

[Shri Arif Mohommad Khan]

In this connection, I draw the attention of the Union Government about a recent study on pollution of Ganges water. It reveals that at Kanpur the Ganges water is not drinkable because of being highly polluted. I have also received information that since I stay one week in one of the industrial areas, Dadanagan, a very foul swelling smoke is being emitted by some industry which is further polluting the atmosphere. The latest report of a survey done by a team under Dr. R.K. Gupta is extremely disturbing. The report has revealed that Kanpur has the highest rate of infection in hospitals and in one hospital alone 96 per cent patients developed infection while just staying in beds. Normally such infection rate elsewhere is below 15 per cent.

I would urge the Government to look into this problem and take immediate steps to check pollution and high infection rate in Kanpur hospitals in the interest of public health.

(viii) PROVISION OF SHELTER TO THE VICTIMS OF BIHAR SHARIF

SHRI RAMAVATAR SHASTRI (Patna) : Eight months have passed since the communal killings in Bihar Sharif of Nalanda Distt. shook the country. But still more than five hundred Muslims—men, women and children—are rotting in a refugee camp in Bihar Sharif Madarsa. In fact, in the current severe cold, they are having a harrowing time without proper clothings and blankets.

They have either no place to go or are so morally shattered that they do not have the courage to return to their village homes.

The Government has been supplying them food at the rate of 500 grams of wheat or rice per head per day for adults and 250 grams for

children, besides potato, mustard oil and wood for cooking. But it is a severe winter and the chilly nights appear to have escaped the attention of concerned authorities. The refugees have no blankets and sleep on cemented floor. Unfortunately, the authorities feel that it is not their responsibility to provide them blankets. Even haystacks found in abundance during paddy harvesting season and which could give them a lot of protection from cold, have not been provided.

The refugees belong to nine villages. In Gulani village, at least seven persons were burnt alive, but their relatives are yet to get anything.

The authorities do not know if any doctor had been deputed to look after the inmates of the camp.

There is no lack of funds, but what prohibited the authorities from giving blankets to the refugees ?

In view of this, I would earnestly appeal to the State Government and the District authorities to help the refugees with all necessities of life so that nobody dies in this biting cold.

13.00 hrs.

(ix) NEED FOR WITHDRAWAL OF THE RECENT NOTIFICATION DENYING PARTIAL EXEMPTION FROM CUSTOMS DUTY ON CERTAIN DRUGS PRODUCED BY SMALL SCALE UNITS.

Prof. K. K. Tewary (Buxar) Sir, I wish to draw the attention of the Finance Minister to a matter of urgent public importance. It has been reported that 150 small scale sector units, engaged in the manufacture of life-saving drugs from various drugs intermediates, are facing closure due to a Customs Notification issued by the Ministry of Finance (Department of Revenue) dated 27 Novem-

are facing closure due to a Customs Notification issued by the Ministry of Finance (Department of Revenue) dated 27 November, 1981 withdrawing the partial exemption from Customs Duty on certain drug intermediates granted to them in the budget year of 1979-80. At the time the rate of import duty on 17 drug intermediates was reduced from 75 per cent ad-valorem to 25 per cent ad-valorem. This concession was extended to 9 more items in the budget year of 1981-82. This partial exemption was granted to encourage the import of intermediates rather than finished drugs thus helping in the growth of the drug industry in the country.

However, the partial exemption from import duty on 4 drug intermediates has now been withdrawn from 27-11-81 on the grounds to encourage the production of drug from basic stage.

The net result of the withdrawal of the partial exemption from customs duty would push up the price of chloramphenicol to Rs. 622/- per kg. instead of Rs. 510/- to Rs. 550/- per kg. at which price these small drug units were hitherto selling even to the large scale units. Consequently the cost of end-product would reach over Rs. 700/- per kg.

This step, in my opinion, has been taken due to powerful lobby of the multi-nationals to throttle the growth of small scale units, and also to compel them to purchase these intermediates from the canalising agency i.e. C.P.C.

It will not be out of place to mention, Sir, that the capacities for the conversion of L-base into Chloramphenicol in the small sector would remain idle, and in view of the negligible custom duty in the neighbouring countries, there would be an incentive for smugglers to smuggle the item into the country.

I would, therefore, request the hon. Finance Minister to withdraw the customs notification of 27-11-81 thereby restoring the status-quo-ante and helping 150 small drug units, and thousands of workers employed therein, to produce life-saving drugs for the benefit of the ailing masses of our country.

(x) INCENTIVE TO INDUCE DOCTOR TO WORK IN RURAL AREAS.

SHRI P. RAJAGOPAL NAIDU (Chittoor) : According to a recent study of the International Development Research Centre (IDRC) India incurred an estimated loss of \$ 144 million on account of migrant physicians—physicians who migrated to US, Canada and UK during the period 1961 and 1972. If the decade 1972 to 1981 is also to be considered, the loss would further mount up. In recent years, a large number of doctors found services in the oil-rich countries of West Asia adding to our losses.

Medical colleges in India are producing hundreds of graduate physicians every year at considerable cost to the exchequer. It is sad to note that proper arrangements do not exist in the country to utilise the abilities and talents of all of them. A majority of the medical graduates prefer to settle down in urban areas only where there is stiff competition while the people in the rural areas suffer from a woeful lack of medical facilities. There is also considerable unemployment among the doctors as revealed by the figures of employment exchanges from year to year.

Under these circumstances, these medical graduates are attracted by offers of employment provided by the developed countries of the West and the oil-rich countries of the Middle-East. The Government should take concrete