

(c) The information is being collected and will be laid on the Table of the House.

Establishment of Herbaria in Andhra Pradesh

5086. SHRI B. S. MURTHY : Will the Minister of HEALTH AND FAMILY PLANNING be pleased to state :

(a) whether the Central Government has given any funds for establishing herbaria in Andhra Pradesh during 1972-73 and 1973-74 ; and

(b) the existing herbaria in that State and the Central grants for the same during the Fourth Plan ?

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (SHRI A. K. KISKU) : (a) and (b). No. However, the Central Council for Research in Indian Medicine and Homoeopathy is having a Regional Research Centre with Survey of Medicinal Plants Unit as one of the components at Vijayawada, Andhra Pradesh. The herbarium of the Centre has about 1400 mounted herbarium sheets.

12.15 hrs.

CALLING ATTENTION TO MATTER OF URGENT PUBLIC IMPORTANCE

Reported decision of senior doctors in Delhi hospitals not to attend Out-Patient Departments.

SHRI P. M. MEHTA (Bhavnagar) : I call the attention of the Minister of Health to the following matter of urgent public importance and I request that he may make a statement thereon :—

"The serious situation arising out of the reported decision of senior doctors in Delhi hospitals not to attend out-Patient Departments."

THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH) : As Hon'ble Members are aware, senior doctors of the Delhi hospitals have maintained hospital services during the last

three months despite the junior doctors' strike. The advent of the warm weather has, however, led to an increase in the number of patients, and the under-graduate medical students who were on strike have also reported back for their classes, thus requiring some of the senior doctors to resume their teaching responsibilities. In the All India Institute of Medical Sciences, based on a representation from some of the faculty members, the Medical Superintendent felt that to reduce the load on the senior doctors, the specialty services in the OPD could be progressively curtailed. When this was brought to my notice, I immediately contacted the Director and indicated to him that however great the strain, the services to the suffering public should be maintained at a reasonable and adequate level. The Director assured me that this would be done. Many senior doctors of Safdarjang and Irwin Hospitals have lately complained about the strain being felt by them.

On Monday the 25th some of the striking junior doctors and under-graduate medical students came to the Out-Patient Departments of both the All India Institute and the Safdarjang Hospital in large numbers, and tried to persuade the registration staff not to register the patients. They had earlier put up posters on the campus that the Out-Patient Departments would be closed from Monday. They also prevented patients from going in and physically pulled out two doctors who were attending to them, which was resented by the patients. The modus operandi adopted by them was to block the OPDs by queuing up for registration cards and displacing the genuine patients. After obtaining registration cards, they entered the service cubicles of the OPD doctors and mobbed them. These actions naturally disrupted the working of the OPD services. These disruptive elements were, however, later persuaded to vacate and the OPD services were resumed. The other three hospitals were not affected.

On Tuesday the 26th five bus-loads of students and junior doctors from Maulana

Azad Medical College and the All India Institute invaded the premises of the Safdarjang Hospital. They attempted to upset the working of the Orthopaedics, Surgical and Medical OPDs, but were not successful. They later went to the Lady Hardinge Medical College and Willingdon Hospital. In the meantime, information having been conveyed to the Medical Superintendents, timely precautions to close the gates and prevent their entry was taken. Thus, while the OPD services were disturbed to some extent in the Safdarjang Hospital, they functioned in all other hospitals. On Wednesday the 27th the OPD services have functioned in all the five hospitals.

Information just received regarding the situation this morning shows that while the OPDs are functioning in the All India Institute, Safdarjang, Willingdon and Lady Hardinge Hospitals, attempts have again been made to disrupt services in the Irwin and Pant Hospitals. It seems that a large number of students and junior doctors have invaded the premises and are interfering with the work of the OPDs. I am sure Hon'ble Members will agree that such behaviour is most unfortunate and reprehensible.

I have on the floor of this House expressed my appreciation of the services rendered by senior doctors during the strike period in very difficult conditions. It is my sincere hope that they will continue to perform their duties conscientiously and with the sense of broader responsibility that they have displayed so far.

SHRI P. M. MEHTA : Mr. Deputy Speaker, Sir, I had never expected this type of statement from Dr. Karan Singh. I think the Ministry has misled him and by drafting this statement they have added to the difficulty in these difficult days. This statement has created further difficulties for the Minister to solve the dispute. It is most unfortunate that Government has tried to escape from the responsibility and they have tried to put the responsibility on the junior doctors. The genesis of the problem is the non-implementation of the March

1973 agreement by the Government. The Secretary of the Ministry is responsible for this. He has not attended to the genuine problems of the junior doctors during the whole year 1973 and even thereafter.

