14.40 hrs.

DRUGS AND COSMETICS (AMENDMENT) BILL—*Contd.*

MR. DEPUTY-SPEAKER: The House will now take up further consideration of the Drugs and Cosmetics (Amendment) Bill. The Minister is to reply to the debate.

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): Mr. Deputy-Speaker, Sir, at the outset, I must thank all the hon. Members who have supported the provisions of the Bill. Of course, when they were speaking about the provisions of the Bill, they not only offered bouquets but thrown brickbats also—bouquets for the provisions of the Bill and brickbats for their non-implementation and their failure. However, the House is really concerned about the sale, distribution and manufacture of spurious drugs, adulterated drugs and irrational drugs. I can understand their anger because there have been some shortfalls in the proper drug control provisions and the implementation thereof. As a matter of fact, some hon. Members asked: Were not the existing provisions sufficient to control this menace? But our experience is that we have to take some more powers. It was the Hathi Committee that recommended that the Act should be amended so that effective measures could be aken against those people who want to spin money at the cost of the health of the people.

The hon. Members are aware that the Hathi Committee which had gone into all the aspects of the drugs industry had also made certain recommendations about the need to further amend the Act with a view to ensuring more effective enforcement of the Act. As the House is aware, the Hathi Committee recommended that brand names should be abolished. The Government decided to abolish brand names in a phased manner and the Government, initially abolished 5 brand names. Some members have felt that the abolition of brand names will result in increase in the spurious and adulterated drugs. Of course, the Government do not share the apprehension of the members. The hon. Member, Shri Ravindra Varma, while speaking on the various provisions of the Bill observed about the Delhi High Court judgment about the abolition of brand names. The judgment has been very recently given and the Government are examining the judgment of the High Court in this respect.

As I have already stated, the main feature of the amending Bill that we have been introducing is that the definition of 'drug' is being amended to enable control to be exercised over the components of the drugs including empty gelatin capsules.

There was no definition in the existing Act about the spurious drugs and we are introducing a new definition of spurious drugs.

Under the existing provisions, the Government have no power to prohibit the import and manufacture of any drugs and cosmetics which are toxic and may cause the body any harm but, in the present Bill, the Government are assuming powers to prohibit the import and/or manufacture of drugs which are toxic, ineffective or irrational and the cosmetics which are harmful.

In the present Bill, we are giving more powers to the Drug Inspectors. Of course, there have been very critical comments on giving the Drug Inspectors more powers but, without giving them more powers, we cannot implement the provisions of law and that is the reason why we are adding a new clause giving the Drug Inspectors more powers. Of course, the penalties and punishments under the Act have been rationalised and we have been making it the most stringent and more effective. Of course there were arguments but, majority of them supported this action.

The House is aware that since independence, we have added another India in terms of population of this country. The population has more than doubled.

The Drug Control Act has been amended five times and this is the sixth time that I have come before the House for the amendment of the Drugs and Cosmetics Act.

The situation has changed as the drug industry developed, as the requirement of the population expanded to a considerable extent and we have been coming to the House for amendment of the provisions of the Act as and when it is required. The last one was amended when the provisions of the Act were made applicable to the State of Jammu and Kashmir. This Act is being amended from time to time during the last ten years. Drug production in our country has gone up from Rs. 300 crores to Rs. 1,300 crores.

Another feature is the substantial increase in the number of drug manufacturers in the country which is currently about 5,000. While this growth has contributed to increase drug supplies to the consuming public, it has also thrown a heavy burden on the enforcement machinery of the Drug Control Organisations. The expansion of this machinery has not kept pace with the growth of the drug industry and trade. Naturally, the increase in the expansion of the drug industry in the country, has not been able to see similar increase in the drug enforcement machinery and that has been one of the reasons why the drug control provisions have not been effectively implemented.

I agree with the Members that along with amendments of Drugs and Cosmetics Act, the enforcement aspect should also receive attention. In this context, I have written to all he Chief Ministers of States stressing on them the need to draw up a time-bound programme for re-organising and strengthening drug control and for the appointment of adequate number of Drug Inspectors and supervisory staff with a view to bringing about stricter control over the manufacture and sale of drugs. Simultaneously the State Governments have also been asked to ensure the establishment of a well-organised drug testing laboratory capable of testing all categories of drugs, establishment of a legal-*cum*-intelligence wing in their respective organisations of each State and Union Territory, suitably equipped to tackle the problem of spurious drugs and appointment of technically qualified Drug Controllers and inspecting staff. The Central Government have also assisted certain States in setting up well-equipped combined food and drug laboratories, some of which have already started functioning.

