

49 වන කාණ්ඩය
5 වන කලාපය

බ්‍රහස්පතින්ද
1962 සැප්තැම්බර් 27



පාර්ලිමේන්තු විවාද

(හැන්සාඩ්)

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නිල වාර්තාව

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පරිපූරක මුදල [නි. 874]

பாராளுமன்ற விவாதங்கள்

(ஹன்சாட்)

பிரதிநிதிகள் சபை

அதிகாரபூர்வமான அறிக்கை

பிரதான உள்ளடக்கம்

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குறைநிரப்புந் தொகை [ப. 874]

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PARLIAMENTARY DEBATES

(HANSARD)

HOUSE OF REPRESENTATIVES

OFFICIAL REPORT

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පෙත්සම්

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PETITIONS

ඩබ්ලිව්. දහනායක මයා. (ගාල්ල)

(තිල. උප්පිය. තනතුරු—කාලි)

(Mr. W. Dahanayake—Galle)

I present a petition from Mr. O. D. Samsudeen of No. 51/23, Piachaud's Lane, Maradana, Colombo. He states that he joined the Medical Department in 1927 and was discontinued after 18 years' service. Thereafter, he was reinstated. He retired recently. In the computation of his pension the Treasury has taken into account the 18 years' service which he had put in before discontinuance and had refused to take into account the years of service after his reinstatement. He prays that his pension should be calculated for the full period of service.

මහජන පෙත්සම් කාරක සභාවට පැවරිය යුතුයයි
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2—ආර් 4929—769 (62/9)

ඩී. පී. ආර්. වීරසේකර මයා. (රත්න
පුරය)

(තිල. උ. පී. ආර්. වීරසේකර—රත්නපුරය)

(Mr. D. P. R. Weerasekera—Ratnapura)

I present a petition signed by 132 residents of Kuruwita for certain relief which they ask in regard to a roadway leading through their village. They are petitioning Parliament since they have been unable to get relief from the various Ministries involved and as they feel that this is a very important road, they think they may be able to get relief if the petition is presented directly here.

මහජන පෙත්සම් කාරක සභාවට පැවරිය යුතුයයි
නියෝග කරන ලදී.

වරප්‍රසාද කඩ කිරීම: පාර්ලිමේන්තු

මන්ත්‍රීන් පිළිබඳ ප්‍රකාශය

අනුප්‍රාප්තික මිත්‍ර: පාර්ලිමේන්තු
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BREACH OF PRIVILEGE: REFERENCE TO
MEMBERS OF PARLIAMENT

අ. භා. 2.10

ඩබ්ලිව්. දහනායක මයා.

(තිල. උප්පිය. තනතුරු—කාලි)

(Mr. W. Dahanayake)

ගරු කථානායකතුමනි, තමුන් නාන්
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ප්‍රවාහණ පත්‍ර සියල්ලක්ම වාගේ මේ
කථාව පළ වී තිබෙනවා. දැන් මා තමුන්
නාන් සේගේ “දිනමිණ” පත්‍රයේ පළ වී
තිබෙන වාර්තාවෙන් මගේ ප්‍රශ්නයට වුව
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කැමතියි.

පාර්ලිමේන්තුව තුළ යක්ෂයෝ ප්‍රේතයෝ
හේන් පිටගෙදර හිමියෝ කියති

පාර්ලිමේන්තුව තුළ යක්ෂ, ප්‍රේත, කුම්භාණ්ඩ
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පිටගෙදර ඇතැයි හිමියෝ පැවසූහ.

වරප්‍රසාද කඩ කිරීම

පරිපාලන වාර්තා පළ නොකිරීම

[ඛනිලිව, දහනයක මයා.]

රියේ පැවති පිංකමේ හේතුවෙන් පිං ලබා ගෙන මැති ඇමතිවරුන්ට වින නොකර මෙයින් යන ලෙස ඉල්ලා කවුරුත් ඔවුන්ට පිං පැමිණිය යුතුයයි ද ඥානසිහ හිමියෝ කීහ.

