

RAJYA SABHA

***SYNOPSIS OF DEBATE**

(Proceedings other than Questions and Answers)

Friday, July 22, 2022/ Ashadha 31, 1944 (Saka)

PRIVATE MEMBERS' BILLS

Following Bills were introduced:

1. The Waqf (Amendment) Bill, 2022
2. The Right of Children to Free and Compulsory Education (Amendment) Bill, 2022
3. The Constitution (Amendment) Bill, 2022. (Amendment of Articles 4, 55, 81 Etc.)
4. The Compulsory Voting Bill, 2022
5. The Bengal Freedom Fighters Memorial Bill, 2022
6. The Indian National Army Regiment Bill, 2022
7. The Constitution (Amendment) Bill, 2021 (Amendments of Articles 246 and 254)
8. The Central Public Sector Enterprises (Protection of Interests of States) Bill, 2022
9. National Commission for the Welfare of Home-Based Workers Bill, 2022

***This Synopsis is not an authoritative record of the proceedings of the Rajya Sabha.**

THE RIGHT TO HEALTH BILL, 2021

PROF. MANOJ KUMAR JHA, moving the motion for consideration of the Bill, said: This Bill intends to provide for health as a fundamental right to all citizens and to ensure equitable access and maintenance of a standard of physical and mental health conducive to living a life in dignity. We are witness to the historic moment when things were slipping out of our hands. Our approach to health has been fatalistic, our approach to life has been fatalistic in this country. When somebody dies, we say it had to happen, he had to go. According to Government's own figures, two lakh and seventy five thousand people died in Covid. I still believe and most of you will agree that these deaths are not just because of the pandemic, but because of the collapse of the system. Let us move health out of this fatalistic approach into a doable proposition. Let us develop such a policy, under which whenever there is a pandemic in the future, we do not become helpless, desperate and disappointed in front of it. Because we all remember that at that time there was a curfew-like silence in the whole country, but there used to be screaming, crying sometimes for oxygen, sometimes for hospital beds. The only reason behind it was that the seriousness that should have been about health was lacking in our concept, in our imagination, in our political imagination. I think even during the pandemic, we saw a lack of political will. The government or governments that can give advertisements worth crores of rupees, can they say that they do not have the resources. Freebies, this free ration, free medicine, since you are a welfare state, then the use of this word free should be stopped. Now by using the word free you are insulting a large population. They are insulted and none of us has the right to insult our citizens. Don't turn your responsibility into a bailout. There is a big difference between a responsibility and a doleout. If democracy is to be kept alive, then there should be such sensitivity in everyone, otherwise in the name of democracy this building will survive or democracy will go to museum. Right to Life, which is a Fundamental Right, how do we address that issue of Right to Life unless we have the corresponding rights available? Now, what are those corresponding rights? One of them is the right to

health .There are judicial pronouncements, clear, unambiguous pronouncements and observations, that right to health should be integrated with Right to Life if we wish to achieve the wholesomeness of Right to Life. I don't know why we are getting delayed in understanding such a thing. I am not anti-market, it should not be taken otherwise. I know the market moves on profit and loss, but life doesn't run on profit and loss perspective. If we look at life from the point of view of profit and loss, life will be heavy in the scales. If that is overwhelming, then I think a rein is necessary in the surrender of our entire healthcare system to the market. I just want that you do not give so much freedom to the market that the common citizen becomes a slave, the common citizen is left with no option. By linking health with the right to life and taking it as a fundamental right, there will be no wrongdoers or any wrongdoing in the market, and we will have solid systems. This is our mistake, our failure, this is the failure of our system. I am saying this because migration also happens due to medical reasons. When there is migration due to medical reasons, an entire house moves. He comes to Delhi and takes shelter, takes a rented house, arranges for the kitchen, whether his health improves or not, his life ends. He goes into poverty. Controlling medical poverty is the only solution to the medical migration due to which lots of families get devastated. We had read till now about absolute poverty, relative poverty, and now there is a new concept called 'medical poverty'. Medical poverty is the reason and outcome of our failure to address the core issues, failure to provide affordable healthcare, universal healthcare and accessible healthcare. I would like to say that in the 75th Year of India's Independence, celebrating Independence, worshipping and celebrating the heroes, having tricolour at every home is important. These symbols are very important, but democracy and our collective will should move beyond hollow symbolism. We must address the core issues and there is nothing more important than ensuring that everybody gets free healthcare irrespective of strata, irrespective of the location, irrespective of the reason, irrespective of the voting pattern or voting behaviour, and I would reiterate 'never call it free'. This House must urge the Government that the GDP we spend on health should be toned up. You have no equipment, no challenge, no priority, better than health and education. This insurance model of health care is actually