Now, it is a tragedy that for the fulfilment of the genuine demands and grievances, the engineers, the doctors, the teachers and professors in the universities, and the students are compelled to resort to direct action. This is because of the attitude and the policy of the Government towards the intelligentsia and the working classes in the country in the unorganised and the organised sectors or in the public and the private sectors. This issue involves a basic problem. and...

MR. DEPUTY-SPEAKER : What is the information you want? You have given the information!

SHRI P. M. MEHTA : The immediate issue is that the senior doctors of the city hospitals have taken a decision to refrain from attending to the outpatient departments because of the heavy strain put on them by the 85-day old indefinite strike by the junior doctors, and they have also resolved to boycott the out-door patients department until the junior doctors' disputes are settled.

What is the dispute of the junior doctors? Most of their demands were settled by bipartite negotiations and now, only one or two points remain to be solved. What is the demand? Their demand is very genuine and very reasonable. What they ask is to safeguard their career against victimisation. This is based on past experience of the doctors as well as of the other employees of the Government.

These are the points on which they require an amicable settlement. The demands are these: there shall be no victimisation of any kind of any of the striking doctors. All punitive action taken/initiated against the striking doctors shall be withdrawn immediately. No mention of the present strike shall be made in the official records and in

[Shri P. M. Mehta]

the certificates to be issued to these doctors in future. All doctors who were on rolls or were selected to join as on 1-1-1974 shall be allowed to complete their respective terms of appointments. The period of strike, excluding Sundays and gazetted holidays, not adjusted against the leave of the kind due and the future Sundays and gazetted holidays in respect of both junior and senior residents, shall be treated as extraordinary leave without pay and shall be governed by the principle of "No Work, No Pay." The question of continuity in the terms of internship shall be referred to the Medical Council of India for sympathetic consideration and the dates of future recruitment to the posts of junior residents shall be suitably adjusted so that these doctors are not put to any disadvantage.

The other point is regarding the non-practising allowance. Both these points are very genuine and very reasonable and rational. Now there is a conflict.

MR. DEPUTY SPEAKER: You are confusing a very good case by bringing in too many things. Let the Minister reply to your points.

PROF. MADHU DANDAVAT: (Rajapur): At this rate he may become a Minister one day!

MR. DEPUTY SPEAKER: That is the ministerial prerogative!

SHRI P. M. MEHTA: This is the only opportunity which this House has been given for discussing the genuine demands of the junior doctors.

MR. DEPUTY SPEAKER: I want this to be put effectively and pointedly. I want Members to come out with hard punches.

SHRI P. M. MEHTA: I gave the background, because he has conveniently kept silent on all those points regarding the doctors. He has simply tried in his statement to fix the responsibility on the senior doctors and the junior doctors. Therefore, I stated all these things. Now, there is a conflict between the Secretary and the Minister and that is the reason why this dispute is not yet solved.

Now, I want to put my question. I want to ask why the agreement of 31st March, 1974 was not implemented? What were the reasons for non-implementation? I also want to know why the Government has backed out from the assurance given during the course of negotiations regarding the mode of treatment of the strike period? Why did the Government make a show of strength by deploying armed and lathi-wielding police in the premises of all the strike-bound hospitals? Is the hon. Minister aware that the CGHS and municipal doctors have also resolved not to replace the senior doctors to run the out-patient departments? Why do not the Government hold the Secretary concerned responsible for this agitation which was due to his backing out from the 14th March agreement? Lastly, how many deaths have taken place in the hospitals due to non-availability of medical help in time to the patients and how many more does he expect before the dispute is settled?

DR. KARAN SINGH: The hon. Member seems to be asking questions which are about the genesis of the problem with the junior doctors. The call attention notice, as I understood it, was with regard to senior doctors' reported decision not to attend the OPD. I have submitted in my reply the factual situation and I have not tried to mislead the House. I may also add that there has been no blanket decision by the senior doctors to boycott the OPD in various hospitals but they have expressed their difficulties and explained to us that they were under great strain. As I said in my statement the OPDs are functioning in several hospitals except where they have been deliberately disturbed.

With regard to the problem of junior doctors, I should submit for your consideration that the House had several opportunities of discussing this matter very carefully and I have also spoken on it. The matter, I hope, is nearing some kind of a finality and I submit that this is not the time for me to get involved in a long discussion with regard to junior doctors. As soon as I am ready with some statement,

I shall come before the House. In my previous statement I have said that Government had not backed out of any agreement. I should like to controversy that statement made by the hon. Member. Therefore, with your permission, I want to say that I do not like to be drawn into a long debate on the junior doctors' problems this morning because that matter is under very careful consideration at present.