මොවුන් මෙතෙක් පාර්ලිමේන්තු මන්දිරය අරක් ගෙන සිටි සමහර මැති ඇමතිවරුන්ට වැඩි සිටි බවත් ඥානසිහ හිමියෝ කීහ. නැසිගිය දේශපාලන ඥායන් හෝ වෙනත් පුද්ගලයන් හෝ භූතයන් වී මෙහි සිටීමට ඉඩ ඇති බවත්, මින් ඉදිරියට ඒ භූතයින් මැති ඇමතිවරුන්ට ආවේශ නොවී මෙයින් පිට වී යනු ඇතැයි විශ්වාස කළ හැකි බවත්, ඒ හිමියෝ පැවසූහ.

මෙම පුවතේ තවත් කොටස් තිබෙන නමුත් මා එය කියවන්න යන්නෙ නැහැ. ඒ නිසා මෙම ප්‍රකාශය කෙරෙහි තමුන් තාත්සෙගේ කල්පනාව යොමු කළ යුතු බවයි මා කියන්නෙ. යක්ෂ, ප්‍රේත, භූතා දීන් මෙම පාර්ලිමේන්තුව තුළ අධික වී සිටින බවත්, එමෙන්ම ඔවුන් මේ ආණ්ඩුවේ මැති ඇමතිවරුන්ගේ ශරීරවලට ඇතුල්වී සිටින බවත්, එම ස්වාමීන් වහන්සේගේ කථාවෙන් පෙන්වා දී තිබෙනවා. “නැසි ගිය දේශපාලනඥයන් හෝ වෙනත් පුද්ගලයන් හෝ භූතයන් වී මෙහි සිටීමට ඉඩ ඇතැ”යි මෙහි කියා තිබෙනවා. ගරු කථානායකතුමනි, නැසි ගිය ජන නායකයින් හතර දෙනෙකුගේ මාන ශරීර අවසාන කෘතීන් නිම කරන්න කලින් මෙම පාර්ලිමේන්තු මන්දිරය තුළ මහජන ප්‍රදර්ශනය පිණිස, තැබූ බව අප දන්නවා. පිළිවෙලින් ඒ තම මෙසේයි සර් ඩී. බී. ජයතිලක, සර් පැරන්සිස් මොලමුරේ, අති ගරු ඩී. එස්. සේනානායක සහ ගරු එස්. ඩබ්ලිව්. ආර්. ඩී. බණ්ඩාර නායක. මා මේ තම සදහන් කළ ප්‍රභූන්ගේ මාන ශරීර හතර පමණයි. මෙම පාර්ලිමේන්තු මන්දිරයේ තැබුවේ. මෙම ගරු ස්වාමීන් වහන්සේගේ ප්‍රකාශයේ හැටියට නැසි ගිය මෙම ප්‍රභූවරුන් හතර දෙනා භූතයන් වී මෙම සභා මන්දිරයේ සිටිනවාද කියා අප දන්නෙ නැහැ. කෙසේ හෝ වේවා, ස්වාමීන් වහන්සේ කළ මෙම ප්‍රකාශය අප අතරෙන් වෙන්ව ගිය, මේ රටේ ජාතික විරයන් සහ ප්‍රභූවරයන් වශයෙන් සැලකෙන පුද්ගලයින් හතර දෙනෙකුට කළ අවනම්බුවකැයි මා කල්පනා කරනවා. ඒ නිසාම මෙම ගරු සභාවේ ගරුත්වයද කෙලසි ගොස් තිබෙන බවයි මගේ අදහස. තවද මෙම පාර්ලි

මේන්තුවේ මැති ඇමතිවරු තමන්ගේ රාජකාරී සියල්ලක්ම ඉතා හොඳින් කල්පනාකාරීව කරනවා. දැන් මේ සවාමීන් වහන්සේගේ කියමනේ හැටියට සමහර මන්ත්‍රීවරුන්ට ඡන්දය දීම සම්බන්ධයෙන් බල පෑමක් කරනවා වගෙයි ප්‍රේතයෝ—මේ මැරීව්ව අය. ඒ අනුව මේ කථාව දැන් සිටින ගරු මන්ත්‍රීවරුන්ගේ ගෞරවය කෙලසන පිළිවෙලේ එකක් හැටියටයි, සලකන්නට තියෙන්නෙ. අපේ ගෞරවය රැක ගන්න නායකයා හැටියට මේ කථාව ගැන පරීක්ෂා කර තීන්දුවක් දෙන මෙන් මම තමුන්තාත්සේගෙන් ඉතාමත් කරුණාවෙන් ඉල්ලා සිටිනවා.

