चाहता हूं कि इस संबंध में क्या हुआ है और क्या हो रहा है। अमरीका के वाल्टर रीड सैनिक अनुसंधान केन्द्र ने एक मैफलोक्वीन की खोज की है जो परीक्षण के स्तर पर है लेकिन इस दवा को सावधानी से इस्तेमाल करना पड़ता है। वैसे जंड का मैंने जिक्र किया है जो भारत ने निकाली है। आज भी 24 लाख लोग इससे प्रभावित है और सैकड़ों की संख्या में मर रहे हैं। इस रोग से मस्तिष्क रोग फैलता है जिससे मौत होती है और इस पर किसी दवा का असर नहीं हो रहा है और सब से बड़ी समस्या गर्भवती महिलाओं की है जो गांवों में होती हैं। उनका कैसे इलाज किया जाये। दूसरी बीमारी जो अपने देश में भयंकर रूप धारण किए हुए है वह ट्यूबरकुलोसिस है और इस पर अभी तक नियंत्रण नहीं कर पा रहे है। इसमें 25 परसेंट को इनफेक्शस टी० बी० है, इसको कंट्रोल करने की व्यवस्था नहीं करेंगे तो समाज अस्त-व्यस्त होता ही जाएगा। लेकिन सबसे बड़ी समस्या जो इसके पीछे है वह पौष्टिक आहार की है और जब तक पौष्टिक आहार ठीक नहीं होता तब तक बीमारी का निदान नहीं हो सकता।

उसी तरह से राष्ट्र की सबसे बड़ी समस्या आज कुष्ठ रोग की है। आज 25 लाख लोग इससे पीड़ित हैं। बहुत से लोग इसको छिपा लेते हैं, उनका तो पता नहीं, लेकिन 60 प्रतिशत आबादी इससे प्रभावित होने का खतरा है। इस से 20 परसेंट लोग इनफेक्शस रोगी हैं और 20 परसेंट को डिफार्मिटी हो गई है। मैं मंत्री महोदय से जानना चाहता हूं कि उनकी अध्यक्षता में जो राष्ट्रीय कुष्ठ आयोग बनने वाला था उसका कार्यक्रम क्या है, वह बना है या नहीं और कैसे इसकी व्यवस्था आप कर रहे हैं, कैसे लोगों से सहयोग ले रहे हैं, मैं इसकी जानकारी चाहता हूं।

श्रीमन्, दृष्टिहीनता का सवाल भी हमारे देश में बहुत बड़े पैमाने पर है। 1 करोड़ लोग इससे प्रभावित हैं। दुनिया में नेत्रहीनों की आबादी का हिसाब लगाया जाए तो पता चलेगा कि एक तिहाई अंधे हिन्दुस्तान में हैं। हमें यह पता चला है कि इनमें से 45 लाख लोग ऐसे हैं जिनको शल्य चिकित्सा द्वारा आंखें दी जा सकती हैं। केन्द्र भी इसके लिए व्यवस्था करता है, स्वयंसेवी संस्थायें भी इस पर लगी हुई हैं, फिर भी हम इसको इरेडिकेट नहीं कर पा रहे हैं। जितनी सुधार की हम उम्मीद करते हैं, हर साल इससे अधिक लोग पीड़ित हो

जाते हैं । तो मैं निवेदन करूंगा कि आप इसको नेशनल कॉज़ बनाकर काम करें तो इतनी बड़ी संख्या में स्वयंसेवी संस्थायें भी हमको मदद दे सकती हैं ।

श्रीमन्, आज सबसे बड़ी समस्या गांवों में पेय जल की है । शुद्ध पेय जल लगभग 70 प्रतिशत लोगों को प्राप्त नहीं हैं । इस साल तो लोगों ने देखा कि पानी के लिए देश में हाहाकार मचा हुआ है । बिना शुद्ध पेय जल के कोई बीमारी नहीं रोकी जा सकती । देहातों में इंपूव्ड सिस्टम आफ डिस्पोजल नहीं है । इसलिए जब सेनिटेशन का स्वाल उठता है तो गम्भीर समस्या लगती है कि इसके लिए अभी तक कोई भी समुचित व्यवस्था नहीं है ।

मैं एक विशेष आग्रह करना चाहता हूं माताओं और बच्चों के लिए । अगर इनके लिए उपयुक्त व्यवस्था नहीं कर सकेंगे तो समाज ठीक-ठीक नहीं बन पाएगा । इसलिए मैं चाहता हूं कि इनके लिए बैटर फूड, बैटर मेडिकल फेसिलिटीज, बेटर कंडीशन आफ लिविंग तथा डिसेंट इनकम की व्यवस्था करें । अभी गुजरात में त्रिभुवन दास फाउंडेशन द्वारा किए जा रहे कार्य को हमने देखा । उन्होंने माडर्न तरीकों से इस दिशा में भी काम शुरू किया है । पानी नहीं तो बीमारी ठीक नहीं होगी और पौष्टिक आहार नहीं तो दवा का असर नहीं होगा । इसलिए आप इस ओर आगे बढ़ें और बच्चों को कम से कम एम्यूनाइज करेंगे तो उनको डिफ्थीरिया, टिटनस, हूपिंग कफ, पोलियो आदि बीमारियों से आप बचा सकेंगे । इसके लिए इंटीग्रेटेड अप्रोच आफ हैल्थ एजुकेशन की आवश्यकता है ।

श्रीमन्, रूरल एरियाज को और जब हम बढ़ते हैं तो हम देखते हैं कि हमें

increasing the accessibility of health services to the rural areas; correcting regional imbalances; development of referral services; intensification of eradication) and control of malarial filaria; qualitative improvement in tha education, training of health personnel, provide specialists fo, common people also.