SHRI AMRIT NAHATA (Barmer): On a point of order. The statement given by the hon. Minister tells us firstly that there is no strike in OPD in the hospitals; he also says that some junior doctors went in truckloads to the hospitals and created some disturbances and he has described this as reprehensible. I want to read out from the Press report which is absolutely contradictory. It says the police went there in truckloads. Whose behaviour is reprehensible? There is a strike but he says there is no strike?

डा० लक्ष्मी नारायण बान्जरे (मदसौर): पुलिस ने वहाँ सीनियर डाक्टरों को घसीट कर निकाला है 6 सीनियर डाक्टरों के साथ हम तरह दुष्का है यह अखबार में लिखा है (व्यवधान) टाइम्स आफ इण्डिया में यह समाचार छापा गया है। पुलिस ने गद्दगी की है। दूष्यवहार किया है।

MR. DEPUTY SPEAKER: He has raised a point of order and I shall confine myself to the point of order... (Interruptions) ... The matter now under discussion is the call attention motion. Some questions have been put by the hon. Member and the hon. Minister has replied. Other Members are yet to put questions. Many Members say that they do not like the reply of the hon. Minister or they are not satisfied. But that is no point of order. If you are not satisfied then you should come forward with some notice.

SHRI S. M. BANERJEE (Kanpur): You allow a discussion.

MR. DEPUTY SPEAKER: You give notice and it will be considered. It cannot

be done in this way. You may not be satisfied and there may be reasons why you are not satisfied... (Interruptions)

SHRI AMRIT NAHATA (Barmer): The Minister says that there is no strike, in fact there is a strike.

MR. DEPUTY SPEAKER: A point of order has been raised and I have given a ruling. The only point of order now could be that you are creating disorder in the House by such interruptions.

SHRI AMRIT NAHATA: He is misleading the House... (Interruptions).

MR. DEPUTY SPEAKER: Order order. You send notice. It will be considered.

श्रीमती लक्ष्मी नारायण (बावला): उपाध्यक्ष महोदय, मैं डा० कर्णसिंह जी के स्टेटमेंट की मगहना करती हूँ इसलिए कि उन्होंने स्टेटमेंट आफ फैक्ट्स दिया है। बम्बुन स्थिति क्या है, हमारे दिल्ली के बड़े अस्पतालों में इस स्ट्राइक के कारण वह उन्होंने बताई है। लेकिन मैं उनकी इस बात से सहमत नहीं हूँ कि स्ट्राइक नहीं है इसलिए कि कोई भी ऐसी मेडिकल जगह पर, प्रोफेशनल जगह पर वहाँ भी ऐसा प्राविधान नहीं है जैसे कि इंडस्ट्रियल डिस्प्यूट्स ऐक्ट में है कि पहले नोटिस दे या क्या करें। मैं अखबारों के आधार पर तथा अपनी जानकारी के आधार पर कह सकती हूँ कि सीनियर डाक्टरों ने मल्टीमेंट दिया है और उन्होंने रेजोल्यूशन भी पाम किया है। इस बात को मैं मानने के लिए तैयार नहीं हूँ कि केवल बर्कलोड के कारण उन्होंने ऐसा किया है। जूनियर डाक्टरों महानों से स्ट्राइक पर है और वे काम से दबे जा रहे हैं—केवल इसलिए दिया है, ऐसी बात नहीं है। उन्होंने इसलिए दिया है कि जूनियर डाक्टरों के सबसे जल्दी से जल्दी फैसला किया जाये। उन्होंने साथ साथ यह भी कहा है कि हम कैंजुमल्टी और इमर्जेंसी वार्ड को ग्रैन्ड करते रहेंगे, इसके लिए वे बर्बाद के

