

**STATEMENT RE NORTH-EASTERN
AREAS (REORGANISATION)
(AMENDMENT) ORDINANCE, 1974**

THE DEPUTY MINISTER IN THE MINISTRY OF HOME AFFAIRS (SHRI F. H. MOHSIN): Sir, on behalf of Shri Umashankar Dikshit I beg to lay on the Table a statement (in English and Hindi) explaining the circumstances which necessitated immediate legislation by the North-Eastern Areas (Reorganisation) (Amendment) Ordinance, 1974.

**THE NORTH-EASTERN AREAS
(REORGANISATION) AMENDMENT
BILL, 1974**

THE DEPUTY MINISTER IN THE MINISTRY OF HOME AFFAIRS (SHRI F. H. MOHSIN): Sir, I beg to move for leave to introduce a Bill to amend the North-Eastern Areas (Reorganisation) Act, 1971.

The question was put and the Motion was adopted.

SHRI F. H. MOHSIN: Sir, I introduce the Bill.

MR. DEPUTY CHAIRMAN : The House stands adjourned till 2.00 P.M.

The House then adjourned for lunch at six minutes past one of the clock.

The House reassembled after lunch at five minutes past two of the Clock, Mr. Deputy Chairman in the Chair.

**DISCUSSION UNDER RULE 176 ON THE
STRIKE BY JUNIOR DOCTORS IN
DELHI HOSPITALS**

DR. K. MATHEW KURIAN (Kerala): I have gone through the statement made by the hon. Minister of Health in the Rajya Sabha on the 19th February and also the supporting papers which the Health Minister has supplied to the Members. I must confess at the very outset that the stand taken by the Ministry of Health on a vital issue as the service conditions, emoluments and so on of the junior doctors is definitely a stand which any honourable Government could not have taken because this Government as early as 31st March, 1973 entered into an agreement with the i

tors regarding certain improvements in their service conditions. I have got here a photostat copy of the actual agreement carrying

the signature of the Health Secretary agreeing to certain things.

Before I refer to the actual agreement and the implications of it, I would like to refer to the statement made by the hon. Minister about the need for avoiding inconvenience to the general public. All of us share the need for avoiding inconvenience to the general public, and strike by the doctors is not always a very happy thing. But we must also look into the real facts of the case before apportioning responsibility. The Minister's statement also talks about the unfortunate situation. I would not have normally taken this opportunity to apportion the blame on either the Government or the doctors, I would have normally liked to suggest or to help the process of finding an amicable settlement to this strike. But unfortunately, in the Minister's own statement he has apportioned the blame on the doctors and therefore I think I must take up this question.

Who is responsible for this state of affairs, for this unfortunate situation? Are the doctors responsible for this or is the Government responsible for this? I would like to prove in my speech that almost 99 per cent of the responsibility lies on the Government because of their original sin and the sins they have committed as early as 64 onwards. From 1964 onwards, the Ministry of Health—I am not blaming Dr. Karan Singh because he only recently took over charge - has been sitting tight over an issue which was being discussed peacefully through negotiations between the Doctors' Associations and the Government; for more than almost a decade, the Government has been sleeping over this whole question and now we are face to face with a difficult situation.

Sir, the Government has actually apportioned the blame on the doctors by suggesting—this is the quotation— "attempts by some misguided elements to pressurise the Government by disrupting the process of medical education and medical care in the country." This is adding insult to injury to the junior doctors who have from 1964 onwards pleading with the Government, submitting memorandum after memorandum, to settle their outstanding issues. Is there an attempt to pressurise the Government or is there only an attempt to suggest to the Government that their own agreement should be fulfilled ?

[Or. K. Mathew Kurian] Sir, I understand that the relevant papers indicate that the junior doctors' demand is only that the written agreement that the Health Secretary has signed with His own pen i be honoured. I would like to show, contrary to the Minister's assertion, that this agreement has not been fulfilled. Sir, the Minister has exhorted to the rank and file of the junior doctors to be aware of their responsibility and the pledges they made at the time they took their graduation, and to maintain the normal traditions of the medical profession.

Sir, I would ask the hon'ble Minister how could these normal traditions be maintained by those who have not been given due share in the value they create, social value that they produce, and how can they maintain the noble traditions without adequate living conditions. The Minister has suggested that there should be a dialogue. He is prepared for a dialogue with the doctors and the dialogue should continue. That is the statement by the Minister. But how long can this dialogue continue when during the last one decade, year after year, months after months, they have been denied even opportunities for a meaningful dialogue. I can give a long history of this whole strike ever since 1964.

Sir, I mentioned earlier that the medical profession in general and the junior doctors in particular have been fighting for a decent minimum salary and allowances and proper working conditions. In November, 1964 interns and house surgeons in the Delhi hospitals had to resort to strike to improve their poor emoluments and unsatisfactory living and working conditions. The doctors called off the strike on 23-11-64 on the basis of personal assurances by the Prime Minister of the country at that time, the late Shri Lai Bahadur Shastri. And the Prime Minister had promised that reasonable solutions would be found and effected very speedily. Sir, the Director General of Health Services of the Government of India communicated to the President of the Medical Association, enclosing a copy of the Press note issued by the Kar Committee set up by the Ministry of Health on 4-12-64. In December, 1965 the Delhi Medical Association requested the C.H.S. doctors to postpone the strike which was in protest against the inaction of the Government to take a decision. Actually they postponed the strike in that year. Again, in 1969aspeci-

al sub-committee of the Delhi Medical Association which was appointed went to the hospitals on a fact finding mission and they reported that the emoluments of the junior doctors in the Delhi hospitals were not commensurate with the cost of living index and the recommendations of the Karmarkar Committee had not been fully implemented.

On 1-7-69, again the Indian Medical Association sent a memorandum to the Frirne or and they observed a portest day to highlight the worsening conditions of the junior doctors. Again on 15-6-70 in reply the Government of India stated that due to shortage of funds the Karmarkar Committee recommendations could not be implemented. On 1-9-71 the Indian Medical Association again submitted a memorandum to the Health Minister. They sent letters on 8-2-73, 28-3-73, 13-4-73 and so on. On 7-12-73, the Health Minister's attention was drawn to the delay in the submission of the Kartar Singh Committee report.

All this tries to show the long drawn out of the struggle of the junior doctors. They have been peacefully agitating and submitting memoranda after memoranda to the Prime Minister. Promises were made by no personality than the Prime Minister of this country, the Health Ministry and so on. For long years they have had to wait and itely even for the Kartar Singh Committee's report to be brought out they had to go on struggle.

The Health Minister has stated in his statement that the Government has made handsome increase in the emoluments of the junior doctors. That h the phrase, "handsome increase in the emoluments of the junior doctors " Junior doctors who are qualified, who occupy in our country one of the most important positions of responsibility, who take care of the lives of the people are not being given due.

The lion. Minister might try to make himself happy, not the doctors, by quoting figures about the percentage increases. From peanuts of Rs. 200, the stipend for Interns has been raised to Rs. 300. This works out to 50 per cent. If the original figure had been Rs. 100, the percentage increase would have been even more impressive. Therefore, starting from an extremely low figure, if the Ministry now increases the emoluments in terms of stipends, the percentage cannot impress anyone.

The crucial question is not the emoluments as such but the principle which the Ministry of Health had accepted and had blatantly violated. I charge the Health Ministry with violating their own agreement. The honourable Government of India cannot violate an agreement which they have signed on paper with the signature of no less a person than the Health Secretary. What does this agreement say ? The agreement mentions two important clauses : (1) That the House Surgeons and postgraduates are registered with the Medical Council of India and should, therefore, be regarded as full-fledged doctors. This principle has been accepted fully without any equivocation, that is, House Surgeons and postgraduates, since they are registered with the Medical Council of India, should be regarded as full-fledged doctors. This principle has been further accepted and reiterated in the second clause which says; (2) In addition to academic pursuits, they also render useful service in patient care in the hospitals. Their designation and status should be in consonance with the role they are actually playing. Now, while the Government appointed the committee, the agreement then indicated that in any event, even if the committee did not recommend any change of the present system or any modification thereof, the committee would be directed to submit suitable proposals to enable the Government to replace the existing system of stipends and scholarships by a suitable, graded scale of emoluments. The important point, therefore, is that the Government is committed to the principle that the existing system of stipends and scholarships will be suitably modified and replaced by a graded scale of emoluments. What the Minister has given in his statement, the so-called handsome increase in emoluments, does not touch this basic principle of graded scale. Sir, the Minister has given for Junior Resident Doctors Rs. 500 per month, all inclusive, which is, of course, a slight increase over the Kartar Singh Committee's Report and their present emoluments. Similarly, for the second year it is Rs. 550 per month, all inclusive, compared to Rs. 500 suggested by the Kartar Singh Committee. For the third year, it is Rs. 600 per month, all inclusive, as against Rs. 550 suggested by the Committee. Now, in this statement it is mentioned that the revised stipends and emoluments will be given effect to as promised from the 1st January 1974. Who had promised to give stipends ? The

agreement or promise is to give a graded scale not stipends. The Junior Doctors were promised a graded scale because they are registered with the medical Council of India and, therefore, they should be regarded as full-fledged doctors. This principle has been violated by giving them a little more peanuts of money. The Government cannot get away from their commitment which is embodied and sanctified in this agreement with the doctors. Therefore, the real question is this by evading this : real issue, the Government cannot solve this problem. The Government must honestly admit their failures in the past. The Government must honestly admit, at least at this late hour, that they have been callous for the last more than a decade. And even *at* this moment, Dr. Karan Singh, who wishes to improve the tone and functioning of the Ministry, should accept the original scheme of the Ministry and accept this principle. That is the basis on which a dialogue is possible. Only on the basis of the principle that stipends and scholarships will be replaced by a graded scale of emoluments, is a meaningful dialogue possible.

What is to be done ? As I said earlier, I would not like to take this opportunity to apportion the blame. It is our duty today to find a viable solution to this problem. I have the following suggestions to make. First of all, I say the Government should not be ambiguous regarding this question of principle which they had already accepted. By promising them handsome increases in emoluments in the form of stipends the Ministry cannot solve this problem. We can only proceed on the basis of the agreement. If the Government continues to abide by this principle, then let us work out the details. And I think the junior doctors will respond positively to any suggestions for a dialogue provided there is a basis for such a dialogue. I suggest therefore that Members of Parliament should be taken into confidence. May be, some kind of a Parliamentary Committee can assist the Minister. The Minister could also look into this question and evolve methods of solving this problem. The Minister should immediately have a dialogue with the Home Ministry because I understand that the Home Ministry is stuck up with this problem on recruitment rules and service conditions. The Home Ministry should seriously ponder over this problem and devise ways and means by which this problem can be settled on the basis

[Dr. K. Mathew Kurian.] of the principle already accepted. I understand that the Government is adamant on this total amount of Rs. 39 lakhs which is the calculation for increase in the stipends already granted. I fail to understand why the Government cannot solve the problem on the basis of graded salary-scales and allowances and how the Government can plead lack of resources for implementing the scheme. The Government of India has been spending crores of rupees on avoidable items. Two hundred and fifty crores of rupees are put in the Fifth Plan document for loans to high officials to purchase automobiles. There should be cuts in such expenditure. If Rs. 9 lakhs could be spent on beautifying the Delhi High Court building to purchase marbles, why cannot the junior doctors' problem be looked after by additional resources? If only the Government looks into seriously the ways and means in which unwanted expenditure can be curbed, it is easy to find resources to do justice to the junior doctors.

Lastly, I would request the honourable Minister that he should first of all withdraw or at least refrain from making such veiled threats as embodied in the statement. On page 2 of the Minister's statement it is said, "The Government has already taken steps to recruit some fresh doctors. If the striking doctors continue to default in their responsibilities, we will be left with no choice but to make permanent alternative arrangements." I would ask the honourable Minister: Is this a basis for a dialogue? Can such veiled threats produce positive results? Therefore, the first duty of the Government is to refrain from making such statements. They must enter into a meaningful dialogue so that this problem can be settled amicably on the basis of the principle already accepted, and resources should be found by reducing unnecessary expenditure which this Government, this bourgeoisie, landlordish Government is indulging in every year.