heavily tilted in favour of the insurance companies. This health care insurance model is actually heavily tilted towards insurance companies. If your concern is about Indian citizens, then you should reconsider the insurance model. I have already talked about GDP, it is a state subject, but you look at the schemes of the central government on health and see the schemes of the states. If any citizen of our country is not mentally healthy, not physically healthy, then it gives a challenge to all of us that since we are unwell, we are not worried about their health. This discussion is beyond the scope of the parties. When death comes in this kind of pandemic, voting does not come after seeing the pattern, so we all have to take a resolution and urge the government. This entire House today is also a tribute meet to those deaths, and to those dead there is a guarantee from the House that we will very soon restore the system that such deaths do not happen again in your category.

SHRI RAKESH SINHA: If education and health are discussed in the House in which we are sitting and if we do not discuss it by rising above politics, then we do injustice not only to the present but also to the generations. In this country, 20-25 percent people have been getting insurance and 30-40 percent people are those who were not in a position to get insurance. In medical terminology and technical terminology, they were called 'missing middle'. Those in the middle could not access insurance. There is no need to count the number of years since India got independence in 2014. We have not made statistics of those 'missing middle'. Revolutionary work has been done in the field of insurance. The 'National Health Insurance Scheme' was launched by the Prime Minister in 2018. Under the "National Health Insurance Scheme", 10.9 crore families, 49 crore individuals were covered under this insurance. Today insurance is available from Kashmir to Kanyakumari. In 1946, the Health Survey and Development Committee of India recommended that India should have a central institute in the field of health. This recommendation was made in 1946 and AIIMS was established in 1956. Till 2014, there were 7 All India Institutes of Medical Sciences in our country. From 2014 to 2022, we built 16 AIIMS. There will be no region in India which does not have an All India Institute of Medical Sciences. Now no sick person will need to come to Delhi, because he will be treated in his own area. If this is not a right to health, then what is? We

have exceeded the World Health Organization's figure which said that there should be one doctor over a population of 1,000. For change in society, fundamental reforms are needed, the socialism you were talking about in the field of health, we have seen that socialism since 1948. In the field of health, people used to run to get treatment from quacks, but the doctor was not available. Today we have brought the number of doctors to 1.33 doctors per 1,000 population, if this is not a right to health, then what is? There is a small question related to health in this country, which was neglected by the governments and the system here. Earlier those people were called handicapped. The Prime Minister changed its terminology and called them Divyang instead of handicapped, and the Right of Persons with Disabilities Act, 2016 was introduced. Today seven crore people are benefiting from it. As our lifestyles are changing, so are the nature of diseases. A government has to be sensitive in this matter. You will find people with such rare diseases in villages and cities. People suffering from rare diseases kept dying for the last 25 years. The Prime Minister, Shri Narendra Modi formulated the National Policy for Treatment of Rare Diseases in the year 2017. In 2014, the Prime Minister formed AYUSH ministry. Apart from this, keeping in view the importance of Ayurveda, the number of Ayurveda colleges were increased and 47 new Ayurveda and Unani colleges were established, where today there are about 42 thousand seats of Ayurveda and 4 thousand seats of Unani. We undertook the Covid vaccination campaign in the country and outside the country as per the spirit of 'Vasudhaiv Kutumbakam'. The image of the country in the health sector should not be tarnished and the Lancet should not be emulated. The importance of providing generic medicines and sanitary napkins to the poor people through 'Jan- Aushadhi Centres' by the Prime Minister should be understood. He has changed the whole foundation of the health sector, that must be acknowledged.

SHRIMATI RAJANI ASHOKRAO PATIL: This is an important Bill. The condition of government hospitals is very miserable. Eight days ago, when I was in need of urgent medical attention, I had to suffer a lot for three hours to get treatment at Ram Manohar Lohia Hospital. If this can happen to us, plight of common people can be imagined! Two days ago, a pregnant lady kept requesting doctors

overnight for her delivery at Safdarjung Hospital, but she was denied admission and she had to deliver the baby outside the hospital. We all have suffered a lot during Covid pandemic and our MPs also became victims. The issue of mental health is very important, which should be discussed separately. In Beed district of Maharashtra, women who pluck sugarcane, get hysterectomy done to increase their efficiency. The Health Minister needs to pay attention to this. Abortion of girls is happening in high number in Beed district, which needs attention. More hospitals and educational institutions are required in this country.