पाव हैं। मैं माननीय मंत्री जी से जानना चाहती हूँ कि जूनियर डाक्टरों के साथ समझौता करने में और स्ट्राइक खत्म करने में क्यों देर हो रही है? मैं जानती हूँ मंत्री जी का एटीट्यूड महानुभूतिपूर्ण है और प्रधान मंत्री जी भी अपना कन्सर्न जो किया है धीरे बताया है कि शीघ्र से शीघ्र वे चाहती है कि जूनियर डाक्टरों की स्ट्राइक समाप्त हो जो महीनों से चल रही है और जिसमें सारी व्यवस्था पैरालाइज कर रखी है? वे डाक्टरों को तरह तरह की फैसिलिटीज बढ़ाने की बात करने हैं वे उसी जनता को परेशान करने हैं जिसकी कीमत पर वे तमाम इन दुनिया भर की मजदूरियों को मानने के लिए तैयार होते हैं। उनकी यह स्ट्राइक जस्टिफाइड नहीं है। अपनी डिमान्ड रखना धन्य बात है लेकिन जनता को परेशानी में डालना दूसरी बात है। इसके लिए सर्वनमेंट को बिन्दुल काऊ-डाउन नहीं होना चाहिए, बिन्दुल झुकना नहीं चाहिए लेकिन उनकी गैजनेटिव मांगों का अवश्य स्वीकार करना चाहिए, यह मैं मानती हूँ। मैं मंत्री जी से जानना चाहती हूँ कि इस स्ट्राइक में, जूनियर डाक्टरों से मेरा मतलब है, भले ही वे कहें कि हम प्रश्न का सबध जूनियर डाक्टरों में नहीं है, बड़े डाक्टरों से सबध है लेकिन उसके कारण जा देर हो रही है और साथ ही कैबिनेट में बात जाने वाली है, मैं समझती हूँ बहा पर डाक्टर कर्ण सिंह अपनी पूरी मिश्रीकी इस बात में दिखायेंगे कि एक डाक्टर कितनी मेहनत और कितनी कीमत पर बन कर तैयार होता है (व्यवधान) एक डाक्टर दस वर्ष की मेहनत के बाद तैयार होता है और आई० ए० एम० ऑफिसर जो उनके ऊपर शासन करते हैं उनसे वे किसी तरह से कम नहीं हैं। जितने भी प्रोफेसनल्स हैं, इंजीनियर्स या डाक्टरों उनके लिए बुर्गिय की बात है कि वे आज दबे हुए हैं एडमिनिस्ट्रेटिव मनिज और ब्यूरोक्रेट्स से क्योंकि उनके धन्द्व गुपीटियार्टी कार्गनल्स था गया है और इसके लिए सर्वनमेंट भी तैयार देती है।

मैं माननीय मंत्री जी से जानना चाहती हूँ कि वे बार बार जी० ओ० इश्यु करते रहे हैं, 1-3-74 को उन्होंने इश्यु किया जिसमें उन्होंने कहा:

"The period of strike will be treated as unauthorised absence on the principle of: no work, no pay."

इसके बाद उसी तारीख को दो-बार बंदे के बाद उन्होंने अपना स्टैंड बदला और उन्होंने कहा

"The Health Ministry would recommend to the concerned State Government to take similar action"

यहां पर दिल्ली के जो डाक्टर हैं, जो पोस्ट ग्रेजुएट हैं, इन्टर्नशिप में हैं या हाऊस जाब में हैं उनके साथ दूसरा व्यवहार होगा और जो स्टेट के घाये हुए हैं उनके साथ दूसरा व्यवहार होगा। इस सबध में फ्राम टाइम टु टाइम बार नोटिसेब 7 से 14 तारीख तक आपकी निकनी है। (व्यवधान) माननीय मंत्री जी से प्रश्न है क्या मंत्री जी इन बड़े धन्यता का बिना जूनियर डाक्टरों के चला सकते हैं?

मेरा दूसरा प्रश्न है क्या जा मेडिकल कौंसिल आफ इंडिया ने मिफार्गिज की है, जो कर्तार सिंह कमेटी ने मिफार्गिज की है इन्टर्नशिप, हाऊस-जाब और पास्ट ग्रेजुएट के सबध में कि रेगुलर सर्विस में उनको मान लिया जाये, उनको पैगिटी दी जाय, और साथ जो नान-डिस्टिंग एलाउन्स है वह भी दिया जाये-क्या इन मिफार्गिजों को मानेंगे?

मेरा तीसरा प्रश्न है क्या रिफ्लेक्शन समान करके उनके स्ट्राइक पीरियड को उनकी तरह तरह की जो लीव होती है उसमें शामिल करके उनको कन्वोल किया जायेगा? इसके बाद डाक्टरों पर, चाहे वे सीनियर हो या जूनियर, यह प्रतिबन्ध लगाया जायेगा कि साल दो साल के लिए वे इस तरह की कोई स्ट्राइक नहीं कर सकेंगे और सर्वनमेंट भी उनके सामने नहीं लुकेगी? यह उन तरह की कोई स्ट्राइक नहीं है जिसका प्रोडक्शन से ही संबंध हो बल्कि इसका सबध साधारण जन-जीवन से है इसलिए इसका बड़ा महत्व है।

डा० कर्ण सिंह : उपाध्यक्ष महोदय, माननीय सदस्य ने बहुत ही बातें कही हैं। एक बात तो यह कि मैंने यह कभी नहीं कहा कि स्ट्राइक नहीं है। स्ट्राइक बुनियाद डबलर्स की है। इसके अलावा जो प्रबल आज बूझ गया था सीनियर डॉक्टरों के संबंध में वह ५०० पी० डी० के संबंध में था इसलिए मैंने ५०० पी० डी० के संबंध में उत्तर दिया। पहली बात तो मैं यह स्पष्ट करना चाहता हूँ।