කථානායකතුමා

(சபாநாயகர்)

(Mr. Speaker)

මම ඒ ගැන පරීක්ෂා කරනවා.

පරිපාලන වාර්තා පළ නොකිරීම:
ගරු සී. පී. ද සිල්වාගේ ප්‍රකාශය

பரிபாலன அறிக்கைகள் வெளியிடப்படாமை :

கௌரவ சீ. பி. டி சில்வா அவர்களது

அறிக்கை

NON-PUBLICATION OF ADMINISTRATION
REPORTS : STATEMENT BY HON. C. P.
DE SILVA

ගරු සී. පී. ද සිල්වා (කෘෂිකර්ම, ඉඩම්,
වාරිමාර්ග, විදුලි බලය හා මුදල් කටයුතු
පිළිබඳ ඇමති හා සභානායක)

(கௌரவ சீ. பி. டி சில்வா—கமக்தொழில்,
காணி, நீர்ப்பாசன, மின்விசை, நிதி அமைச்சரும்
சபை முதல்வரும்)

(The Hon. C. P. de Silva—Minister of
Agriculture, Land, Irrigation, Power and
Finance and Leader of the House)

I wish to make a personal explanation. Last Friday when the Supplementary Supply for the Government Press was discussed the question of non-publication of the Administration Reports of the Government Printer was mentioned and the attention of the House was invited to a circular issued by the Secretary to the Treasury in accordance with which these Reports were not published.

පරිපාලන වාණී පළ නොකිරීම

කේ. එම්. පී. රාජරත්න මයා. (වැලිමඩ)
(திரு. கே. எம். பி. ராஜரத்ன—வெலிமடை)
(Mr. K. M. P. Rajaratna—Welimada)
සිංහලෙන් කියන්න.

ගරු සී. පී. ද සිල්වා
(கௌரவ சி. பி. டி. சில்வா)
(The Hon. C. P. de Silva)

ගරු කළානායකතුමනි, ගිය සිකුරාදා ආණ්ඩුවේ අවිටු කන්තෝරුවේ පරිපූරක ඇස්තමේන්තුවක් ගැන විවාදය පැවැත් වුණු වෙලාවේ ඒ දෙපාර්තමේන්තුවේ අවු රුදුපතා රපෝර්තුව අවිටු නොගැසීම ගැනත් මතක් කළා. ඒ සමගම භාණ්ඩාගාරයේ ස්ථාවර ලේකම්තුමා විසින් අරිත ලද චක්‍ර ලේඛනයක් ගැනත් ගරු මන්ත්‍රී වරු සඳහන් කළා. ඒ වෙලාවෙදි ගරු මන්ත්‍රී වරු ඇහුවා, මේ චක්‍ර ලේඛනය ඇරියේ ඇමති මණ්ඩලයේ තීරණයක් අනුවද කියා. එවැනි තීරණයක් ගැන මට මතක නැහැ කියා මම කියා සිටියා. මම ඊට පස්සෙ මේක ගැන සොයා බැලුවා. ගිය අවු රුද්දේ ඔක්තෝබර් මාසයේ ඇමති මණ්ඩලය තීරණයක් අරගෙන තියෙනවා. ඒ තීරණය උඩයි, මේ චක්‍ර ලේඛනය ඇරලා තියෙන්නෙ.

ඩී. ෂෙල්ටන් ජයසිංහ මයා. (වත්තල)
(திரு. டி. செல்டன் ஜயசிங்ஹ—வத்தளை)
(Mr. D. Shelton Jayasinghe—Wattala)
බොහොම අපූරුයි.