महोदय आज भी शिक्षा इस रूप में नहीं बनी है कि आपके डाक्टर्स रूरल एरियाज में जायें । आज भी रूरल एरिया के लोग नीम हकीम खतरे जान बने हुए हैं । इसलिए मैं आग्रह करूंगा कि इसमें पोपुलेशन इंवाल्वमेंट और जन स्वास्थ्य शिक्षा को आप ठीक करें तो सफलता मिलेगी । मैं समझता हूं कि आप इस ओर आगे बढ़ सकते हैं । सरकार का और सदन का

4 P.M. ध्यान विशेष रूप से हमारे देश में जो रेफ्रल सेन्टर्स हैं उनकी तरफ दिलाना चाहता हूं, जैसे आल इंडिया मेडिकल इंस्टिट्यूट है, पी० जी० आई० इन्स्टीट्यूट चण्डीगढ़ है, इनमें तीन वर्षों से कोई भी निदेशक एपांइट नहीं किया गया है । सभी अस्थायी तौर पर नियुक्त किये गये हैं । इस कारण से वे पोलेटिक्स का शिकार हो जाते हैं । यहां पर जो लोग इलाज के लिये आते हैं उनको तीन-तीन वर्ष तक इंतजार करनी पड़ती है । अब तो ये अस्पताल एक प्रकार से वी० आई० पी० होस्पिटल बन गये हैं । मैं यह निवेदन करना चाहूंगा कि आप इन बड़े अस्पतालों में स्थायी डायरेक्टर की नियुक्ति करें । अस्थायी व्यवस्था करने से किसी नीति का भी निर्धारण नहीं हो पाता है । मैं आपका ध्यान इस संबंध में एशिया का

[श्री जादम्बो प्रसाद यादव]

जो सबसे बड़ा अस्पताल सफदरजंग अस्पताल है, उसकी तरफ दिलाना चाहता हूं । इस अस्पताल में 12 से लेकर 14 लाख तक मरीज हर साल इलाज कराते हैं । कई वर्षों तक यहां मेडिकल सुपरिन्टेन्डेन्ट की नियुक्ति नहीं की जा सकी । मेरे बहुत कहने सुनने और लिखा-पढ़ी करने के बाद आपने सुपरिन्टेन्डेन्ट की नियुक्ति की है । लेकिन वहां के सीनियर लोगों को सुपरसीड करके नियुक्त की गई है । इससे उन लोगों में बड़ा असंतोष है । वहां पर जो डा० बी० पी० यादव हैं वे माने हुए देश के फिजियो थिरेपिस्ट हैं । तीन-तीन लोगों को सुपर-सीड करके सुपरिन्टेन्डेन्ट की नियुक्त की गई है । इस कारण से वहां पर लोगों में असंतोष बढ़ा है ।

मैं एक बात और कहना चाहता हूं कि आल इंडिया इंस्टिट्यूट आफ मेडिकल साईसेज में वाल्व बदलने के लिए बच्चों को तीन-चार वर्ष तक इंतजार करना पड़ता है । मैंने इस संबध में प्रयास किया था वाल्व बदलने के लिए व्यवस्था सफदरजंग अस्पताल में भी होनी चाहिए और इसके लिए रुपया सैंक्शन किया था, लेकिन ऐसा लगता है कि इस दिशा में कोइ प्रगति नहीं हुई। अभी हालत यह है कि गरीब बच्चों को वाल्व बदलने के लिए वर्षों तक इतजार करना पड़ता है। अब पता चला कि कुछ अफसरों को यह राय है कि इस विभाग को बढ़ाने की आवश्यकता नहीं है । मैं समझता हूं कि इससे बड़ी विडम्बना कोई दूसरी नहीं हो सकती है। अभी स्थिति यह है कि 14 वर्ष के बच्चे वाल्व न बदलने के कारण मौत के शिकार हो जाते हैं । 11-11 और 18-18 साल के बच्चे जो गरीब लोगों के बच्चे होते हैं, वाल्व बदलने की सुविधा समय पर न मिलने के कारण मौत के शिकार हो जाते हैं । इसलिए मैं आपसे निवेदन करना चाहूंगा कि आप इस पर ध्यान दें ।

इसके साथ-साथ में यह भी कहना चाहूंगा कि रिसर्च इंस्टिट्यूशन्स में रिसर्च का भी मूल्यांकन किया जाना चाहिए कि वहां पर क्या-क्या रिसर्च हो रही है । अभी देखने में यह आता है कि विदेशों में जो रिसर्च होती है उसी की नकल कर दी जाती है । मैं चाहता हूं कि आप रिसर्च के काम की तरफ भी ध्यान दें।

एक शब्द में परिवार कल्याण के संबंध में कहना चाहता हूं । परिवार नियोजन का काम एकांगी काम नहीं है। सम्पूर्ण परिवार का जब तक विकास नहीं होगा तब तक परिवार कल्याण नहीं हो सकता है । यह काम सिर्फ आपके मंत्रालय के द्वारा ही नहीं होगा । इसके लिए सभी विभागों को काम करना होगा । जब तक भारत सरकार के सभी विभाग इस दिशा में प्रयास नहीं करेंगे तब तक इसमें पूरी सफलता नहीं मिल सकती है । भारत सरकार को ही नहीं राज्य सरकारों को भी इस दिशा में प्रयास करना होगा । परिवार नियोजन के तरीकों के संबंध में मैं इतना ही कहना चाहता हूं कि परिवार नियोजन के तरीके अपनाने के साथ-साथ दो-तीन चीजें उसके साथ और जोड़ी जानी चाहिएं. . .(व्यव-धान) (समय की घंटी) इसमें गर्भवती महलिाओं की देखरेख, बच्चों का इम्यूनाइ-जेशन और इस काम में पब्लिक पार्टिसि-पेशन की बहुत आवश्यकता है । इसके साथ-साथ जब तक लोगों का आर्थिक स्तर नहीं ऊंचा होगा तब तक परिवार नियोजन में अधिक सफलता नहीं मिल सकती है । आर्थिक स्तर ऊंचा नहीं होगा तो आप बच्चों के होने को नहीं रोक सकते हैं । इसलिए आवश्यकता इस बात की है कि लोगों का आर्थिक स्तर

ऊंचा करने की तरफ भी ध्यान दिया जाये। इसलिये परिवार नियोजन को एक इन्टीग्रेटेड और नेशनल कॉज़ मानकर आप अपनी पार्टी और सरकार द्वारा इसके लिए सम्मिलित प्रयास करें तभी इसमें सफलता मिलेगी और यह सफलता देश की सफलता होगी ।

कुमारी सरोज खापर्डे : श्रीमन्, हमारे स्वास्थ्य मंत्री श्री शंकरानन्द को मैं बधाई देना चाहती हूं जो उन्होंने राष्ट्रीय स्वास्थ्य नीति संबंधी विचार प्रकट

[उपसभाध्यक्ष (श्रीमती माग्रेट आल्वा) पीठासीन हुईं]

