

(MR. DEPUTY CHAIRMAN in the Chair.)

SOME HON. MEMBERS: Sir, you must listen to us. ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: We are taking care of you. ...*(Interruptions)*...

श्री प्रकाश जावडेकर (महाराष्ट्र): सर, भूमि अधिग्रहण का मामला साफ है ...*(व्यवधान)*...

MR. DEPUTY CHAIRMAN: Please give a notice in a different format not in zero hour. ...*(Interruptions)*... प्लीज, अपनी सीट पर जाइए ...*(व्यवधान)*... प्लीज उन्हें बोलने दीजिए! ...*(व्यवधान)*... The House is adjourned till 2.00 p.m.

The House adjourned at eighteen minutes past twelve of the clock.

The House re-assembled at two of the clock,

(MR. DEPUTY CHAIRMAN in the Chair.)

GOVERNMENT BILL

The Jawaharlal Institute of Post-graduate Medical Education and Research, Puducherry (Amendment) Bill, 2010

MR. DEPUTY CHAIRMAN: We shall now take up the Jawaharlal Institute of Post-Graduate Medical Education and Research Puducherry (Amendment) Bill, 2010 for consideration. Shri Ghulam Nabi Azad is to move the Bill.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): Sir, with your permission I beg to move:

That the Bill to amend the Jawaharlal Institute of Post-Graduate Medical Education and Research, Puducherry Act, 2008, be taken into consideration.

Sir, the Jawaharlal Institute of Post-Graduate Medical Education and Research, Puducherry (JIPMER) was declared as an institution of "national importance" by the Jawaharlal Institute of Post-Graduate Medical Education and Research, Puducherry Act, 2008. The Act was brought into force on 14th July, 2008 by the Central Government under sub-section (2) of section 1 of the Act.

Prior to its conversion into an autonomous body, the Institute was functioning as a subordinate Office of the Directorate General of Health Services under the Ministry of Health and Family Welfare. Hence, all the employees on the strength of the Institute prior to its conversion into an autonomous institution were given an opportunity under section 28(1) of the Act to exercise their option within a

period of one year from the date of commencement of the Act, either to remain as employees of the autonomous institution or to opt out of the institute and continue to remain as Central Government employees.

As a result, out of 2,140 employees, 76 employees opted to be the Government employees and 78 opted to be the institute employees. A majority of the employees numbering 1,986 did not exercise their option and about 1,241 representations were received from the employees requesting the Government to extend the option period.

Thereafter, the Ministry decided to move an amendment to the Act extending the option period from one year to two-and-a-half years with the approval of the Cabinet on 13th May, 2010.

On 5th August, 2010 the Bill was introduced in the Rajya Sabha and it was referred to the Department-related Parliamentary Standing Committee which submitted its Report on 29th September, 2010 recommending the amendment.

The proposed Amendment Bill could not be considered in the Parliament in the winter session, 2010. Of course, I was ready to discuss it but the circumstances prevailed in the House were such that we could not pass it. Since the period of extension for exercising the option by the employees was only up to 31st January 2011 the period of two-and-a-half-years which was to be brought by the amendment is also gone the Bill could not be passed within that period, the Ministry had to again move an official amendment to the Bill for extending the option period from two-and-a-half years to three-and-a-half years with the approval of the Cabinet on 22nd March, 2011.

Therefore, Sir, in order to provide an opportunity to all the employees, it is proposed to extend the option period through an official amendment to the Bill of 2010, which has already been circulated in the House. The benefit of enhanced option period from existing one year, i.e. from 14th July, 2009, to three-and-a-half years, i.e. up to 14th of January, 2012, would thus be available to all the employees - the only difference is now this option will be available to those who wanted to stay with the Government, that is, 76 employees and those 78 who wanted to be the employees of the Institute - including those employees who had exercised their option earlier and allow them also to exercise

their option afresh. This is a very simple Bill. Unless we pass it immediately, I will have to, maybe, bring it from three-and-a-half years to four-and-a-half years next time. Thank you.

The question was proposed.

DR. C. P. THAKUR (Bihar) : Mr. Deputy Chairman, Sir, thank you for giving me this opportunity to speak on this very small Bill. This Bill is very small, but a very important one. It is important in the sense that on that date this Institute, which is a very famous Institute, became autonomous. If any Government college becomes autonomous, that means there is a slight promotion of that institution. This Puducherry Institute became autonomous on that day.

Sir, the very first line of the Bill is, "Be it enacted by Parliament in the Sixty-first Year of the Republic of India". That means we have moved far away from 1947 and covered a long distance after we attained freedom. Can we say a few words about what we have achieved in the health sector? Sir, recently, there was a meeting of Parliamentarians in Panama. You were also there, Sir. In that meeting, the health sector was discussed and the WHO was monitoring it. They said that maternal mortality rate and infant mortality rate in India were very near to Pakistan's and Bangladesh's maternal mortality rate and infant mortality rate; it was not better than their rates. Two lady representatives from Pakistan suggested that India should convene a meeting of countries like Nepal, Pakistan and other SAARC countries. I was defending the Indian Government because in India our Prime Minister is monitoring this maternal mortality rate and infant mortality rate. Then I said, "One more country should also be included, that is, Sri Lanka. Sri Lanka is a very small country, but its maternal mortality rate and infant mortality rate are much better than ours. So we should also know how it has done so well and why we have not been able to reduce this rate.

Secondly, there is a disease called Kala-azar. Unfortunately, it is prevalent in India for more than 100 years. In 1903, two scientists, Leishman and Donovan demonstrated the parasite of Kala-azar. In that year, States like Bihar, West Bengal, UP, Eastern UP, etc. were heavily affected. They are still heavily affected. This disease has started increasing again. When we were reviewing this disease, we talked about post-graduate education in India.

Then, somebody asked: Is there any epidemiologist in this programme? They said, 'No'. Then, they asked: "Is there any epidemiologist in this programme? They said, 'No'. So, post-graduate studies are very important for India so as to give better health services, cover better health programmes, etc. for the country. For this, in the JIPMER, we should do something. India, as we say, is now a developing country. So, health sector should develop *pari pasu* with the financial sector. So, as far as health is concerned, all these things should be considered. This Bill is a small one, and we should pass it this time, as otherwise, the Minister has to again go through different sections to get it renewed through different committees. So, since the Bill is a good one and it will add to the prestige of the institution, it should be passed.

SHRI T.K. RANGARAJAN (Tamil Nadu): Sir, the hospital, under this Institute, which is one of the pioneering institutes, is helping not only Puducherry, but people from several villages around Tamil Nadu also go there. We had enough discussion on this. My point of query is this. Why is it that about 1,240 representatives from Group 'B', 'C' and 'D' employees have requested the Ministry of Health and Family Welfare for extension of this time? What is the fear that they have? Has the management of the Institute been able to convince them? Why have they not opted for anything so far? My request to the Government is this. You have to convince them, instead of merely extending the date as 2012 or 2013. Try to convince them. After all, they are the employees and they are going to work there. Just pausing here and creating some problem there will not help. So, my request to the Government is that you kindly try to convince them. You convince them, and please extend the date, without putting this 2012 January ceiling. That is what I wanted to emphasise.