DR. AMAR PATNAIK: Right to health is already a Fundamental Right. This has been pronounced by the Supreme Court in July 2020. It is the duty of the State to ensure the right to health. A separate Right to Health Bill, 2021 makes no sense. There is another structural defect in the Bill. Everything, which has been mentioned in this Bill, is already covered under separate legislations. Bringing in more legislation or more provisions will not really solve the problem. The life expectancy has climbed up because every Government has tried to create some health infrastructure. The out-of-pocket expense in India going towards health expenditure is very high. Therefore, there is a need for universal health coverage. Post-pandemic, the people have realised that none is safe until everyone is safe. To ensure right to health, we have to ensure that health infrastructure is available. The real concern is where will the State resources come from? In Odisha, we have the Biju Swasthya Kalyan Yojana. We are not subscribing to Ayushman Bharat because our scheme ensures health for all in a true sense. Every APL or BPL family member can walk into a Government hospital and can get all kinds of treatment free of cost. This can become the ideal model, but it will require more resources. The Centre should move from an insurance model to a rights-based health model where every citizen of India can walk into a hospital and get free medical treatment.

DR. K. KESHAVA RAO: This Bill aims to make 'health' a fundamental right. Right to life is intrinsic to right to health. There is a scope for legislation by the States and, at the same time, the Centre can also legislate without disturbing the rights of the States. The subject 'health' is something which should not be politicized. Clause 7 of the

Bill is related to funding. The expenditure on health must go from 1.4 per cent of the GDP to 3 per cent. The concerns of the citizens are only two, health and education. Most important of all the expenditure that we do is on medical treatment. About 61 per cent of the expenditure of an ordinary middle class family is on health. So, to relieve them, the Government must step in in a big way and see that the insurance scheme you are talking about, not just 'Ayushman' but whichever insurance scheme the Government brings in, is for all the people or individuals.

SHRI JOHN BRITTAS: Me being from Kerala, which is a model State regarding the health matters, I do expect the Chair to be a little benevolent to me. If education can be brought as a Fundamental Right, there is no harm in making health a fundamental right. Though implicitly it is part of the right to life, but health needs to be given the importance that it deserves. The biggest problem is resources. In Kerala, 80 per cent of the health needs are catered to by the Government sector and just 20 per cent by the private sector. Besides, during the Covid period, 95 per cent of the Covid patients were treated free of cost by the Government sector in Kerala. Only five per cent of them went to the private hospitals. Also, out of that five cent, three per cent were supported by the Karunya Subsidy Scheme. Compared to the previous Revised Estimates, there has been hardly a 0.2 per cent increase despite the fact that the Covid pandemic broke out. Every year, six crore people are plunged into poverty because they approach hospitals for their health needs which is really shameful. We have to think about this. We are pushing people to poverty. We must consider health as a Fundamental Right.

DR. FAUZIA KHAN: We need to provide more emphasis to the right to health because without that, the entire country is suffering. The population of a nation can be productive only if its individuals are physically and mentally healthy. Unfortunately, the current healthcare system in India reflects an economic and a social gap in accessing quality healthcare for all its citizens. The way the Right to Education Act was brought in for providing free and compulsory education to all the children of the country, the same way the right to health must be enacted. If this Bill is not accepted, the Government must come in with the Bill

providing free healthcare to all. The Government needs to increase expenditure on health. Unless it is done, we cannot provide the huge population of India the relief from the ills that they go through. We have the Ayushman Bharat Scheme, but as Dr. Amar Patnaik has mentioned, we need to include in-patient and out-patient under it. Presently, it is only for in-patient and there is no out-patient coverage. The primary healthcare must be included here. Besides, a pricing strategy committee must be made to make sure that the citizens are not exploited financially. I urge the hon. Minister to please consider the problems of rare disease patients and help them with the required amount of money so that these little children can be saved by just a little help by the Government. Instead of enhancing the fund for healthcare, we are applying the GST on hospital rooms. I think imposing GST not only on food items but also on hospital treatment is cruel. The Government must withdraw this decision immediately.