The Central Council of Health which consists of the Union and States Health Ministers have also recently passed a resolution outlining the specific measures that should be taken for the effective enforcement of the Drugs and Cosmetics Act in the country. In the absence of the definition of the term, as I said earlier, the term 'spurious drugs', our experience is that the courts do not consider offences relating to manufacture and sale of such products with the gravity that it deserves. Similarly lack of provision enabling the Central Government to ban the import and manufacture of toxic drugs and irrational combinations has handicapped expeditious action in regard to this category of product. The fact that there was no provision in the Act for summary trials was partly responsible for the long-drawn procedure for the disposal of cases filed under the Act. The proposed Bill would help in removing the shortcomings and would lead to a more effective enforcement of the law.

There has been an argument by one of the hon. Members that the Government is assuming the power of summary trial and thereby short-circuiting the judicial power. Ultimately he was also supporting this because when the House was overwhelmingly in support of summary trial on many occasions when this subject was discussed, the hon. Members who raised this objection for the Government assuming powers for summary trial for the offences as enumerated in the amending Bill, himself could not sustain his own argument and he finally agreed that in this regard it is OK.

While the Members were unanimously supporting the provisions of the Bill, they were rather chary, doubtful or suspicious and have expressed doubts about the effective implementation of the provisions of the Bill. We have been taking, as I have already said and we have taken effective measures in the sense that the Central Government has been always trying to persuade the State Governments because the drug control and drug administration

[Shri B. Shankaranand]

and licensing and manufacture in their respective States, is their concern. We have been holding and as it is my experience, we have held meetings with the regional Health Ministers continuously every year and the Central Council of Health Ministers also agreed that the drug control machinery should be effectively strengthened..

PROF. N. G. RANGA: Why not you assist them?

SHRI B. SHANKARANAND: We have been assisting them financially.

At present there are three laboratories of the Central Government which are statutorily engaged in the testing of drugs. One is the Central Drug Laboratory at Calcutta. The other is the Central Indian Pharmacopoeial Laboratory, Ghaziabad. The third is the Central Drug Research Institute, Kasauli. These are all central institutions. The testing facilities for all categories of drugs also exist in four States, viz., Gujarat, Maharashtra, Karnataka and Tamilnadu. Some States such as Andhra Pradesh, Bihar, Madhya Pradesh, Orissa, Punjab, West Bengal, Rajasthan, Haryana, Uttar Pradesh and Kerala have facilites for testing of non-biological drugs.

During the Sixth Five Year Plan, central assistance had been extended to set up these laboratories to eight states. The eight States to whom for setting up combined food and drug laboratories, central assistance has been extended are: Andhra Pradesh, Assam, Bihar, Jammu and Kashmir, Madhya Pradesh, Rajasthan, Tamilnadu and U.P.

The control on the quality of drugs imported in the country by sea and by air at the ports of entry is done by the officers and drug controllers posted there. During the years 1980-81 and 1981-82, 3,183 and 2,090 samples of drugs imported in the country were tested in the Government as well as the other drug laboratories. Of these 70 and 50 respectively samples were found to be of sub-standard. The Central Drugs Laboratory at Calcutta has been conducting a study on the quality of certain essential and life-saving drugs marketed by various manufacturers in the country. Out of 9,812 samples tested under this programme, 64 samples were found to be of sub-standard quality.

14.56 hrs.

[SHRI V. N. GADGIL *in the Chair*]

Thirtyeight drugs were found to be spurious. Sir, I have also appointed very recently a Task Force to examine the adequacy of drug controls. I have done it very recently and it has to recommend measures for suitably augmenting and strengthening the drug control machinery including testing centres. I am sure that all these measures which I have taken have resulted in more efficient and effective enforcement in future.

Sir, the Members have referred to the fact that certain drugs manufactured by the multi-national companies which are banned in the country of origin are being marketed in the country. This subject has been discussed on many occasions in this House as well as in the other House. I have explained in detail drugswise and countrywise. I have told them about the drugs which are banned; that information is collected by the World Health Organisation and that supplies the information to the Member countries of the WHO.