दूसरे आपके खयाल से जो पुलिस वाला प्रश्न है, क्योंकि इस किस्म का डिमरप्शन हो रहा था, ला लैंड आर्डर को बिगाड़ने की कोशिश की गई थी इसलिए पुलिस बल मोड़ में बड़ा गई थी। यह जो आग्र प्रखबार में निकला है कि पुलिस ने ६ डॉक्टरों को घसीटा, सुबह इसको पढ़कर मैं भी आश्चर्यचकित रह गया। जब मैंने इसका पता लगाया तो मानुस हुआ कि यह खबर बिल्कुल गिराधार है और वहां पर मैं इसका कंटेनारिकल डेनायल करना हूँ। (अव्यवधान) मैंने चेक किया अपने स्टॉक से और पुलिस के। (अव्यवधान) टाइम्स आफ इंडिया में जो निकला था उसमें भी वह लिखा था

'The report could not be confirmed'.

मुझे बड़ा दुःख है कि इस प्रकार की रिपोर्टों को कम्प्लेई नहीं हो, इसतवाय अपने रिपोर्टों को वह छाप दी जाये। बहुरहाल जैसा मैंने कहा, मैंने उसको चेक किया।

SHRI PILOO MODY (Godhra): What do you do about the Report?

DR. KARAN SINGH: What can we do about it?

Today, on the floor of this House, I am denying it.

SHRI AMRIT NAHATA: The Times of India report says.....

DR. KARAN SINGH: That report is not true.

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SHRI AMRIT NAHATA: What about truck loads of police ..

DR. KARAN SINGH: Police has been posted. The two things are not mutually contradictory.

Sir, the hon. lady Member has made some very valid and pertinent observations with regard to the whole problem of junior doctors. She has said quite rightly that this is not only a service matter, but, it also affects the welfare of large sections of the people. As I submitted earlier, with regard to all these problems, whether it is NPA or treatment of strike period and so on, we are now nearing a final solution. Therefore, all I can say now is, as soon as a decision is taken, we will come before the House and inform the House of the decision taken.

SHRI D. D. DESAI (Kaira). Sir, most of the revolutions in the world have their origin in injustice. I would request the minister not to be carried away by the departmental views but to make on the spot investigation and come to his own conclusion on the basis of conscience and justice.

Is it a fact that the Health Ministry officials were unaware of what could happen if the senior doctors too boycotted the OPDs, till it actually happened? If so, does it not mean that his ministry has lost touch with realities and is living in a make-believe world?

Has the ministry any firm opinion on what doctors serving its public health system should get and should not get or is it a question of first saying "we will not give this" and then giving in to it and then saying "we will never give this, come what may" and then again waiting on events to force the hands of the Government?

Is it a fact that the Health Ministry had contacted senior doctors on the eve of their boycott and conveyed to them its wish that they should not boycott OPDs? If so, does not the rejection of this appeal reveal a lack of confidence or rapport bet-

ween the most senior men in the profession working in hospitals and their executive colleagues in the offices of the Ministry?

If the Government now thinks that no harm will come if the victimisation clause is given up, was it necessary to subject the public to further harassment since the draft agreement was hammered out early this month?

Does the countrywide discontent of the medical profession now surfaced demand, in the opinion of the ministry, that a second look should be taken on the Government subsidised public health system and the role of the medical profession in it? If the answer is yes, what steps are being taken to study this aspect and come out with immediate corrective steps before this system is expanded further, as it must be, in the fifth plan? If the answer is no, how does Government expect to meet the discontent in the medical profession which is bound to grow with the increase in inflation, the bureaucratisation of the profession and the visible shift from medical duties to paper work of an increasing number of these professional men, in their day to day work?

MR. DEPUTY-SPEAKER : These are broader questions of medical administration and medical facilities in the country. We are concerned with the OPD and the reported decision of the senior doctors to boycott it and that is connected with the trouble of the junior doctors. We cannot go over the entire gamut of medical administration in the country.

DR. KARAN SINGH : The first question was with regard to our being rigid and bureaucratic. I can assure the House that I have approached this very difficult problem not at all in any bureaucratic or rigid spirit. I have tried my very best to understand the problem and meet the aspirations of the people as far as we could. I would like to place that on record. What comes out of it ultimately is a different matter, but this has been my approach.