DR. JANARDHAN WAGHMARE (Maharashtra): Sir, I support this Amendment Bill. The Statement of Objects and Reasons is clear enough to state that through this Bill, that is, through this legislation, you are going to give an opportunity to those employees who have not yet exercised their option either to be in that Institute or not. This is a very small Bill. But I would like to draw the attention of the hon. Minister to the fact that our medical colleges, our medical research institutes, are not doing what is expected of them. Teaching, of course, suffers from inadequate faculty. If you just get information from all the medical colleges, you will find that the number of faculty is less, not adequate, and that is why, teaching suffers. Also, research is very poor in our institutions. This Institute is going to be of national importance; it is autonomous. Research suffers a lot because it is neglected. You cannot generate knowledge in any walk of life without research, and we need

research much more in the medical field. Here, you don't have adequate number of research guides. Infrastructure is not there. Research, of course, is not encouraged much in our conventional universities and even in professional universities. So, unless proper attention is paid to them, our institutions cannot become centres of excellence. We hope this particular institute would become an institute of national importance if we concentrated more on teaching and research. This is what I would like to bring to the notice of the hon. Minister.

SHRI BAISHNAB PARIDA (Orissa): Thank you, Sir, for allowing me to speak on this important subject.

Sir, I welcome the Bill which has been moved by the hon. Minister for Health and Family Welfare. I wish to mention certain aspects about treatment of various diseases in our country. I want to point out here the fact that the number of diseases, especially lifestyle diseases like the heart disease, cancer, diabetes, kidney failures and many others, is growing at an alarming rate. The cost of treatment of these diseases is also very high, and it becomes difficult for the common people, including the middle class, to get themselves treated. On top of that, as we are aware, the Government is gradually withdrawing itself from public healthcare and giving more and more preference to medical treatment in the private sector. The expenses of treatment in privately-owned medical institutions are very high. So, the Government should seriously think about this matter. In many backward States like Orissa, the number of medical colleges is very limited. We are not in a position to produce more number of doctors and paramedical staff to meet the requirements of hospitals and healthcare centres, especially in rural areas. So, I request the hon. Minister, through you, Sir, that the Government should lay more stress on the opening up of more and more medical colleges, hospitals and dispensaries in those backward States.

Another thing that I want to bring to your kind notice is that research is an essential part of the development of medical treatment whether it is Allopathy, Ayurveda or the other systems under the AYUSH. We should lay equal emphasis on all these aspects. We are spending crores and crores of

rupees on research work and a major part of it goes to Allopathy. We are neglecting Ayurveda and the other systems under AYUSH. We should give equal importance to these systems also. Gandhiji had once said that "Ayurveda declined in India due to absence of application of modern methods of research."

MR. DEPUTY CHAIRMAN: Mr. Parida, it is not a discussion on health. Please confine your remarks to the Bill.

SHRI BAISHNAB PARIDA: would just like to request the hon. Minister for Health and Family Welfare that while we encourage institutes of research, we must give equal, rather more, importance to Ayurveda and the other systems of medicine under the AYUSH. This is my request to the hon. Minister.

SHRI D. RAJA (Tamil Nadu): Sir, thank you. The JIPMER is going to be an autonomous institution. I understand there is a need for amending the existing legislation. Thanks to the then Prime Minister Jawaharlal Nehru and the Communist leader, Shri V. Subbaiah, Puducherry could get such an institution of national importance. ...*(Interruption)*... I agree, he was a national leader. Shri Subbaiah was one of the national leaders who fought against the French colonialism.

Sir, JIPMER is becoming autonomous. Right now, the conditions in JIPMER are not to our satisfaction. As my previous speaker pointed out, patients from Tamil Nadu do visit there, but they do not get free treatment even though it is a Government institution. There are buildings, but you do not have adequate number of doctors and faculty members. It is a research institution but I am sorry to state that I do not think that institution has got even a single dialysis unit. They refer patients to Chennai hospitals for dialysis. I do not think that institution has got noteworthy super-specialists right now.

These are the things which need to be improved in JIPMER. Having said this, Sir, I would like to request the Minister to address one serious concern. The employees are taking time to give option, or they are not giving option. Why? The employees have some genuine apprehensions about the future, about their post-retirement benefits. One demand, I understand, is about pension; pension must be ensured for them and pensions must be drawn from the Consolidated Fund of India.

That is one of the demands they are making. I would like to know whether the Minister can assure the employees that their apprehensions are alleviated and their pension and other benefits are guaranteed. The Minister will have to give some assurance. He should tell the employees that their rights, their interests will be protected. If that is done, I do not think employees will take much more time in giving options. That is one serious issue that the employees are facing. I think, that is the need of the hour and I appreciate the Minister's initiative. If things improve in JIPMER, that Institution will not only serve Puducherry but also the adjacent States like Tamil Nadu. It can become one of the real outstanding research institutions in medical education.

With these words, I conclude. Thank you.

SHRI N. BALAGANGA (Tamil Nadu): Sir, I use this occasion to convey apprehensions of the people of Puducherry to the hon. Minister for redressal. Until the Government have taken this rational step, the JIPMER had been providing free medical care to the people of Puducherry, 12 districts of Tamil Nadu and some parts of Kerala, Andhra Pradesh and Karnataka. I plead with the hon. Minister to see that this endeavour continues for ever.

Sir, the cost of MBBS studies in this Institution is affordable to the poor students of Puducherry. My request to the Minister is not to hike the fee structure after incorporation of this Institution. I earnestly also plead with the Minister to provide for reservation of certain percentage in admissions to the Puducherry people.

Sir, there are wide range of complaints that 50 per cent of faculty positions have been lying vacant for many years. After incorporation, this has to be seriously looked into. Finally, Sir, I request the hon. Minister to redeploy the employees of JIPMER, who have opted to serve in the Government service within the jurisdiction of Puducherry. With these words, I conclude my speech, Sir.

PROF. P.J. KURIEN (Kerala): Sir, I do not want to make a speech because every hon. Member has supported the Bill, and I also support this Bill. What I have to say is about one institute of importance in Bangalore, i.e., NIMHANS. I would like to know from the hon. Minister whether this is also an institute of national importance. If not, will the Government take steps to declare it an institute of national importance and provide all facilities to this Institute?