श्री जगदीश प्रसाद माथुर (राजस्थान) : उपाध्यक्ष महोदय, हमारे राजस्थान में एक कहावत है कि जब दो सांडों की लड़ाई होती है तो जो छोटी मोटी झाड़ें होती हैं उनका नुकसान होता है। यहाँ दो डाक्टरों की लड़ाई चल रही है। हमारे मंत्री महोदय स्वयं डाक्टर हैं यद्यपि वे साहित्य के डाक्टर हैं। तो इन दोनों डाक्टरों की लड़ाई से जनता का नुकसान हो रहा है। यह एक मानो हुई बात है कि आज जैसी स्थिति में सारे अस्पताल पहुँच गये हैं

उस स्थिति में अगर हमारे इन डाक्टरों ने इस विवाद को और आगे बढ़ाया तो इसका प्रभाव जन-साधारण के स्वास्थ्य पर पड़ेगा और जनसाधारण की इससे हानि होगी। इस लिये मैं यह निवेदन करूँगा कि यह विवाद बहुत ज्यादा लम्बा खिंच चुका है और इसको प्रतिष्ठा का प्रश्न न बनाना चाहिये। दोनों में से किसी को इसको प्रतिष्ठा का प्रश्न नहीं बनाना चाहिये। किसी न किसी तरह से इसका निपटारा होना चाहिये। मैं इसके पूरे इतिहास में जाना नहीं चाहूँगा। डा० कूरियन, जो स्वयं डाक्टर हैं, उन्होंने इस संबंध में बताया।

श्री ओम् मेहता : आप तीन डाक्टरों के दमिथान हैं।

श्री जगदीश प्रसाद माथुर : मैं जनता में आ गया, इसलिये परेशानी में हूँ।

डा० कर्ण सिंह : डाक्टर आल्वा भी डाक्टर हैं। वह अग्युरे डाक्टर नहीं हैं।

श्री जगदीश प्रसाद माथुर : वह तो बच कर चले गये। वही आप का इलाज करेंगे ठीक प्रकार से। तो उन्होंने केस की पूरी हिस्ट्री आप के सामने रखी है। फरवरी के प्रारंभ में हमको इस प्रकार के समाचार पढ़ने का मिले कि डाक्टर साहब और डाक्टरों के बीच जो वार्ता चली है वह एक संतोषजनक स्थिति पर पहुँच गयी है और उन में समझौता होने ही वाला है। इस प्रकार के समाचार हम को पढ़ने का मिले और हम का लगा कि इस विवाद का एक हल निकल आयेगा, लेकिन दूसरे ही दिन जब वे लोग मिले तो पता नहीं क्या डा० कर्ण सिंह जी पर दबाव पड़ा, आना तो नहीं चाहिये था, लेकिन जो परिस्थिति थी उस के अनुसार ऐसा लगता है कि उन पर कोई दबाव आया, मीटिंग में उनके पास एक चिट आयी और उस के बाद ही उन्होंने उस मीटिंग को बरखास्त कर दिया और डाक्टरों को कहा कि तुम्हारी मांगें स्वीकार नहीं की जायेंगी, उस से ही वातावरण में काफी परिवर्तन हो गया। मेरा निवेदन है कि यह बात सही है कि हमारे डा० कर्ण सिंह जी साहित्य के डाक्टर हैं और उन की प्रशासनिक सेवाओं को लागू करने में प्रशासनिक अधिकारियों की सहायता भी लेनी पड़ती होगी और देस में जिस प्रकार से टेक्नोक्रेट्स और ब्यूरो क्रेट्स के बीच एक विवाद चल पड़ा है उस से ऐसा लगता है कि इस केस में ब्यूरोक्रेट्स उन पर हावी हो गये हैं। यह बात सही है कि एक प्रशासनिक व्यवस्था है और उस में उनकी कुछ जिम्मेदारी है, उन का निभाने के लिये उन की आवश्यकता है, लेकिन जिस प्रकार से वह मंत्री महोदय पर हावी हो गये हैं और जिस प्रकार से उन्होंने दूसरे दिन वार्ता की विफलता की घोषणा की उससे ऐसा लगता है कि सरकार ने इस मामले को हल करने के लिये कोई न्यायोचित प्रयास नहीं किया। इसका सुलझाने की कोशिश नहीं

की, जानबूझ कर इस को बढ़ाने का प्रयत्न किया है। वह कहते हैं कि हमने डाक्टरों को अधिक एमालूमेंट्स देने की बात कही है, लेकिन वह इस बात को मानेंगे कि जो सी०जी०एच०एस० में काम करने वाले उनके समान श्रेणी के दूसरे लोग हैं उनको उस से अधिक एमालूमेंट्स मिल रहे हैं। क्या इस बात को डाक्टर साहब स्वीकार करेंगे कि समान काम करने वालों को, समान योग्यता वालों को समान वेतन न मिले? इस सिद्धांत को पे कमीशन ने माना है। अगर सरकारी कर्मचारियों के दूसरे वेतन भागों को सरकार इस आधार पर संशोधित कर सकती है तो उनको एडवांस बेसिस पर स्टाइपेंड देने की मांग क्यों नहीं मानी जाती? हमारे देश की आज हालत यह है कि आज डाक्टर साहब स्वयं मानते हैं कि हमारे यहां डाक्टरों की कमी है और खास कर ग्रामीण क्षेत्रों में, जहां सरकार के पांच लाख प्राइमरी हेल्थ सेंटर हैं। एक प्राइमरी हेल्थ सेंटर एक लाख की आबादी पर होता है। अगर उन की बात सोचें तो पता लगता है कि ग्रामीण क्षेत्रों में तो आप की कोई सेवार्थें ही नहीं और देश के स्वास्थ्य की जो स्थिति है उस में अगर आप इस सेवा का विस्तार करना चाहते हैं तो उसके लिये आप को बहुत काफी डाक्टरों की आवश्यकता होगी। मैं नहीं मानता कि डाक्टरों बेरोजगार हैं, लेकिन उनमें बेरोजगार भी हैं और उनको रोजगार चाहिये। हमारे पास उसके लिये कितनी गुंजाइश है? आप दूसरे कारणों में न जायें, जो सरकार की प्राइमरी जिम्मेदारी है लोगों की शिक्षा की, उन के लिये दवा की, उस से अगर सरकार मुक्त होती है तो यह ठीक नहीं होगा। इसके साथ ही डाक्टरों से भी मैं निवेदन करूंगा कि वे ग्रामीण क्षेत्रों में जाने से हिचकिचायें नहीं, लेकिन उनके लिये सरकार को भी उचित व्यवस्था करनी चाहिये। एक लाख जनता के लिये एक प्राइमरी सेंटर होता है। हमारे ग्रामीण क्षेत्रों में 20, 25 मील की दूरी पर गांव होते हैं, वहां वह पहुंच नहीं पाते। डाक्टरों के पास जीप या दूसरी कोई व्यवस्था आज नहीं है जिस से वे गांवों का भ्रमण कर के वहां के लोगों की सेवा कर सकें। तो अगर उन सेवाओं का विकास किया जाए तो उसके लिये बहुत गुंजायश है। डाक्टरों के लिये वहां उचित व्यवस्था न होने के कारण आज हमारे डाक्टरों विदेशों में जा रहे हैं, इंग्लैंड और अमरीका जा रहे हैं और हम अपने देश में उन की कमी की वजह से अपनी आवश्यकताओं की पूर्ति नहीं कर सकते।

यह बड़ा दुर्भाग्य है कि हमारी सरकार एक डाक्टर को तैयार करने में बहुत पैसा खर्च करती है, हमारे देश के साधन खर्च होते हैं और केवल सरकार का ही नहीं बल्कि जो गार्डियन्स हैं उनका पैसा भी व्यय होता है। इस सब के बावजूद इस सरकार के पास उनके लिये नौकरी की व्यवस्था नहीं। जिस प्रकार की परिस्थिति आज डाक्टरों की हो रही है और जिस प्रकार का व्यवहार सरकार उनके साथ कर रही है उससे लगता है कि सरकार जानबूझ

कर यह चाहती है कि उनको घकेल दिया जाये। पिछले दिनों दिल्ली के चार-पांच बच्चे अस्पताल की डाक्टरों छोड़कर इंग्लैंड चले गये। हमारे देश ने इन लोगों को पैदा किया, इतना पढ़ाया-लिखाया, इतना पैसा खर्च किया, फिर वे क्यों बाहर चले जाते हैं, समझ में नहीं आता। इन सब से ऐसा लगता है कि उनमें सामाजिक भावना नहीं है। आपको उनमें सामाजिक भावना पैदा करनी है।

ऐसा लगता है कि माननीय मंत्री महोदय जब पहले उड्डयन मंत्रालय में थे तो वहां भी उनके भाग्य की रेखायें ऐसी थीं। वहां पर भी स्ट्राइक ही स्ट्राइक रही और उन स्ट्राइक में वे विफल रहे इसीलिये उनका स्थानान्तरण इस मंत्रालय में हुआ। यहां भी उनके सामने यही परिस्थिति पैदा हो गई। मैं आपसे निवेदन करना चाहता हूँ कि आप इसमें सफलता प्राप्त कीजिये। लोगों की सहानुभूति, सद्भावना प्राप्त कीजिये। देश के अन्दर किसी भी क्षेत्र में कोई भी दल ऐसा नहीं है जो डाक्टरों की इस मांग का विरोध करता हो। डाक्टरों की मांग उचित है। उनकी व्यवस्था हमें करनी चाहिये।

मुझे ऐसा लगता है कि आप इस मामले को किसी प्रकार भी गुलजाने में असमर्थ हैं। मेरा यह निवेदन है कि जितने भी विरोधी दल हैं वे सब इसमें आपका साथ देने को तैयार हैं। आप सब को साथ बठाकर इस मामले का हल निकालने की व्यवस्था कीजिये। आपने भी कहा और डाक्टरों भी कहते हैं कि हम नेगोसियेशन करने को तैयार हैं। जब आप यह कहते हैं तो फिर आप एक टेबल पर आते क्यों नहीं? कौन सी स्थिति पैदा हो गई ऐसा न करने के लिये? आपने जो एकदम से कदम उठाया है कि इसको डिसमिस, उसको डिसमिस, दुनिया भर के लोगों को डिसमिस किया, टरमिनेट किया और अब आपने यह तय कर लिया कि जो होस्टल में रह रहे हैं उनको भी निकाल दिया जायेगा तो मालूम है इसका परिणाम क्या निकलने वाला है? वे कोर्ट में जायेंगे और वहां भी अगर उनको न्याय नहीं मिला तो आप उन डाक्टरों को उठाकर सड़क पर डालने वाले हैं। क्या यही परिस्थिति का निवारण है?

प्रत्येक प्रांत के अन्दर यह हड़ताल फैलती जा रही है और आपने प्रांतों को हड़ताल के बारे में एक पत्र लिख दिया कि इसमें केन्द्र की कोई जिम्मेदारी नहीं है यह केन्द्र का मामला नहीं है। यह तमाम प्रांतीय सरकारों का मामला है। लेकिन डाक्टर साहब आप स्वास्थ्य मंत्री केवल केन्द्रीय सरकार के नहीं हैं, आप सारे भारत के स्वास्थ्य मंत्री हैं। कुछ लोगों ने आपसे पूछा कि उत्तर प्रदेश वालों ने कैसे सारी सहूलियत दे दीं तो आपने यह कह कर टाल दिया कि चुनाव के समय में सब कुछ होता है। अब मालूम नहीं आप कहेंगे या नहीं। यह आपने कहा था जब आपसे कुछ डाक्टरों मिलने आये थे। आपने यह कहा कि चुनाव का समय है और उसमें उत्तर प्रदेश सरकार

[श्री जगदीश प्रसाद माथुर]

सब कुछ कर सकती है। हम कुछ नहीं कर सकते। उत्तर प्रदेश की सरकार चुनाव के समय सब कुछ कर सकती है तो क्या आप भी 1976 में जब केन्द्र में चुनाव होंगे, तब कुछ करने वाले हैं। आपको चुनाव के आधार पर सोचना नहीं चाहिये।

आपने जो अभी उत्तर दिया उससे कुछ ऐसा आभास होता है कि डाक्टरों की मांग उचित है। आप मानते हैं कि उनकी मांग उचित है और आप इसका हल निकाल सकते हैं। मैं अनुरोध करूंगा कि इस मामले को ज्यादा लम्बा न खींचे। आप विरोधी दलों का सहयोग लीजिये। अगर आप मामले को किसी निष्पक्ष व्यक्ति के सुपुर्द करना चाहते हैं तो यह बात भी आप डाक्टरों से मिल कर उनके सामने रख सकते हैं। लेकिन अब आप देर न कीजिये। देश के जन-जीवन से खिलवाड़ न करें।

गांव से जो लोग आते हैं, बीमार होते हैं अस्पतालों में उनकी व्यवस्था नहीं होती। प्राइवेट नर्सिंग होम में वे जा नहीं सकते। वे लोग मर रहे हैं। मैं कहना चाहता हूँ कि इस सब का दोष अगर किसी को दिया जायेगा तो डाक्टर साहब आप को दिया जायेगा, आप की सरकार को दिया जायेगा क्योंकि इसकी जिम्मेदार सरकार ही है।

मैं निवेदन करूंगा कि यह मानवीय प्रश्न है। मनुष्य के जीवन का सवाल है इसलिये सरकार को झूठी प्रतिष्ठा का प्रश्न नहीं बनाना चाहिये। जिस रूप में भी सरकार हम से सहयोग लेना चाहेगी हम देने को तैयार हैं। आप विरोधी दलों का सहयोग लीजिये। वे सब आपको पूरा सहयोग देने को तैयार हैं। यह कोई दलीय प्रश्न नहीं है। डाक्टरों की मांग उचित है इसलिये मेरा आपसे निवेदन है कि इस मामले में जल्दी से जल्दी कदम उठाकर इसको हल करें।

DR. K. NAGAPPA ALVA (Karnataka):
Mr. Deputy Chairman, Sir, I am very happy that we got a chance to discuss the problems of junior doctors. I only wish and am confident also that the Health Minister will take a serious note of the present situation and take the suggestion of the Members of this House to solve the problem at the earliest.

Sir, the history of the problems of doctors in this country goes back to at least 20 years. Still this question of the problems of the internees, house surgeons and other junior doctors dates back from 1965. But it is really painful for me to say that though the Health Ministry took a somewhat serious note of these things, the Central Government never looked at this question with the seriousness that was due.

Sir, there are 102 medical colleges in this country. Every year 12,500 students are being admitted to these colleges. On an average, about 10,000 doctors come out of these colleges. And today, as we see, those who are affected by this problem, will perhaps number about 30,000 in different grades. What I want to impress, through you, Sir, upon our Minister is that medical services have not been considered as something worth mentioning, because if we see, throughout the history of the Health Ministry in this country after freedom, they have always been downgraded and the suggestions that have been given even in the Parliamentary Consultative Committee of the Health and Family Planning Ministry have been ignored throughout. To be very brief, I can say that it does not come at all either in the priority sector or what is called the vital sector. And the amount also that is set apart for the Health Ministry is very meagre.

Now, coming to the problem of doctors, I am very happy that the Health Minister has taken up this question with all the seriousness that is due. I want to congratulate him for this. He has created history. Within 14 days of the starting of the strike, he made the Kartar Singh Committee give a report and made some improvements on that and gave the decision, taking into confidence the Junior Doctors. Whatever it is, that could not meet fully the demands of the doctors. Here it is necessary to give one example how the doctors were treated. In Bombay, for example, the thing which is perhaps working in the minds of doctors who are on strike is the human treatment meted out to the doctors. Doctors belong to a noble profession. I am glad that Dr. Karan Singh has taken into confidence the members of the Consultative Committee, which met on the 28th of January and put before us the facts that were there, and then also he has been good enough to keep us informed of the developments here. Now, as I see, the feelings are to some extent strained and it looks as though there cannot be any dialogue between the doctors and the Health Ministry. But I am only appealing to the good sense of the Government to see that the dialogue starts again.