From that information, we have come to know of these. We have taken steps and stopped or rather not allowed the marketing of 16 drugs out of 20 drugs. These 20 have been banned in some countries. We have also banned 16 drugs. About the four drugs, I have already given the explanation. These four drugs have been allowed to be marketed into this country on the technical-medical advice of the experts. They know the needs of the people and the health requirements of the country. Not only that. These drugs have not been banned in other countries. Even then these are being marketed not only in the developing countries but also in the other developed countries. I have already furnished this information to the House.

Sir, the hon. Members are aware that we have also taken certain action recently to weed out the manufacture and sale of 18 categories of fixed dose combination

which are considered to be irrational therapeutically—and you will appreciate that all possible steps are being taken to ensure that only drugs of assured quality and their safety are marketed in the country.

15.00 hrs.

The hon. Member, Shri Rajnath Sonkar Shastri had exhibited a fly in a bottle and the House frowned at me looking at that fly. And, he had a complaint—a genuine complaint, of course—that nothing is being done about his complaint. Sir, I do not want to take up the time of the House. Otherwise I will give full details from the date that he wrote to me till now as to what we have done. But I can, briefly, say this that the hon. Member referred this matter to me in March, 1981 regarding the case of chloroform spirit manufactured by Surya Chemicals, Lucknow. At our instance, the U.P. Drug Controller carried out.

Investigations and suspended the manufacturing licence of the firm on 3rd July, 1981.

SHRI SUNIL MAITRA (Calcutta North East): So, what he said was true. It was after it was brought to your notice that you took action. That is speaking about your efficiency.

SHRI B. SHANKARANAND: My friend, I think, if I know everything, then the Question Hour would perhaps be useless here. (*Interruptions*) The very fact that you have Question Hour is because you don't know everything; you want to know the facts; that is why I am giving you the information.

SHRI R. P. YADAV (Madhepura): We ask questions to elicit information. You don't know everything (*Interruptions*).

AN HON. MEMBER: Let him proceed.

SHRI B. SHANKARANAND: There were complaints about the unhygenic conditions in that factory: saying that the hygenic conditions were not satisfactory. (*Interruptions*). Mr. Shastri, I am not complaining against you. I am really concerned at what you are really concerned (*Interruptions*).

AN HON. MEMBER: What is the drug controller doing?

(*Interruptions*)

SHRI B. SHANKARANAND: As you know, Health is a State subject. Every State has got its own Drug Controler's organisation. I think the hon. Member should be aware of this.

As soon as we receive the bottle from Shri Shastri, we will start the investigation. I think Shri Shastri has agreed to give the bottle for our investigations.

(*Interruptions*)

श्री राजनाथ सोनकर शास्त्री (सैदपुर): मैं तो तैयार हूं बोतल देने के लिए। लेकिन आप कहते हैं कि हम क्या करेंगे। ड्रग कंट्रोलर आफ इंडिया ने यह कहा कि आप हमारे पास बोतल भिजवा दीजिए और इसके लिये 15 दिन का समय दिया। तब मैं यहां था नहीं अपने क्षेत्र में गया हुआ था।

श्री बी० शंकरानन्द : अब तो दे दीजिए। जिसको देने के लिए हमने कहा है उसको दे दीजिए।

Please give the bottle because there is a man who is entrusted with the enquiry; and he will enquire.

श्री राजनाथ सोनकर शास्त्री : आप हमारे पास उनको भेज दीजिये।

SHRI B. SHANKARANAND: He referred to me another case of manufacture of Piriton by Glaxo laboratories of Bombay. At our instance the Officer of the Food and Drug Administartion, Maharashtra inspected the manufacturing premises of the firm and this is the report of the Maharashtra authorities. They found that the firm has been following the normal manufacturing practices. As soon as the bottle is received from the hon. Member, he has kindly agreed to investigate into this matter.

Some hon. Members referred to the prevalence of spurious drugs which are

[Shri B. Shankaranand]

there in Ayurvedic, Unani and Siddha medicines in the country. I fully share their concern. It is for this purpose that in the Amending Bill which we have proposed, there are separate definitions for spurious, adulterated and mis-branded Ayurvedic, Unani and Siddha medicines in the country. Stringent punishments and penalties for manufacture, sale and distribution of spurious drugs have been prescribed.

