

because of certain cases which had been filed before the Court against the order of enquiry.

Notices have again been issued to the concerned persons for submission of relevant complete records immediately to the Enquiry Officer, so that the enquiry could be expedited.

SHRI SHYAMLAL GUPTA: Sir, may I know the total amount realised from the members? Is there any limit up to which the office bearers can withdraw the money for the same for the Society's work? Was there any violation of these Rules and any action was taken by the Registrar?

SHRI ANNASAHEB SHINDE: Sir, the inquiry is to go into all these matters. Lately, the office-bearers of this Society are not cooperating. They are not making the records available, despite even the High Court's direction in this matter. Obviously, this Society is in a very bad state.

Teachers have different groups. There is a dispute even on who are the office bearers. Obviously, there is a specific case. It has come to our notice that even misappropriation appears to have taken place in this society. Since the enquiry is on, I would not like to prejudge the results of the enquiry.

SHRI SHYAMLAL GUPTA: Whether the accounts of the society were frozen at any stage and, if so, why the accounts were later released? Whether the Government will now consider freezing the accounts forthwith in the interest of the society? It can help them in the matter.

SHRI ANNASAHEB SHINDE: There was a 'stay' from the court. The enquiry which was instituted in March, 1972 could not be completed because of the intervention of the court. This enquiry became inoperative for some time because of the 'stay' of the court. We have been struggling hard to get the records. We are unable to get the records.

[36. [Transferred to the 8th May, 1973.]

RURAL HEALTH SCHEME

37. SHRIMATI LATCSHMI KUMARI CHUNDAWAT: SHRI MOHAMMED USMAN ARIF: SHRI SUNDAR MANI PATEL: SHRI K. B. CHETTRI: SHRI LOKANATH MISRA: SHRI DAHYABHAI V. PATEL: DR. R. K. CHAKRABARTI: SHRI CHANDRAMOULI JAGARLAMUDI: SHRI DEBANANDA AMAT: SHRI HIMMAT SINGH: SHRI SARDAR AMJAD ALI: SHRI HARSH DEO MALAVIYA:

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

(a) whether it is a fact that medical practitioners and the Indian Medical Association are opposed to the Rural Health Scheme and have asked Government to scrap the same for expanded medical facilities in rural areas;

(b) if so, the reasons thereof; and

(c) what is the reaction of Government in regard to the suggestion made by the Indian Medical Association in this regard?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (SHRI A. K. KISKU):

(a) and (b) A statement giving the objections and suggestions is laid on the table of the Sabha.

(c) A revised Scheme is now under consideration.

STATEMENT

(a) and (b) The main objections raised and suggestions made by the Indian Medical Association etc. in respect of the original Rural Health Scheme are given below:—

(i) The Scheme is based on the mixing up of the various systems of medicine.

The question was actually asked on the floor of the House by Shrimati Lakshmi Kumari Chundawat.

(ii) The Scheme provides a back-door recognition to un-educated and untrained practitioners.

(iii) Unqualified people are proposed to be paid remuneration. Instead the Government may pay honorarium to the medical personnel attached to Primary Health Centres/hospitals etc.

(iv) The training programme is not only inadequate and expensive but also uncalled for, retrograde and unlikely to serve any useful purpose.

(v) Doctors at Primary Health Centres would not have the time or competence to supervise the work of this heterogeneous group of practitioners.

(vi) It would be better to provide more amenities at Primary Health Centres so that the doctors may have no objection to being posted in rural areas or in the alternative start a parallel scheme of Primary Health Centres with Ayurvedic and other practitioners.

(vii) Instead of launching the scheme, the Government should compel medical graduates to serve in rural areas and bonds should be taken from them to this end during the training period.

SHRIMATI LAKSHMI KUMARI CHUNDAWAT: Will the Government state the number of medical graduates who are unemployed and who can possibly be utilised for extension of rural health scheme? Has the Government offered these unemployed graduates to join the rural health scheme?