करने के लिये हम लोगों को मौका दिया । इसके लिये मैं उन्हें दुबारा बधाई देना चाहूंगी । राष्ट्रीय स्वास्थ्य नीति में सभी पहलुओं पर जोर दिया गया है । महोदया, एक बलशाली राष्ट्र का निर्माण तभी संभव होता है जब कि राष्ट्र का शारीरिक स्वास्थ्य ठीक हो । राष्ट्र के निर्माण में शारीरिक स्वास्थ्य अत्यन्त आवश्यक है । हमने घोषणा की है कि इस शताब्दी के अन्त तक सब को स्वास्थ्य प्रदान कर सकेंगे, कर रहे हैं। इसका मतलब यही है कि एक स्वस्थ्य राष्ट्र का निर्माण हमको करना है और सनीं को 20-सूत्री के कार्यक्रम अन्तर्गत शामिल किया गया है या करना है । राष्ट्रीय स्वास्थ्य नीति में उन सब प्रयत्नों को स्वीकार किया गया है जिसके द्वारा इस शताब्दी के अन्त तक हम अपने लक्ष्य को पूरा करने की कोशिश करेंगे । महोदया, अभी तक हम इस दिशा में कितना काम कर सकें हैं इसका उदाहरण मैं यहां देना चाहूंगी । 30 जुलाई को आल इंडिया इंस्टीट्यूट आफ मेडिकल साइंसेज के दीक्षान्त समारोह में भाषण देते हुए श्री जी० पार्थसारिथी ने कहा था कि विश्व स्वास्थ्य संगठन के एक सर्वे के अनुसार भारत की 80 प्रतिशत जनता गांवों में रहती हैं और राष्ट्रीय उत्पादन में उनका योगदान 70 प्रतिशत है। परन्तु राष्ट्रीय जीवन में उसे केवल 25 प्रतिशत स्वास्थ्य सुविधायें प्राप्त हैं । इसका मतलब यह होता है कि पर्याप्त स्वास्थ्य सम्बन्धी सुविधाओं से आज भी वहां की जनता को वंचित रहना पड़ता है । राष्ट्रीय स्वास्थ्य नीति के अनुसार प्राथमिक स्वास्थ्य केन्द्र गांवों में खोले जा रहे हैं । हजार की आबादी वाला गांव एक इकाई माना गया है जहां पर एक ट्रेन्ड विलेज हैल्थ गाइड होगा। यदि यह योजना सफल हो जाय तो मुझे पूरी आशा है कि हमारी स्वास्थ्य नीति का लक्ष्य अवश्य पूरा होगा । परन्तु होता यह है कि हम अपने गांवों के लिये जो योजनायें बनाते हैं उन योजनाओं को लागू करने में काफी देरी होती है । इसका मूल कारण यह है कि हमारे जो डाक्टर्स हैं वे गांवों में जाना कतई पसन्द नहीं करते हैं क्योंकि उनको वहां पर वे सुब सुविधायें प्राप्त नही हैं जो उन्हें शहरों में प्राप्त होती हैं । इसलिये महोदया, मेरा एक सुझाव है कि डाक्टर को डिग्री देने से पहले कम से कम दो वर्ष के लिये गांवों में प्राइमरी हैल्थ सेन्टर में रहना अविनार्य कर देना चाहिए और मेडिकल कालेज में प्रवेश के लिये यह एक प्रकार की पहली शर्त होनी चाहिए । महोदया, गांवों में बहुत सी स्वास्थ्य सम्बन्धी सुविधाओं में हमें कमी नजर आती है जिनका उपचार करना बहुत आवश्यक है । जैसे कि पानी, सफाई आदि का अभाव है । इन अभावों के कारण अनेक बीमारियां भी गांव में फैलती हैं । मलेरिया भी एक ऐसी ही बीमारी है । 1953 में मलेरिया दूर करने का एक राष्ट्रीय कार्यक्रम हमने घोषित किया था । इन 30 वर्षों में दिल्ली जैसे महानगरों में इस बीमारी

[कुमारी सरोज खापर्डे]

को भी नहीं रोका गया ! जब बड़े-बड़े शहरों में यह हाल है तो छोटे गांवों की तो आप बात छोड़िये । गांवों में इस बीमारी को रोकने के लिए कितनी सफलता मिली है इसमें मुझे शंका है । इसकी हम भली-भांति कल्पना कर सकते हैं । इस बात को इस सोच सकते हैं । मलेरिया को रोकने के लिए हम क्लोरोक्वीन देते हैं । वहां इस बीमारी की रोकथाम के लिए उपचार किया जाए और जनता को सन्देश दिया जाए कि इसकी रोकथाम के लिए कैसी व्यवस्था करनी चाहिये । इस का प्रचार टी०वी०, रेडियों और सिनेमा के द्वारा हम लोगों को करना चाहिये । इसी प्रकार दूसरे रोग हैं जिनकी रोकथाम अत्यंत आवश्यक है । महोदया, जैसे मैंने अभी कहा कि गांवों में केवल 25% स्वास्थ्य सुविधाएं प्राप्त हैं तो हमें अब इस नीति के अनुसार 75% खर्च गांवों में करना होगा और 25% शहरों में करना होगा । परन्तु होता है इसका उल्टा । दिल्ली के नागरिकों को यह सुविधाएं प्राप्त हैं कि वह अपनी इच्छा के अनुसार किसी भी बड़े अस्पताल में जा सकते हैं और उस पर उसके निवास स्थान की सीमा का कोई प्रतिबन्ध नहीं लगाया जाता है । इसके बिलकुल विपरीत गांवों के नागरिकों को प्राइमरी हेल्थ सेंटर में भी जाने की सुविधा नहीं है । मेरा सुझाव है कि दिल्ली के नागरिकों पर उसके निवास स्थान की सीमा पर प्रतिबन्ध लगाना अत्यंत जरूरी है । जो बड़ा अस्पताल उनके निवास स्थान के क्षेत्र में पड़ता होगा उसी अस्पताल में वे स्वास्थ्य सुविधाएं प्राप्त कर सकें । जो क्षेत्र पिछड़े हुए हैं वहां पर स्वास्थ्य सुविधाएं प्राप्त नहीं हैं उन क्षेत्रों को भी इसी नीति के अन्तर्गत प्राथमिकता देनी चाहिये ताकि वे दूसरे विकसित क्षेत्रों के समान स्तर पर पहुंच सकें । ऐसा करने स्वास्थ्य के क्षेत्र में एक बैलेंस्ड विकास होगा । महोदया, दिल्ली में एक नेशनल इंस्टीट्यूट है और हमें इस बात का फख है, अभिमान है कि इस इंस्टीट्यूट का नाम विदेशों में भी काफी ख्याति प्राप्त है । इसी के समान स्तर वाला एक इंस्टीट्यूट चण्डीगढ़ में भी है । ऐसे इंस्टीट्यूट देश में अनेक होने चाहियें । नागपुर में महाराष्ट्र सरकार का ऐसा ही एक इंस्टीट्यूट बनाने की योजना है । मैंने राज्य सभा में दो-तीन बार यह प्रश्न उठाया । यह ठीक है कि महाराष्ट्र राज्य की सरकार ने केन्द्रीय सरकार को कोई सूचना नहीं दी हालांकि योजना आयोग के पास इस प्रकार की सूचना प्राप्त थी और केन्द्रीय स्वास्थ्य मंत्रालय को इस योजना का पता है । यदि महाराष्ट्र सरकार ने स्वयं इस योजना को केन्द्रीय सरकार को नहीं भेजा तो केन्द्रीय मंत्रालय का यह उत्तरदायित्व था कि जैसे ही उन्हें इस नागपुर योजना का पता लगा वह स्वयं महाराष्ट्र सरकार से इस योजना के बारे में पूछ सकते थे और राज्य सरकार को बिना अनुदान दिये, बिना किसी ग्रांट दिये गाइडलाइन भी दे सकते थे । और आज भी वह गाइडलाइन दे सकती है । जब राष्ट्र की स्वास्थ्य नीति का उत्तरदायित्व केन्द्र पर आता है तब ऐसे महत्वपूर्ण विषयों पर फ्लेक्सिबिलिटी भी रहनी जरूरी है ।