My suggestion to the Health Ministry is that a small committee of the Members of Parliament should be appointed to go into this thing. I do not think I have the time to go into the details. There are certain implications. The agreement of 31st March has

been agreed to by the Health Secretary and the doctor's representatives. I am making an appeal from here to the doctors themselves not to stand on prestige. I am sure they won't stand on prestige. But it will not be correct to say that we must start our discussions on the basis of that agreement. One thing is certain. As 'Health' is a State subject, the position that will be taken on this question will have certain repercussions all over India. I feel that it is very necessary that these junior doctors who are not Govt. servants but only trainees, should have all the privileges and facilities and their living conditions and pay scales must be good enough for a respectable living.

At the same time, another suggestion that comes to my mind is this. In one of your statements you have made it very clear that when you come to an understanding with these junior doctors on their graded pay scales and other things, you will take this question to the Cabinet and then take a decision so that it may be binding. I am sure that the Cabinet will take a serious note of it. It is necessary for us to know the difficulties of the Government also. While appreciating the difficulties of the Government, it is necessary that the Government must set right the insult that was meted out to this profession. For the information of the Government, I must say that 2000 doctors go to other countries every year. Why are they going? It is because the conditions that are offered to them and the pay scales that are offered to them are very meagre. It is high time that they open their eyes to the realities of the situation and see that all the doctors who come out of our colleges are actually involved in this mighty movement of providing services to the people. I must painfully submit that with all the arrangements and programmes of the Government, 50 % of the people in the rural areas and backward areas are not having the benefits of medical service. So, it is for you to set an example.

On this occasion, I want to give to Government another suggestion. As soon as this problem is solved, they should appoint a committee to go into the working conditions and all the other aspects of problems which the doctors in general are facing.

If you appoint a committee, it is for the committee to go into these things. The Indian Medical Association has to be taken into

confidence. I am sure the Members of Parliament, the representatives of the Indian Medical Association, one or two members of the profession, and all these people will certainly give their suggestions to the Government to see that the problems are solved. And one or two sentences were mentioned in Dr. Karan Singh's note that the wage structure of the entire Medical Services will be disturbed if some of the demands of these junior doctors are met. Of course, this is also a point which has to be gone into. That is why I am saying that a committee of this kind will have a threadbare discussion with the representatives of the junior doctors, knowing their mind and also knowing the implications and the difficulties that the Health Ministry will have to face. All these things will have to be studied. What I want to emphasize is this. You have created a record there. I know you have the mind to do it. I had congratulated you when you became the Minister. And in five years, we had six Health Ministers there. And at one stage, it was down-graded with a Minister of State holding the portfolio. And as soon as you came it was to your goodness and greatness. I must say, that you had assured us that you would do everything possible to ensure the medical and health care of the people of this country. The concept of health is not only the absence of diseases but it is the development of the full personality—the development of body, mind and soul. You have given us that assurance. For that assurance, it is very necessary to take into consideration the status that has to be given and the pay scales and other things that should be given.

I was happy, on that day itself, you gave the assurance to the junior doctors that you would completely re-structure and remodel the medical education in this country. It is the medical education around which the entire health services move. And for that again, when you talk of the junior doctors, the post-graduate medical education is the most important thing. I do not want to go into the details now. But I am only making an appeal to you here. For the post-graduate study, though you have the facilities, you do not get enough number. Even among those who are there, a number of them are not paid. This is the point which I am putting before you. And post-graduate medical education with research only can be complete medical education.

[Dr. K. Nagappa Alva.]

With these words, through you, Sir, I appeal to the Health Minister to do every thing that is possible.

I know that he has started on right lines but, to some extent, he has been misunderstood. It is now for him to take up this question with all seriousness and to do what all he can to see that this problem is solved. I want to tell him through you, Sir, and I am appealing to him that it will be necessary for him to convince the higher-ups about the genuine case of junior doctors. I want to tell the hon. Minister again through you, Sir, that this entire House will be with him while he solves this problem, better their prospects and extends the services of doctors throughout India.

Thank you, Sir.

SHRIMATI SUMITRA G. KULKARNI

(Gujarat) : Sir, it is a matter of great distress that the junior doctors of seven Government Hospitals in Delhi as well as in other parts of the country are on strike for such a long period affecting the life and death of the people at large.

At the very outset, Sir, I would like to congratulate our Dr. Karan Singh, the Hon. Health Minister, that within 15 days of the strike—as Dr. Alva also just now said—he did invigorate his Ministry to submit the long outstanding report. But, Sir, that is his personal achievement. I would like to go slightly behind this matter.

On the 31st of March, 1973, the Health Ministry signed this agreement with the junior doctors. I would like to ask: what were they doing for nearly ten months? Is this the hallmark of their efficiency? Is this the seriousness with which they are handling junior doctors who are the protectors of life of citizens of this country? It was at Dr. Karan Singh's insistence that his officers submitted the report. But, I would like to point out that he should find out and fix responsibility on the officers who have neglected their duties with the result that for the past two months the strike is going on and we are not still able to see the end of it.

Sir, I feel that junior doctors should be given better living facilities. If anyone of us has seen the conditions in which these junior doctors live, he will agree with me that it is a disgrace not only for this Government but

for anybody that any human being, educated and trained, should be living in these kinds of garrets where rats romp around all the time. where four beds are pushed around in one room and there is place for no chairs. Even the class IV staff are given fans and chairs to sit outside for doing practically nothing and yawning away all the afternoons, while these poor doctors who have been working are not given ordinary living facilities. Their accommodation is almost like slum dwellings, they have no recreation, they have no holidays. they have no facilities and bare necessities are missing. These are some of their basic demands and I would very much urge upon the Government and the hon. Minister that he should look into them personally.

Another thing which I want to say is that I am told that these doctors do not have enough equipment. I understand that these post-graduate students have to work with equipment which is in shambles. They do not have even the necessary equipment with which to acquire training and this is the way in which they are carrying on. These facilities should have been there. It is also for want of these basic facilities which are of fundamental nature that these young doctors in sheer desperation have gone on strike.

Sir, it has been reported that about Rs. 80,000 are invested per doctor in training aim fully. Now, after investing Rs. 80,000 on one medical graduate, I think, Government should show a little greater sense in making better use of their doctors after having made investments in these human beings. What is the use of neglecting them when we have spent nearly Rs. 1 lakh on each one of them? We should show some better respect for our own money.

I regret to point out that the Government has miserably failed in this respect. I regret that the Government should not have thought of these things long before it was pointed out to the Government.

Another thing is, they are also not getting proper training. The senior doctors are not properly motivated; they are constantly found travelling all over the world and they have shown lamentable lack of interest in the training programmes and left these students to fend for themselves. Along with these few points in favour of these young doctors, I have a few suggestions which I would like to submit for the consideration of these young men.

We have in this country nearly 90,000 medical doctors they may be a few more or a few less, but I understand they are in this region—and nearly one-third of them, about 30,000, are post-graduates, fully qualified, expert, specialist doctors. It is my submission that in this country what we need are general practitioners. We do need some specialists but not in such numbers that continuously our medical colleges should be turning out only specialists. What we want is somebody who can give us cough mixture or malaria treatment or typhoid treatment but certainly not so many ENT specialists or heart specialists. So, this is what the demand of the country is. Now, these doctors who are trained at a very heavy cost, most of them, after getting their training .is specialists are leaving the country and they give the benefit of their training to the other parts of the world.

In my opinion these junior doctors are essentially medical students and so long as they are students they should be content with whatever stipend they are getting. I do not suggest that their stipend should not be raised but it essentially will remain a stipend. Also I understand that in the engineering field, soon after an engineer qualifies he has to put in one year's training somewhere and during that period he is paid only a stipend. On similar lines these junior doctors are also students and that they are fully qualified doctors, they certainly lack experience and training and, therefore, we would have this clear distinction in mind that these students are essentially students and not doctors in the term as we, the public at large, understand.

If these medical students are really courageous young men, if they have his difficulty, they should have the courage in their heart to go and start medical practice in any part of the country instead of finding fault that their stipend is not sufficient or that their conditions are not as they want them to be. After all, the nationalised banks are giving Rs. 40,000 for setting up a medical practice and I do not know why they do not take advantage of this, facility.

Therefore, I feel that these junior doctors, instead of holding their parents to ransom—because the poor parents really feel as if they themselves are going to take the examination—their colleges, the hospitals and the people of this country to ransom, should start working

and taking their original position in the society. This is my suggestion to the young men who are on strike.

Another fact today is, for a hospital unit of 25 to 50 beds, there is one professor, one, associate professor, one lecturer, one registrar two or three housemen and two or three post-graduate students; the total works out to 12 doctors in one such unit. Now this rough calculation of mine can also be tallied with the fact nearly 2,500 doctors are on strike. Seven thousand beds are there and today a little more than 1,000 doctors are manning these 7,000 beds. So, my figure that about 12 doctors are working on these units of 25 to 50 beds works out to be correct.

3 P-M.

Now for a reasonable medical care—I am not asking for any specialised or expert care—which this poor country can afford three doctors should be quite sufficient. Obviously the remaining nine persons out of the 12 are surplus and they are essentially there for the purpose of training and not for the health of the patients. If the junior doctors are not satisfied I would submit to the hon. Minister that we should not carry on with these post-graduate courses. They are not satisfied with our arrangements, they are not satisfied with the stipend, they are not satisfied with the working conditions; then we need not carry on with the post-graduate courses. We want only general practitioners and they can work towards that. For the rest they can carry on with the specialist courses at their own cost. As I said earlier we need only general practitioners and in each hospital we may keep only one post-graduate student and those who are very keen for specialisation should pay for their own studies just as other students in arts, science and engineering are doing. In the same way I submit that the doctors should also pay for their specialisation. After all, they are specialising in their own interest and they should pay for it. There is nothing wrong in asking them to pay for themselves. Of course these junior doctors are fully qualified but they have no experience. And as students they are expected to work hard. One of their demands is that their working hours are long and they should be reduced. My suggestion is that this is the time for them to learn; this is the time for them to work hard and to study. Unless they work hard, gain experience, they can never really become

[Smt. Sumitra G. Kulkarni] fully doctors who can handle any emergency. They should be available to the hospital at all hours of the day. The fact that they should be on call should not be confused with the fact of their being on duty. It is one thing to be on duty and it is quite a different thing to be on call. On call means to be in readiness. It is not very long hours of work and I feel this demand of the junior doctors to reduce their working hours is not quite justified.

Another point that I would like to make is these highly qualified doctors are continuously migrating out of India. In every family we will find there may be four or five doctors and as soon as they are out of the college they go abroad and settle somewhere outside either in U.K. or in USA, We pay for their specialisation while the other affluent countries are reaping the benefit of our whole investment. Till 1969 we used to have this ECMG examinations, what is called the Entrance Certificate for Medical Graduates Examinations. Since 1969 it is no longer held in India. With a view to persuading our doctors not to go out our junior doctors go to London or other foreign countries and they pay ten times more to go and get admission there—we may reinstate this examination in the country. After all, why should we waste money that to in foreign exchange for sending them abroad ? Let them take that examination here in India. But this does not deal with the problem of brain drain of the doctors going *ovX* of our country. For that purpose I suggest that when they are given admission in the colleges they should give us a bond—we are spending Rs. 80,000 per doctor—that if he leaves the country, migrates out of this country, he will be willing to pay back Rs. 80,000. Of course we cannot get back the 7 or 8 years' time during which some one also might have got that facility but then they should be willing to pay back the money. This is a fair deal.

Another thing is whenever they want to take up specialisation they should also give us a bond that for six or seven years after their specialisation they will work for us during which period they should be treated on par with Government: employees, given higher emoluments and provided with all facilities, so that they can be posted in any part of the country. Unless such conditions are imposed we cannot get work done by them.

Otherwise they will stay here _ for two years getting all the facilities and then they will desert the country. So this is my solid suggestion. This kind of system is being considered in Gujarat and is in the process of implementation.

My last suggestion is about the non-practising allowance. According to me this is a very defective method. I do not know why and at what stage this was introduced. I understand that in the All India Institute of Medical Sciences in Delhi and in Chandigarh the non-practising allowance has been abolished. It is my positive suggestion to Dr. Karan Singh that no non-practising allowance should be given. It should be merged with the salary. We may increase their emoluments. It may appear on paper because of the accounting procedure that it is a very heavy burden on salaries and it may entail a greater provident fund and greater pension, but it will be a much less liability than what it is otherwise. I may tell you the reason. (*Time bell rings*). Every kind of job-holder, every kind of technician and every kind of progression will start demanding non-practising allowance. A stenographer may say that he is also a technician and a professional and he should be given non-practising allowance. A lawyer may ask it. Every professional will ask it. These are the days of technocrats and every body is in a profession. Therefore, this system of non-practising allowance should be abolished and it should be merged with the salary, so that it gives a decent salary and at the same time the Government is not exposed to difficulties in future which it may face if other professionals then doctors start asking for non-practising allowance.

Thank you.

SHRIS. S. MARISWAMY (TamilNadu):
Mr. Deputy Chairman, Sir, I really sympathise with the lion. Minister. The strike situation is not his creation. It is a legacy of his predecessors and he is holding somebody else's baby and he has to come out of this ordeal successfully. Of all, the branches of study, medicine is supposed to be the costliest. In India people have to pay a large premium to get admission. Then they have to pay a large sum of money as fees and buy instruments and costly books. They have happy hopes that they will earn a lot of money, but when they come out and see the world they find

that the picture is quite different. This is the general phenomenon and we see that there is frustration amongst the people. The people have got ways and means to exhibit their frustration. When there is an election they vote against the ruling party or the Minister or the Government, but poor doctors have no other go except to join in the mainstream of trade unionism to demonstrate and offer Satyagraha and strike, etc. Now, when we go into the entire complex of this problem we find that between what the Minister has done and what the doctors have demanded, the difference is not much. The Minister has raised their basic salary. They are demanding the pay scales of demonstrators. In between the difference may be only a few hundred rupees. How to solve this problem? I would rather join hands with my good friend, Dr. Nagappa Alva, when he suggested that a small committee should be constituted. I do not mind a committee consisting of Members from both Houses. In the committee let the ruling party be in the majority, but I want in it from the opposition people like Mr. Kalyan Roy and others who have got some training in that art. Let the committee give its opinion. As I said earlier, let it be dominated by the ruling party, but we must go to the root of the cause. It is absolutely no use trying to solve the problem superficially. It should be done in a thorough manner. So, I would appeal to the hon. Minister to take up the suggestion of Dr. Alva seriously and do something about it.