श्री विक्रम वर्मा (मध्य प्रदेश): उपसभापति महोदय, जैसे कि सबकी भावनाएं बिल्कुल स्पष्ट हैं और हम एक साहसिक कदम उठाने जा रहे हैं, तो उसके साथ बहुत सी चीजें भी स्पष्ट होनी चाहिए। जब मैं एक कमेटी में था, उस समय इस तरह के रिप्रेजेंटेशन आए थे। उनमें यही बात थी कि जब हम अटॉनमी करने जाते हैं, तो अटॉनमी के जितने फायदे हैं, उसके उतने नुकसान भी हैं। अटॉनमी हो जाने के बाद जितने गवर्नमेंट रूल्स तथा अन्य जो चीजें हैं, वे उतनी कहीं लागू नहीं होतीं। वे अपने रूल्स तथा सारी चीजें आदि बनाने के लिए एक प्रकार से इंडिपेंडेंट होती हैं। मुझे AIIMS के बारे में याद है कि बरसों तक AIIMS में यही होता रहा। वहां पर कैसे सारी चीजें होंगी, प्रमोशन कैसे होंगे इत्यादि, उसके रूल्स तक नहीं बने थे। जो उसका चेयरमैन या डायरेक्टर होता था, वह अपनी मर्जी से सब कुछ अपने आप करता रहता था। बरसों के बाद उस बारे में कुछ बात हुई। हम एक तरफ अटॉनमी की बात करते हैं और सारी समझ देते हैं, लेकिन जो इम्प्लाइज होते हैं, उनकी कोई सिक्योरिटी नहीं हो पाती है। जैसा कि अभी राजा साहब ने पेंशन के बारे में कहा है। अब यह एक स्वाभाविक प्रश्न उठेगा कि गवर्नमेंट इम्प्लाइज होने पर आदमी को इस बात की सिक्योरिटी होती है कि रिटायर होने के बाद उसको क्या बेंनिफिट्स होंगे। अब इसका फंडिंग क्या होगा? गवर्नमेंट इसका क्या करेगी और इसके बजट प्रोविजन के लिए क्या करने वाली है? इसके इम्प्लाइज के लिए क्या रूल्स होंगे और उनको कौन फ्रेम करेगा और इसकी बॉडी कैसी होगी? जितनी रेगुलेटरी अथॉरिटीज व सारी चीजें हैं, जब तक हम इनको क्लीयर नहीं करेंगे, तब तक काम नहीं चलेगा। आज कल एक नया ट्रेंड चल रहा है। अभी ड्रग्स ट्रायल्स की बहुत शिकायतें आ रही हैं। मैं मंत्री जी का ध्यान इस तरफ भी दिलाना चाहूंगा। कई जगह विद आउट परमिशन कई शिकायतें, कई मामले आए और सारा सब कुछ हुआ और ड्रग्स ट्रायल्स होने लग गई हैं। इस तरह की ऑटानमस बॉडी में इस प्रकार की बात ज्यादा होती है, जहां गवर्नमेंट इंस्टिट्यूशन है, वहां पर कंट्रोल होता है, लेकिन इस तरह की उसमें बिना किसी परमिशन के ड्रग्स ट्रायल्स होने लगती हैं। इस तरह के मामले हमारे मध्य प्रदेश में भी आए और दूसरे प्रदेशों में भी सामने आए हैं। मैं यह सोचता हूं कि अटॉनमी देते समय, जो आज कल चीजें सामने आ रही हैं, इस बात का भी ध्यान रखेंगे और AIIMS या बाकी के अनुभवों को देखते हुए, एक अच्छे इंस्टिट्यूशन, ताकि कल को प्रॉब्लम न आए, इसको ध्यान में रखते हुए करेंगे, तो मैं समझता हूं कि ठीक है, इसीलिए इन सुझावों के साथ मैं इसका समर्थन करता हूं।

SHRI MOINUL HASSAN (West Bengal): Sir, I stand here in support of this Bill. The only one thing I would like to mention here is, it is an undeniable fact that setting up medical colleges in different parts of the country is very much necessary and required. One of our esteemed colleagues from Orissa said that it is very much necessary to set up more medical colleges in the country. The

hon. Minister has also said this many times in the House. But, Sir, I feel, the MCI's permission is one of the major hurdles in setting up medical colleges. The people of West Bengal are facing this problem. The West Bengal Government has decided to set up three medical colleges in the State. The MCI has inspected it. The hon. Minister knows it better than me. They have already cleared two medical colleges. But for the third medical college which is going to be set up in Murshidabad, where about 67 per cent minority community is living, they said that the infrastructure available there is very good; in fact, it is better than the other two, namely, Malda and Kamarhati.

But astonishingly, we have seen that they have dropped Murshidabad and permitted Malda and Kamarhati. But it is high time to start more medical colleges and there is an expectation from the people of West Bengal to start three medical colleges. I have told the Minister personally. I have sent a letter. I have met the Governor of West Bengal. I would like to meet the Chief Minister of West Bengal any time. She was busy, but she gave me time on a day. I, again on the floor of this House, request the hon. Minister to intervene in the matter and do the needful.

SHRI GHULAM NABI AZAD : Sir, the subject to which the hon. Members have brought the attention is too wide and it will take me - if I tell you the initiatives - at least one day. I do not have one day; the House does not have one day, but, I will submit that in the month of June the Ministry has published a booklet on two years' performance of the UPA Government of Health and this I have sent to all the Members of the Parliament, Lok Sabha and Rajya Sabha, including all the Union Ministers, to their residential addresses. We made this booklet very attractive and very catchy so that the moment they see even the big bundles of Parliamentary books and all that, it should catch their attention. I am very sorry that it has not caught the attention of hon. Members. There is answer for each and everything which hon. Members have raised through their questions, and there are also answers for a number of other things which hon. Members have not raised. Yet, notwithstanding that, I would just, in two lines, like to reply each. I cannot define the whole thing. As I said, it will take a lot of time. Sir, so far, Dr. CP. Thakur has spoken. He has been my predecessor in the Ministry; he has mentioned about Kala-azar. I can share his anxiety because his State, Bihar, shares 80 per cent

burden of Kala-azar, but we, in the Ministry, are focusing on Bihar for elimination of Kala-azar by 2015. Let us keep our fingers crossed. We have taken some new initiatives for its elimination, i.e. (1) Rapid Diagnostic Tests have been introduced; (2) oral drug has also been introduced, and over a period of time, the mortality rate is coming down. In 2007, the mortality rate was 203; in 2008, it has come down to 151; in 2009, of course, it came down to double digit, i.e. 93. Unfortunately, last year, there was, again, an increase up to 105 and this time, fortunately, so far, it is not very high. In seven months it is only 22. So starting about four or five years back, from 2003, it has come down almost by 50 per cent, if you see the rate of last year and a year before last year. We are trying our best and now we are moving towards its elimination. Now, coming to IMR and MMR, you are right, Sir, I have been speaking almost in each conference, within the country and outside the country, that our IMR (Infant Mortality Rate) and MMR (Maternal Mortality Rate) is one of the worst in the entire world. It is much worse than those of our neighbouring countries. It is a shame. But, we have a federal polity. Health is a State subject.

The policies are with the Federal Government - Central Government. But, the implementation is totally with the State Governments. We have made a number of policies and programmes and requested the State Governments to implement them. I can tell the House that never before, I think, in the sixty years, so many policies and programmes have been conceived and introduced as we have done in the last two years. And, never before, I think, any Minister has written so many letters not only to Health Ministers but also to Chief Ministers for implementation of these programmes. I have also had a series of meetings with Health Ministers of States, Secretaries and Directors for reviewing the programmes and schemes. Now, we would like to improve that. But, there has been some progress. It is not that the progress is very bad.

You will be happy to know that about five years back the IMR was 58. Now, in 2009, it came down to 50. The MMR 6 or 7 years ago was 301. This month itself the latest survey has been released. As per this survey, it came down to 212. It is almost +90 in just 4-5 years time. We are still not satisfied with this; not at all. And, we have taken some initiatives. I would just like, for the benefit of the House, and, through this House, to the entire country, to mention the two important initiatives which we have taken to reduce the IMR and the MMR.