SHRI A. K. KISKU: Sir, all these matters relating to unemployed medical graduates, physicians and homoeopathic physicians are being taken into consideration. The main point is that the scheme has not yet been finalised.

SHRIMATI LAKSHMI KUMARI CHUNDAWAT: Would it not be desirable to enlist the services of the unemployed

medical graduates for the scheme rather than the services of the nursing staff with emergency training in the scheme?

SHRI R. K. KHADILKAR: The question is regarding the health scheme. As we have stated, a final shape has yet to be given to it. In the meantime, we are thinking of some pilot projects and we will finalise it at the proper stage.

SHRI SUNDAR MANI PATEL: I would like to know from the Minister if a proposal to implement the scheme called "Medical Aid Centre in the Rural Areas" with the co-operation of the people and local bodies has been received from the Government of Orissa about a year ago. Has he got any memorandum from the Orissa Government? The Government of Orissa has got little resources to implement this scheme and they have sought the cooperation of the Central Government. Will the Minister be able to throw some light on this matter?

SHRI R. K. KHADILKAR: I will require notice for this. So far as help from the Centre is concerned, if the State Government comes forward with a scheme, the Centre will look into this matter.

SHRI LOKANATH MISRA: May I know what are the main features of the scheme? The hon. Minister has given a statement to us saying that the Association has objected on certain grounds. The grounds are enumerated here. But what are the main features of this scheme? Will the entire population in the country be covered by the scheme and if not, to what extent will it be covered?

SHRI R. K. KHADILKAR: The main feature of the scheme is that we want to see that the entire rural population gets essential minimum medical aid. In order to make it available to them, we thought that primary health centres and sub-centres in some places should be manned by qualified doctors, qualified either in allopathy, ayurvedic or homoeopathy. As I said earlier, the objections that were raised by

the Indian Medical Association were abso- ,
lutely misconceived. They suggested that j we
were employing some quacks and they carried
on propaganda. Some of them met me. I made
it very clear in the scheme that either qualified
allopaths or integrated course graduates in
medicine or homoeopathy or Ayurvedic from
recognised institutions will be recruited. So
far as the final shape of the scheme is
concerned, it is still under review with the
Planning Commission.

DR. R. "K. CHAKRABARTI: May I
know whether the Health Ministry has re-
ceived any application from experienced
medical practitioners of rural areas and why
there is delay in accepting these people and
allowing them to be included in the rural
health scheme?

SHRI R. K. KHADILKAR: If voluntarily
some people come forward certainly we shall
make use of their services if they fit into the
scheme. They should fit into the scheme;
that is the only condition.

DR. R. K. CHAKRABARTI: Many
people have applied to come under this
scheme.

SHRI CHANDRAMOULI IAGARLA-
MUDI: Is it a fact that apart from the Indian
Medical Association some of the States also
have refused to implement the scheme?

SHRI R. K. KHADILKAR: The question
does not arise. After a good deal of
consultation for nearly one year with the
States Ministers and other concerned autho-
rities we have evolved a scheme and as I said
when it will be finalised the States will
naturally fall in line. There is no question of
their not implementing.

SHRI DEBANANDA AMAT: Sir, 80 per
cent of the people in India live in rural areas
whereas 68 per cent of the doctors live in
cities and towns. Ours is a welfare State and
may I know what are die specific suggestions
about amenities and emoluments to the
doctors so that the

doctors will be encouraged to go into the
interior and look after the rural people and
render them medical service?

SHRI R. K. KHADILKAR: It is a fact that
most of the doctors, 80 per cent, are in the
urban areas and there is an imbalance in the
medical service because of their reluctance to
go to the rural areas. The scheme is intended
to see that all the medical men in the country
will have to serve in the rural areas. They
will be inducted in this scheme. That is the
main purpose; this imbalance between rural
health care and urban health care has to be
removed.