महोदय, मैं एक और विषय की ओर ध्यान दिलाना चाहूंगी । हम एक डाक्टर बनने के लिए या एक डाक्टर बनाने के लिए कितना खर्च करते हैं यह हमारा मंत्रालय अच्छी तरह जानता है और आप सब जानते हैं । परन्तु डाक्टर बनते ही अधिकांश हमारे जो युवक और युवतियां हैं इनकी एक इच्छा बनी रहती है कि किसी प्रकार से वे हमारे देश से विदेशों में चले जायें और वहां पर सेटल हो । वहां पर उनके साथ क्या व्यवहार

होता है यह हमको और आप सबको हाल की लंदन की घटनाओं से मालूम ही है कि यहां के अनुभवी डाक्टर्स वहां के एक छोटे से डाक्टर के अधीन काम करते हैं और जब मर्जी होती है तब वहां की सरकार उनको देश से निकालने की धमकी देती है। इससे राष्ट्र का पैसा तो खर्च होता ही है तथा देश की जनता को डाक्टरी सुविधाएं प्राप्त नहीं होती हैं लेकिन राष्ट्र का अपमान भी होता है। इससे बचने के लिए मेरा एक सुझाव है कि इस पर प्रतिबंध होना अत्यंत जरूरी है कि कुछ वर्षों तक डाक्टर्स विदेशों में न जायें।

महोदया, साथ ही मेरा एक और सुझाव है कि हमें अपने डाक्टरों को प्रोत्साहन देना जरूरी है। मुझे अत्यन्त प्रसन्नता है कि हमारी सरकार आयुर्वेदिक, यूनानी और होम्योपैथिक सफल बनाने की कोशिश कर रही है और प्रयत्नशील है। परन्तु इन पद्धतियों से सम्बन्धित जो डाक्टर्स हैं उनको कोई प्रोत्साहन नहीं है। मैं आपको हाल ही का एक उदाहरण देना चाहूंगा। साउथ एवेन्यू में हमारी एक आयुर्वेदिक डिसपेंसरी है। वहां के मेडिकल आफिसर इनचार्ज डाक्टर आर० एन० सिंह हैं। इस डिसपेंसरी को उत्तम बनाने के लिये इन डाक्टर आर० एन० सिंह ने काफी प्रयत्न किये। अपने प्रयत्नों से राज्य सभा हाउस कमेटी की ओर से इस डिसपेंसरी के लिए एक फ्लैट दिया गया और वह डिसपेंसरी काफी अच्छे काम करने के अपने प्रयत्नों में थी। लेकिन कुछ दिनों के बाद, क्योंकि उस डाक्टर साहब ने काफी परिश्रम किया, मेहनत की, राज्य सभा हाउस कमेटी से रिक्वेस्ट करके फ्लैट लिया ताकि पेशेन्ट्स को, हमारे यहां के मेम्बर्स को और जो अन्य कर्मचारी वहां आयुर्वेदिक ट्रीटमेंट के लिए जाते हैं, उनको अच्छी सुविधा दी जा सके, तो इसका नतीजा यह हुआ कि जैसे ही उनको फ्लैट मिला, इमीडियेटली हमारे डाक्टर साहब का वहां से ट्रांसफर हो गया। एक अच्छे डाक्टर का ट्रांसफर डिसपेंसरी से हटाकर किसी स्टोर में हो गया। तो मेरे कहने का मतलब यह था कि अच्छे डाक्टरों को अच्छा काम करने के बाद हमारे डिपार्टमेंट की ओर से जब इतना बड़ा पुरस्कार मिलता है तो क्या आप यह कह सकते हैं कि डाक्टरों की तरफ पढ़े-लिखे लोगों की तरफ देखने का दृष्टिकोण उदात्त है? यह उदात्त है या नहीं यह आप ही बता सकते हैं।

महोदया, महिलाओं और बच्चों को अधिक स्वास्थ्य सुविधाएं देनी चाहिए क्योंकि उन्हीं पर राष्ट्र का निर्माण निर्भर करता है। गांवों में उन्हें सरकार की ओर से पौष्टिक आहार सब्सिडाइज करना चाहिए। गांव की महिलाएं और बच्चे सही मानों में पौष्टिक आहार से आज भी वंचित हैं, हालांकि यह आहार जो है वह गांव में पर्याप्त मात्रा में उपलब्ध जरूर है, परन्तु वहां की महिलाओं और बच्चों को इसके प्रयोग का मार्ग दर्शन नहीं होने के कारण यह सारी कमियां रह जाती हैं।

रेडियो, टी० वी० और दूसरे साधनों द्वारा पौष्टिक आहार का प्रचार करना बहुत जरूरी है। जिस इलाके में जो आहार उपलब्ध है, उसका किस प्रकार से सेवन करना चाहिए, उसका प्रचार होना सरकार की ओर से अत्यन्त आवश्यक है।

महोदया, इन सारी नीतियों को सफल बनाने के लिए जनता और वालन्टरी संस्थाओं का योगदान लेना भी जरूरी है। उनका सहयोग और सहायता सरकार को लेना अत्यन्त जरूरी है।

इन्हीं शब्दों के साथ धन्यवाद।

THE VICE-CHAIRMAN (SHRIMATI MARGARET ALVA): Now, Mr. Suraj Prasad. Not here. Yes, Mr. Handique

SHRI BUOY KRISHNA HANDIQUE (Assam): Madam Vice-Chairman, I rise to speak in support of the National Health Policy Resolution moved by the honourable Minister of Health.