SHRIMATI RANJEET RANJAN: Today, we have brought a Bill on a very important issue - 'The Right to Health Bill, 2021', which has been pending since 2021. I heard Prof. Manoj Jha ji and after him Shri Rakesh Sinha ji of our ruling party. Actually, Rakesh ji was speaking on behalf of BJP and the ruling party. Just as there is a constitutional right to life, there is definitely a constitutional right to protection from diseases. Right should also be there in this country, which currently is not there in place. Shri Rakesh ji has claimed as if the entire 140 crores of people have got the constitutional Right to Health. Today, the insurance of Rs 5 lakh is not considered valid at various private hospitals. If some of them agree, then in the name of treatment, they withdraw full five lakh rupees from your card. In our country, there is no admission and treatment in hospitals without the recommendations of the political leaders. There is no facility of kidney transplant, dialysis in the hospitals. The Chemotherapy is not available in for cancer cases. Today, there is a lack of basic diagnosis services at Primary Health centres in states like Bihar, Bengal, Haryana or Punjab. If the Government does not work, then the job of the opposition is to criticize the Government. Please give the details of work done by you during last eight years. Today, the health sector condition is bad. Some of my sisters are laughing. This is a serious matter . During Corona period, I

used to get 200-300 calls. People were ready to buy Oxygen cylinders even for Rupees 1.5 lakhs. The Remdesivir sold for Rs 15,000 to Rs 40,000. You were just talking about rare diseases. The Oxygen cylinder you gave for Rupees 1.5 lakh, it gave people a disease called 'Black Fungus'. A close relative of mine also became a victim of this. The doctors have told that the water mixed Oxygen cylinder was not for the people but for the use in the factory. As a result of which people lost their lives and they also got diseases of eyes, nose, brain and jaw etc. Just now, Rakesh ji was counting the achievements of the Government. People were suffering from Corona and medicines were not available. I am proud so say that there was never a shortage of Oxygen in the hospitals built by the Congress in Delhi. In the Corona period, all the private hospitals were there to make only profits. Today, we do not give proper treatment to our poor, rural, BPL, APL and serving employees. I am not accusing anyone, but I am telling the situation of the country. There is no treatment for a person with unusual burns. These speeches will not work, but both the intention and the policy should be right. Even the Bhutan and Sri Lanka are better than us in terms of GDP share for health care. Hence, in our country also everyone should get the Right to Health.

DR. ANIL SUKHDEORAO BONDE: Today, I am participating in the discussion on the Bill introduced by our Hon'ble Member Manoj Kumar Jha. I have seen in this House that some people have got the disease of speaking untruths and spreading false information. The time of COVID was challenging for doctors, administrators and Government. Countries all over the world are disturbed by such a global pandemic that comes once in hundreds of years. The problems arise, no matter how much good facilities a country has. In such a situation, the solution is found only through coordination between the government and other institutions. In the initial phase, there was a lack of information, but very soon our respected Prime Minister Shri Narendra Modi ji communicated the information to all the citizens. He explained the importance of social distancing, wearing of masks and washing of hands. For this, ASHA workers, Anganwadi workers also made people aware by reaching them door to door. The Government had promised that we will make indigenous vaccines. The Covaccine and

Covishield were developed indigenously. There were some people in India who were saying that this is the Modi vaccine, we will not avail it. About 20 percent of people didn't get vaccinated because of this propaganda. Later on, people understood and today most of the people above 18 years of age have got two doses of the vaccine. Our mantra of '*Sarve Bhavantu Sukhin: Sarve Santu Niramayah*' also talks about the Right to Health. This is not a new concept for us. Today, medicines worth Rs 300 are available for Rs 30-40 through Jan Aushadhi Kendras. The states should also play their role. The subject of health should be covered under Concurrent List. Now patients can get better treatment of cancer and other serious diseases through '*Ayushman Bharat Yojana*'. If the spiritual and psychological health is also included in this, then it will be a good step. Many organizations and people are ready to do funding for this noble cause. There should be a concrete designated autonomous agency that helps the poor through governance.

SHRI SANJAY SINGH: Today we are facing a situation, where not only India but the whole world is still battling an epidemic like Corona. We saw that farmers and labourers could not get treatment. Recently, when the Health Minister himself went to AIIMS hospital as a normal citizen, he was stopped there. He himself came to know what kind of difficulties a patient or his attendants actually have to face in the hospital. If even after 75 years of independence, a woman has to deliver her child under the cover of people in front of Safdarjung Hospital, then it is a matter of great embarrassment for all the members of the House. We all need to think where our health system is standing now? (*Speech unfinished*)

Discussion not concluded.