He asked, what would happen if senior doctors do not attend the OPDs? Obviously, if the junior doctors are on strike and if senior doctors also do not attend the OPDs, the OPDs will close down, because the only two doctors remaining will be Dr. Karan Singh and Dr. Srivastava who is the DGHS, the rest of the doctors being either junior or senior. With regard to the question as to what should be paid to various types of doctors, the entire Government of India doctors have been covered by the Pay Commission's report, except for the junior residents. They have looked into it very carefully and that is part of the problem with which we are grappling now. He said that the DGHS has been in close touch with the senior doctors in various hospitals and has been trying to persuade them that going on strike or refraining from attending OPDs will create a great deal of problems and troubles for the patients. It is to a large extent because of this dialogue that there has been no boycott, except disruption in two places. Regarding the broader question of medical education, as I have said on the floor of the House, we are planning to set up a Medical Education Commission, which alone can look into the whole gamut of the problem that the hon. Member has raised.

SHRI C. K. CHANDRAPPA (Telli-cherry) : I am extremely sorry that Dr. Karan Singh has been trying so desperately to evade the real problems involved in the strike by the senior doctors.

SHRI PILOO MODY : Even hisathoscope is false!

SHRI C. K. CHANDRAPPA : The hon. Minister was trying to impress upon the House that he will deal only with the strike by the senior doctors and the difficulties caused by the closure of the OPD. But, I am sorry, I cannot oblige him because the real question which brought about this situation, in which thousands and thousands of people are put to difficulties, in fact the real genesis of the whole trouble, is the continuing strike by the

junior doctors. So, we cannot shut our eyes to that aspect of the problem.

Here I would like to point out that in recent times the Government is adopting a tough, authoritarian and highly bureaucratic attitude towards strike by the working people, be it the doctors, the employees of the LIC or the railway workers. Whenever the workers collectively bargain for their legitimate rights, the government come on them with an iron hand. When something untoward happens because of this, the Government immediately start shouting "fascism is coming; save us". I say that you are responsible for creating this explosive situation in the country, and Shri Pilo Mody is trying to make use of this situation.

SHRI PILOO MODY : I am keeping my health all right

SHRI C. K. CHANDRAPPA : The Government should not behave in the same old fashion of the kings, monarchs, of the Diwans of the British days.

MR. DEPUTY-SPEAKER : Your point is very clear that the Government is authoritarian and bureaucratic. So, come to the question

SHRI C. K. CHANDRAPPA : Shri Srivastava, the Director General of Health Service, also a doctor, to whom you made a reference, is the villain of the piece. I know that Dr. Karan Singh is asked to play a role which he does not like. He has been assigned the unpleasant task of repeating here what he has been asked to say, by the people who are sitting at the helm of affairs in Nirman Bhavan. They still behave in a bureaucratic manner and the Minister has to defend them. So, I appreciate his difficulty.

The Minister began by saying that there is nothing to negotiate. Now the differences have already been narrowed down by negotiations. They have already come to an agreement which is described by the Minister as package deal. Doctors are apprehensive of clause 7 of that package

deal. They apprehend that if they withdraw the strike then some action will be taken against them under clause 7. So, I want an assurance from the Minister that no harm will come to them under this clause, if they withdraw the strike.

He should make an assurance on the floor of the House that he will not victimise a single doctor in the name of their participation in the strike, that their continuity of service will be accepted and there will not be any break in service because of their participation in the strike. If he can make this simple assurance, tomorrow they will offer for settlement. If he wants any help from this side of the House, right from Mr. Pilo Mody to this side, the people are ready, I suppose, to help him. But the Government is not ready to concede to the legitimate demands put forward by the doctors. If he can make this assurance, then we can bring about a settlement. If he takes that high and mighty attitude and try to run the hospitals with policemen, then I would like to remind him that he is trying to deal with a highly inflammable material. They are all young people; they are educated. It is not a question of doctors only. All kinds of people are trying to collectively bargain. If he tries to put them down, there will be an explosion which he will not be able to prevent.

I would like to request him through you, Sir, to make a simple assurance that he will deal with the matter in a most sympathetic, reasonable and friendly manner

DR. KARAN SINGH : Sir, the hon. Member has made one or two broader remarks about our policy in regard to labour. I do not intend to go into that except to say that the charge that we have been authoritarian or unreasonable is something which I must deny.

Also, there is no question of evading the problem. I have plunged into this problem so much personally that, as you know, I went on with a mild attack of doctoritis because I was in such close

[Dr. Karan Singh]

contact with so many doctors. I am approaching the issue in what I consider to be a sympathetic, reasonable and constructive manner.

There are, never-the-less, certain parameters, certain policies, within the ambit of which one has got to function. The hon. Member wants an assurance from me. The only assurance that I can give is this that we are seized of this problem. I am trying to approach it as sympathetically as possible and whatever maximum I can do for the doctors, I will do. I am afraid, at this stage, it is not possible for me to either go into more details or to give a more categorical assurance.