Sir, when the NRHM was launched, at that point of time, in the very first year, we have addressed the institutional delivery system. In our country, we have about 27 million pregnant

women. It is more than the size of the population of Indonesia and other such countries. And, of these, 70,000 die every year. We have about 26 million - 2,60,00,000 - new born children every year. Out of this, at least, 2 million die every year. It is a matter of great concern to the entire House. So, what we have done? How we can reduce the IMR and the MMR? Sir, we have given some incentives to the pregnant women. If pregnant women get their delivery done in a Government hospital, then we are giving Rs. 1,400 for rural women and Rs. 1,000 for urban women. As a result, in just five years, the institutional delivery, from the day of introduction of NRHM, has gone up from 7 lakhs to 1 crore. Institutional delivery 7 लाख से एक करोड़ तक पहुंच गई। इसका मतलब यह है कि अगर institutional delivery होगी, तो pregnant women के बचने की ज्यादा सम्भावना है और जो बच्चा अस्पताल में पैदा होगा, उसके बचने की भी ज्यादा सम्भावना है।

Very recently, Sir, we have introduced another scheme. Smt. Sonia Gandhi, the Chairperson of the UPA, launched this scheme from Faridabad on 1st June. This has become operational from 1st June. The entire budget for this new scheme is being borne by the Health Ministry, Government of India. And, Sir, 1,200 crores have already been given to the State Governments for implementation of the new scheme. What is the new scheme, Sir? I would the hon. Members to tell, when they go back to their Constituencies, about the new scheme by holding press conferences and let it be known to all. Sir, it is not enough to make policies and programmes. But the most important thing is awareness where we are failing unfortunately. We tried our level best to give publicity to this scheme through print and electronic media. But, everybody have their own priorities. But, at least, it should be the priority or it should be on the agenda of the elected representatives of this House and that House if it is not on the priority list of any other person who is a part of the democracy.

I have said this more than a few dozen times that it hardly finds any place anywhere in the press conference across the country. The new policy from the first of June is to attract more pregnant women to have an access to a Government institution. The earlier facility of Rs. 1400 cash and Rs. 1000 cash will remain there. Now, in addition to that, should a pregnant woman goes to a Government hospital for delivery, she would get to and fro किराया also. This would be borne by the Government. ...*(Interruptions)*...

श्रीमती वृंदा कारत (पश्चिमी बंगाल): पहले तो सिर्फ one side के लिए था, क्या अब दूसरी साइड के लिए किया गया है?

श्री गुलाम नबी आजाद: जी हां, ...(व्यवधान)... पहले सुन लीजिए न, मेरे भाई।

श्रीमती वृंदा कारत: सर, मीडिया वाले तो कभी छापेंगे ही नहीं, इसलिए आप इसके लिए एक चैनल बनवा लीजिए। राज्य सभा चैनल है, लोकसभा चैनल है और अब एक हेल्थ चैनल बनवा दीजिए।

SHRI GHULAM NABI AZAD: Maybe, the Lok Sabha Channel and the Rajya Sabha Channel can be used.

श्रीमती वृंदा कारत: राज्य सभा चैनल वाले नहीं दे रहे, आप नया चैनल ही बनवा दीजिए।

श्री उपसभापति: हम करेंगे, करेंगे।

श्री गुलाम नबी आजाद: दूसरी बात है कि आने-जाने का किराया सरकार देगी। जो नॉर्मल डिलीवरी का केस होगा, उसके लिए तीन दिन और तीन रात के दौरान जितनी भी दवाइयां लगेंगी, वे हॉस्पिटल में फ्री होंगी। जो दवाइयां उनके पास उपलब्ध हैं, वे तो वह देंगे ही, लेकिन जो दवाई उस हॉस्पिटल में उपलब्ध नहीं हैं, हॉस्पिटल वाले खुद खरीद कर उसे देंगे, मरीज के घर वालों को वे दवाइयां नहीं खरीदनी पड़ेंगी। उसके बाद खाना फ्री होगा, कंज्यूमेबल्स फ्री होंगे और तमाम टेस्ट भी फ्री होंगे। टेस्ट्स पर जितना भी खर्चा होगा, वह हॉस्पिटल को ही देना होगा। इस तरह खाना फ्री, कंज्यूमेबल्स फ्री, टेस्ट्स फ्री और ट्रांसपोर्ट फ्री। इसके अलावा जिसका सिंजरेरियन होगा, उसको सिंजरेरियन फ्री और ब्लड भी फ्री। इसके अलावा अगर बच्चा सिक बॉर्न होगा, तो उस सिक बॉर्न बच्चे के लिए वे तमाम सुविधाएं, जो मैंने प्रेग्नेंट विमेंस के लिए बताई हैं, वे एक महीने तक फ्री होंगी।

यह तमाम पैसा केन्द्रीय सरकार के स्वास्थ्य मंत्रालय ने अप्रैल महीने के बजट में ही सभी राज्य सरकारों को दे दिया है। इसलिए अगर कोई सरकार या कोई हॉस्पिटल पैसा नहीं देता है, तो हमारे अपने लोगों और सिविल सोसाइटी का यह फर्ज है कि उनको कान से पकड़ा जाए और ये सुविधाएं उनसे ली जाएं, जिनके लिए पैसा दिया है। हमारी जो प्रेग्नेंट बहनें और बच्चियां हॉस्पिटल नहीं आती हैं, जब उनको मालूम हो जाएगा कि इतनी सुविधाएं मिल रही हैं, तो कौन घर में बैठ कर डिलीवरी करवाना चाहेगा। इतनी सुविधाएं मिलने पर तो हर आदमी हॉस्पिटल में जाकर ही डिलीवरी करवाना चाहेगा।

दूसरा, इम्युनाइजेशन। गवर्नमेंट ...(व्यवधान)...

SHRI MOINUL HASSAN: Sir, will you please yield for a minute.

SHRI GHULAM NABI AZAD: No please. I will lose my chain of thoughts. I had said in the very beginning that this is a huge Pandora Box. ...*(Interruptions)*... But I am, at least, giving some details that our Members of Parliament should know. If the public do not know and the MPs also do not know that is most unfortunate. At least, I would like the MPs to know about it and would expect them to further create awareness through press conference. ...*(Interruptions)*...

सर, हमारे समाज में कई प्रकार की बीमारियों के कारण 20 लाख बच्चे मरते हैं, इसलिए उनकी प्रोटेक्शन के लिए उनको छः टीके दिए जाते हैं। वे टीके तमाम राज्य सरकारों को केन्द्रीय सरकार के स्वास्थ्य मंत्रालय से मुफ्त दिए जाते हैं। टीका लगाने के लिए भी राज्य सरकार के स्वास्थ्य मंत्रालय से सौ फीसदी पैसा दिया जाता है। ट्रांसपोर्ट और आइस बॉक्स के लिए हम ही पैसे देते हैं। उसमें जो बर्फ होती है, उसके पैसे भी हम ही देते हैं, यह स्वास्थ्य मंत्रालय देता है। ...*(व्यवधान)*... आप देते हैं। आपका पार्लियामेंट है, स्वास्थ्य मंत्रालय सिर्फ मेरा नहीं है, गवर्नमेंट ऑफ इंडिया का है, सबका है, अपोजिशन का है और रूलिंग पक्ष का है। ...*(व्यवधान)*...