Madam, though belated, the National Health Policy Resolution clearly indicates the directions in which the Government's efforts are moving to handle the most urgent problem of human development with an integrated package of services. Madam, the package of services is much more than a more collection of health intervention measures. Intervention for treatment and for prevention of infectious diseases, for the protection of maternal and child health and for fertility regulation form the tripod on which the package of services could be based. But it is something more than that. It is true that we have a long way to go to attain the desired objectives or the desired heights in our health care system. But having been confronted by mighty and stupendous problems all these years, problems which are not peculiar to India alone, but to all the developing countries too, I should say 1 hat our achievements are indeed very significant.. The National Health Policy Resolution is a challenge to all and let us not-, therefore, think in terms of party affiliations. I am confident that if properly implemented, we would be nearer our goal.

Madam, it is clear that we need to look at health from the development point of view also. Health, we should bear in mind, is a major pathway to human development and has an instrumental value io the developmental process through its impact on the socio-economic conditions. It is both a means and an end-product of development. So. the problem of health needs to be considered as an integral part of development with clearly defined goals, policies and plans and. to that extent, I should say, the policy, statement, the National Health Policy Resolution, has done a good job. However, there are a number of obstacles to be overcome to achieve that objective. Lack of effective planning machinery, inadequacy and maldistribution of resources, rising cost of health services, inadequate community involvement in providing health care, lack of basic sanitation —these are some of the hurdles which really need to be overcome if we want to achieve our objectives. Madam, there is not much time and, therefore, I would not deal with all the points; I would like to confine myself, to limit my deliberations, to two issues, that is, lack of basic sanitation and inadequate community involvement in providing health care.

Lack of basic sanitation is the backdrop against which our system of health care has to operate. Thus, any work in the direction of health care suffers this handicap. We have to remove this handicap. Lack of basic sanitation itself is a major cause which make all our health care schemes sometimes futile and irrelevant. Madam, the quality of basic sanitation in most developing countries is well below the level considered necessary for the prevention and control of communicable diseases and the promotion and maintenance of physical, mental and social well-being. Basic sanitation should aim at safe drinking water, a safe environment, uncontaminated food and a decent place to live. Madam, according to WHO survey—I quote:

> "A WHO survey in 91 developing countries revealed that only 29 per cent of their total population had access to safe drinking water at the end of 1970. In urban communities 50 per cent of the population obtained water through individual house connections, while 19 per cent used public standpoint. More than 85 per cent of the rural population had no safe drinking water available to them. Furthermore, many of the piped urban supplies functioned only intermittently, and so were potentially hazardous to health."

In India it is not more than 13 per cent of the total population who have access to safe drinking wa er. Madam, the immensity of the problem is again illustrated by the relatively modest targets proposed for the second United Nations Development Decade (1970—1980). T quote, again :

> "to provide 60 per cent of the total urban population with a water supply in their homes and the remaining 40 per cent with a water supply from public stand-posts; to provide 27 per cent of the urban population with sewer services to provide 25 per cent of the rural population with reasonable access to safe

drinking water **and** 10 per cent with sanitary excreta disposal facilities." The provision of basic sanitation for rural population is thus a long-term undertaking on a vist scale, one that the health authorities cannot tackle alone. Other authorities, those concerned with agriculture, public works, mining and rural engineering, for example, may be better equipped to execute water supply and sanitation projects, and more acceptable to economic planners. This, thus, calls for a- multi-sectoral approach between Government Ministries or departments. This hurdle alone, unless combated adequately and effectively, is potent enough to frustrate our goal of "Health for All by the year 2000 AD" in the context of the revised 20-Point Programme. So special schemes and programmes need to be launched to handle this problem. Ever since the introduction of modern water carriage system transferred the sewage disposal from the streets and the surroundings of townships to neighbouring streams and rivers, the beginning of the problem of water pollution was registered. And with rapid urbanisation and industrialisation, the problem of the pollution of natural waters is reaching alarming proportions. And it is not those who are responsible for the discharge of the untreated or only partially treated sewage and industrial waste waters into neighbouring streams for clearing their neighbourhood but the downstream riperian population which is exposed to the dangerously unhygienic conditions. So !he problem is more complicated in arid and semi-arid areas which have scarce and unevenly distributed water sources and where rivers have fluctuating rates of overflow. This uncertain water level has attracted more and more manufacturing installations to the river bank so that in times of scarcity they can fall back upon even the rock-bottom level of water. So, this is a vicious circle. Control of pollution is the only answer to this problem. As all liquid wastes must eventually find their way to inland or coastal waters, this problem can be diminished by a satisfactory treatment of sewage and industrial wastes. I understand and even the hon. Minister will agree that such treatment will impose heavy financial burden on the population. In any case, the Government has to find the fund, even through it is massive for this job. Large financial institutions like the LIC or even the **World** Bank should be tapped for this purpose so that this problem can be tackled.

The crucial question is not whether the developing countries can afford such measures for th: control of water pollution, but it is whether they can afford to neglect them. Apart from its menace to health, polluted water considerably reduces **the** water resources of the nation. Since the tota! amount of a country's utilisable **water** remains essentially the same and the demand for water is always increasing, schemes for the prevention of water pollution should, wherever possible, make the best use of treated waste waters either in industry or agriculture.

Madam, the second point that I want to dwell upon in the Resolution is the **propoi**ed restructuring of the health services through a network of decentralisation. It has been rightly said in the Policy Resolution:

> "The vast majority of those seeking medical relief have to travel long distance to the nearest curative centre, seeking relief for ailments which could **have been readily and effectively handled** at the community level. Also for want of a well-established referral system, those seeking curative care have the tendency to visit various specialist, centres, thus further contributing to congestions, duplication of efforts and consequential waste of resources."