Shri Rahi is not here. He referred to the abuse of certain drugs in the country. The House, I am sure, will be glad to know that the Drugs and Cosmetics Rules have been amended recently to provide for stricter control over the import, manufacture and sale of poychlropic drugs including Manderex.

Hon. Member, Shri Ravindra Varma, had raised certain vital points. But the figures he gave were not so correctly given. He referred to the fall in the number of inspections of Drug Manufacturing Units by the Central Drug Control Authorities. It looks to me that there has been some mix-up in his mind about the correct figure of the samples tested and the rise in the fall of the cases detected. The factual position is the total number of inspections of the manufacturing units carried out during 1978-79, 1979-80 and 1980-81 are 574, 597 and 584 respectively. He said that the number was going down, which is not correct. For the year 1981-82, the total number of inspections carried out from April to October 1981, is 346 whereas the hon. Member, Shri Varma, had said that it was only 34. Perhaps the first two digits of '346' were only mentioned by him. The House was really serious when they heard that it came down to only 34. It is not so. The figure is 346.

Incidentally, I may also clarify that these figures refer to the inspections carried out by the Central Drug Control Organisations alone as test checks and they do not include the inspections carried out by the State Drug Control Authorities. So, whatever the figures that are given out are the test checks that were carried out by the Central Drug Control Authorities and these were the figures which do not give the total overall figures of the inspections done by both the States and the Centre. The hon. Member also referred to the need for appointing only technically qualified officers as State Drug Controllers. Sir, what he said was that in some States they were not technically qualified Drug Controllers and in certain States he said that I.P.S. and I.A.S. officers are appointed as Drug Controllers. I say that it was a fact now it is not a fact and after my persistent persuation in this matter—I have followed up the case with the State Health Authorities—I saw to it that they did try to appoint technically qualified Drug Controllers and I am happy to inform that we have been able to succeed in this. Because in the last Central Council of Health meeting, the matter was again raised. But in my previous meeting of the State Health Ministers, they agreed that they would do this. They agreed that they would appoint technically qualified persons as the State Drug Controllers. It was unfortunate that an I.P.S. Officer was a Drug Control Authority. For example, I did persuade the Andhra Government in this matter and got changed to a person who was technically qualified. What I mean to say is whether it is the Central Government or the State Government we might not have received; hundred per cent results in this case, the House must appreciate that we have been moving in the right direction in order to see that the people get genuine drugs as and when they require them and not the spurious and adulterated drugs, the ignorance of which has been the cause or the source for money-earning by the anti-social elements who are fattering themselves at the health cost of the people.

Hon. Members have referred to the need for the display of list of ingredients in case of imported, patent and proprietary medicines. I may point out that even at present, no patent or proprietary medicine can be imported unless its formula is displayed on the label and no drug is allowed to be imported into the country unless it is found to be safe and efficacious. Then, it is not correct that IDPL does not have the technology to produce the drugs of requisite standard. Members were also agi-

tated about the losses of IDPL. But I am concerned with the standard of drugs, their manufacture, sale and distribution, because my aspect is the health aspect in so far as the drug industry is concerned.

Shri Daga, hon. Member, has pointed out that the second proviso of Sec. 18 which permits the Central Government after consulting the Board and by notification in the Official Gaette manufacture for sale or distribution of any drug not being of standard quality is self-defeating. I would like to clarify that this kind of enabling provision becomes necessary to meet emergent situations whenever the country requires. It may also be noted that such a drug can be permitted to be used in consutlation with the Drug Technical Advisory Board which is a technical body and which would ensure that the use of such a drug is not likely to cause the harm.

The suggestion given by hon. Member, Shri R. L. P. Verma that adequate publicity of stringent penalties being provided in the Bill for manufacture and sale of adulterated and spurious drugs should be given is really most welcome. I would assure the House that when the Bill is passed, adequate publicity of the provisions of the Bill would be given through the various media.

The hon. Members have asked about the political will for giving standard drugs to the people. The political will is more than expressed by introducing this amending Bill that we are for providing standard drugs for the people even by introducing stringent punishment. It is not only for those who violate the provisions of the Bill, but also those who are making money at the cost of the health of the poor people of this country.

Hon. Members have expressed their doubts about the strict implementation of the provisions of the Bill, and also implementation of the Bill in such a way that the big fish may escape and the smaller one may be caught. This is because we are giving more powers to the Inspectors and they hope that it will further breed corruption by giving more powers to the inspectors.