SHRI HARSH DEO MALAVIYA: In
view of the fact that there are many
institutions training in Ayurveda, Homoeo-
pathy and Allopathy may I know whether the
Government will consider the proposal to
take a definite undertaking from the would-
be graduates before they are admitted into
the institutions that they will serve a number
of years, two or three years, in the rural
health centres before they are allowed to start
practice? This is a concrete proposal and I
would like to have a concrete answer to this.

SHRI R. K. KHADILKAR: In the State of
Maharashtra they have introduced a system
of bonds for every entrant into the medical
colleges by which they undertake to serve in
the rural aiea. Apart from that, in order to
give a rural bias or orientation to medical
education itself, we are thinking of recasting
the entire medical education system so that
the present state of affairs will not continue
in future. Some sort of indirect compulsion
will have to be there.

SHRI THILLAI VILLALAN: I would like
to know from the hon. Minister what is the
attitude of this Government to the suggestion
mentioned in the statement, namely, instead
of launching the scheme, the Government
should compel medical graduates to serve In
rural areas and bonds should be taken from
them to this end during the training period. I
want a specific answer.

. SHRI R. K. KHADI11.KAR: I have already stated that we are taking steps in this direction and we shall see that new entrants to the medical college will have to opt out for the rural medical centre service.

SHRI SANDA NARAYANAPPA:

Under the panchayat system each pancha-yat samiti is having one primary health centre and three sub-centres, but it does not cover the entire rural population of one lakh or 1-1/2 lakh persons in respect of medical facilities. I would like to know whether the Government is thinking of encouraging private doctors to open dispensaries in villages by giving them subsidies, grants and other things. Secondly, I want to know ...

MR. CHAIRMAN: Only one question is allowed.-

SHRI SANDA NARAYANAPPA: One simple question. May I know whether they are going to introduce mobile units to supply medicines in the villages?

MR. CHAIRMAN: Very good.

SHRI R. K. KHADI11KAR: If some doctors start some sort of medical clinic in a village and if they come forward, they will be assisted by the nationalised banks. So far as the mobile clinics are concerned, we have under consideration a plan to see that well-equipped mobile vans are also introduced.

SHRI HAMID Ali SCHAMNAD: Has it come to the notice of the Government that many Indian doctors go abroad finding the facilities and amenities provided in India to be insufficient for them? To better their career many young doctors have gone abroad. Will the Government consider discouraging it and see that the doctor's services are made available to us?

SHRI R. K. KHADILKAR: It is unfortunately a fact that quite a number of doctors, after taking medical education on which we are spending quite a huge amount, try to

migrate to better their own prospects. We are not encouraging them, but still by devious methods they try to migrate. Henceforward we will have to be very strict about it. At the present juncture we cannot do anything.

SHRI KRISHAN KANT: May I know whether the hon. Minister does not consider that the representation of the Indian Medical Association has got some vested interests in not allowing the rural population to get medical facilities? This is a programme to go to the villages and they do not want the use of Indian systems of medicine and homoeopathy. May I know whether the Government will see that these vested interests are not allowed to prevent the operation of the Government's scheme? May I know by what time this scheme will come into operation in this country?

SHRI R. K. KHADI11 KAR: Well, the agitation and propaganda carried on by the Indian Medical Association certainly lends colour to it and perhaps the hon. Member would be justified in saying that they have some professional vested interests. In our country, as you know, Sir, there are professional vested interests in every profession. The medical profession is not free from it and, therefore, they were standing in the way. But as I said earlier, in the fifth Plan we will definitely see that the rural health scheme is started and implemented.

PRODUCTION AND DISTRIBUTION OF SUGAR

38, SHRI J. S. TILAK :

SHRI A. G. KULKARNI; SHRI KOTA PUNNAIAH : SHRI BKAHMANANDA PANDA : SHRI CHANDRA SHEKHAR: SHRI KRISHAN KANT : DR. Z. A. AHMAD : Will the Minister of AGRICULTURE be pleased to state

(a) the sugar production in the country during the years 1970-71, 1971-72 and 1972-73;

(i) The question was actually asked on the floor of the House by Shri A. G. Kulkarni.