

SHRI JAWHAR SIRCAR (West Bengal): Sir, I also associate myself with the submission made by the hon. Member.

SHRI M. MOHAMED ABDULLA (Tamil Nadu): Sir, I also associate myself with the submission made by the hon. Member.

DR. V. SIVADASAN (Kerala): Sir, I also associate myself with the submission made by the hon. Member.

Increasing violence against health workers

SHRI TIRUCHI SIVA (Tamil nadu): Sir, healthcare workers comprising doctors, nurses and hospital staff are a vital part of the society and they work selflessly and they are considered to be the living Gods on earth. But these health workers are constantly undergoing violence. They face frequent violence in their workplace. They face not only physical violence but also damage to the hospital's clinical establishments. According to a survey conducted by the Indian Medical Association, 75 per cent of doctors surveyed had suffered at least one form of physical violence in their entire career and most of them are done by the families of the patients. Several factors contribute to violence on health care workers, including infrastructural gaps, weak security apparatus in clinical establishments, delayed response by law enforcement agencies, insufficient facilities of counseling attendants, unregulated entry of trespassers, lack of stringent legal provisions, and overburdened doctors. An amendment was made in the year 2020 in the Epidemic Diseases Act. Despite that, the intensity is increasing day by day. The amendment merely safeguards against violence in the situation of an epidemic. I urge upon the Government that it should proactively work towards ensuring a safe environment for the health workers. It has to consider adding norms for hospitals to have security measures including CCTVs and well-defined restrictions on the entry of visitors and must also include cyber trolling. Additionally, these offences should be made as non-bailable. At present, these cases are dealt with only by very lenient IPC sections. Before the punishment is given, everything gets lapsed. Twenty one States and Union Territories already have a law in place, but we need a law at the Union level to have uniformity. Sir, the increasing frequency of cases is not only detrimental to them but, of course, it shatters the edifice on which doctor-patient relationship rests; it is their faith. And, at the same time, the dedicated involvement may also get disturbed.

So, taking all these into consideration, I urge the Government again to introduce legislation in their favour which will instill the long lost confidence in the minds of medical fraternity.

Thank you very much.

LT. GEN. (DR.) D.P. VATS (Haryana): Sir, I associate myself with the submission made by the hon. Member.

DR. FAUZIA KHAN (Maharashtra): Sir, I also associate myself with the submission made by the hon. Member.

SHRI P. WILSON (Tamil Nadu): Sir, I also associate myself with the submission made by the hon. Member.

SHRI SANDOSH KUMAR P (Kerala): Sir, I also associate myself with the submission made by the hon. Member.

DR. KANIMOZHI NVN SOMU (Tamil Nadu): Sir, I also associate myself with the submission made by the hon. Member.

DR. SANTANU SEN (West Bengal): Sir, I also associate myself with the submission made by the hon. Member.

DR. RADHA MOHAN DAS AGRAWAL (Uttar Pradesh): Sir, I also associate myself with the submission made by the hon. Member.

SHRI M. SHANMUGAM (Tamil Nadu): Sir, I also associate myself with the submission made by the hon. Member.

SHRI N.R. ELANGO (Tamil Nadu): Sir, I also associate myself with the submission made by the hon. Member.

DR. FAIYAZ AHMAD (Bihar): Sir, I also associate myself with the submission made by the hon. Member.

SHRI ABIR RANJAN BISWAS (West Bengal): Sir, I also associate myself with the submission made by the hon. Member.

DR. AMAR PATNAIK (Odisha): Sir, I also associate myself with the submission made by the hon. Member.

SHRIMATI SULATA DEO (Odisha): Sir, I also associate myself with the submission made by the hon. Member.

SHRI M. MOHAMED ABDULLA (Tamil Nadu): Sir, I also associate myself with the submission made by the hon. Member.

DR. SASMIT PATRA (Odisha): Sir, I also associate myself with the submission made by the hon. Member.

SHRI SUJEET KUMAR (Odisha): Sir, I also associate myself with the submission made by the hon. Member.

Need to compensate farmers of Rajasthan under Fasal Bima Yojana Scheme who have been adversely affected by the recent hailstorm

श्री राजेन्द्र गहलोत (राजस्थान) : माननीय सभापति जी, मैं आपका ध्यान मेरे राज्य राजस्थान में ओलावृष्टि के कारण फसल बरबाद होने से हुए नुकसान की ओर आकर्षित करना चाहता हूँ। राजस्थान में ओलावृष्टि की सबसे बड़ी मार किसानों पर पड़ी है। जनवरी माह के अंत में राजस्थान में हुई भारी ओलावृष्टि और बरसात के कारण लगभग 14 जिलों में करीब 15 लाख हेक्टेयर खेती खराब हो गई है, जबकि 109 लाख हेक्टेयर में हुई फसल प्रभावित हुई है और करीब 65 प्रतिशत फसल बरबाद हो चुकी है। इसका किसानों की आजीविका और अर्थ व्यवस्था पर गहरा प्रभाव पड़ा है।

सभापति महोदय, राजस्थान सरकार से बार-बार प्रभावित फसल का आकलन करने की मांग करने के बाद भी, उसे किसानों की मदद करनी चाहिए थी, लेकिन वे मदद नहीं कर पा रहे हैं। इसलिए मैं कृषि एवं किसान कल्याण मंत्री जी से आग्रह करूंगा कि इस मामले में संज्ञान लेते हुए किसानों पर आई हुई इस आपदा को प्राथमिकता देते हुए, राजस्थान के किसानों के नुकसान का आकलन करवा कर 'प्रधानमंत्री फसल बीमा' के अंतर्गत मुआवजे का वितरण अतिशीघ्र करवाने की व्यवस्था करें, जिससे आपदा से त्रस्त किसानों को राहत मिल सके, धन्यवाद।

DR. AMAR PATNAIK (Odisha): Sir, I associate myself with the submission made by the hon. Member.