श्री रवि शंकर प्रसाद (बिहार): हिन्दुस्तान के टैक्स पेयर्स देते हैं। ...*(व्यवधान)*...

श्री गुलाम नबी आजाद: यह सब यहां से जाता है, लेकिन उसका उपयोग नहीं होता है। राज्य सरकार आंकड़े देती थी। डॉ. सी.पी. ठाकुर पूछेंगे कि यू.पी. में कितने हैं, बिहार में कितने हैं? CMOs वे सारी इन्फॉर्मेशन जमा करके डायरेक्टर या सेक्रेटरी को देते हैं, सेक्रेटरी सारे डिस्ट्रिक्ट्स का डेटा जमा करके हमें देता है, हमारे यहां इन सब को इकट्ठा करके स्वास्थ्य मंत्रालय को दिया जाता है और वह हम बताते हैं।

मैं कहना चाहता हूं कि पिछले साल मैंने खुद बैठकर पॉलिसी बनाई कि आने वाले वक्त में हम वे आंकड़े accept नहीं करेंगे जब तक उसमें हर बच्चे के पैरेंट्स का नाम, एड्रेस और टेलीफोन नम्बर न हो। यदि 2 करोड़ या तीन करोड़ बच्चों को टीके लगते हैं, तो उन दो या तीन करोड़ बच्चों के पिता का नाम और माँ का टेलिफोन नम्बर ...*(व्यवधान)*...

श्री रुद्रनारायण पाणि: सर, ...*(व्यवधान)*...

श्री गुलाम नबी आजाद: गरीब आदमी के पास दो टेलीफोन हैं, लेकिन मेरे पास एक भी नहीं है। ...*(व्यवधान)*... स्वास्थ्य मंत्री के पास एक भी नहीं है। ...*(व्यवधान)*... प्लीज़। ...*(व्यवधान)*...

श्री उपसभापति: आप इनकी बात सुन लीजिए। ...*(व्यवधान)*...

श्री गुलाम नबी आजाद: आप जरा अपनी कांस्टीट्यूएन्सी में सर्वे कराकर देख लीजिए। किसी को तनख्वाह भले कम होगी, लेकिन उसके पास टेलीफोन या मोबाइल जरूर होगा। ...*(व्यवधान)*...

श्री रुद्रनारायण पाणि (उड़ीसा): हैल्थ विभाग के लिए मैंने लिख कर दिया ...*(व्यवधान)*... 5 लाख रुपये ...*(व्यवधान)*...

श्री उपसभापति: पाणि जी, आप बैठिए। ...**(व्यवधान)**... आप इनकी बात सुनिए। ...**(व्यवधान)**... हर बात में इंटरवीन करना सही नहीं है। ...**(व्यवधान)**... आप बैठिए। ...**(व्यवधान)**...

श्री गुलाम नबी आजाद: आपको अगर बोलना ही है तो कौन रोक सकता है? ...**(व्यवधान)**...

श्री एस.एस. अहलुवालिया (झारखंड): सर, ये सीरियस बात बोल रहे हैं, लेकिन ...**(व्यवधान)**...

श्री गुलाम नबी आजाद: नहीं, मैंने उसमें अभी बोला ही नहीं है। ...**(व्यवधान)**... अभी मैंने पूरा ही नहीं किया है। ...**(व्यवधान)**...

श्री एस.एस. अहलुवालिया: आपने बहुत सीरियस बात कही है, किन्तु अगर स्वास्थ्य मंत्रालय का यह मानना है कि हरेक के पास टेलीफोन है, तो यह बहुत बड़ी गलत बात है। साहब, आपको मैं बताता हूँ। मैं बिहार से आता हूँ। ...**(व्यवधान)**... वहां घर में अगर पांच महिलाएं रहती हैं तो पांचों के पास पहनने के लिए कपड़े नहीं हैं और आप बात करते हैं टेलीफोन की? ...**(व्यवधान)**... आप यथार्थ से, सच्चाई से परे बात कर रहे हैं। ...**(व्यवधान)**...

श्री उपसभापति: अहलुवालिया जी, ...**(व्यवधान)**... मोबाइल नम्बर नहीं है तो एड्रेस दे दें। ...**(व्यवधान)**...

श्री एस.एस. अहलुवालिया: आप ऐसी बात मत बोलिए, जिससे देश को गलत मैसेज जाता है ...**(व्यवधान)**... वे नम्बर कहां से लाएंगे? ...**(व्यवधान)**... आप एस.एम.एस. से मैसेज भेजिएगा कि पोलियो का टीका लगा लो, तो वह मैसेज उन्हें कैसे मिलेगा? ...**(व्यवधान)**...

श्री उपसभापति: आप बैठिए। ...**(व्यवधान)**...

श्री तारिक अनवर (महाराष्ट्र): हरेक बात में टोकना जरूरी है? ...**(व्यवधान)**...

श्री एस.एस. अहलुवालिया: गलत बात मत बोलिए। ...**(व्यवधान)**...

श्री तारिक अनवर: यह देश में 30 करोड़ लोगों के पास है। ...**(व्यवधान)**...

श्री एस.एस. अहलुवालिया: ऐसा कौन बोलता है? ...**(व्यवधान)**... 30 करोड़ लोगों में कौन जनता है? ...**(व्यवधान)**... क्या बात कर रहे हैं? ...**(व्यवधान)**...

श्री तारिक अनवर: आपके कहने से हम मान लेंगे? ...**(व्यवधान)**... आज यह सबके पास है ...**(व्यवधान)**...

श्री उपसभापति: आप बैठिए। ...**(व्यवधान)**... यह झगड़ा क्यों? ...**(व्यवधान)**...

श्री एस.एस. अहलुवालिया: लोगों के पास रहने के लिए घर नहीं है, टेलीफोन पर ...**(व्यवधान)**...

श्री उपसभापति: अहलुवालिया जी, आप बैठिए। ...**(व्यवधान)**... पाणि जी, आप बैठिए। ...**(व्यवधान)**... यह क्या है? ...**(व्यवधान)**... Please sit down.

श्री तारिक अनवर: मंत्री जी के बोलने का इंटेंशन क्या है, इसको देखना चाहिए।...(व्यवधान)...

श्री गुलाम नबी आजाद: पार्लियामेंट की प्रोसीडिंग का लाइव टेलीकास्ट हो रहा है और लाइव टेलीकास्ट के माध्यम से इन्फॉर्मेशन जाती है।...(व्यवधान)...

श्री एस.एस. अहलुवालिया: देश का मंत्री यह बात कहे और गलत इन्फॉर्मेशन दे, तो...(व्यवधान)... वह सही नहीं है।...(व्यवधान)...

श्री उपसभापति: यह क्या बात है?...(व्यवधान)... इतनी सी बात पर...(व्यवधान)... आप बैठिए।...(व्यवधान)... झगड़ा शुरू करने के लिए कोई भी बात हो जाती है?...(व्यवधान)... यह क्या बात है?...(व्यवधान)... आप क्या बात कर रहे हैं?...(व्यवधान)...

श्री गुलाम नबी आजाद: आप अपनी स्टेट गवर्नमेंट से करवा लीजिए...(व्यवधान)...