Some Members have referred to a company which is producing substandard drugs and they feel that if the name of the company is divulged in the House, the workers will be affected. If this is the kind of cooperation that I am going to get from the public and the Members, I do not think only the Government Inspectors alone will solve the menacing problem faced by the country. I wish to have the cooperation of the public and the hon. Members for effective implementation of the provisions of the Bill. Only then we will be able to bring out the cases of corruption etc., to light.

Many hon. Members have spoken on many aspects which are not quite relevant to the provisions of the amending Bill. They have referred to their talks about matters which will go against the provisions of the amending Bill. They have not expressed their opinion, but while talking about the health matters, about the availability of drugs, they have generally supported the provisions of the Bill. So, I need not waste the time of the House. The House is agreed in principle about the provisions of the Bill and I commend the Bill.

PROF. RUP CHAND PAL (Hooghly): Sir, the Hon. Minister has not spoken on the specific provisions of the Bill in regard to spurious drugs.

SHRI B. SHANKARANAND: Sir, I can say the Hou. Member has not gone into that aspect. I don't want to allege that he has not gone through, but we have given specific provisions of the spurious drugs in the Bill itself.

SHRIMATI GEETA MUKHERJEE: Sir, I was the opening speaker from this House on this Bill. The Minister just now has sought our cooperation. Sir, in my speech I referred to at least four concrete cases of corruption. The Minister has not thought it necesary either to rebut or to refer to them. So, do I take it that all those are substantiated? I would also ask

[Smt. Geeta Mukherjee]

specifically about K. K., the man who was removed. In what post is he now? Like that I made several concrete questions. I would like to know the fate of that, because this is what I mean by cooperation by offering concrete facts.

SHRI B. SHANKARANAND: Sir, I have great respect for Geetaji. She is very studious, but I would say that the point she has made has nothing to do with the provisions of the Bill.

SHRIMATI GEETA MUKHERJEE: Hasn't it got anything to do with the provisions of the Bill—for giving powers?

SHRI B. SHANKARANAND: You could not understand what I said. So, what can I say?

SHRIMATI GEETA MUKHERJEE: Yes, I am rather dull, but you in your wisdom would educate whether these are not related to provisions of the Bill?

SHRI B. SHANKARANAND: Sir, this is not my job to educatae the Hon. Members. It is for them to be educated themselves.

SHRIMATI GEETA MUKHERJEE: But you have to answer the concrete allegations of corruptions about your Drug Controllers. That is what I would like to konw from you.

(Interruptions)

PROF. RUP CHAND PAL: Of course, there are specifications regarding the misbranded drugs, adulterated drugs and spurious drugs, but regarding the substandard drugs which are manufactured by the licensing Authority, it is nothing there in the provisions.

SHRI B. SHANKARANAND: The Hon. Member should know that there is in the law and in the rules of provisions a definition as to what is a standard drug. If any drug does not go with the provisions of the drugs, it is a substandard drug. Do you want me to define? If you know that there is something like phermacopia, you will see standards are mentioned there.

MR. CHAIRMAN: Now, the question is:

"That the Bill further to amend the Drugs and Cosmetics Act, 1940, be taken into consideration."

The Motion was aopted.

MR. CHAIRMAN: Now, we take up Clause-by-clause consideration of the Bill. The question is:

"That Clauses 2 to 9 stand part of the Bill."

The Motion was adopted.

Clauses 2 to 9 were added to the Bill.

Clause—10—*Substitution of new section for Section* 13.

MR. CHAIRMAN: Now, there is an amendment by the Government to Clause 10.

SHRI B. SHANKARANAND: Sir, I beg to move:

Page 6—

(i) line 24,—

for "and" *substitute* "or"

(ii) line 30,

for "and" *substitute* "or" ' (1)

MR. CHAIRMAN: The question is:

"Page 6,—

(i) line 24,—

for "and" *substitute* "or"

(ii) line 30,—

for "and" *substitute* "or" (1)

The motion was adopted.

MR. CHAIRMAN: The question is:

"That Clause 10, as amended, stands part of the Bill."

The Motion was adopted.

Clause 10, *as amended, was added to the Bill.*

MR. CHAIRMAN: The question is:

"That Clauses 11 to 42 stand part of the Bill."

The Motion was adopted.

Clauses 11 to 42 were added to the Bill.

Clause 1, Enacting Formula and the Title were added to the Bill.