ගරු සී. පී. ද සිල්වා
(கௌரவ சி. பி. டி. சில்வா)
(The Hon. C. P. de Silva)

මේක ගැන කියන්නට මම තමුත්තාත් සෙගෙ අවසරය ඉල්ලුවේ, ඒ දෙපාර්තමේන්තුවේ ස්ථාවර ලේකම්තුමා ගැන වැරදි හැඟීමක් ගරු මන්ත්‍රීවරුන්ගේ හිත් තුළ තිබෙනවා නම් ඒක හරිගැස්සීම පිණිසයි.

ඩබ්ලිව්. දහනායක මයා.
(திரு. டப்ளியு. தகநாயக்க)
(Mr. W. Dahanayake)

ගරු කළානායකතුමනි, ඒ තීන්දුව අනුව සියලුම ඇමතිවරු ඒකට වග කිව යුතු නොවේද කියා මම අහන්නට කැමතියි.

පරිපාලන වාණී පළ නොකිරීම

ගරු සී. පී. ද සිල්වා
(கௌரவ சி. பி. டி. சில்வா)
(The Hon. C. P. de Silva)
එහෙමයි.

කේ. එම්. පී. රාජරත්න මයා.
(திரு. கே. எம். பி. ராஜரத்ன)
(Mr. K. M. P. Rajaratna)

තමුත්තාත්සෙ ඒකට එකඟ නැහැ කියල කිව්වේ?

ගරු සී. පී. ද සිල්වා
(கௌரவ சி. பி. டி. சில்வா)
(The Hon. C. P. de Silva)

එහෙම කැබිනට් තීරණයක් ගැන මට මතක නැහැයි කියල කිව්වා. ගරු මන්ත්‍රී වරුන් කී අදහස් මම නැවත ඇමති මණ්ඩලයට ඉදිරිපත් කිරීමට බලාපොරොත්තු වෙනවා.

ජයසිංහ මයා.
(திரு. ஜயசிங்ஹ)
(Mr. Jayasinghe)

කරුණා කරලා ඇමති මණ්ඩලයට කරුණු ඉදිරිපත් කරලා තමුත්තාත්සෙ ඒ තීරණය වෙනස් කරනවාද?

ගරු සී. පී. ද සිල්වා
(கௌரவ சி. பி. டி. சில்வா)
(The Hon. C. P. de Silva)

මගේ පෞද්ගලික අදහස නම් පාර්ලිමේන්තුවෙන් යම් දෙපාර්තමේන්තුවකට මුදල් වෙන් කරනවා නම් ඒ දෙපාර්තමේන්තුවෙන් ඒ මුදල්වලින් කළ වැඩ පිළිබඳව පාර්ලිමේන්තුවට වාර්තාවක් ලබා ගැනීම සුදුසු බවය කියායි, මම එදා කියා සිටියේ.

කේ. එම්. පී. රාජරත්න මයා.
(திரு. கே. எம். பி. ராஜரத்ன)
(Mr. K. M. P. Rajaratna)

ඒ අනුව ඔප්පු වෙනවා, තමුත්තාත්සෙ චක්‍ර ලේඛනයට විරුද්ධ බව.

ගරු සී. පී. ද සිල්වා
(கௌரவ சி. பி. டி. சில்வா)
(The Hon. C. P. de Silva)

ඒක මගේ පෞද්ගලික අදහස.

மன்றி மன்றலயே கடுயுது

மன்றி மன்றலயே கடுயுது

மன்றி மன்றலயே கடுயுது

சபை அலுவல்

BUSINESS OF THE HOUSE

மரு. சி. பி. டி. சில்டா

(கௌரவ சி. பி. டி. சில்டா)

(The Hon. C. P. de Silva)

I move,

That notwithstanding the provisions of Standing Order No. 24, the Motions appearing as items 13 to 16, 18, 19, 26, 27 and 36 on the Paper be proceeded with this Day.