SHRI KALYAN ROY (West Bengal): After such solid suggestions from Mrs. Kulkarni, my suggestions would rather seem liquid. The hon. Member from Gujarat has seen the bright and very happy side of Dr. Karan Singh. But I must regret that the doctors have seen the ugly side and that is why there is so much trouble. Instead of trying to tackle the problem in a humane manner, in a rational manner, in a scientific manner which is expected of a devotee of Shri Aurobindo, I find, unfortunately, he is talking the language of Marshal Lai, which is not going to take him anywhere. Not only that; he is even using the words which the Prime Minister is very fond of quoting. I quote-----

"I have been greatly perturbed at the continuing unrest among medical students...

8/Rajya Sabha/74-9

I this Is a reflection of the generational tension and has become a world-wide phenomenon".

So, behind the world-wide phenomenon, our philosopher takes cover. He has nothing to do. So, let the hospitals be closed because after all, the affluent section to which Dr. Karan Singh belongs is not hurt. He has got private nursing homes, the clinics. The doctors will rush to his beautiful room and treat him. He has nothing to face. But what about the middle-class employees, the poor people who have to go everyday to the out-door department hoping that they would be examined speedily so that they can go back and join their shifts ? Otherwise, they lose their pay which Dr. Karan Singh has never had to face in his life.

In this background, what is the solution, and with whom are you dealing ? And have you not learnt anything from the past mistakes? It is unfortunate—whether it is the jute worker or the textile worker or the coal-miner or the steel worker or a doctor or a nurse or an engineer, the language is the same, the methods are the same. "Join your duty; otherwise, your services will be terminated and you with your family, will be thrown out in the streets." Is that the language to be used against the doctors whom you, I hope, consider, in spite of all this bad blood; as decent people who have joined the noblest profession ? Where are you leading the country to ? What is the perspective before the country ? Are you very glad that you have forced every section of the worker to go on a strike, every section of the profession to go and start a hunger strike—is it the answer to the problems which you are facing?—and then shy away, go away, leaving things as world-wide phenomena? Of course, Dr. Karan Singh, price rise is a world-wide phenomenon but not unemployment. Unemployment is a peculiar phenomenon under your regime, and that is what the doctors are afraid of.

Whom are you dealing with ? You! are dealing with people who have passed their higher secondary examinations in science subjects with a first division and obtained 65% marks and then entered the pre-medical course of the university and spent one year in the college. They get 70 per cent in the pre-medical course and then compete for entrance into one of the medical colleges and spend 41 years of hard study, with long hours and get medical training at the age of 23 and then

[Shri Kalyan Roy.]

they spend another year at internship during which they are responsible for in-patient care in the hospitals and then they are registered as full-fledged doctors with the Medical Council of India and are given the MBBS degree. By that time they become 23 or 30 when most of the other professionals have already started earning more than a thousand, because the doctors' training is so arduous, so difficult, and the profession is a highly responsible one. So they have to study hard and you take them after they get their degree. If he joins the Army with an MBBS degree, he gets Rs. 1300; if he joins any hospital as a demonstrator, he gets Rs. 900. As a CHS doctor, he gets Rs. 953. Just because he wants to carry on his academic studies and devote his time to research, would you penalise him ?

I had been to some very good hospitals both in Moscow and in Rms,

There I found they give utmost attention and support to the particular student who wants not to become a physician but who wants to develop and become a researchist. The researchist in the Soviet Union is much higher paid than an ordinary doctor because, after all, it is out of research that human beings can be saved not by handing out medicines given by CIBA or other firms. Therefore, you have got to give the highest attention to these peoples. These people are dissatisfied. These people are angry. And what is your answer to that ? There is something wrong somewhere. There is nothing wrong with the doctors. It is wrong with your Department, and Dr. Karan Singh, there is something wrong in you also because they have not only taken objection to your attitude towards them but also I have been told that they have taken offence to your behaviour. I do not know how far it is true. When the negotiation was continuing the hon'ble Minister of Health unceremoniously walked out. If this is a fact I am very sorry. This is not the way to treat with the doctors. I have been told that when they were having the tea offered by you, before the cup was drunk, Dr. Karan Singh walked out saying that nothing can be done. These are facts which are disturbing. I do not put much importance to this part of the whole negotiation, but these decent men do expect sympathies from you.

Now Sir, this is the whole background. Now how can you solve this problem ? Are

you not convinced that you have committed the grossest breach of faith ? Sir, I do not depend only on the documents given by the junior doctors or senior doctors, Matrons or nurses. I want to depend on the document which is so beautifully printed and so widely circulated inside this chamber. Sir, what were their demands ? Their demands were four. This is given in the document put up by the Joint Action Committee on 31-3-73:

(1) All the house-surgeons, post-graduates and registrars are fully registered with the Medical Council of India and should therefore be regarded as full-fledged doctors.

(2) They are rendering a very important service in the patient-care in the hospital. Their designation and status and pay-scale should be in consonance with the role that they are actually playing.

(3) In recognition of acceptance of the principles enunciated above, the present system of giving stipends should be replaced by a suitable running grade pay scale with all the ensuing benefits including N.P.A;

This Mrs. Kulkarni wants to eliminate altogether

(4) That for the purpose of further recruitment due recognition shall be given to such service put in already not only for the purpose of increment but also for the length of service.

What was the course left to you or Mr. C. S. Ramachandran ? You could have turned them out. You could have rejected their demands off-hand. You could have termed them as "Not negotiable" or could have said that you are not prepared to discuss, or said that these terms had been duly considered and rejected. You could have taken that course and I would have no quarrel with you then. And I would have asked the doctors to go on strike. But what have you done? In the letter dated 31-3-73 written to the Action Committee by Mr. C.S. Ramachandran, he says :-

"... we agree in principle to the following:

(i) The House Surgeons and Post-Graduates are registered with the Medical Council of India and would, therefore, be regarded as full-fledged doctors.

(ii) In addition to academic pursuits, they also render useful service in patient care in the hospitals. Their designation

and status should be in consonance with the role they are actually playing."

This is not a letter drafted, typed and signed by the Action Committee. This is a letter by a very considerate, very clever and a very highly placed bureaucrat of your Department. He says :

".. it was agreed that the present system of House-Surgeons/Post-Graduates along with stipends/scholarships thereof should be replaced by a system of Resident service with suitable running graded pay scales and allowances coupled with due process of selection at appropriate stages."

Further paragraph 5 of the letter says:

"It was agreed that in the event a doctor who has gone through a full or part course of hospital service as part of residency is recruited to Government service in the normal process, due weightage would be given to services put in already not only for the purpose of increment but also for the length of service."

I presume the letter must have been approved by you. Either Mr. CS. Ramachandran has not consulted you about it and that is why he has landed you in such trouble, or he has sent it with the full concurrence and approval of the Minister in charge of Health. After accepting their four or five points, how does it look if you go back on them? Not only are you going back inch by inch, but you are completely tearing it into pieces as if Mr. CS. Ramachandran's letter does not exist. I am surprised that a handsome man like Dr. Karan Singh should go to that extent. I do not believe it even now. That is why I appeal to you. The time is not gone. Still there is time. The Junior Doctors may be angry, but they know that hospitals are closed and people have been turned back. That is why their entire attitude to this dispute is not one of obstinacy, arrogance or prestige, which is the stand taken by you—obstinacy, arrogance and prestige. It has to be admitted that you are standing on prestige. You withdraw the letter or say that the letter was typed by somebody and sent by somebody else, or that Mr. CS. Ramachandran does not exist or the letter does not exist. But once the letter is there, you cannot but accept and implement it. That

is what they want. Where is the third alternative? There is no third alternative. Naturally the doctors are furious, doctors not only in Delhi but in Chandigarh and all over India. What sort of an example are you going to set before any profession if the letter written by the Secretary of the Department accepting the demands should be repudiated later on just because somebody else is pressurising you. You talk of the doctors pressurising you. But unfortunately you have been pressurised to withdraw whatever you had offered. That is the source of all tension. Instead of taking up further time, I would give these suggestions. Firstly, whether you agree or not, the dispute regarding their wages, dearness allowance and working hours is an industrial dispute. Can it be referred to the Ministry of Labour? What is wrong in it? You say you are absolutely right and there is nothing wrong in your department or in you. The doctors say they are absolutely right. Why not a third body go into the matter? Of course, I think we love to work in committees whether they produce something or not. But instead of snatching the baby from you and handing it over to a committee, why not let it be referred to the Labour Minister? Now it is not a question of Delhi only. This question affects all States because there should be uniformity from West Bengal to Kashmir and from Tamil Nadu to Himachal Pradesh. There should be uniformity. There should not be disparity. You cannot say 'I am not responsible for that'. It will take some time for the Labour Ministry to go into that. In between, all I say is, please implement the words and spirit of the letter which unfortunately was drafted in your department and signed by your Secretary and sent to the Action Committee.

श्रीमती सीता देवी (पंजाब) : माननीय उपाध्यक्ष जी, यह जूनियर डाक्टरों की जो स्ट्राइक चल रही है मैं समझती हूँ कि वे तकलीफें तो बहुत समय से महसूस कर रहे हैं, पर उन्होंने स्ट्राइक बहुत गलत वक्त पर की है। एक साल से देश के अन्दर स्ट्राइकों का एक ऐसा बड़ा भारी सिलसिला बन गया है कि हर एक इन्सान यही सोचता है कि स्ट्राइक ही करे तभी कुछ बनेगा। चाहे डाक्टर हों, इंजीनियर हों, या कोई और हों, पोलिटिकल पार्टियों के तारों से एक्सप्लाइट सभी हो जाते हैं। इन स्ट्राइकों के युग में जब कि गवर्नमेंट भी उससे बड़ी परेशान थी, लोग भी परेशान थे, उस वक्त मैं डाक्टरों ने स्ट्राइक की। अच्छा होता अगर ये डाक्टर इस वक्त मैं स्ट्राइक को न अपना कर

[श्रीमती सीता देवी]

किसी धीरे ढंग से अपनी मांगों को पेश करते। इसमें कोई दो राय नहीं हो सकती कि जूनियर डाक्टरों की मांगें ठीक हैं क्योंकि मुझे इस बात का तजुर्बा है कि डाक्टर बनना आजकल सबसे बड़ी मुश्किल चीज है। मेरे पास लोग

[उपसभाध्यक्ष (श्री बी० बी० राजू) पीठासीन हुए।]

आते हैं कि बच्चे को मेडिकल कालेज में दाखिल करवा दीजिये। मैं कहती हूँ कि भगवान को पाना आसान है, मेडिकल कालिज में दाखिल करना मुश्किल है क्योंकि 80 परसेंट से ज्यादा माक्स हों तो वह मेडिकल कालेज में जाते हैं। मेहनत करते हैं, अपने मां बाप का हजारों रुपये खर्च करते हैं, गवर्नमेंट का भी पैसा लगता है। इतनी मेहनत के बाद भी जब वह डाक्टर बनते हैं तो कुदरती बात है कि जब वह पढ़ते हैं तो 400, 500 रुपये खर्च करते हैं और डाक्टर बनने के बाद उनको उतनी भी तन-क्याह नहीं मिलती तो उनके अन्दर असंतोष होना कुदरती बात है। इस मंहगाई के जमाने में गुजारा भी नहीं होता। इसलिये जो असली बीमारी है उसको देखना चाहिये।

मैं डाक्टर साहब को इस बात के लिये मुबारकवाद देती हूँ कि उन्होंने स्थिति को समझा और पन्द्रह दिन के बाद ही डाक्टर साहब ने उनसे बातचीत भी की और सद्भावना का भी परिचय दिया और कल की जो डाक्टर साहब की स्टेटमेंट थी, उससे मुझे ऐसा मालूम होता है कि डाक्टर साहब दिल से और ईमानदारी से इस झगड़े को खत्म करना चाहते हैं। बड़े मुन्दर शब्दों में उन्होंने स्टेटमेंट भी दिया है। जो असली बीमारी है उसको समझना चाहिये।

डाक्टर साहब का ध्यान दिलाना चाहती हूँ कि हमें जो आज मेडिकल की शिक्षा है उसका ढांचा बदलना चाहिये, ओवरहालिंग करना चाहिये। हमारे यहां डाक्टरों की कमी है, गांवों में डाक्टर नहीं मिलते। जब उनकी संख्या इतनी कम है तो हमें ऐसी मेडिकल एजुकेशन देनी चाहिये जिसका इतना लम्बा पीरियड न हो, इतनी ऐक्सपेंसिव वह न हो। जो कुछ उनको पढ़ाया जाता है, यह ठीक है कि जिनको स्पेशलाइज करना है उसको पढ़ाया जाये, लेकिन रोजमर्रा जिनको डील करना है उनको क्या जरूरत है कि इतनी लम्बी पढ़ाई की जाये। मैं चाहती हूँ कि इस चीज को कम किया जाये। जैसे उन्होंने कल कहा है कि एक हाई पावर्ड मेडिकल कमीशन बनाना चाहिये, मैं भी चाहती हूँ कि कोर्स को सिम्प्लीफाई करें, टाइम कम रखें, ज्यादा अच्छे डाक्टर पैदा करें और ज्यादा संख्या में पैदा करें ताकि हमको मेडिकल एड मिल सके। मैं जब पंजाब ऐसेम्बली में थी तो 1950 में मैंने एक बिल रखा था कि वहां पर हम ऐसी एजुकेशन दें मेडिकल कालिजों में जो सस्ती हो, उसमें टाइम भी कम लगे।