MR. CHAIRMAN: Now the Minister.

SHRI B. SHANKARANAND: I beg to move:

"That the Bill, as amended, be passed."

MR. CHAIRMAN: Motion moved:

"That the Bill, as amended, be passed."

Mr. Mani Ram Bagri.

श्री मनीराम बागड़ी (हिसार) : सभापति महोदय, मैं मंत्री जी से एक वाक्य निवेदन करूंगा कि वे जितना काम कर रहे हैं, उनकी शक्ति के अनुसार ठीक है लेकिन जहां 35 करोड़ लोग भूखे हों, वहां पर दवाइयां उनको देने की बात क्या हो सकती है । यह देश बहुत भाग्यशाली है, जिसका राष्ट्रपति इतना भाग्यशाली हो कि अकेले उस पर 2 करोड़ रुपये खर्च हो सकते हैं दवाइयों पर लेकिन 35 करोड़ भूखे मरने वाले लोगों में से 10 करोड़ लोगों को दवाई मिलना तो दरकिनार, रात को वे भूखे ही सो जाते हैं दवाइयों के बारे में सजा देने की बात वे लोग किया करते हैं, सख्त सजा देने की बात वे लोग किया करते हैं जहां सभ्य समाज न हो । जहां पर सभ्य समाज होता है, वहां समाज को बनाने की बात की जाती है । हाथ काट दो चोरी करने वालों के और आंखों को फोड़ दो कुदृष्टि से देखनेवालों की, ये जंगली और पापी लोगों के कानून हैं, सभ्य समाज के नहीं । सजा की अगर बात करते हो , तो जो धन जोड़ने वाले हैं, उन के लिए यह कर दो कि ऐसे कुसूरवार लोगों की सम्पति जब्त कर ली जाएगी । तब तो समझ में आने वाली बात है । फांसी दे देंगे या छः दफ़ा उल्टा लटका देंगे, ऐसे लोगों को , यह पागलपन की बात है, कोई सभ्य समाज की बात नहीं है ।

मैं मंत्री जी से यह भी कहना चाहूंगा कि जब आप दवाइयों को हिस्सों में बांटते हैं और 500 करोड़ रुपए की बात करते हो, तब 500 एम० पीज और बड़े-बड़े लोगों की ही बात आ जाती है और फिर छोटे लोगों तक वह दवाई नहीं पहुंच पाती है । 1 करोड़ रुपये या 2 करोड़ रुपये इस देश के राष्ट्रपति पर खर्च किये जाते हैं । मैं कहता हूं कि आप 50 करोड़ रुपये उन पर खर्च करो लेकिन कम से कम लाचार और गरीब लोगों को भी कोई दवाई मिलेगी या नहीं, ऐसा इसमें कोई प्रोविजन है या नहीं । जिस देश में ऐसा हुआ करता है कि व्यक्ति पर एक करोड़ और दो करोड़ रुपये दवाई पर खर्च हो जाएं, वहां दूसरी तरफ देश के अन्दर करोड़ों लोगों को दवाई तो दूर रही रोटी का टुकड़ा और पानी न मिले और गन्दा पानी पी कर वे मरा करते हैं, तो कम से कम आप तो उस गरीब की कोख को पहचानते हैं , जिस कोख के साथ यह होता है । इसलिए उनके साथ भी आप को हमदर्दी होनी चाहिए । यही बात मैं कहना चाहता था ।

DR. V. KULANDAIVELU (Chidambaram): While welcoming the Drugs and Cosmetics (Amendment) Bill, I would like to make a few criticisms, and also give some valuable suggestions for the proper implementation of the provisions of the Bill.

The hon. Minister has spoken about the generic versus brand names question. This is a controversial issue. (*Interruptions*). The hon. Minister was passing some remarks against the Hathi Committee's recommendations about observing

[Dr. V. Kulandaivelu]

generic names, and abandoning brand names. He has also extended his remarks to the abolition of brand names of certain drugs. This is a subject which requires amplification by professional people. Even well-reputed journals like "The Lancet", "British medical journal" and other authentic medical journals have written about the viability of drugs, on the preparation, on the absorption capacity and on the processing of drugs. The Hathi Committee's recommendation should not be taken into consideration as we take the mathematics. This is subjected to flexibility. We must follow what the recommendations are observed by the leading medical experts and journalists. I am passing on this suggestion to the hon. Minister for his consideration. There is nothing wrong in following the realistic ingredients and composition of drugs followed elsewhere in an acceptable manner.