Madam, it is clear that community health action cannot flourish without a vital linkage with the wider goals of community development. Without the participation of the community, health becomes, as Dr. Mahler said, a technological mockery. The health care system must be supported by a community-based organisation. The pattern of rural structures is important for the successful outcome of the rural development package. The by-passed popluation of small farmers and landless labourers and the slum dwellers in urban and peri-urban areas must be reached. The system as envisaged in the Policy Resolution, rightly aims at utilising trained personnel indigenous to the rural community.

[Shri Bijay Krishna Handique]

Thus, the central figure to extend these basic health services to rural areas and urban slums is a community health care workers chosen from the village by the village and trained to deliver elementary integrated services in Maternal and Child Health, nutrition, family planning and environmental sanitation. It is true that the main thrust would be preventive and educational, but also includes immunization contraption, first and minor curative services and referral to the nearest health facility. So, Madam, it is not a question of a little more technology or more hospitals or more of the same recipe. It is a question of seeking alternative approaches that make health care accessible and acceptable to the largest majority.

Madam, one ol the principal causes of failure of the present day health care system is our failure to culturally adopt it to indigenous societies. The scientific basis of medicine remains almost the same throughout the world. But the circumstances of its application to the rural and urban societies in each country differ with the local health problems, with the social and cultural and economic settings in which they arise. And medical care and environmental care have to be given within the social matrix, and illnesses dealt with at their origins in the homes or in the farms of the people. So, we have to admit that at present hospitals have become visible symbols of medical care, caring for those who come to it, not necessarily all those most afflicted and most needy, who are by and large very often ,ospital-shy. So, if we really want to id the health services to them, then the medical services must chase them. must go to them instead of waiting for them to come. And the net result is that because of this we know more about individual illnesses rather than the health of the communities. Madam, it is interesting to note that the hospital has been described by Dorothea Sich as "a self-chosen ghetto of the medical profession", and the modern doctors as "professional cripples" who cannot function without a hospital. One may not agree with this remark, but in the present context it can be noted. *(Time bell rings).*

The centre of gravity of medicine must now move away from the hospital to the community if the National Health Policv Resolution is to be properly implemented. However, it is a difficult task to accomplish. It will involve a virtual revolution in the health service system. Selection of village level workers, provision of logistic and professional support in the entire health services, including a total commitment at the highest level of the health service, are problems which need to be resolved if the system is not to be rejected by the people as insufficient or inefficient. So, this "large-scale transfer of knowledge, and simple skills and technologies to health volunteers," as envisaged in the Policy Resolution, I am afraid, will peter out to a series of perfunctory exercises unless the masses are involved. And stirring the masses into taking the responsibility for their own personal health and for the health of their neighbours is a most vital link for every man and woman and is a secret teacher. But at the same time a new national ethos has to be generated which will have compassion in serving the people as the soul *aL* health services, if we want to translate into reality the proposed restructuring of the health services.

I hope, the hon. Health Minister will apply his mind to these points. Otherwise, the National Health Policy Resolution, I am afraid, will remain just a load of pious wishes.

Thank you. Madam.

SHRI DINESH GOSWAMI (Assam): Madam Vice-Chairman, I do not think anybody can have really any objection *to* the National Health Policy. Its intentions are laudable. Pronouncements have been made which will undoubtedly be accepted by all. But the question remains: Have we said something new in this National Health Policy Resolution? Is it not a fact that the pronouncements made in this Health Policy were made earlier also but they remained pious wishes? And as my learned friend who preceded me spoke, unless some drastic change in the entire approach for implementation is made to translate it into reality, this Health Policy will remain itself only a paper work. I do not fined in the statement of the Minister or even in the, policy itself enough guide-

lines before us which can convince us that the Government is going for a drastic change in its approach to make this policy a reality. We have committed ourseives to the implementation of the national policy on health for all hy 2000 A.D. This is a task which is very difficult to fulfil even in advanced countries, much less in Ihe case of a developing country like ours, where according to the statement of the Minister only 31 per cent of the population have access to potable water and 0.5 per cent to basic sanitation. We get worried also because in spite of the emphasis laid on the progress of various targets fixed in the successive plans, they have not been fulfilled. According to the reports, 40 thousand additional subcentres were slated for completion by April 1983. But only 17,000 of them have come up by 1982-83 and most of these are also without trained doctors, nurses and other facilities. A very important pronouncement has been made in paragraph 4.2 when it has been said that the existing situation has been largely engendered by the almost wholesale adoption of health manpower development policies and the establishment of curative centres based on the Western models, which are inappopriate and irrelevant to the real needs of our people. True, but I do not think that you can get away from the model unless you restructure your entire medical education. The entire medical education is based OD the Western model. You send a boy or a girl to a college and, in fact, some suggestions have come that boys and girls who have gone for medical education, should spend at least two years of their early period in some rural centres. But, is it not a fact that medical education today is available only to the upper strata of the society, to the most affluent? In fact, the premium that you are to pay for admission to medical colleges is the highest and the result is that in the marriage market probably a medical student has the highest price. Now, this affluent section of the society will not like to send its children, who have come from medical colleges, to rural centres unless you get them the necessary infrastructural facilities. The second difficulty is that a boy, after spending so much of time and energy •on medical education, would like to get the advantage of training facilities or research facilities. These boys do not want to spend the early years of their life and training rotting in some villages where they are only to prescribe a handful of medicines which are available to them.

1 do not find any indication in the Minister's statement as to how they are thinking of restructuring the entire medical education. Is it necessary that we must have MBBS for treating all the patients all through the country? They may be necessary, as experts are necessary in the highest institutions, but not necessarily in rural centres. In the other centres you can have a different set of medisal students coming from institutions where they may be given the training and education to treat the elementary problems of medical science and if they find that it is not possible for them to deal with it, they can send them to some higher institutions. And, so far as the higher institutions are concerned, I do not know whether they are functioning on the lines which were envisaged at the time of setting them up. For instance, we have talked so much about the All India Institute of Medical Sciences. This is a very prestigious institute. According to me, the All India Medical Institute was expected to be a referral institute. But today it has become a prestigious hospital. Every day a large number of patients are going there from Assam and other places to be treated and we have decided to have such institutions in different parts of this country. Our policy should be very clear. Shall we like to have some referral institutes or shall we like to have some glorified hospitals? Now the hon. Minister has spoken about the sub-standard drugs. But let us put our own house in order. Where do you get the sub-standard drugs most? It is in the CGHS dispensaries that you get them most. I can tell you my own personal experience. My son was suffering from typhoid. I was not here. He was given the drugs that are normally given for typhoid. For 15 days nothing happened. When I went to the Willingdon Hospital, the first thing that I was told by the doctor was that those were sub-standardj drugs and that I should procure the drugs from. the market. T procured the drugs from the market, of some established

[Shri Dinesh Goswami]

company, and within 24 hours the temperature subsided. Now, is it not possible on the part of the Government to have checks on the Delhi CGHS dispensaries and even the> centres where you supply medicines to Members of Parliament? What is the use of making a pious wish that the sub-standard drugs will evaporate from the market, unless we start charity at home? Where is the fault? In fact, I find today that unfortunately over the question of the drug industry even the MPs have become sharply divided. Every day questions are coming up. It may be a plaything.