इसके अलावा आपके जो डाक्टर हैं वह गांवों में

जाना ही नहीं चाहते। जिसका भी ट्रांसफर हो जाता है तो हमारे सिर पर सवार हो जाता है कि ट्रांसफर रुकवाइए। वह क्यों नहीं जाना चाहते, उसकी सतह में आपको जाना पड़ेगा क्योंकि वहां पर उनकी प्रैक्टिस नहीं है, उनको ज्यादा पैसे नहीं मिलते हैं। मैं अभी यू०पी० के चुनाव के सिल-सिले में गांवों में गई तो मैंने वहां महसूस किया कि हमारी सरकार को गांवों में मेडिकल कालेज खोलने चाहिये और बड़े सिप्लीफाइड तरीके से पढ़ाना चाहिये ताकि गांवों में जो डाक्टर पैदा होगा वह गांवों की सेवा कर सकेगा। इसलिये मैं डाक्टर साहब का ध्यान इस ओर दिलाना चाहती हूँ कि सारे मेडिकल एजुकेशन सिस्टम को ओवरहाल करना चाहिये।

दूसरी बात यह है कि जैसा मैंने कहा डाक्टर साहब ने सद्भावना का परिचय दिया और उसने यह जाहिर होता है कि वह इस समस्या को हल करना चाहते हैं। तो मैं यह कहना चाहूंगी कि वह प्रेस्टिज इश्यू इसको मत बनायें। जहां आगे आपने बात की है, उसी तरह आगे भी बातचीत का रास्ता खुला रखें और कोई हल समस्या का निकालें। मैं 25-30 साल से ट्रेड यूनियनिस्ट हूँ, मुझे पता है कि लड़ाइयां कैसे लड़ी जाती हैं।

जो डाक्टर हैं उनसे भी मैं अपील करना चाहूंगी कि वे इसको प्रेस्टिज इश्यू न बनायें। उनके ऊपर बहुत बड़ी जिम्मेदारी है। उन्होंने एक नोबल प्रोफेशन अर्जितपार किया है। उनका सेवा का मार्ग है। वे लोगों की जानें बचाते हैं। इसलिये उनके अन्दर सेवा की खास भावना होनी चाहिये। आज आप देखिये कि क्या हालत है। स्ट्राइक से अमीरों को कोई नुकसान नहीं है। स्ट्राइक से गरीब जनता मर रही है। हास्पिटल में लोगों को मेडिकल एड नहीं मिल रही है। अभी मेरे एक बाकिफकार आये थे जिन्होंने यह बतलाया कि यहां पर स्ट्राइक चल रही है, इसलिये मैं प्राइवेट डाक्टर से अपरेशन करा रहा हूँ। तो मैं जूनियर डाक्टर्स से भी अपील करूंगी कि वे अपनी जिम्मेदारी को समझें। जो उनका मिशन है उसको वे अपनायें और रिजिड हो कर के अपनी मांगों को प्रेस्टिज इश्यू न बनायें। उनके जो नेता लोग हैं वे डाक्टर साहब से बात करें। मुझे इस बात का दुख हो रहा है कि डा० कर्ण सिंह जो इतने सभ्य और विद्वान हैं और जो स्वयं डाक्टर हैं, चाहे किसी और चीज में हों, उनके पोर्ट-फोलियो में यह चीज आज हो रही है।

हमारी एक बहन ने अभी बाहर जाने वाले डाक्टरों का जिक्र किया। यह ठीक है कि लाखों रुपये गवर्नमेंट का और मां बाप का खर्च करने के बाद कोई बच्चा डाक्टर बनता है और फिर भी वह बाहर चला जाता है। इस मनो-वृत्ति पर प्रतिबन्ध लगाया जाना चाहिये। इसके साथ साथ मैं गवर्नमेंट से भी अपील करना चाहूंगी कि आज जो डाक्टर

हैं उनके वेतनमान पर वह गौर करें। उनको इतना पैसा दिया जाये कि वे अच्छी तरह से गुजारा कर सकें। मुझे मालूम है कि कई डाक्टर देश सेवा के भाव से कहते हैं कि हम देश में रहना चाहते हैं, पर हमें इतना पैसा मिले जिस से हम अच्छी तरह से ज़िन्दगी गुजार सकें। मैं डाक्टर साहब से रिक्वेस्ट करना चाहूंगी कि वे इस पर गौर करें कि जो डाक्टर हैं उनकी तनख्वाह वगैरह रिवाइज की जाये ताकि वे पैसे के लोभ में बाहर न जायें। यह ठीक है कि उनके ऊपर प्रतिबन्ध लगाया जाए। उनके ऊपर यह कंडीशन हो कि उनको कम से कम पांच साल हिन्दुस्तान में काम करना पड़ेगा। उनमें जो बाहर जाने की प्रवृत्ति है उसको रोकने की सख्त जरूरत है। आज हमारे देश में जो एक पश्चिमी सभ्यता चल पड़ी है, उसको भी रोकने की जरूरत है। आज आप देखिये कि जगह जगह पोस्ट ग्रेजुएट इंस्टीट्यूट्स खुल गये हैं। चंडीगढ़ में आज ऐसे 300 डाक्टर हैं। आज तो बड़ी हालत है कि कोई भूखा हो, उसको रोटी न मिलती हो, लेकिन मिठाइयाँ तैयार की जा रही हैं। हमें आज साधारण डाक्टर मिलता नहीं है और स्पेशलाइज्ड डाक्टर तैयार किये जा रहे हैं। यह मैं नहीं कहती कि पोस्ट ग्रेजुएट एजुकेशन न दी जाये, जहां रिसर्च की जरूरत हो खास कर वहां जरूर दी जाये, लेकिन आम तौर पर डाक्टर तैयार किये जायें जिस से देहातों में लोगों को मीडिकल ऐड मिल सके। इसलिये जितना रुपया आज जगह जगह पोस्ट ग्रेजुएट एजुकेशन पर खर्च किया जा रहा है वह उसके बजाय साधारण डाक्टरों पर खर्च किया जाये जिससे ज्यादा से ज्यादा डाक्टर तैयार हों। जिनको स्पेशलाइज्ड कोर्स करना हो व करे, लेकिन उनके ऊपर बहुत ज्यादा रुपया खर्च नहीं होना चाहिये। जो हमारे देश की अवस्था है उसको देखते हुए यह आवश्यक है।

मैं डाक्टर साहब को यह सुझाव देना चाहूंगी कि वे बातचीत के रास्ते को बंद न कर के उन की मांगों पर सहानुभूतिपूर्वक विचार करें। जो स्ट्राइक करने वाले डाक्टर हैं उन से भी मैं यह अपील करना चाहूंगी कि वे किसी भी पोलिटिकल पार्टी के हाथ में एक्सप्लायट न हों। आज कल हमारे देश में जो पोलिटिकल पार्टियां हैं, जो अपोजिशन पार्टियां हैं वे चाहती हैं कि कोई भी आये उसको एक्सप्लायट करे और ऐसा कर के गवर्नमेंट को डाउन करे। इस लिये उनको अपोजिशन पार्टीज के एक्सप्लायटेशन से बचना चाहिये। उनको अधिकार है कि वे अपनी तनख्वाहें बढ़ाने के लिये मांग करें, अच्छे वेजेज मांगें, और इस में हमारी उनके साथ पूरी सहानुभूति है, उनको बढ़ने के लिये अच्छी जगह चाहिये, वह उनको मिलनी चाहिये, उनको अच्छी तनख्वाहें मिलनी चाहिये, उनको ग्रेड भी बढ़ने चाहिये, पर अपने ढंग से वे अपनी बात को रखें, और पोलिटिकल पार्टीज के हाथों में पड़कर एक्सप्लायट न हों। क्योंकि अगर वे पोलिटिकल पार्टीज के

हाथों एक्सप्लायट होंगे तो उनका असली मूद्दा खत्म हो जायेगा। उनसे मैं यही अपील करना चाहूंगी और मुझे आशा है कि डाक्टर साहब बड़ी समझदारी से इस मामले का कोई न कोई सम्मानपूर्ण हल निकालेंगे ताकि एक यह जो बाबेली सारे देश में फैल गया है जिससे आज गरीबों को बड़ी तकलीफ है वह खत्म हो और हमारे यहां का वातावरण शान्तिमय हो। इन शब्दों के साथ मैं अपनी बात समाप्त करती हूँ।

SHRI K. CHANDRASEKHARAN (Kerala): Mr. Vice-Chairman, Sir, I think that the attitude that is adopted by the Government in the matter of the service conditions of the Junior Doctors in Delhi is not at all fair or proper. Sir, I charge the Government with insulting and humiliating the entire medical profession in the country. What is shocking and surprising to me personally, Sir, is that such an attitude of ungentlemanliness should be displayed by such a gentleman as Dr. Karan Singh. Dr. Karan Singh has always been known for the nobler sides of life that he projects. But I do not know why in the matter of persons engaged in a noble profession as the medical profession the attitude that Dr. Karan Singh has taken is something which is very narrow-minded, something very technical and something which is not in the interests of the medical profession as a whole or the class of technocrats at large.

Sir, Dr. Karan Singh might say that there is a volume of literature, which he has projected and which he has presented to the Members, and it would prove his case. But, Sir, this is only one side of the matter. Sir, we have been given a volume by the Federation of the Junior Doctors and by the Delhi Medical Association all of which indicate that there is another side of the picture. Then, why is it that Dr. Karan Singh is refusing to see the other side of the picture and take decisions objectively? It is indeed very painful to see that such a gentleman and nice person as Dr. Karan Singh is always involved in strikes. It was his plight, when he was in charge of Tourism & Civil Aviation, to be in the midst of a series of strikes and, Sir, he genuinely thought that there would not be any strike at all if a labour leader was appointed as the Chairman of the Organisation and no less a person than the late lamented Mr. Kumaramangalam was appointed the Chairman of the Indian Airlines and yet, during the period of Mr. Kumaramangalam's association with

(Shri K. Chandrasekharan] the Indian Airlines, which was again piloted by Dr. Karan Singh as the Minister of Tourism & Civil Aviation, there were a number of strikes.

He left the organization. But I do not know whether that organization is going on, I believe that the Indian Airlines would be liquidated in the next five years, even though Dr. Karan Singh has done his best to bring that organization to a level when he left it.

Now he has involved himself in health and he gets strikes from no less a group of persons than doctors. He involved himself with pilots and he was always having pilot strikes. Now there are doctors' strikes. A wave of strikes is now happening in the country. The strike that has happened of the junior doctors of Delhi is now being continued by various groups of doctors and organizations of doctors in several States in the country. I say, Sir, that this generation of strikes has got to be stopped and an attitude of objectivity and an attitude of conciliation is necessary on the part of the hon. Minister.

It will not be correct at all to call the junior doctors of Delhi as a privileged class. If you are going to say that the privileged class is going to be removed, there are umpteen privileged classes in various sections of the society in this country. It is not as if every doctor in this country is paid a minima of pay-scale, which is the common pay scale throughout the country. The pay-scale in Kerala is different from the pay-scale from your own State, Sir, and that pay scale is again different from that in other States. That does not mean that the tradition and history that is associated with junior doctors of Delhi, who constitute internees, house surgeons and registrars in the seven major hospitals in the capital city of the country should be denied the privileges and the honourable pay scales that are certainly their due because of the very important and responsible work that they are discharging. I know, Sir, personally that a house surgeon in Kerala Government hospitals is not as responsible, is not doing the same type of job, as a house surgeon or registrar in Delhi or in the capital city hospitals does. So it is not proper to make a comparison and contrast and say that junior doctors of Delhi are in a privileged position. They are not in a privileged position with regard to

service conditions, including emoluments. Then, sir, a threat is being brought forward by the hon. Minister—again I say, rather surprisingly and shockingly for me—by Dr. Karan Singh, that he would put in alternative doctors through UPSC. It is possible in this country where unemployment is there. If unemployment had not been there, would it be possible for him to say that he would put in alternative doctors through UPSC? Certainly, we are alarmed at the way in which the hon. Minister is handling the situation.

I would submit, Sir, that there has been a lot of victimisation already as against junior doctors with regard to their accommodation, with regard to their work with, regard to their stay and movement in particular places, and that victimisation has been extended. Sir, I do not want to name persons amongst persons who are associated with the strike and who are sympathetic towards striking doctors of Delhi. A professor of a particular medical college in this capital city, who is very much associated with the Delhi Medical Association and which organization is in turn sponsoring the cause of junior doctors has been transferred out. A person from another Ministry who was working in the Health Ministry on loan or on deputation and who is connected with the Confederation of Central Government employees which again supports the cause of junior doctors—his deputation has been ceased and he has been sent back. Sir, actions in the nature of victimisation are being taken against junior doctors and the supporters of their cause. I believe, Sir, this is certainly not gentlemanliness on the part of a gentleman Minister like Dr. Karan Singh.

It is very interesting to see certain developments. They have given certain advertisements in the newspapers. I have got a copy of the Indian Express dated 19-2-1974. As you would have seen yourself, it says, "Delhi Junior Doctors' strike—some facts—increases in their monthly emoluments." Then the pay scales of the various categories of doctors during the years 1973 and 1974 and the percentage of increase have been given. The interns were getting Rs. 200. It becomes Rs. 300. For House Surgeons, it becomes Rs. 500. from Rs. 275. I do not know in how many newspapers this sort of advertisement has been given for consumption by the general public for their own purposes. I do not know in how many issues and for how

many days it has appeared. But I am sure that lakhs would have been spent on this advertisement. If these lakhs had been spent for payment to the junior doctors, I think a part of the problem would have been solved. I would like to make a comparison. An advertisement appeared in the *Hindustan Times* of 18th January. This advertisement must have appeared in various other newspapers also. This is an advertisement given by the Life Insurance Corporation of India when some of their employees were on strike and some divisions of the Life Insurance Corporation were locked out. The pay scales given to the various categories of employees were mentioned therein. The advertisement says that the policyholders should know that the minimum salary of a peon in the LIC is Rs. 336 p.m. and the qualification for peons in the LIC is 7th standard pass. For clerical assistants, the academic qualification required is SSLC and their minimum pay is Rs. 419 p.m. For superintendents in the LIC, the minimum educational qualification required is graduation and their minimum pay is Rs. 785 p.m. Then various other categories are given. The salary for the doctors is Rs. 300 p.m. Possibly, they are the Delhi doctors as will be seen from the pay scales. I submit Sir, that a peon in the Life Insurance Corporation of India gets Rs. 36 more than the junior doctor who was being paid Rs. 200 till last year and who is now being promised Rs. 300 p.m. Hon. Dr. Karan Singh boasts of 50% increase and even with that 50% increase, it is Rs. 36 less than the pay of a peon in the Life Insurance Corporation of India whose educational qualification required is 7th standard. I submit that this is insulting and humiliating to the entire medical profession in the country. As I submitted in the beginning of my speech, this advertisement is a greater insult to the injury that has already been effected. I am closing, Sir, I know that you want me to close.