My predecessor has pointed out regarding the paucity of medicines for the rural poor. I regret about his statement about the President. Really, we have to feel proud about our President, Shri Giani Zail Singh. He has come from one of the backward communities. He has now become the President occupying the highest post. Being a doctor in medicine I know the condition of coronary artery involving three vessels. He underwent an operation at a well-equipped hospital having attended highly technical and competent doctors. I wish him speedy recovery and I hope that the House will join me in wishing him speedy recovery.

Politicians and even Ministers are making fantastic statements about devising medicines like Unani, Sidha, Ayurveda and Homoeopathy for the poor rural sections and alopathy medicine for the urban people. How can it be? I was very much shocked to hear such statements. The disease is common; rather it is more prevalent among the poor people. The gulible people are amendable to more dreadful diseases. So, all vital durgs must he made available to the poorest section. This point must be kept in mind, even if we are facing a crucial situation.

Our Prime Minister, Shrimati Indira Gandhi has made a statement about it. She was aiming at eradicating and controlling T.B. within 20 years. This disease is prevalent in the rural area. She is aiming at eradicating and controlling it by 2000 A.D. How could it be possible when there is paucity of medicines for TB? Even in the prominent hospitals like headquarter hospitals the primary medicines for TB like streptomycine, INH, PAS and other drugs are not available. So, one can assess the paucity of drugs in the primary health centres; and actually, primary health centres are being maintained as record keeping centres. No medicine is made available to these centres. The poor children are amendable even to mild diseases like diarrhea, vommitting etc., leading to death and morbidity without appropriate, electrolytes fluids and antibiotics. So, proper anti-biotics and other medicines are lacking in primary health centres. This point must be taken into consideration.

In the Consultative Committee of the Ministry of Health and Family Welfare meetings, I have suggested that the Ministry must come forward to provide basic medicines to the primary health centres. When the Demands were being discussed I requested the Government that there must be adequate allocation to the health sector that poorer sections must be given adequate health care and adequate quantity of medicines also should be provided.

You were mentioning about powers to the Drug Inspectors. But we should remember that this is the era of universal corruption, bribery and scandal. So, we have to assess the Drug Controller and see that he performs his duty sincerely and is loyal to his commitment. There must be a reinforcing mechanism and there must also be checking. That must also be kept as a secret so that the force must operate in such a way the Controller, or the Drug Inspector is not given a loophole or room for exploitation. So this point must be taken note of. There must be vigilance over the malpractices and bribery and accommodation of mushroom growth of the drug industry. Actually, I welcome that the drug industry must prosper and grow and it must be on par with

the industry in other developed countries. But mushroom growth should not be encouraged as it results in spurious drugs and adulterated drugs being produced. In this connection, I want to mention about the spurious drugs being produced even by public undertakings and the cursory manner in which they are prepared. There must be suitable provisions in the relevant Act for punishing the erring officials, or careless officials who are preparing the medicines in a careless way. This Bill must have provision for punishment of the concerned officials' also. Here also, I have to reiterate the point about corruption. Shrimati Geeta Mukherjee also mentioned about this on the other day.

You have also mentioned about multiplicity of punishments. This does not serve any purpose. After all anyone who is selling or manufacturing spurious drugs is committing a crime on the society. There is no reason why such a crime should be tolerated for the first time, second time and third time. After all, a mistake is a mistake. When one is erring, and is preparing spurious drugs, he has to be punished. There must be deterrent punishment. Unless you stipulate it in this Bill no purpose will be served on this issue. A court may be relent but the legislature cannot relent on this issue. The court has to judge on grounds whether the judgment is correct or not.

MR. CHAIRMAN: In the third reading, you are not supposed to go into details. You have only to mention your arguments for or against. It is only for acceptance or rejection. So, please conclude.

DR. V. KULANDAIVELU: I am concluding. While supporting the Bill I would request the Hon. Minister to make note of the points made by me.

SHRI B. SHANKARANAND: I thank the hon. Members for giving support to the Bill.