We have spoken in terms of food adulteration. I myself am a l'awyer. My own experience is that in case of food adulteration we catch the small people. Whom do you really find the culprit? The person who sells sub-standard or adulterated mustard oil in the shop. The unfortunate person, the petty shopkeeper, lakes it from the mill and sells it. And under the law because he is guilty, we send him to jail; and thereafter we say that we have dealt with food adulteration in the hardest possible manner, but hardly a person who manufactures is ever convicted or even prosecuted.

Now these are the points which one should take care of. I feel that unless one takes care of all these things, nothing much woiild be possible. And what about the urban-rural hiatus? We have one doctor from 17,600 people in rural areas and only 1,000 in urban areas. And in the rural areas if we take the sub-centres we find that a dilapidated house is there, no medicines, no doctor, sometimes a compounder is there, and in many cases even he is not there.

Therefore, I would like to know from the hon. Minister whether he is contemplating about restructuring the whole medical education. Unless you restructure the entire medical education and bring forth a set of doctors, not spending so much on them, and send them to the rural areas, nothing would be possible because a person must be committed to serve in the rural areas. If you send ouF doctors to the rural areas by force, it will hot work. For them you will probably require to have more doctors from the rural areas. And you cannot expect doctors from the rural areas because the rural people are not able to pay so much for medical education. Therefore. you must have a cheap method of educating the boys and girls from the rural areas. It may not be possible to give them an MBBS degree. Think of having some alternative modes so that we can-have a set of doctors for the rural areas. We have spoken about the Unani and Ayurvedic practitioners. But, is this type of treatment now available in the rural areas? I myself know it. In my childhood there was no dispensary in my place, but there was a *kaviraj*. Today, do you find any *kaviraj* anywhere? We have been talking of the systems and saying that we have encouraged them. But, have we made any research to modernize these systems? You cannot expect people to go to an Ayurvedic or Unani practitioner unless you modernize these thihgs. Un* fortunately, I do not find that there has been much effort in this direction, only pious wishes.

I feel, therefore, that the hon. Minister, while laying this Statement, should also in very comprehensive and categoric terms place before the House how he is going' to really restructure our whole medical education. We have spoken about the breast-feeding by mothers. Now we have the publicity organ of the Television and the All-India Radio. What publicity are we making? We always publicize the products of the multinationals or other companies. Has there been any publicity on behalf of the Governmnet through this media available to them about the importance of breast-feeding? I think, none. Even the family planning publicity has not been such as would create any sense of motivation. I am not a person who can really talk with some authority in regard to the medical profession—Dr. Siddhu is the person—but these are some of the thoughts which came to my mind. The second point I would like to know is about decentralisation. There are many areas in our country, which are prone to particular diseases. Now the tendency is to open up big hospitals in metropolitan areas. Have we identified those particular areas in which persons are more prone to particular diseases? I know personally, coming from Assam, Assam is an area which, I

think, has the highest incidence of cancer in this country. We have got a Cancer Institute where we do not have the required faci,i.Ls. Sir, there are areas of filaria. There are areas of leprosy. Have we got institutes located in those areas? Or is the tendency to locate institutes only in the metropolitan areas? The result is that the medical facilities are available only to the people of the metropolitan areas mostly.

The next thing I want to point out is that the implementation of the National Health Policy is not possible without proper coordination between different Ministries. We are talking about giving water supply. But the fact remains that in Delhi itself which is the capital of this country, water is getting more and more polluted. Have we got an industrial policy that industries will not be set up in the urban areas and that they will be diverted from the urban to such areas where the population will be less affected, as is done in other countries? We have no such policy, and if we do not have such a policy industrialisation in particular areas, the result is that you cannot solve the pollution problem. Therefore, I feel that while dealing with this problem (here must be constant coordination between different departments. And unfortunately the National Health Policy has not given us an indication of how they want to achieve coordination between different Ministries so that the problem be solved. I

As I said, I am not a person competent to tackle this subject. But these are some of the very lay thoughts which came to my mind. I urge upon the hon. Minister for complete change in the system of medical education so that we can, instead of following the western models, go back to the model which is eminently suitable for this country.

Thank you.

THE VTCE-CHAIRMAN (SHRIMATI MARGARET ALVA): Dr. Malcolm Adiseshiah, if you can finish before 5 o'clock.

DR. MALCOLM S. ADISESHIAH (Nominated): Thank you, Madam Chairman. I welcome this comprehensive statement on the National Health Policy. Dr. Siddhu and, I believe, you too called attention to the fact that there has been basic continuity with regard to our declarations of the Health Policy. You and others have called attention to the Bhor Commitee and the Mudaliar Com mittee, I do not feel that there is any thing wrong in such continuity nor do I feel that the need for affirming the Health Policy every five years or every ten years is weakened by the existence of the earlier statements.

I think the statement represents, as Dr. Siddhu himself was pointing out, a great deal of thinking that has gone into the Health Policy over the last half a century. Now I welcome this policy because it updates what we have been thinking and doing. And the new element is the *Alma Mater* declaration, our decision to provide Health-for-all by 2000 AD. This is the new element. We have a target which is now incorporated in this Health Policy before us.