THE VICE-CHAIRMAN (SHRI V. B. RAJU): You have made your point very effectively.

SHRI K. CHANDRASEKHARAN : Except two Members, everybody has taken 15 minutes. These two Members have taken 11 or 12 minutes, if I have counted correctly. I am not going to take much time. There

are one or two points which I would like to make. According to me, the whole position requires review and the review has got to be made on the basis of the agreement that has been reached. Now, a committee had been constituted. Some hon. Members applauded the hon. Minister in saying that the committee's report was submitted in 15 days of its assumption of office or the trouble starting. I have no doubt that the Minister might have moved well in this respect. But the question is whether the committee has gone out of the way in the matter. The committee ought to give proposals for the implementation of the agreement that was signed by the then Secretary, Shri Ramachandran at the inspiration, if I may say so, of the then hon. Minister, Shri Khadilkar.

Dr. Karan Singh, the manner in which he has accepted the present Committee's recommendations, trying to implement the same ignoring the Agreement, is really letting down his own predecessor Mr. Khadilkar and the Secretary, Mr. Ramachandran. Is it fair and proper on the part of the hon. Minister to let down his predecessor? Sir, his predecessor had agreed on the implementation. I submit that the hon. Minister will be within bounds in implementing that agreement and in not creating new things so far as the matters covered by that Agreement are concerned.

Sir, I would add only one point and would conclude. Here, Sir, general principles are involved, principles which are important for the nation as a whole. It was only some months ago that there was a controversy in the Press between technocrats and non-technocrats, the service conditions of technocrats and the service conditions of non-technocrats. And the Prime Minister herself had intervened in one of her public speeches and said that technocrats are being minded and the eminent that the technocrats are entitled to have in this country would be ensured to them. But what is the position in the country. Sir? There is a lot of brain drain -there is a lot of drain of doctors, eminent doctors, if I may say so, who could have served this country—because the doctor in this country is being paid lesser than a peon in the L.I.C. Sir, I would, therefore, respectfully put it to the hon. Minister to take a lead in this matter and not to say that the service conditions in other States are different, the pay scales in other States are lower, etc. These are not the things to be told to us. We do not want statistics

[Shri K. Chandrasekharan] in reply to what we have said. We would like to have certain principles from the hon. Minister in reply to this discussion. I submit, Sir, that the plight of the junior doctors of Delhi is a projection of the general pitiable situation of the doctors and technocrats throughout this country and unless the hon. Dr. Karan Singh takes a lead in this matter, the plight of doctors, the plight of technocrats as a whole in this country would be lost. Thank you. Sir.

SHRI JOACHIM ALVA (Nominated) : Sir, when I participate in this debate, I am reminded of a famous American gynaecologist, whose name I have forgotten but I remember seeing the newspaper cutting. It was on his marriage day that he received a desperate call from one of his patients to come to her at any cost because she was expecting a baby. Well he was in the midst of his honeymoon; it then just started; But he went there, many miles away, and he touched her hand, and thereafter the baby came ! This was done out of a sense of duty, a very great sense of duty. I do not admire the American method of physical and medical attention. When I was twice in the USA, I prayed to God that I should never fall ill there because in America the Insurance companies will not insure you. If you fall ill in the Soviet Union, in Eastern socialist countries or in England or in our own country, you are well looked after. But in America, a physician should have done that way, that is the duty—he had to go at any cost, even at the cost of his honeymoon on this marriage day. Otherwise one has to pay very heavily for medical care in USA.

Now, the doctors have struck work here in Delhi. They are right in a way and they are wrong in a way! They are right in a way because they need higher salaries; they cannot go on getting less than a peon of the LIC ! I did not want to interrupt my friend, Mr. Chandrasekharan, who is an esteemed friend of mine. The LIC officers are in a paradise. They get every kind of facility. However they do not think of increasing the benefits of the policy holders. The issue that has come up is the increase in the "salary of doctors. That has been an unhappy affair. The Minis-

Dr. Karan Singh, is a very popular Minister wherever he goes, unfortunately, We just touches off a strike ! But I hope he will get over this strike at least. Now, Sir, the emoluments of the House Surgeons had

been increased from Rs. 275 to Rs. 500— 82 per cent; Interns from Rs. 200 to Rs. 300— 50 per cent; and Registrars from Rs. 600 to 750. Sir, the medical profession is a very funny one. There are a very few doctors, a glorious few, and they ought to be sucked out of the profession. I know that they are and I know what they do. I had evinced a lot of interest in the medical profession. The second point is that there are many who have got lots of money and there are a few who struggle like peons.

As I stated already I had taken some interest in health and doctors from the time when I was a Member of the Lok Sabha in the early fifties. When late Rajkumari Amrit Kaur was the Minister of Health I severely criticised the idea of having three old men nearing or above seventy to run the All India Institute of Medical Sciences. They were Dr. Pandit, Dr. Raja and Dr. Jivraj Mehta. Fortunately the proposal to put them there in some capacity or the other was dropped. I told Dr. Mehta that he was welcome to be the Minister of Finance in Delhi but he should not meddle in health and medicine at his advanced age. He had already been Finance Minister of Bombay.

Now, these are the kind of things which the hon. Minister has to set right. I know of a Cardiologist in Bombay. A widow told me she paid him Rs. 60,000 for three or four visits to see her husband in Mangalore. He refused to accept cheques; took cash and she was distressed he did not tell her that her husband would die of heart failure. That Doctor was an American heart surgeon and a Physician to the President. I will not give the name. I will give the name to the hon. Minister if he wants. He would never accept a cheque. He would always demand cash payments. That doctor is a big heart surgeon of Bombay. These are the doctors who should be thrown out. It is for these reasons that I want this profession to be nationalised.

Mr. Kalyan Roy stated that the hon. Minister suspended the dialogue which he was having with the doctors when they had gone to his residence. I asked the hon. Minister whether it is a fact that he stopped talking in his own house. That is not fair to strikers after the talk was started. We want this dialogue to be continued so that doctors may get what they want. I have taken some interest in medicine.

The other day I saw a doctor who was getting into third class railway compartment with his wife and children. I was shocked to see this. I went and saw him. He is a most outstanding heart surgeon at Vellore. He gets only Rs. 1250. He is an examiner also. He has to pay the amounts to Vellore Hospital. He has recently been to Tokyo with Dr. Sujaya Rao for a Heart Conference. When I saw him in third class, my heart sank in my boots ! He has done 8,000 open heart operations—the largest number done by any Heart Surgeon in India. His name is Dr. Stanley John. We want people of that type, who work from 8 O' clock in the morning to 8 O' clock in the night. He had recently as a heart patient a very important former woman Member of Parliament, Shrimati Renu Chakravarti. She had a heart operation and he has set it right. There was a hole in her heart. We want this kind of doctors. Some of the doctors want this kind of allowance and that kind of allowance. We must give them a place where they can sleep and rest. We have got soldiers on our borders, on Indo-Pakistan border, on Indo-chinese border. I have seen them and they die for their country. I have seen large bones near Bomdilla for over ten miles. These bones were of the brave Punjabis. Their names are not known to us. We want this example to be followed by our doctors. Doctors have a great duty. They cannot be sometimes suckers of society as they are in the USA. We must follow the example of men and women doctors in the Soviet Union and in other countries so that we can build up our profession. Now, Sir, we cannot throw them out also. We cannot throw out the doctors from their premises. Maharashtra Chief Minister Mr. Naik made a speech to the Congress Parliamentary Party when the PM presided as leader. There was nothing private there. I do not want to say anything because the Chief Minister does not like to be opposed. I said there was a strike of doctors in Bombay. I was not for a strike. I do not want helpless people to get into trouble. We must not do something which is inhuman and unjust. I stated that if I were in Bombay, I would have given place to three doctors in my flat. I could not say more than that. Now, Sir, we cannot throw out the doctors from their places. It takes time to find a house. Nobody is prepared to give a room even for Rs. 200 to any body in Delhi. With that position, we must

8/Rajya Sabha/74—10

be realistic and soft to our people. Ruthless, inhuman methods cannot be done. The hon. Minister is the new Minister for Health. He is a popular Minister. He has done well. He has made many improvements which are obvious from this notification. But I would like him to do more and more. I found that my friend Mr Kolyan Roy, wanted Mr. Rama-chandran's letter to be knocked off. Well, the letter is here, it is dated 21st March, 1973 but after that letter the Government has made an appreciable increase. Shri Roy cannot say that. Why should that letter be removed? Well, after all the Government makes a decision and that is an important announcement of the Government giving higher increase which my friend, Mr. Chandrasekharan, says is not quite correct. I have some sympathy with him. This is an increase on Mr. Rama-chandran's letter. It is much better. Even then, I would request the Government and the Minister not to be harsh. I want to pay tribute to the doctors of Bombay who stood like a solid rock. I pay tribute to the senior doctors, doctors like Dr. Sujaya Rao who could have got any money abroad but they are contented with Rs. 2000 or Rs. 2500 here. We have got Dr. Caroli, Dr. Doraiswamy and also the lady heart specialist Dr. (Miss) Padmawati. Dr. Caroli has worked incessantly for patients in Willingdon.

SHRI K. CHANDRASEKHARAN:

What about Dr. Baliga ?

SHRI JOACHIM ALVA : Well, there is another story about him. My friend has reminded me of Dr. Baliga and Mr. Krishna Menon. They both introduced me to a Bombay Cardiologist, living next door to me. The next day, a lady friend of my wife was about to die and we sent for him. He asked for Rs. 60. See the type of the doctor at next door. He only touched her hand and did nothing. After this incident, I told my wife even if I am dead do not call him ! Dr. Baliga was an outstanding man and he has done a lot and I want to pay him tribute. He told me he was my classmate in primary school in Kallianpur Milagres School in South Kanara. There is another story about eight years back. I must mention Dr. Danda, Dr. Sushila Nayar was the Health Minister and Dr. Danda was the Principal of the Azad Medical College Dr. Danda examined Shri Feroze Gandhi and sent him a bill for Rs. 400. Mr. Feroze Gandhi was sitting in front of me, in Lok

[Shri Joachim Alva] Sabha. Feroze was shocked with the bill for Rs. 400 for a single simple examination. He told me : See Dr. Danda, he has sent a bill of Rs. 400. It was a shame. These are the suckers of the public. They should not be allowed to do all that. They can be allowed to practice but they should not be allowed to give as huge bills like this. Doctors must be allowed to practise as near their place wherever possible. You cannot be harsh but then they must also get fair, decent salary and also work quite a good number of hours for their duty. Then, we should also give attention to the nurses. We cannot run hospitals without the doctors and nurses. Only machines in the hospitals cannot work. If the doctors and the nurses are not looked after properly, the hospitals cannot be run properly. I want to congratulate the Minister for having increased the salary of nurses. The nurses have been forgotten. I would like every girl to shoot and also to learn 'nursing' in India. If she is able to shoot, she can defend the country in times of emergency and if she is a good nurse, she can help her brother and sister and husband and parents when they are unwell. A girl should know how to shoot for the defence of the country and she should know nursing to help her brothers and sisters in times of need. Every girl should have a three months' course in nursing. These girls are having a very hard job. Go to Assam, north or west or the Indochina borders you will find a girl from Kerala. The Kerala girl comes from such a distance. The population of girls is more and they cannot find husbands in an unemployed State; so they come here. Our girls, our Brahmins girls will also have to work as nurses. Unless our girls from the Brahmin class come and work as nurses, we do not have any future for the race. There cannot be any caste distinctions in our national work any more. When I was punished in Nasik Jail in 1933 for having reported that two jail doctors allowed an assault on a poor Muslim convict, I was punished and kept for 100 days extra jail with Mahatma Gandhi's Borsad Ashramites. They told me Mahatma ordered them: "First clean the latrines and then be a leader!" They all did it. That idea got into my head and I have cleaned latrines. We want our Brahmins girls to work as nurses and clean the W.C. This is not something hard. Unless this done we cannot have any future. This is the new age, the atomic age when we shall have to

clean many things and when nurses are doing such hard jobs our duty is to help them. I congratulate the Health Minister for having increased the salary of nurses. We want them to have decent clothes. We want them to look neat and when they smile at the patient, the patient should also smile and get better. We look after Air Hostesses who could have a lot of money in two years' salary but we do not look after the nurses. Though now the Government done a good job by increasing the salaries of the nurses, we should still improve their conditions.

I had a hand in a few strikes, in the first Air India strike in 1948 in Bombay and then a strike in the Fort of Bombay where by negotiations and dialogue, things were set right. I as then sheriff of Bombay intervened and got the strike off. That spirit must prevail. If we only protect our stand and say that the other side is wrong, we cannot set things right. You have to continue the dialogue. The Minister has already done a good job and we want that dialogue to continue; we want these doctors to continue. We do not want these young men to be thrown out. When you see men in a procession, when you see women in procession then a new red signal is up. I remember the time where there were only three girls in the Bombay Secretariat in 1930. I could see it because my room at Esplanade was nearby. Now girls, hundreds of them— pass by. They have no proper sarees because they cannot afford to buy; they have no jewellery they have no clothing and they all walk in a fast procession and that is a new sign and if we do not take this new sign of the time with women marching in processions with women doctors joining the procession, it will not help us at all ! It is time that those high-ups take a lesson.