லேஸ்டி குனுவர்டென மய. (பாநடூர்)

(திரு. லெஸ்லி குனுவர்தன—பாணந் துறை)

(Mr. Leslie Goonewardene—Panadura)

I do not think there is any objection to item 36 being taken up today but with regard to items 13 to 16, 18, 19, 26 and 27 they have only just been presented. I think, this matter could not have been brought to the notice of the Hon. Leader of the House. Probably the Treasury in its usual blundering way wanted these items passed before the end of the year. I suggest that these be taken up tomorrow.

மரு. சி. பி. டி. சில்டா

(கௌரவ சி. பி. டி. சில்டா)

(The Hon. C. P. de Silva)

I agree with that suggestion that those items may be taken up tomorrow. I also wish to mention that I inquired from the Treasury how many items on the Order Paper can be allowed to stand down so that they can be taken up during the next financial year and they have referred to 58 items that can be allowed to stand down; so we have to discuss only about 38 items.

வெல்டி. டஹநாயக மய.

(திரு. டப்ளியு. தகநாயக்க)

(Mr. W. Dahanayake)

I understand that you are placing some more Supplementary Estimates before the House tomorrow.

மரு. சி. பி. டி. சில்டா

(கௌரவ சி. பி. டி. சில்டா)

(The Hon. C. P. de Silva)

They would not be taken up.

வெல்டி. டஹநாயக மய.

(திரு. டப்ளியு. தகநாயக்க)

(Mr. W. Dahanayake)

What are you taking up tomorrow ?

கடாநாயக மய.

(சபாநாயகர்)

(Mr. Speaker)

Does the House agree ?

சி. பி. டி. குனுவர்டென மய. (அவிஸ்டா வெல்டி)

(திரு. டி. பி. ஆர். குனுவர்தன—அவிசாவலி)

(Mr. D. P. R. Gunawardena—Avisawella)

We want to know what we are agreeing to ?

மரு. சி. பி. டி. சில்டா

(கௌரவ சி. பி. டி. சில்டா)

(The Hon. C. P. de Silva)

The hon. Member for Panadura (Mr. Leslie Goonewardene) wanted to know whether these items can be taken up tomorrow and I said, "yes."

புஷ்டய விமசன டீன் கலாசலிமன வி.

மரு. சி. பி. டி. சில்டா

(கௌரவ சி. பி. டி. சில்டா)

(The Hon. C. P. de Silva)

In the second Motion I wish to make a small change.

சயசிங் மய.

(திரு. ஜயசிங்ஹ)

(Mr. Jayasinghe)

Why could not you have altered the Order Paper ?

மரு. சி. பி. டி. சில்டா

(கௌரவ சி. பி. டி. சில்டா)

(The Hon. C. P. de Silva)

I move,

That the proceedings on items 1 to 97 appearing on the Paper be exempted at this day's sitting from the provisions of Standing Order No. 8 excluding the following items : 4, 6, 11, 13, 15, 17, 28, 29, 30, 34, 36, 39, 40, 41, 42, 44—

මන්ත්‍රී මණ්ඩලයේ කටයුතු

වී. ඒ. කන්දසියා මයා. (කයිට්ස්)

(තිரு. ඩී. ඒ. ආර්. ආර්. කන්දසියා—කයිට්ස්)
(Mr. V. A. Kandiah—Kayts)

Will you read the numbers slowly.
We cannot follow.

ගරු සී. පී. ද සිල්වා

(කෙළරාච්ඡි. පී. ඩී. සිල්වා)

(The Hon. C. P. de Silva)

May I get this cyclostyled and given
to hon. Members before the tea
interval?

ඩබ්ලිව්. දහනායක මයා.

(තිரு. ඩබ්ලිව්. දහනායක)

(Mr. W. Dahanayake)

Will those be taken up tomorrow?

ගරු සී. පී. ද සිල්වා

(කෙළරාච්ඡි. පී. ඩී. සිල්වා)

(The Hon. C. P. de Silva)

We will finish them today and
tomorrow.

ඩබ්ලිව්. දහනායක මයා.

(තිரு. ඩබ්ලිව්. දහනායක)

(Mr. W. Dahanayake)

It is not clear what you are going
to take up today and tomorrow. We
must get ready for tomorrow also.