श्री बिजुति मिश्र (मोतीहारी) उपाध्यक्ष जी श्री प्रमनभाई मेहता ने दस मिनट लिए। चन्द्रपवन जी ने बारह मिनट लिए। पहले इसका फैसला करें तब मुझे समय दे तब तो मैं बोलू नहीं तो मैं बैठ जाऊ। (अव्यवधान) मैं बड़ी बेचता रहा हूँ। इनको दस मिनट इनको बारह मिनट दिए तो श्रीगे को भी उनका ही समय देने का कष्ट कीजिये।

एक मासमौख सदस्य: इनको पत्र मिनट दें।

श्री बिजुति मिश्र: कोई कहेगा यह ज्योमेट्री है। ज्योमेट्री के बाद कोई कहेगा यह बिन्दु है। आप कहते सगे कि ज्योमेट्री क्यों कहा बिन्दु क्यों कहा इसलिए कि बिन्दु से ज्योमेट्री बनती है।

नीतिनियर डाक्टर स्ट्राइक पर जा रहे हैं, काम नहीं कर रहे हैं उनका सबसे जूनियर डाक्टरों के साथ है। इसलिए यह सवाल उठता है। कर्म सिंह जी की जितने डाक्टर आए तब ने तारीफ की (अव्यवधान) विपक्ष यह है कि नीकर साही के चक्कर में ये पड़ गए हैं। बर्क्स ने जवाहर साहब नेह्रू जी को जेल में बन्द किया। उन्नी बर्किंग ने जवाहरसाहब जी के साथ बराबरी का ब्यक्तियोग किया। कर्म सिंह जी बहुत धक्के और कर्ने साहसी हैं। बाल कर्ने वाले साहसी हैं।

उनको उनकी मांगी को सहानुभूतिपूर्वक देखना चाहिये। हिसा की मैं निम्ना करता हूँ।

क्या आप जूनियर डाक्टरों को खलम खुला करके धीरे आपने स्ट्राइक को हटा करके उन से बात करेंगे धीरे बात करके उनके साथ फैसला करेंगे ?

क्या यह सही नहीं है कि सब समझीता हो गया है धीरे छुट्टी का सवाल सविन का सवाल, बिस्किट-माइजेसन का सवाल ही क्या है। उनकी सविन को जोड़ने के लिए, उनके पीरियड को जो स्ट्राइक का है सविन में जोड़ने के लिए, यह कैस हो, क्या डा० कर्म सिंह खुद स्ट्राइक को हटा कर उन डाक्टरों से बात करेंगे। डाक्टर उनके साथ समझौता करने को तैयार हैं।

मैं आपको बताना चाहता हूँ कि नीकरसाही मुगम राज को खा गई, धरोजी राज को खा गई धीरे आपको भी खा जाएगी धीरे उनके बाद हम भी खले जाएंगे। आपने मर्नों के साथ समझौता किया, एल बाई सी बालों के साथ किया, आप कैबिनेट मिनिस्टर हैं, कैबिनेट की ज्यादा रिज-गसिबिलिटी है, मैं जानना चाहता हूँ कि उसी आधार पर आप इनके साथ क्यों नहीं करेंगे है।

ऐसे भी डाक्टर हैं जो हमारे फ्रीडम फाइटर के सबसे हैं। हज्जाल की बजह से सब को तकलीफ हो रही है। इसकी बजह से सीनियर डाक्टरों का काम का बोझा बढ़ गया है। डा० करीली ने कहा कि आपको कहें कि समझौता कर में, डाक्टरों का बिस्किटमाइजेसन न हो। डा० करीली भले डाक्टर हैं। डा० कर्म सिंह नीकरसाही के चक्कर में पड़ कर क्या यह समझते हैं कि राज नहीं हमारे हाथ में बराबर बनी रहेगी ? डाक्टर मैम्बर पार्लियामेंट हो सकते हैं; धर्मसभा के मैम्बर हो सकते हैं, मिनिस्टर हो सकते हैं। 2500 डाक्टर आपके मासहस विस्की में हैं। जैसे आप अपने भेटे, भेटो, बाई बन्धु के साथ बाले पीने का बरतान करती हैं उसी तरह से आप इनके साथ खलम बैठ कर समझौता करने की तैयारी हैं दूधोकेन्द्र को इस में से हटाने के लिए तैयार