श्री भूपेन्द्र नारायण मण्डल (बिहार) : उपसभा-पति जी, करीब दो महीने से डाक्टरों की स्ट्राइक चल रही है। इससे जो इनडोर पेशेंट अस्पताल में जाते हैं उनकी सविम जो वहां होनी चाहिये वह हो नहीं पाती। आउट डोर पेशेंट जो अस्पताल जाते हैं दिखलाने के लिये, उनकी भी सविम अच्छी तरह से हो नहीं पाती है। आज स्थिति बहुत खराब हो गई है। अभी जैसा चन्द्रशेखरन् जी ने कहा जूनियर डाक्टरों का इतना भी वेतन नहीं है जितना वेतन एल० आई०सी० ने एक पियन को मिलता है। अगर ऐसी हालत है तो निश्चयपूर्वक जो डाक्टरों का स्थान समाज में होना चाहिये उसके मुताबिक उनका पे स्केल भी होना चाहिये।

जो जूनियर डाक्टर अस्पताल में काम करते हैं उनको मैंने देखा कि वे बहुत ईमानदारी से, सिविलियरिटी से और मेहनत से काम करते हैं। इसलिये वे असंतुष्ट न रहें, इस बात को मंत्री जी को देखना चाहिये। इसके लिये जो उनका पै स्कैल है वह डीसेंट होना चाहिये। कई वर्षों से उनका आन्दोलन चल रहा है। बीच बीच में कई बार उनका एजीटेशन चला है। हाल में जो बातचीत हुई वह भी फेल हो गई है। इसमें जो ब्यूरोक्रेसी के लोग हैं उन लोगों का एक ऐटीट्यूड बन गया है। वे एक प्रेस्टिज का मामला बना कर के इसको मंत्री जी के सामने रख सकते हैं। इसलिये डाक्टरों के मामले में प्रेस्टिज की बात नहीं आनी चाहिये। जब डा० खुराना ने बाहर जा कर के नाम कमाया तब हिन्दुस्तान की सरकार भी चाहने लगी कि उसको लाया जाये, हिन्दुस्तान के अन्दर, लेकिन वह आये नहीं। तो जो अच्छे अच्छे डाक्टर हैं वे बाहर चले जा रहे हैं। इसलिये इस बात की जरूरत है कि अच्छा पै स्कैल इन लोगों को देना चाहिये। मंत्री जी को यह मानना चाहिये कि उनको एसी पै मिलनी चाहिये जिस से वे डीसेंट तरीके से रह सकें। उनको संतुष्ट कर के उनसे उनकी सर्विस लेनी चाहिये। यही उनसे मेरा आग्रह है, आग्रह के जरिये।

THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH): Sir, may I at the outset express my gratitude to the hon. Members for the very keen interest and if I may say so the extremely constructive nature of their interventions in this debate? I have benefited greatly from their views and these views in a way reveal the importance that Members of this hon. House, representing as they do the entire country, attach to this whole question of medical services. Sir, in any country, medical services are absolutely basic and fundamental for the welfare of the nation, and particularly in a country like ours where there is still so much poverty and deprivation it is extremely important that medical services must be given the highest priority. And it is for this reason that the present situation is so distressing, because in a way it is beginning to adversely affect not only the junior doctors themselves but the entire medical profession in the country. Sir, it is particularly important, as many of the hon. Members have said, that when we look upon medical education we should look upon it not simply as a question of the urban clusters of cities but we should realise that 80 per cent of the population of India lives in the rural areas and that our whole system of medical education should be so oriented that the requirements

and needs of those sections of the society where the more vulnerable and the poorer and more deprived sections of our people live should be given top priority. Sir, I have been in this Ministry only a hundred days or so, but I realise quite clearly that the present system of medical education in this country does need a basic restructuring. I am quite clear that we have got to so reorient the system of medical education that the very heavy investment that we make in medical education today—the figure of Rs. 80,000/- was mentioned by one hon. Member for an M.B.B.S. while some people put the figure as high as a lakh of rupees—in a country like ours should get reflected in definite social advantages for our own countrymen.

I do not think it is fair that a poor country like ours should spend vast sums of money on medical education and as a result of that the public health services either in Great Britain or in the United States should be run as a result of our investment. I am not saying that Indian doctors should not at all be allowed to go abroad. What I am saying is that there is something evidently wrong in our system of medical education that our own people in rural areas are deprived of medical services. I myself represent in Parliament a rural constituency and I know that in my own constituency there are places where people have to walk for 30, 40, 50 miles before they can come across any sort of medical aid at all. There is that sort of situation, and there is another situation in which thousands and thousands of Indian doctors trained at a very heavy social expense are going abroad because they are not able to adjust themselves to the conditions here. Obviously this is distortion, and for this reason I would like to make it very clear that I have no vested interest whatsoever necessarily in the continuance of the present system of medical education. I am prepared to make a radical departure from the present system if necessary, but what I would submit is that any such radical departure cannot be done merely by an administrative fiat. It cannot be done simply by one Minister sitting in his office. It is a thing which has got to be studied very carefully, and it is for this reason that we have announced our intention to set up a Medical Education Commission. I hope to be able to announce some details about this later, perhaps before the end of the current session of Parliament. That

[Dr. Karan Singh) Medical Education Commission taking advantage of previous studies, will be able to look into the whole gamut, the whole spectrum of medical education problems in this country with special reference to the requirements of rural areas and will thereby be able to make certain suggestions on a national scale.

Sir, I have said this right in the beginning because when I was faced with this problem of the junior doctors two things became very clear to me. One thing is that the system of medical education does need to be restructured. The second thing is that the junior doctors are suffering from a cumulative sense of grievances. It is not only an immediate grievance, but they seem to feel that over the last ten, fifteen or twenty years they have had a raw deal and, therefore, their grievances have cumulatively grown and have reached this sort of bursting point. As soon as this problem came to my notice I made a very special attempt personally to understand the entire problem. I was new to the Ministry which, in a way, was an advantage because I could look into it without any pre-conceived notion. There is no question whatsoever of any prestige or anything involved in it, but as the Health Minister I am most keen that a permanent and abiding solution to this problem of medical education and junior doctors should be found. I, therefore, looked into the problem very carefully.

When it first came to me the report of the committee which had been set up to look into this problem had been delayed for various reasons. I looked into the reasons for the delay and I am satisfied that there was no *mala fide* but for various reasons the report had been delayed. The junior doctors were extremely agitated when they first met me. They said : This report has been delayed and it is never going to come out. This is yet another example of broken promises and so on. I said: Look, I will see that this report is brought out very quickly and I will see that not only is the report expedited, but it is made operative from the 1st of January, this year, so that you do not lose anything by the delay. I assured them that I would speed this up. Even at that time, when they first met me on the 3rd January, I appealed to them saying that. have just come to the Ministry; give me some time, I will look into the problem and see that the report is expedited. I will see

! what can be done, but do not go on strike, because a doctor going on strike, for one thing as some hon. Members have said, is in a way a contradiction in terms, A doctor's job is service of the suffering. For a doctor to go on strike is really to disrupt medical services to a large extent and, as many hon. Members have mentioned, penalise the weaker and more vulnerable sections of the society. The person who is well-off can go to a private practitioner, but where will the poor man, whether he is from the city or from the rural area, go if the hospital services are disrupted? So, I appealed to them even at that stage : Please do not go on strike. You have made your point. You have brought your grievances to my notice. Let me handle this and see what I can do.

Unfortunately despite my appeal they were adamant. They said: We do not believe that anything is going to come out of this. We do not want any promises any longer. We want something concrete. Well, we got the report expedited and on the 10th of January the report was given to me, the Report of the Kartar Singh Committee. It is not a bureaucratic report. The Kartar Singh Committee, as is made clear in the document that we have circulated, contained three very eminent medical practitioners from different parts of the country, including a Vice-Chancellor and other eminent doctors. This report came to me on the 10th. Now, the Report had suggested certain very important changes in the emoluments of doctors. Now here I have to deal with this point of the 31st March letter. Unfortunately my friend, Shri Kalyan Roy, is not here. After his eloquence I had hoped that he would at least *do* me the honour of sitting back and listening to my reply, but even if he is not here I will try and clarify this point because this is a point raised by many Members. This letter of 31st March, 1973 was signed by Mr. C.S. Ramachandran. If a study is made very carefully, the letter in paragraph 4 particularly says two things. It mentions suitably running graded pay scales and allowances and in the second part of para 4 it mentions a suitably graded scale of emoluments. Now, Sir, the Kartar Singh Committee recommended what they considered to be a suitably graded scale of emoluments, *viz.*, Rs. 450, Rs. 500 and Rs. 550. This is the graded scale of emoluments. I think there are very many eminent lawyers

here and they will bear me out that a suitably graded scale of emoluments has, in fact, been given by the Kartar Singh Committee and has been accepted by Government. If you look into this letter carefully I feel that the requirements of this letter have been fulfilled. The doctors do not seem to agree, but that is a different matter.

DR. K. MATHEW KURIAN: Excuse me, it is a very curious explanation, because Mr. Ramachandran's letter very clearly points out that the system of stipends will be stopped.

DR. KARAN SINGH : I agree. They used to get a lump sum stipend of Rs. 300/-. Now they have been given graded scale of emoluments. In the first year they now get Rs. 500, in the second year Rs. 550 and in the third year they get Rs. 600, and then they go on to the Registrar's scale. Surely, that is graded scale of emolument. In any dictionary definition...

DR. K. MATHEW KURIAN: That is an after-thought about a meaning which is imputed; this is not the meaning of Shri Ramachandran's letter,

DR. KARAN SINGH : My difficulty is this that into this letter of Shri Ramachandran all sorts of meanings are sought to be read, unfortunately; had it been clear that Shri Ramachandran's letter said that they would be treated as Government servants, I would have been delighted; it would have solved my problem. But the fact of the matter is, I am afraid, that that is not the purport of this letter.

DR. K. MATHEW KURIAN: Graded scales existed even before.

DR. KARAN SINGH : No. If you look at our statement there was no graded scale of emoluments. If you see here, the house-urgeons used to get Rs. 275 and the post-graduates a fixed Rs. 300. Now, we have graded the scale of the emoluments. Beyond that also, even on this question of allowances—I was going to come to it later but I might clarify—one of the points that the doctors made to me was, "You have said a lump-sum of Rs. 500, Rs. 550, Rs. 600; it is not sensitive to the increase in the cost of living." They said, "Do you expect us to go on a strike every year? Why don't you

do something to make this emolument sensitive to the price-increase?" I said, "All right, I appreciate your point on that." I gave them an offer when they met me that I was prepared to break up this graded scale of emoluments into basic salary, dearness allowance and city compensatory allowance where applicable. I made them that offer. That offer is on record it is included here in the document that I have circulated. So even on that point, even if somebody were to say that Rs. 500, Rs. 550, Rs. 600 is not a graded pay scale with allowances, I offered him a graded pay scale with allowances. I offered it and said, you make a scale within that. I repeat that offer on the floor of the House if they want to prefer a pay scale like that. There the problem came about the non-practising allowance which is a different matter; nowhere, I am afraid, in this document is there such a thing.

Therefore, let me make one thing, first of all, clear. When the Report of the Kartar Singh Committee came to me on the 10th, that Report was Rs. 450, Rs. 500, Rs. 550. At that time, I personally, on my own initiative, went out of my way before announcing the Report of the Committee to improve upon the emoluments. If I may say so with due respect, I do not think you will find another parallel in the history of the Government of India in which within 48 hours of the submission of a Report, with heavy financial implications, not only was the Report accepted by the Government, it was improved upon in its financial findings. I am open to correction, but I do not think there is such an example. There perhaps—I must submit—I may have made a mistake. Many of my friends now say, if I may use the words used by some of them, "You were too much of a gentleman. You should have simply said, 'Here is the Committee's Report. Take it or leave it.' you should have kept that Rs. 50 up your sleeves and then you should have negotiated." Then perhaps the situation would not have developed. I must plead guilty to that because I felt that I was doing genuinely what was the right thing for me to do. I felt that at least we should not go below Rs. 500 with free accommodation as they now get. And therefore I said, we must improve, and I went out of my way. That is why I was particularly distressed when Shri Kalyan Roy seemed to suggest that I in any way had been guilty of lack of sympathy towards the striking doctors. I do not think

[Dr. Karan Singh] that this is at all true. I have gone out of my way; I have moved the very highest authorities in order to get them more. I have always dealt with them with the greatest courtesy.

This business of walking out of a meeting is ridiculous. They were in my own house which, incidentally, is not a Government house, it is a private house. They were there with me in my own house; we had a long talk on the first day. Shri Kalyan Roy is now coming back when I have really finished dealing with the point that he had made.

The second day they said that their minimum demand is that they should start at Rs. 900. I asked them whether they were sure that their minimum demand was Rs. 900. They said "Yes, our minimum demand is Rs. 900". I said, "In that case there is no real advantage to continue the conversation". I received a chit reminding me of a meeting in the Finance Ministry at 4.30 P.M. So I left them taking tea.

The point that I am trying to make is this. I think it must be accepted that the junior doctors' lot needs to be improved. It is nobody's case that the junior doctors were well off. I myself feel that the junior doctors were under very great....

DR. K. MATHEW KURIAN: Would you mind interruption? In paragraph 4 of the letter from Mr. C.S. Ramachandaran it is very clearly stated "running graded pay scales and allowances and so on". You have taken the next paragraph as escape clause "graded scale, emoluments etc." In the earlier paragraph it is clearly mentioned...

DR. KARAN SINGH : I agree. That is why I am now saying that even now because of this ambiguity I have offered them a graded pay scale and allowances in order to make it sensitive to rise in the cost of living and city compensatory allowance where applicable. So, Sir, my point is this. The junior doctors' lot certainly needs to be improved. Unfortunately, the whole system of medical education is such that a great deal of burden and pressure falls upon the junior doctors. Immediately I studied this problem I realised that. I am myself a man with academic back-ground. I told the doctors that I may be older than them but I am considerably younger than most people in the Government. Even gener-

ational!) I am somewhat in between them and the senior doctors. Therefore, I realise their problem. I would submit that I have gone out of my way...

SHRI KALYAN ROY : Are you also feeling generational tension that you referred to ?

DR. KARAN SINGH : What I was saying I have gone out of my way...

SHRI BHUPESH GUPTA : I am sure you have not gone out of your way to take to the path of Air Marshal P.C. Lai.