श्री उपसभापति: आप बैठिए।...(व्यवधान)... आप बैठिए।...(व्यवधान)... नहीं, आप बैठिए।...(व्यवधान)... इसे सारे लोग भी देख रहे हैं।...(व्यवधान)... झगड़ा हो रहा है क्या?...(व्यवधान)... झगड़े की बात कहां है?...(व्यवधान)... यह झगड़े की बात है?...(व्यवधान)... आप प्लीज बैठिए। आप बोलिए।

श्री गुलाम नबी आजाद: सर, मुझे अफसोस है कि ये पूरा sentence भी नहीं सुनते और उठ खड़े होते हैं।...(व्यवधान)...

SHRI S.S. AHLUWALIA: You have completed your sentence.

SHRI GHULAM NABI AZAD: No; no. I have not completed my sentence. ...*(Interruptions)*...

SHRI S.S. AHLUWALIA: You have completed it.

SHRI GHULAM NABI AZAD: No; I have not completed ...*(Interruptions)*... That is the complaint. I have against you. ...*(Interruptions)*... I have not completed it. ...*(Interruptions)*...

SHRI S.S. AHLUWALIA: Now complete it. ...*(Interruptions)*...

SHRI GHULAM NABI AZAD: I have not completed my sentence. ...*(Interruptions)*... I know what my job is ...*(Interruptions)*...

श्री तारिक अनवर: सर, हर मामले में ये दखल देते हैं।...(व्यवधान)...

श्री उपसभापति: कृपया आप बैठिए...(व्यवधान)...

SHRI GHULAM NABI AZAD: At least I don't expect this from you. ...*(Interruptions)*... I said, Sir. ...*(Interruptions)*...

MR. DEPUTY CHAIRMAN: I think there is no issue, but, you are quarrelling. ...*(Interruptions)*...

श्री गुलाम नबी आजाद: सर, अगर ये मेरा पूरा sentence सुनते, तो न वे उठते और न ही ये उनके सपोर्ट में आते। ...*(व्यवधान)*... जब भी आपको बोलना हो, तो कृपया पहले पूरा sentence सुनें। ...*(व्यवधान)*... इतना तो धीरज रखिए। आप public representatives हैं। ...*(व्यवधान)*...

श्री एस.एस. अहलुवालिया: आपने तो कह दिया कि सबके पास टेलीफोन है। ...*(व्यवधान)*...

SHRI KUMAR DEEPAK DAS: Sir, ...

श्री उपसभापति: कृपया आप भी बैठिए। ...*(व्यवधान)*... अब असम आ गया। ...*(व्यवधान)*... कृपया आप बैठिए। ...*(व्यवधान)*... This is a simple Bill. ...*(Interruptions)*...

SHRI GHULAM NABI AZAD: Sir, let me complete that sentence. ...*(Interruptions)*... वह sentence पता नहीं मैंने किस भाषा में कहा, शायद दूसरी भाषा में कहा होगा। का... ...*(व्यवधान)*...

श्री एस.एस. अहलुवालिया: नहीं, नहीं। ...*(व्यवधान)*...

श्री गुलाम नबी आजाद: पहले आप सुन लीजिए। ...*(व्यवधान)*... आप फिर नहीं सुन रहे हैं। ...*(व्यवधान)*... Can't you hear me? ...*(Interruptions)*... Can you not wait till I complete it? ...*(Interruptions)*... मैंने कहा था, "उनके माता-पिता, उनके परिवार के किसी members or immediate neighbour in the village or in the city..." अगर यह पूरा सुना होता, तो फिर शोर करने की जरूरत ही नहीं होती। ...*(व्यवधान)*...

श्री उपसभापति: कृपया आप बोलिए। ...*(व्यवधान)*...

श्री गुलाम नबी आजाद: अगर आपने यह village और मोहल्ला सुना होता, तो आप नहीं उठते। ...*(व्यवधान)*...

MR. DEPUTY CHAIRMAN: Mr. Minister ...*(Interruptions)*... अब मिल गया न। ...*(व्यवधान)*...

SHRI S.S. AHLUWALIA: We accept your amended reply. ...*(Interruptions)*...

SHRI GHULAM NABI AZAD: It is not spontaneous; it is in the book. You may read it. ...*(Interruptions)*...

SHRI S.S. AHULWALIA: Sir, if you want to see what you said, get the record. ...*(Interruptions)*... Get the record. रिकॉर्ड में देख लीजिए। ...*(व्यवधान)*... रिकॉर्ड मंगवा लीजिए। ...*(व्यवधान)*...

SHRI GHULAM NABI AZAD: It is in the ...*(Interruptions)*...

श्री एस.एस. अहलुवालिया: आप रिकॉर्ड मंगवा कर देख लीजिए। ...*(व्यवधान)*... आपने यह नहीं कहा ...*(व्यवधान)*... आपने पहले गलत कहा और अब सही कहा। ...*(व्यवधान)*...

श्री तारिक अनवर: ये कोई अच्छा काम नहीं होने देंगे। ...*(व्यवधान)*...

MR. DEPUTY CHAIRMAN: They are killing the time. ...*(Interruptions)*...

SHRI GHULAM NABI AZAD: I don't think they are interested in this. ...*(Interruptions)*... I will straightway go to the Bill. ...*(Interruptions)*... They are not interested in the answer. ...*(Interruptions)*... What can I do? ...*(Interruptions)*...

SHRI S.S. AHLUWALIA: No; no. We are interested provided you give the right facts. ...*(Interruptions)*...

SHRI GHULAM NABI AZAD: I am sorry; the BJP is not interested in this. ...*(Interruptions)*...

श्री रुद्रनारायण पाणि: सर ...*(व्यवधान)*...

श्री उपसभापति: कृपया आप बैठिए। ...*(व्यवधान)*... Please sit down. ...*(Interruptions)*... पाणि जी, कृपया आप बैठिए। ...*(व्यवधान)*... I don't know in what language I should convey. Please allow the Minister to make the statement. कृपया आप भी बैठिए। ...*(व्यवधान)*...

SHRI GHULAM NABI AZAD: My other friend, Dr. Waghmare, said that medical colleges are suffering because of lack of faculty members. That is true. But, again, I would like to tell the hon. Members, and, also, through you, Sir, to the entire House that there was acute shortage of faculty members in the medical colleges. As a matter of fact, one of the reasons for the fight between the Government/private medical colleges and the Medical Council of India was the inadequate faculty in

the existing colleges. Now, we have, again, taken a number of steps to increase the faculty. First of all, we shall have to produce more MDs. Every year, we would produce at least 300 to 400 MDs and a maximum of 600 to 700 additional MDs - I am not saying total; it is additional. So, till 2009, total number of MD intake (seats) was only 13,000. Then, we took a number of initiatives. This is the first time in 60 years that in just two years' time, the number of intake of MDs is 20,800. So, there has been a tremendous increase and our target is that within next two years, we should double it, that is, from 13,000 to 26,000. Notwithstanding that, we have also brought some other changes. For example, DNBs were not supposed to be the faculty members. We have now allowed the DNBs to be the faculty members. The retirement age has been increased. Last year, in private colleges, the retirement age was increased from 60 to 65 years. This time, we have increased the retirement age from 65 to 70 years. In Government colleges also, we have increased the retirement age up to 65 years. We have also requested the State Governments to increase it. This is not for the doctors; it is only for the teaching faculty. I am very happy that some States have responded to our request and increased the retirement age of the faculty, as a result of which the shortage of faculty is now reducing with every passing day.