ගරු සී. පී. ද සිල්වා

(කෙළරාච්ඡි. පී. ඩී. සිල්වා)

(The Hon. C. P. de Silva)

We will go in the order in which
they are, excluding the items that
are going to stand down. Tomorrow
also it will be the same thing. The
number on the Order Paper minus
58 items.

ඩී. බී. ආර්. ගුණවර්ධන මයා. (කොට්ටාව)

(තිரு. ඩී. බී. ආර්. ගුණවර්ධන—කොට්ටාව)

(Mr. D. B. R. Gunawardena—Kottawa)

මේ අතපසු කරන යෝජනා ගන්නේ
කවදාද?

ගරු සී. පී. ද සිල්වා

(කෙළරාච්ඡි. පී. ඩී. සිල්වා)

(The Hon. C. P. de Silva)

ලබන මුදල් වර්ෂයේ.

මන්ත්‍රී මණ්ඩලයේ රැස්වීම

ඩී. බී. ආර්. ගුණවර්ධන මයා.

(තිரு. ඩී. බී. ආර්. ගුණවර්ධන)

(Mr. D. B. R. Gunawardena)

එහෙයම් නිකරුණේ මුදල් වියදම් කර
මේ න්‍යාය පත්‍රයට ඇතුළත් කරන්නේ
ඇයි? නායකයෙක් වශයෙන් හරියාකාර
වැඩක් කරන්න එතුමාට තේරෙන්නේ
නැද්ද? මේවා දිනපතා වැඩ ලේඛනයට
ඇතුළත් වී තිබෙනවා. මොන වැඩක්
කරන්න එහි පිළිවෙලක් තිබේට ඕනෑ.
තමුත්තාන්සේලාට පිළිවෙලක් ඕනෑ
නැතුවට අපට ඕනෑ. අපට සූදානම් වී
එන්න අහවල් අහවල් කරුණු සාකච්ඡා
කරනවාය කියන්න ඕනෑ. අපි මෙතනට
එන්නේ නිකම් ඉඳලා ගෙදර යන්න නො
වෙයි.

ඩබ්ලිව්. දහනායක මයා.

(තිரு. ඩබ්ලිව්. දහනායක)

(Mr. W. Dahanayake)

අදයි හෙටයි සාකච්ඡා කරන්නේ මොන
වාද කියා අපට දැනගන්න ඕනෑ.

ජයසිංහ මයා.

(තිரு. ජයසිංහ)

(Mr. Jayasinghe)

හතරට කියනවාලු.

ප්‍රශ්නය විමසන ලදීත්, සහසම්මත විය.

මන්ත්‍රී මණ්ඩලයේ රැස්වීම

ආයතන මණ්ඩලය

SITTING OF THE HOUSE

ගරු සී. පී. ද සිල්වා

(කෙළරාච්ඡි. පී. ඩී. සිල්වා)

(The Hon. C. P. de Silva)

I move,

That this House at its rising this Day
do adjourn until 10 A.M. on Friday, 28th
September, 1962.

ප්‍රශ්නය සහසම්මත කරන ලදී.

ඩී. බී. ආර්. ගුණවර්ධන මයා.

(තිரு. ඩී. බී. ආර්. ගුණවර්ධන)

(Mr. D. B. R. Gunawardena)

අද කිය වන තුරු රැස්වීම පැවැත්
වෙනවාද? අපට ඒක දැනගන්න ඕනෑ.
අපට ඒක ස්ථිර වශයෙන් කියන්න.

ගරු සී. පී. ද සිල්වා

(කෙළරාච්ඡි. පී. ඩී. සිල්වා)

(The Hon. C. P. de Silva)

මට ඒක කියන්න අමාරුයි. කොයි වේලා
වේ ඉවරවේද කියන්න බැහැ.

மேன்மை மன்றம்

பரிசுரக இடம்: பேரவைத் தலைநிலை அமைதி
வாழ்வு மன்றம் பன் கரக டே காரக கலா

சே. ஸர். சீவர்தன மை. (தென்கு
கொழி பதிலுமே மென்மை)

(திரு. ஜே. ஆர். ஜயவர்தன—கொழும்புத்
தெற்கு முதலாம் அங்கத்தவர்)

(Mr. J. R. Jayewardene—First Colombo
South)

When do we sit again ?