SPECIAL MENTIONS

1. Need to Review the Recent Hike in Rates of Goods and Services Tax

SHRI SANJAY SINGH: In our country, inflation is touching new heights every day. For the first time since independence, people will

have to pay a tax ranging from 5 per cent to 18 per cent on everything from flour to hospital rooms, ink, cremation and everything needed by the common man. Now people will have to pay tax on withdrawing money from their own savings account. About 19 crore people in the country are forced to sleep empty stomach every night. This step of the government will promote hunger, malnutrition and poverty in the country and will also make people crave for flour and rice. In view of the above critical circumstances, this decision needs to be reconsidered.

(Shri John Brittas, Dr. Amar Patnaik, Shrimati Vandana Chavan and Dr. Fauzia Khan associated.)

2. Need for inclusion of Ho, Mundari and Bhumij Languages in the Eighth Schedule to the Constitution

***DR. SASMIT PATRA:** Ho, Mundari and Bhumij languages should be included in the Eighth Schedule of the Constitution. This would help in fulfilling the aspirations of the tribal communities speaking these three languages in Odisha. The hon'ble Chief Minister of Odisha has also written a letter to the hon'ble Home Minister in this regard. The Ho language is spoken by about 10 lakh tribals, Mundari by 6 lakh tribals and Bhumij by about 3 lakh tribals. Central Government should take necessary steps to include these languages in the Eighth Schedule of the Constitution.

(Dr. Amar Patnaik associated.)

3. Digital Attendance of MNREGA Workers

SHRI AYODHYA RAMI REDDY ALLA: The Rural Development Ministry has passed an order which states that attendance for the MGNREGA scheme will be recorded by a mobile phone-based application--National Mobile Monitoring Software (NMMS) instead of manual attendance. The app makes mandatory for workers to upload two time stamped photos within a pre-determined time window designed by the App. By forcing the workers to stay for a specified number of hours irrespective of when they finish their work, the App is forcing a time rate

* Spoke in Odia.

basis payment for their wages. Requirement of a smart phone and access to the App to record attendance discourages women from being NREGA workers. Also, the App has been designed completely in English which would undermine the access of numerous poor workers. I request the Ministry of Rural Development to allow manual recording of attendance for MNREGA.

(Dr. Amar Patnaik, Shrimati Vandana Chavan and Dr. Fauzia Khan associated.)

4. Need for an Integrated Approach to Manage the Water Crisis in the Country

SHRIMATI VANDANA CHAVAN: The per capita availability of water has seen a decline of 75 per cent in the last 70 years. According to NITI Aayog, 21 major cities are already on the brink of exhausting their groundwater resources. In urban areas, the obstruction to recharging of groundwater due to poor city planning and the loss of green cover to make way for infrastructure projects, and in rural areas, the intensive cultivation of water guzzling crops like paddy and sugarcane are causing the present water crisis. We must aim for an integrated approach to water management with greater coordination between the many Ministries involved to address this crisis.

(Dr. Amar Patnaik, Dr. Fauzia Khan and Shri John Brittas associated.)

5. Need to Probe the Problems being faced by the Students in the Recently held UGC, NET Exam and CUET Undergraduate Exam

DR. V. SIVADASAN: The students appearing in the University Grants Commission - National Eligibility Test in various centres have faced many problems like inability to attend the exam, suboptimal conditions, delay in start and repeated logging off during the test. Many students were unable to attend the CUET undergraduate examination as they were informed upon reaching the centre that their allotted centre has been changed while others were told it has been rescheduled. There is a need to ensure that proper enquiry takes place into the causes of the glitch and the prestige and credibility of the national exams are restored.

The candidates who were denied of their rightful opportunity to write the exam should be given their fair chance.

(*Shri John Brittas, Dr. Amar Patnaik, Dr. Fauzia Khan and Shrimati Vandana Chavan associated.*)

ANNOUNCEMENT BY THE CHAIR

THE VICE-CHAIRMAN (DR. SASMIT PATRA): Hon. Members, the swearing-in ceremony of Shrimati Draupadi Murmu, President-elect will take place on Monday, the 25th July, 2022 in the Central Hall of the Parliament House. In order to facilitate the Members to attend that ceremony, hon. Chairman has decided that the Rajya Sabha will meet on that day at 2.00 p.m. instead of 11.00 a.m. Accordingly, the House is adjourned to meet at 2.00 p.m. on Monday, the 25th July, 2022.

P. C. MODY,

Secretary-General.

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