Now, life-style diseases, as Mr. Panda said, is one another area in which we are far ahead of the entire globe, I must say. Last year, we had a WHO meeting at Geneva where more than 193 countries participated. They cautioned the entire world that diabetes, cancer and the entire non-communicable diseases are going to be very high in the coming years and India is going to be the capital of diabetes and cancer. The attention of the United Nations General Assembly was drawn towards this, as a result of which the UN General Assembly has called its special session on 18th and 19th September this year at New York, where the Heads of the States and the Heads of the Government of the entire world are invited. Of course, the Health Ministers have to be a part of it. The preparatory meeting for non-communicable diseases for the United Nations General Assembly meeting was held in Russia. Again, more than 160 countries had participated. I was very surprised to see that the entire world was almost waiting as to what would be the outcome of the September General Assembly meetings, with regard to cardio-vascular diseases, stroke and cancer. But I am happy to state in the Parliament that the entire world congratulated us because the moment the WHO cautioned us last year, we did not wait for the General Assembly meeting to take place next year, that means, this year; we just made the policy. We had to cut corners from here and there, that period being the fag-end of our Five Year Plan. Yet, we have made one of the biggest pilot projects.

3.00 PM

We have selected 100 districts from 21 States. We have already launched the programme for testing The people above the age of 30 years and pregnant women of all age groups. So, by March next year, we will be testing about 15 to 20 crores people in India.

So, the pilot project itself is of almost Rs. 15 crores. It is the highest. From next year, we would like to roll out this programme to the entire country. The diabetes tests are being conducted through Glucometers and we have taken up this programme in 100 districts. These are the most backward districts. We have selected 4-5 districts in each State. The procurement has been done from here. We took up the issue of pricing of stick with the Patents Agency as we were finding it difficult to bear the amount at which they were offering it to us, and, on our request, the stick price was reduced from thirty rupees to five rupees. So, we have brought down the stick price from thirty rupees to five rupees.

As part of this whole programme, for cardiovascular diseases, again, we have launched a pilot programme. In 100 districts, we have already opened a cardiac centre. We have given the money to the State Governments. Rs. 1.5 crore has been given for 100 districts, and, for 700 CHCs where the cardiac centre will be set up, in addition to the money which has already been allotted, an additional amount of Rs. 50,000 has been given. We have also selected 100 districts for the early detection of cancer. In each district, for early detection of cancer, the equipment has been provided. The money has been provided to the State Governments from the Health Ministry for purchasing the equipment. The money has also been given for hiring the human resource. Sir, it is not that only early detection is being done there and after that they are sent home. The moment early detection is done at the district headquarters, the treatment is started. For chemotherapy, in one district, for 100 patients, Rs. 1 lakh rupees per patient is already being given to the States. That means, in 100 districts, for 10,000 patients, Rs. 1 lakh per patient is being given to the State Governments for chemotherapy. This is just a pilot project for 100 districts. But from the next Budget onwards, we would like to roll out this programme to the entire country. Whether it is early detection of cancer and its treatment or whether it is screening or detection of cardiovascular diseases and treatment or whether it is screening for diabetics and its treatment, from next year, we are going to roll out this scheme to the entire country. As I said, India is the first country in the world to do this. Most of the countries are waiting for the Summit to take place in September before deciding anything about it. When I said this in Russia, they said, 'Here is India which has stolen the thunder.'

The hon. Members also mentioned about the shortage of paramedical staff. Yes, we have shortage of paramedical staff. But the shortage of doctors and paramedical staff is mostly in the Central India, Eastern India, Northern India and North-East India. Insofar as the Western and Southern parts of the country are concerned, there is no shortage whatsoever of doctors or paramedical staff; the reason being almost 75-80 per cent of our medical colleges, paramedical institutes, nursing schools and nursing colleges are located in the Southern and Western parts of the country. In two-third parts of the country, we have shortage of doctors and paramedical staff. That is why I requested all the concerned Chief Ministers to set up more medical colleges in their States, including the previous Chief Minister of West Bengal. The result of that is that three medical colleges came up there. I requested the Chief Minister of Bihar that he should put up more medical colleges in his State. I have requested all the Chief Ministers of Central India, Northern India, Eastern India and North-Eastern parts of India that they should put up more medical colleges in their States. I have also given some concession to the backward areas and the hilly States to set up more medical colleges. Realising that as these parts of India, as compared to Western and Southern parts of India, have acute shortage of paramedical staff, implementation of our various programmes - whether it is vaccination or any other related programme - will be difficult unless we meet the problem of shortage of paramedical staff. So, for the first time, since last year, the Health Ministry of the Government of India is bearing its Budget.

We have given money to the States, selected districts and places, about 259 of them. New ANM and GNM colleges have been selected in these backward areas from Madhya Pradesh, Bihar, Gujarat, Chhattisgarh, Uttaranchal, West Bengal, the North-East and Jharkhand and on the other side, from Punjab, Himachal Pradesh and Jammu & Kashmir. This will add to the existing capacity of paramedical staff. Every year, the intake of paramedical staff is about 1,09,000. These 259 colleges which we are going to put up would add another 22,000 paramedical staff to the existing capacity.

Now, Mr. Raja had talked about non-availability of the facility of dialysis. I beg to differ with the hon. Member. Five state-of-the-art dialysis centres are already operational. He talked about super-speciality. I would like to tell him that the super-speciality lot has been very recently opened. After

2008, it was given the status of an institute of national importance, and immediately the Government of India started working on building its infrastructure. New infrastructure has been created as a part of the first phase which was completed and already made operational in the month of May. Infrastructure worth about Rs.198 crores was created within a period of 22 months. The foundation stone of this new super-speciality was laid and it was also made operational. With this new super-speciality, you now have not only MD but also MCH degree, which is the highest qualification in the field. MCH programme for urology, cardiovascular, thoracic and vascular surgery, cardiology, neurology, immunology, clinical pharmacology has already started. Work done in the first phase was worth Rs.198 crores; the second phase would cost almost double in terms of money, about Rs. 384 crores. This will be made operational by March next year. So, almost Rs.500 crores would be spent. In the first phase, infrastructure worth Rs.198 crores was created and made operational; work on the second phase worth another Rs.384 crores has already been started and it would be inaugurated in the month of March, just a few months later. So, more than Rs.500 crores is the expenditure and work was completed in record time, from laying the foundation stone to its being made operational. I think, nothing better could be done.

Shri Balaganga talked about reservation in MBBS. At the moment, we do not have any reservation. Also, I would not like to comment anything about it as it is an internal matter. It is an autonomous institution and this is the only Central Institution of which the Health Minister of India is not the President. My predecessor was from Pondicherry and so, he thought it fit that somebody else be made the President of the Institute instead of the Health Minister. But in all the other nine institutes which are directly under the Ministry of Health, Government of India, the Health Minister is the President of the institute. This was passed in 2008. I was not a Member then. The Health Minister is not the President of the institute; the President is somebody else. Hence, I would not like to comment on how they are going to run the institution, it being an autonomous institution.