Unfortunately, the hon. Member, Mr. Mani Ram Bagri, has referred to the President's treatment abroad, which has absolutely nothing to do with the provisions of the Bill. For us, the country and for Parliament, the health and recovery of the President, who is undergoing treatment now, is paramount. While talking on the provisions of this Bill, I thought the hon. Member should not have brought this point. The House has joined me on many occasions to wish the President the best of health and quick recovery. Fortunately, the President is recovering. I request the House to join me again to wish the President the best of health and safe return to the country.

Regarding the observations made by the hon. Member about the necessity of switching over to generic names from brand names so that the medicines could be available at cheap rates, Government are taking action. But, unfortunately, some of the manufacturers have gone to the court. And the Delhi High Court has gone against us. The matter is under the consideration of the Government.

The hon. Member has said that if we give more powers to the inspecting personnel, perhaps, there will be more corruption. But I may bring to the notice of the hon. Member and the House that there has been a new provision in the amending Bill itself for this purpose. If the hon. Member had gone through the provisions of the Bill, perhaps, he would not have raised this question. Clause 36 says:

"Any Inspector exercising powers under this Act or the rules made thereunder, who,—

(a) without reasonable ground of suspicion searches any place, vehicle, vessel or other conveyance; or

(b) vexatiously and unnecessarily searches any person; or

(c) vexatiously and unnecessarily seizes any drug or cosmetic or any substance or article, or any record, register, document or other material object; or

(d) commits, as such Inspector, any other act, to the injury of any person without having reasons to believe that such act is required for the execution of his duty, shall be punishable with

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fine which may extend to one thousand rupees."

SHRI M. MAYATHEVAR (Dindigul): That is not sufficient.

SHRI B. SHANKARANAND: Sufficient or insufficient is not the question. We have said that if the inspecting authority goes beyond its jurisdiction, there is this clause which deals with it.

With these observations, I request the House to unanimously accept the Bill.

MR. CHAIRMAN: The question is:

"That the Bill, as amended, be passed."

The motion was adopted.

15.39 hrs.

INTERNATIONAL MONETARY FUND AND BANK (AMENDMENT) BILL—*Contd.*

MR. CHAIRMAN: Now we take up further consideration on International Monetary Fund and Bank (Amendment) Bill.

SHRI SATISH AGARWAL (Jaipur): The House is taking up this very important Bill, the International Monetary Fund and Bank (Amendment) Bill. I have an objection with regard to this Bill in view of the changed circumstances.

I was making this point and I was on a point of order the previous day i.e., 5th of October, when the Deputy-Speaker said that since we were to take up another subject at 5 o'clock, I would continue my point of order tomorrow. I shall not repeat that particular fact. I have with me the latest reply of the hon. Finance Minister which I received on 9th October, i.e., Saturday, two days back. Briefly, Sir, you will kindly consider, being an expert on constitutional law....

MR. CHAIRMAN: No, I am not an expert.

SHRI SATISH AGARWAL:.....that the Act that this House is going to amend today is an Ordinance promulgated in December, 1945 by the then Viceroy and Governor-General of India, and it continued to be an Ordinance till 1959, when an amending Bill came before this House, and without much debate and discussion the Ordinance was replaced by an Act. Now, later on some amendments were carried out in 1960 in a very minor way.

The purpose of this Ordinance in 1945 was, as mentioned in the Ordinance itself, to implement the International Monetary Fund and Bank Agreement and so on. It goes on to say:

"Whereas an emergency has arisen, which renders it necessary to make certain provisions for the purpose of implementing the aforesaid agreement, this Ordinance, was enacted."

It was in 1945, it was a war time measure, and it was issued by the Britishers. So, it was a colonial ordinance which we have inherited, and now it is proposed to be amended by the hon. Finance Minister.

My main objection is that under this Ordinance there is one section, section 4, which makes it obligatory to make certain information available to the Central Government, or the Reserve Bank, or any officer authorised by the Central Government, and that information has to be furnished to the IMF, which is an outside agency. I am not at the moment on ideological grounds, and I am not discussing the merits of the Bill as such, or the merits or demerits of the borrowing policy of this Government, or the absence of any law on the point and under article 292 of the Constitution whether some limitation should be placed on the borrowing power of the Central Government. I am on a very limited point. In 1945 we had no Constitution and it was the Government of India Act, 1935, which was in force, and this section 4 was there in the Ordinance. In 1950 the Constitution came into force, and in that Constitution there are certain fundamental rights guaranteed to the citizens of this country.

I say that in the public interest, for meeting. Our requirements within the