DR. KARAN SINGH : No. This is an important point. The argument I am developing is the following. The junior doctors were having a very hard time. In the light of the Kartar Singh Committee report and in the light of this letter of the 31st March I have not only accepted the report, I have improved upon it. In addition to that I made certain further clarifications. I suggested another way for the junior residents. As I said, I was prepared to break their emoluments. The case of the senior residents was about non-practising allowance. I said if they are able to make out a separate case for the senior residents to get non-practising allowance, I am prepared to take it back to the Cabinet because the Pay Commission specifically said that the residents would not be entitled to non-practising allowance. They get a Post-Graduate allowance, as you know, of Rs. 100 for a post-graduate and Rs. 50 for a diploma-holder. I said I was prepared to take it back to the Cabinet. My grievance and my real dispute is that when for the first time, perhaps after many years, a real solid attempt has been made—and it is not only now a question of promises; it was something really substantial that was done—why should they at this time be forcing my hands by creating a situation in which the hospital services are disrupted? Now the point is this. If it is their argument or if it is the argument of any of the hon'ble Member that the junior doctors should be treated on par with government servants, I am afraid, that is not possible because the entire theory and ethos of government service is different because a government servant comes through the U.P.S.C. When he comes through the U.P.S.C. there is an all India selection.

SHRI K. CHANDRASEKHARAN: I do not know why the hon'ble Minister is advancing an argument which is not relevant. This point was not put forward by anybody. He is misleading this honourable House.

DR. KARAN SINGH : I listened to you very peacefully, Mr. Chandrasekharan. I am trying to explain, Mr. Vice-Chairman...

THE VICE-CHAIRMAN (SHRI V. B. RAJU): He is adding to the information.

DR. K. MATHEW KURIAN: He should answer the specific questions raised.

DR. KARAN SINGH : Why are you worried when an argument does not go in their favour ? I am sure the Members and the whole country is interested to know the correct situation because they are worried about it.

For the UPSC, there is an all-India examination. There are reservations for Scheduled Castes and Scheduled Tribes. There is an all-India liability for transfer. A doctor who is recruited through the UPSC can be transferred to the Andamans. He can be transferred to Lakshadweep. There is a liability for military attachment. Why I am saying this is, when these people say "You are exploiting these Junior Doctors," I am even prepared to say "All right, are you prepared to accept a situation in which we totally abolish this system and I simply replace them by 700 Government servants?" I can do that tomorrow if necessary. I can * abolish all these 1,300 posts and I can simply say "I will take my 700 people through the UPSC". Then they will get Government scales, they will get NPA and everything. The point is, this system is there in order to help these young people to get further qualifications, to increase their qualifications. The post-graduates, whom we have mentioned, are not even employees. They are registered with the Delhi University. Now the point is this: you cannot have it both ways. On the one hand, this whole system is such that these people who enter improve their qualifications; they become post-graduates. Then after registrarship, new horizons open, up for them. The lecturer's grade in Medical colleges is open for them. The Specialist's grade is open for them. Otherwise after MBBS, one is a full-fledged doctor. He can practise. Why does he have to go through the mill? He can do private practice if he wants if any

patients will go to him. He can go abroad and practise in England or America. He is a full-fledged doctor. It is not a question of full-fledged doctor. It is a question of what training and experience he has gained in the course of this. Therefore, my argument simply is this : if, on the one hand, you argue that they should be treated on par with the Government servants, I am prepared to scrap the whole system and ask the UPSC "Please get me 700 doctors". Let these people also apply. If they come through, they come through and I will run my hospitals.

SHRI K. CHANDRASEKHARAN:
Nobody has raised it.

DR. KARAN SINGH : Some people have outside. The alternative is in our view. With regard to improving the lot .of these people, I would submit, with great respect, that we have in fact improved it. They may not be fully satisfied. I do not say that they are fully satisfied. I am not suggesting that Rs. 500 with free accommodation and electricity is a very magnanimous offer. I am not saying that. I am simply saying this, that looked at in the context of the system, in the context of what they were getting before, they have been given considerably more. My submission and appeal to them is, for the first time perhaps in 10 years, we have something concrete. I have made certain other clarifications in their favour—the question of counting the period of thier residency for pension if they . come in, without a break, to Government service, the question of taking their case of NPA for senior Residents to the Cabinet, the question of DA and various other points with regard to their service conditions. Now why should they create a situation in which my hands are being forced ? I can tell you that any action that I am having to take against them is taken with the greatest reluctance. I am not being hypocritical. They are brilliant young people. I have met them. It is a pleasure and a joy to talk with them because they in a way are the intellectual cream of the nation. But they must also understand that we are working within the limitations of a system. They cannot expect that overnight their cumulative grievances of 20 years are going to disappear. I have made a genuine and honest effort to meet them at least half way. My plea to them only was: "Please do not precipitate matters; please do not take this line that till we agree to this, you are

[Dr. Karan Singh] not going back to work", because—this point I would urge hon. Members to ponder—our responsibility as Government is not only the Junior Doctors. Our responsibility as Government is to the patients. And, Sir, if a situation finally arises in which these young men and women do not come back to work and the patient care suffers, what am I going to do? These very hon. Members will then stand up and say "What is the Government of India doing to see that the hospitals are run properly? Why is the Government of India not taking steps to run the hospitals properly?" Fifty days have¹ elapsed. We have exercised unparalleled restraint, if I may say so. Only with the greatest reluctance we have had_x to give certain notices. The point is, they must also strengthen my hands so that I can fight for them. They must not create a situation in which they drive me back to the wall and put me in a position in which I have the choice of either accepting their demands *in toto* or dismissing them. One other point...

SHRI K. CHANDRASEKHARAN: May I seek one clarification particularly because you referred to that fact and admitted that graded pay-scales were recommended at Page 27 of your booklet? At pages 54 and 83 of your booklet what has been given is not the graded pay-scale. You said a graded pay-scale can be considered within certain limits. May I request you whether it would be possible for the Government, particularly in view of what you have stated, to refer back this matter to the Committee or to negotiate with the junior doctors on this aspect?

DR. KARAN SINGH : It is not necessary to refer it back to the committee. I am competent as Minister. I told them I will give them something. I told them, "If it is only your point that you want a principle accepted that you must get some DA so that it will increase..." I have offered it to them.

SHRI K. CHANDRASEKHARAN: That is because the approach one makes to the two is different. Graded pay-scale and fixed pay are totally different. The Committee did not make an approach to the graded pay-scale.

THE VICE-CHAIRMAN (SHRI V. B. RAJU): You are laying too much stress on

the "technicality". The Minister is prepared to do something within the limits.

DR. KARAN SINGH : And then, the Committee does not exist now. It is wound up.

Now, on one final point...

SHRI K. CHANDRASEKHARAN : It is not a mere technicality. The quantum would be different. The quantum would be necessarily different. In a graded pay scale the minimum might be lower ___

DR. KARAN SINGH : Not necessarily.

SHRI K. CHANDRASEKHARAN : ... but the maximum will be higher.

DR. KARAN SINGH : Mr. Chandrasekharan, please remember one thing. This is only for a fixed time-limit. It is not a scale in which these people are going to spend their life. It is a sort of a channel through which they go—one, two, three and they are out. Where is the question of a longer scale? It is only a three-year scale. You must remember that it is only a three-year scale. That is why I said right in the beginning 500-550-600 is the scale. We can even break it up with some allowances. Then there is also the question of other States in the country. It is held as a State subject, and in a way there has got to be some balance or some relationship. In our publication we have tried to give on page 90 some comparative statements. After all, the junior doctor who works in Calcutta,[^] the junior doctor who works in Bombay, the junior doctor who works in Madras, he is also facing difficulty. As my friend, Mr. Mathur, said very rightly, I am not only Health Minister of the Central Government, I am Health Minister of the country; I have got a certain responsibility. I cannot do something which will create a tremendous problem for every other State Government in the country. I have got to see that there is some relationship with the general level of emoluments of this type. On page 90 you will see that our emoluments are generally considerably higher than those in many other States.

Therefore, to cut Short a long argument, I have from the beginning, been sympathetic with the junior doctors because they are a young intellectual group, they are highly qualified, they are brilliant young people. I

tried to make them see that I was going to do whatever I could for them, whatever immediately I could get for them. Kartar Singh Committee's recommendation plus something I have given them. I said, "Please you go back to work. We can always sit and talk. There is no question of prestige in this matter. I will consider it my good fortune and my privilege if I have the opportunity to do something for you." But I am afraid they have not listened to me. And that is why I had to use that strong word to which some Members took objection—this is an attempt to pressurise the Government by disrupting medical education and medical care in the whole country. I am very sorry to say this. But this is an attempt; to make this into a nation-wide strike, I am very sorry to say, is nothing but an attempt to pressurise the Government. I tried to explain to them that this sort of pressure tactics would be ultimately counter-productive. I tried to explain to them, there comes a time.. _

DR. K. MATHEW KURIAN : Why do you call it pressure tactics? It is collective bargaining. Why do you call it pressure tactics ?

SHRI BHUPESH GUPTA : Dr. Karan Singh, this is no good trying to say they are pressurising you because they are on strike. Whenever a strike, locally or nation-wide, takes place, always the employing class says, they are trying to pressurise. We are living in a situation, in industrial relations, when the strike is an admitted and accepted right of the working people including the intellectuals you have in mind, and, if they exert it, well, it is because some dispute has not been settled. Now, to say that this is only a pressure tactics and then to counter it with threats, is no good. You have to accept the reality.

DR. KARAN SINGH : May I make one submission ? Mr. Bhupesh Gupta is a very senior Member and he has got a very strong back ground of labour movement. It is one thing for somebody to strike and bring, for example, an airlines to a standstill. If people do not fly, it does not make very much of a difference. .

You are perhaps even safer, if you travel by train... *(Interruptions)* _____

SHRI K. CHANDRASEKHARAN : Your colleague in his statement used that word.

DR. KARAN SINGH : The point is that when Doctors strike, it is pressure and you should realise it is pressure exerted on the most vulnerable sections of society. It is very, very unfair. As somebody said, if I get ill or God forbid if some Member of Parliament gets ill, he can always go to a private Doctor. But when this sort of pressure is exerted, it is an unfair pressure. They are putting pressure on the lowliest, the weakest and the poorest sections. That is why I submit with great sincerity and friendship...

SHRI BHUPESH GUPTA : Dr. Karan Singh is an intellectual and is humane. He should not say that Doctors by their strike are trying to exert pressure on the most vulnerable sections, namely, the patients.

DR. KARAN SINGH : Is it not so ?

SHRI BHUPESH GUPTA : It is most unfair and unkind to the Doctors. In other countries also Doctors strike. Why ? The strike is against people who are employing them. If in a hospital the Doctors strike, the patients are not the employers. Government in this case is the employer. If there is pressure— I repudiate it— it is not on the patients. It is on the Government. I do not think assertion of certain rights through permissible and legitimate action is pressure. I would ask Dr. Karan Singh not to introduce this element. They would say that Dr. Karan Singh being humane and cultured man is resorting to blackmail Doctors. They would say that your statement is an attempt to settle all industrial disputes or disputes between employer and employee through blackmail. I do not think you would like to be open to such a charge.

DR. K. MATHEW KURIAN : The conflict is not between Doctors and patients. It is between Doctors and the Government. It is collective bargaining.

DR. KARAN SINGH : The lot of Junior Doctors needs to be improved. We have already done a good deal for them. I feel that we are even prepared to restructure the whole system of medical education [in this country so that the system could itself go. I would

[Dr. Karan Singh] again on the floor of this honourable House appeal to these people that even if they have a strong case, if they overplay and overbid it, it will become counter-productive, and by continuing in this manner, they are not helping anybody. I must again come back to this point. I feel I have made some handsome gesture by not only accepting, but by improving upon Kartar Singh Committee's report. Now, let them go back. We can always sit down and talk, and I will do whatever I can.

SHRI BHUPESH GUPTA : Handsome gesture or not, it may be a debatable point. But the Minister is handsome.

STATEMENT REGARDING COLLISION BETWEEN 66 DOWN DEHRADUN-VARANASI JANATA EXPRESS AND M-5 UP GOODS TRAIN AT KATHGARH LEFT BANK STATION

THE VICE-CHAIRMAN (SHRI V. B. RAJU): The Deputy Minister of Railways will now make a statement.

AN HON. MEMBER : He can lay it on the Table of the House.

THE VICE-CHAIRMAN (SHRI V. B. RAJU): Is it a long statement ?

THE DEPUTY MINISTER IN THE MINISTRY OF RAILWAYS (SHRI MOHD. SHAFI QURESHI): One page.

THE VICE-CHAIRMAN (SHRI V. B. RAJU) : Then please read it.

THE DEPUTY MINISTER IN THE MINISTRY OF RAILWAYS (SHRI MOHD. SHAFI QURESHI): Sir, with a deep sense of sorrow and regret I have to inform the House of a serious accident that took place in the early hours of this morning near Moradabad on the Northern Railway.

At about 00-45 hours, 66 Down Dehradun-Varanasi Janata Express collided with a stationary Goods train at Kathgarh Left Bank Station on the Moradabad-Bareilly single line section.

As a result of the accident the engines of both the trains derailed. A class III bogie

marshalled next to the engine of the Express train also derailed and telescoped.

Immediately on receipt of the information about the accident the Railway Medical Van accompanied by Railway doctors and other medical staff was rushed to the site of the accident* Senior Officers from Moradabad Division as well as Northern Railway Headquarters and the Railway Board have rushed to the site.

According to the latest information available, 40 persons have been killed and 56 others injured, of whom 8 are reported to be grievously hurt. Nineteen injured persons, after being rendered first aid on the spot have been hospitalised in the Railway and Civil hospitals at Moradabad. The remaining 37 who had trivial injuries were discharged after first aid.

I got the information about this accident at Moradabad while travelling by Lucknow Mail and I proceeded to the site immediately to make an on the spot assessment and supervise rescue and relief operations.

Compensation of Rs. 50,000 will be paid in the case of those who have died or have suffered permanent total disablement as a result of this accident. Other injured will also receive compensation on the prescribed scale.

The Additional Commissioner of Railway Safety, Northern Circle, will hold a statutory inquiry into this accident.

MESSAGES FROM THE LOK SABHA

I. The National Co-operative Development Corporation (Amendment) Bill, 1974

II. The Constitution (Thirty second) Amendment Bill, 1973

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

(D) "In accordance with the provisions of Rule 96 of the Rules of Procedure and Conduct of Business in Lok Sabha, I am directed to enclose herewith the National Co-operative Development Corporation