The high points of this policy are, first, a balanced statement of our achievements in the health field set forth in paragraph 3, together with a very frank statement of our weaknesses and defects set forth in paragraph 4, 4.1 and 4.2. In paragraph 4.2 there is a particular reference to the loss of the community's capacity for dealing with the problems of health an£ there is a reiterated emphasis through the document for restoring this. I know the limited time you have given me—five minutes—and I will just refer briefly to the other highlights. I think that, subject to correction by people like Dr. Siddhu, the integrated nature of the policy statement relating health to all other aspects of our economic and social policies which are set forth in paragraph 5, namely, "complete integration of all plans for health and human development to the overall national socio-economic development, especially in the more closely health-related sectors, e.g. drugs and pharmaceuticals, agriculture and food production, rural development, education and social welfare, housing, water supply, sanitation, etc." is also a new approach, which I particularly welcome. I think the emphasis on the national population policy which you have called attention to, in the subsequent paragraph the importance of national medical and health education

[Dr. Malcolm S. Adiseshiah]

and the emphasis on primary health care instead of purely hospital-bused care, which many of my predecessors have decried, and the reference to the indigenous systems of medicine, which are to be expanded, these are all to be welcomed. Now, may I end—there are three minutes before me—with some oi the problems. First of all, I think, like all policy statements, it is essentially a normative statement of what could be. what should be, and there is no statement here, on how this clear policy laid down can be operationalised. I think that the amendments moved by Mr. Shiva Chandra Jha and by Mr. Kaiyanasundaram are reflections of this problem of how to operationalise an excellent policy statement. This is what is missing. I think the answer was produced by the Minister The Minister in introducing the document laid before us, the actual operational implications of this statement in the last three years. Now I think that needs to he turned, if that can be turned, not into statistics but into a kind of operational machinery, operational procedures such as has been mentioned by Mr. Shiva Chandra Jha and Mr. Kaiyanasundaram in their amendments which I welcome.

Secondly which I regard as the most important issue here is making health the concern of the people and not of specialists. In the days when I was a child-Madam Vice-Chairman, I am sure you were also a child—when we fell tt....

SHM K. RAMAKRISHNAN (Tamil Nadu): She is like your daughter.

DR. MALCOLM S. ADISESHIAH: All right. But so are you...

SHRI DIPEN GHOSH (West Bengal) But at some time she was a child.

DR. MALCOLM S. ADISESHIAH: When we had a fever, the whole family used to gather around, the grandmother, mother, aunts and sisters. They used to feed us, give nourishment and indigenous drugs. Now the family has completely lost interest, the community has lost interest and we go running to the doctor to get various drugs on every occasion. Now I think how to really recapture not simply the community's but also the family's responsibility for health is something not contained tn the document and 1 would call attention to it.

Thirdly, I agree with Mr. Dinesh Go swami that the key here is medical edu- , cation. What has been said is very good. 1 It has to be operationalised.

Because, I believe that of all 5 P.M. forms of educatiin that we have in this country, as in other countries, medical education alone has a special place of its own, that is, when you put a person into a six-year course and at the end of the course he must come out not only technically trained as a doctor but also infused with a kind of human qualities of compassion, sympathy, understanding which make him a good doctor as different from a lawyer, an engineer, a scientist, an economist, all other professions. It is only medica' education which puts the man through an educational machine, at the end of the six years, that enables him to come out not only as a good scientist but as a full-blooded human person with all the human qualities, to serve the masses. But how this can be operationalised has not been given thought to anywhere except in the last one or two pages. I know, for instance, because I happened to be there, the Christian Medical College in Vellore has specialised in giving all its students this kind of training for development not only to be good scientists but human persons to serve the masses of our ignorant people. From this the case of developing medical universities is much stronger than the technological universities that we have started.

The fourth point that I want to make is I agree with Mr. Dinesh Goswami—1 also happened to speak from my experience as a Vice-Chancellor*—that allopathy and the Indian systems of medicine are running on parallel lines. I tried my best when I was a Vice-Chancellor to bring them together. Mr Dinesh Goswami used the word 'modernising'. I do not know ahont it hu! io make them into a single unit, because, as he pointed out, even today the masses of the rural people in my part of the world are served by the Indian systems of medicine—Siddha,

Unani, an so on. I think, thai all the references that we are making in this document or figures given by Dr. Siddhu, all refer to allopathy side. But what about the indigenous medicine on which depends the health of 80 per cent of our population? I am not satisfied that our health policy is really an effort to integrate the iwo systems—western and indigenous .

Finally, nobody has referred to the very important last two pages where the goals which are set forth, for infant mortality rate, current level, 1985, 1990, 2000, and so on. From that to the incidence of blindness, Point 17, I think if you are really serious about this table, we, all of us, in Parliament, in Government, in ihe Planning Commission, need to understand and accept the financial implications of this massive programme. As Dr. Siddhu pointed out, at the present level of financing medical and health services, these targets will not be attained. That we should be very clear about. If they are not going to be attained, then for God's sake, let us not set forth these targets, if we are not to spare the necessary monies to achieve these targets. I believe this also applies to the family planning programme. Therefore. I think it ii better to have more modest targets reflecting our abilities. With these word, *I* support very strongly the National Health Policy.

THE VICE-CHAIRMAN (SHRIMATI MARGARET ALVA): The debate will continue after the statement by the honourable Home Minister.

STATEMENT BY MINISTER

Security Arrangements for Shri Charan Singh, Member, Lok Sabha

THE MINISTER OF HOME AFFAIRS (SHRI P. C. SETHI): Madan-Vice-Chairman. ...

The Government are alive to its responsibility to provide adequate security to the life and property of eminent persons in public life and more so, of a person of the stature and eminance of Shri Charan Singh. The scale of arrange-means to be provided is dictated by the perception of threat and risk to the persons.

Based on the assesment of the threat to the security of Shri Charan Singh, there has been a stepping up of the arrangements for protection. The first step in this regard was an augmentation of the number of personnel in charge of his personal security. This has been followed up by another increase through the provision of an excort car with necessary armed escort. A further addition to the security arrangements has been the instillation of security lights and othet connected measures around his residence.

Instructions have been issued to all State Governments communicating the level of security to be provided when Shri Charan Singh is on tour. Necessary coordination of the security arrangements while Shri Charan Singh is on tour outside Delhi. is undertaken by a senior officer of the Delhi Police.

The security arrangements for Shri Charan Singh are under constant review. The assessment of the need to provide security is made not only on the basis of the letters he receives but also on the information received by the Government from other sources. Some time ago, the Home Secretary himself met Shri Charan Singh and discussed the security arrangements. Senior Police Officers including the Commissioner of Police have also met him separately. Meetings with officers of neighbouring States have also been held for working out the required level of security while he goes out of Delhi.

I would like to assure the House that the Government would spare no efforts in ensuring the security of a respected leader like Shri Charan Singh.

SHRI HARKISHAN SINGH SURJEET (Punjab): The Minister has only mentioned about administrative measures. I would like to know from the Minister whether in such a situation as this ^ *s ont necessary to take some political measures. The Government must by now have come to fcnow who are the elements who are sending these threatening letters. This is not the first case. Earlier also,