हैं ? उनके साथ घायल बैठे हैं तो वे घायल की सारीक करती हैं, घायल उन से नर्म नर्म बात करते हैं । लेकिन साथ में समझा बड़ जाना है । डा० कर्न सिंह दूसरी चीज के डाक्टर हैं वे दूसरी चीज के हैं । जिस चीज के वे डाक्टर हैं उस वजह के इन में समझ है और वे बेचारे और फाट करके बाले डाक्टर हैं । सब बातों पर समझीता हो गया है । घायल क्या बिस्मिटाइजेसन हटाने के लिए, घायल तैयार है या नहीं है और यदि है तो पालियेटिव में घायल दो दिन के अन्दर कोई बयान देने को तैयार है ताकि डाक्टर सब काम पर आए और जनता का काम हो सके ? जो इनकी परीक्षा की मरुतिवन का मराम है, सीनियरिटी जूनियरिटी की मरुतिवन का मराम है उन्हा भी, लीस्ट भी उनको मुकमान नहीं होगा क्या घायल यह धार-बामन देने को तैयार है ? बिस्मिटाइजेसन की जो वका है उनको हटा कर, डाक्टरों को निर्मल मन का बना कर उनको घायल धरने काम में लगाने, इनका ही मुझे कहना है ।

डा० कर्न सिंह : पहिल जो बड़े बुजुर्ग मदम्य है । उनकी बात की मैं बड़ी कड़ करणा हू । उन्होंने कहा कि डाक्टरों के साथ ऐसा मलूक करना चाहिये जैसे धरने घर वालों के साथ किया जाना है । मैं प्रार्थना करूँगा कि मैंने जब इन ने बात की चार पांच दिन लवानार और छ-छ और घाट-घाट बंटे तो मैं ने बिस्मिटाइ में नहीं की । मैंने इनको धरने घर में ही बुलाकर की । इनका कारण वही था कि उनको यह बिचार न हो कि हम एक प्रकार के मापनिक डब से इस मामले को देख रहे हैं । मैंने व्यक्तिगत रूप से इन से बात की और मेरा रवैया हुनेना ही इनके साथ बड़ा पिनझ रहा है । ध्यूरोलेसी का कही कोई मराम नहीं है । जब भी एसीजेंट करणा होना है तो ब्राड मरनेमेंड पालिसीय भी होती उहें नका मराम भी उस में उछला है, काइमेंड मिनिस्ट्री का मराम भी उछला है और छ सब बातों की कमीपर करणा पड़ना है । इसका मापनक बह नहीं होना है । बहुत तो ऐसी बरतें होती हैं किन का अमर दुबरी बरतों पर भी पड़ता है ।

श्री कूल चन्द वर्मा (उज्जैन) : कितने साल लगेगे ?

डा० कर्न सिंह : घायल ज्यादा मुझे इनकी किक है, बहुत ज्यादा है । मैं तो नब्बे दिन से इस में उलझा हुआ हू । यह न ममझे कि हम अपनी नरफ से कोई डील कर रहे हैं । हम तो दिनरान इस में लगे हुए हैं । बल्कि धन्य जो कार्य वे और जो मुझे करने थे हैन्स और फेमिली प्लानिंग के वे बिम्कुन रह गए हैं । मैं इसी में उलझा हुआ हू ।

13. hrs

मैं यह भी जानता हू कि जनता का कष्ट हो रहा है । इसी लिए मैं ने धारभ मे ही डाक्टरों से कहा था कि उन्होंने अपनी बात कह दी है, हम सोच रहे हैं, यह स्ट्राइक वाला निर्मासला मुझे पसंद नहीं है, वे अपनी कार्य करें, हम उन की समस्याओं को देखेंगे । दुर्भाग्य से उन्होंने वह बात नहीं मानी । धरने वे उस बात को मान लेने और काम पर बापिम चले जाने, तो धारा यह स्थिति न होती ।

धारा स्थिति यह है कि हम धरमक प्रयत्न कर रहे हैं । मैं स्वयं प्रयत्न कर रहा हूँ कि यह मामला किमी न किमी तरीके से सुलझ जाये । मैं स्वयं ममझना हू कि ज्यादा देर तक इस डग में नहीं चल सकता है । जैसा कि पंडित जी ने कहा है, सीनियर डाक्टरों पर बहुत बोझ पड़ रहा है । बदमचयी जुग हो रही है । सीनियर डाक्टरों कह रहे हैं कि हमारा धरमान हुआ है । मैं इन को देख रहा हू ।

माननीय सदस्य ने कहा है कि दो दिन में स्टेटमेंट दिया जाये । जिनका जोझ हो सकेगा, मैं स्टेटमेंट से कर इस हाउस के मामने धारागा । लेकिन जो चीज मेरी अमना मे बाहर होती है, मैं उस को पूरी कर के ही आ सकता हू । इस लिए, उपाध्यक्ष महोदय, मैं घायल के माध्यम से इस हाउस को यह धारबामन दे सकता हू कि मैं जल्दी से जल्दी उन्हा तक सबब हो सके, उन की सबब करने की कोशिश करूँगा ।