SHRI D. RAJA: What about employees' problem?

SHRI GHULAM NABI AZAD: Employees' pension problem is there. They were given an option whether they would like to be the Government employees which they were before the conversion or

whether they would like to be employees of the autonomous institution. You have seen that out of 2100 hardly 150 people have applied for that. You have rightly said, they must also be thinking that if they become the employees of the autonomous institution, they will come under one pension scheme and if they remain the employees of the Government then the money will come out of the Consolidated Fund of India because all those employees who have been employed before 2004 will be drawing their pension from the Consolidated Fund of India. I think, they must be in double mind. Now, their whole pension case is with the DOPT. Once both the Houses pass this amendment, I will take up this issue. There are only six months with them because this option will come to an end by January, 2012. So, we have hardly six months. I shall be requesting the DOPT that they should decide within a month as to what sort of pension scheme they are going to offer so that it will become easier for the employees of the institute to opt where they would like to go.

With these words, I thank all the hon. Members for their continued support which I have been receiving in the Parliament for the last 30 years.

PROF. P.J. KURIEN: What about my question about Bangalore, NIMHANS of declaring it a National Institute?

SHRI GHULAM NABI AZAD: We are already in the process. We have a full month. Please allow the Question Hour; you will have so many answers.

SHRI S.S. AHLUWALIA: Sir, I have a small question. Our founding fathers in 50s started this PGI concept which is going on. Prior to that, our people were going abroad for training or studies. But after this, many people are taking training here. But for the last one century, our rural masses have been suffering from different types of epidemics. Unfortunately, the PGI scheme is not covering Epidemiology and Eutomology. These two subjects are required. Our learned Member, Dr. C.P. Thakur, said that lakhs and lakhs rural people are suffering from diseases right from Kala Azar to Japanese Encephalitis and thousands of people are dying without any treatment or cure. So, there is a shortage of this stream. Are you going to start this stream in PGI in the near future to fill up the gap so that each and every State can get good number of people who can work in rural areas and give relief to the common masses?

SHRI GHULAM NABI AZAD: Hon. Member is quite right. There are some streams or areas where we have acute shortage. It is not only this area but there are other areas also like cancer. The burden and prevalence of cancer is increasing, but we do not have Radiologists. So, we have identified some areas or streams where we have already done one thing as to how we can increase the number of PGs. In Western parts of the world, one professor teaches one MD at a time.

That is called student-teacher ratio - 1:1. But, then, we realise that with this speed, it will take us a century. So, in PGI, we made it 1:3, and in other institutions across the country, we made it 1:1. That's why, our number of intake of MD seats has just gone up from 200 per year to 4000 per year. Now, in clinical immunology, which we were talking about, there is also the super speciality in immunology. At present, we have only two Institutes - PGI and AIIMS. Earlier, they were supposed to be centres of reference and research. But, today, they are extremely overburdened. You might have seen in today's *The Hindustan Times* that some people are staying in toilet and all that. What can they do? There are ten thousand OPD patients every day. How can a centre of excellence, which is supposed to produce high-quality faculty for the entire country, which is supposed to be a referral hospital for the entire country, which is supposed to do research, do so if they have to tackle 10,000 OPD patients and few thousand IPD patients every day? In addition to that, all of us, those who are VIPs, MPs, MLAs, senior officers, have to be dependent, the who's-who of Delhi have also to be dependent on PGI. Let us not take out that. So, where is the time for research? Where is the time for those super speciality doctors to devote time? So, I would like to assure the hon. Minister that six PGIs ...*(Interruptions)*... Yes, hon. Member, and hon. ex-Minister, and maybe a Minister in future sometime. I wish him well. Then, I will be raising lot of questions. ...*(Interruptions)*...

Six AIIMS will be operational by the end of next year. We will see whatever we can add to the existing ones and whatever we can do in the upcoming institutions.

श्री रामविलास पासवान (बिहार): बिहार कब से शुरू कर रहे हैं? ...*(व्यवधान)*...

श्री गुलाम नबी आजाद: बिहार भी है। बिहार के बिना चल नहीं सकता।

MR. DEPUTY CHAIRMAN: Now, the question is:

That the Bill to amend the Jawaharlal Institute of Post-Graduate Medical Education and Research, Puducherry Act, 2008, be taken into consideration.

The motion was adopted.

MR. DEPUTY CHAIRMAN: Now, we shall take up clause-by-clause consideration of the Bill.

There are two amendments (Nos. 3 and 4) in clause 2 by the hon. Minister.

CLAUSE 2 - AMENDMENT OF SECTION 28 OF ACT 19 OF 2008

SHRI GHULAM NABI AZAD: Sir, I move:

"3. That at page 1, line 7, for the words "two and one-half years", the words "three and one-half years" be substituted. 4. That at page 2, line 6, for the figure "2010" the figure "2011" be substituted."

The questions were put and the motions were adopted.

Clause 2, as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: Now, we shall take up clause 1. There is amendment (No.2) by the hon. Minister.

CLAUSE 1 - SHORT TITLE

SHRI GHULAM NABI AZAD: Sir, I move:

2. That at page 1, line 3, for the figure "2010" the figure "2011" be substituted."

The question was put and the motion was adopted.

Clause 1 as amended, was added to the Bill.

MR. DEPUTY CHAIRMAN: Now, we shall take up the Enacting Formula. There is one amendment (No. 1) by the hon. Minister.

ENACTING FORMULA

SHRI GHULAM NABI AZAD: Sir, I move:

"1. That at page 1, line 1, for the word "Sixty-first" the word

"Sixty-second" be substituted.

The question was put and the motion was adopted.

The Enacting Formula, as amended, was added to the Bill.

The Title was added to the Bill.

SHRI GHULAM NABI AZAD: Sir, I move:

That the Bill, as amended, be passed.

The question was put and the motion was adopted.

SHORT DURATION DISCUSSION

**The situation arising out of growing incidents of terrorism in the country
with special reference to recent blasts in Mumbai on 13th July, 2011.**

MR. DEPUTY CHAIRMAN: Now, we shall take up Short Duration Discussion on the situation arising out of growing incidents of terrorism in the country with special reference to recent blasts in Mumbai on 13th July, 2011. Dr. Manohar Joshi to initiate the discussion.

DR. MANOHAR JOSHI (Maharashtra): Mr. Deputy Chairman, Sir, I thank you for giving me the opportunity to participate in this important discussion on the issue of bomb blasts in Mumbai and other parts of the country. Sir, I am also thankful to Shri Arun Jaitley, Leader of the Opposition, and, Shri Ahluwalia for giving me the opportunity to initiate this important debate.

(THE VICE-CHAIRMAN (PROF. P.J. KURIEN) *in the Chair*)

Sir, the subject before us is not a new subject. All of us know, for the last 18 years, bomb explosions are taking place in the entire country. It is true that no remedy has been found so far to stop the terrorist attacks. A number of attacks have been carried out particularly in the commercial capital of this country, the city of Mumbai. Sir, there are many, many important points, which I think, should be brought before the House.

Sir, thousands of innocent people have died in bomb blasts. It is also true that in the last three years, the number of terrorist activities has increased but, unfortunately, I do not see that the Government is active in taking action. Therefore, in this august Parliament, cutting across party lines, we must discuss this important issue.