சீ. ஸர். ஜெனர்தன மை.

(திரு. டி. பி. ஆர். குணவர்தன)

(Mr. D. B. R. Gunawardena)

We can sit on the 10th.

சு. சி. சி. டி. சி. சி.

(கௌரவ சி. பி. டி. சில்வா)

(The Hon. C. P. de Silva)

If the House wants it, we can start
on the 9th.

சீ. ஸர். ஜெனர்தன மை.

(திரு. டி. பி. ஆர். குணவர்தன)

(Mr. D. B. R. Gunawardena)

We will start on the 9th.

சு. சி. சி. டி. சி. சி.

(கௌரவ சி. பி. டி. சில்வா)

(The Hon. C. P. de Silva)

Let us say the 10th and 11th
October.

சே. ஸர். சீவர்தன மை.

(திரு. ஜே. ஆர். ஜயவர்தன)

(Mr. J. R. Jayewardene)

Government Business will be taken
up on the 10th ?

சு. சி. சி. டி. சி. சி.

(கௌரவ சி. பி. டி. சில்வா)

(The Hon. C. P. de Silva)

Government Business will be taken
up on the 11th. The House can sit
on the 10th and the 11th.

சு. மென்மைவரையன்

(கௌரவ அங்கத்தவர் ஒருவர்)

(An hon. Member)

Why not Friday the 12th ?

கலாநாயகர்

(சபாநாயகர்)

(Mr. Speaker)

I think you will have to decide it
tomorrow.

சு. சி. சி. டி. சி. சி.

(கௌரவ சி. பி. டி. சில்வா)

(The Hon. C. P. de Silva)

One day is enough.

சீவர்தன மை.

(திரு. ஜயசிங்ஹ)

(Mr. Jayasinghe)

One day is not enough. And you
must produce the Minister.

சே. ஸர். சீவர்தன மை.

(திரு. ஜே. ஆர். ஜயவர்தன)

(Mr. J. R. Jayewardene)

சு. கலாநாயகர், இது ப்ரஸ்தாபம்
அதன் கலாநாயகர். இது கலாநாயகர்
இது கலாநாயகர். இது கலாநாயகர்
இது கலாநாயகர். இது கலாநாயகர்
இது கலாநாயகர். இது கலாநாயகர்
இது கலாநாயகர். இது கலாநாயகர்
இது கலாநாயகர். இது கலாநாயகர்

இது கலாநாயகர்.

(திரு. டபிள்யூ. தகனாயக்க)

(Mr. W. Dahanayake)

இது கலாநாயகர். இது கலாநாயகர்
இது கலாநாயகர். இது கலாநாயகர்
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இது கலாநாயகர். இது கலாநாயகர்

சு. சி. சி. டி. சி. சி.

(கௌரவ சி. பி. டி. சில்வா)

(The Hon. C. P. de Silva)

இது கலாநாயகர்.

ப்ரஸ்தாபம் இது கலாநாயகர்.

பரிசுரக இடம்: பேரவைத் தலைநிலை அமைதி
வாழ்வு மன்றம் பன் கரக டே காரக கலா

குறைநிரப்புத் தொகை: சுகாதாரத் துணைக்
களத்தைப் பற்றி அறிக்கை செய்வதற்கான
குழு

SUPPLEMENTARY SUPPLY : COMMITTEE
TO REPORT ON THE HEALTH DEPART-
MENT

சு. சி. சி. டி. சி. சி.

(கௌரவ சி. பி. டி. சில்வா)

(The Hon. C. P. de Silva)

இது கலாநாயகர். இது கலாநாயகர்
இது கலாநாயகர். இது கலாநாயகர்
இது கலாநாயகர். இது கலாநாயகர்
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இது கலாநாயகர். இது கலாநாயகர்

1961 இம்மார்ச் 1 இது கலாநாயகர். இது கலாநாயகர்
இது கலாநாயகர். இது கலாநாயகர்
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இது கலாநாயகர். இது கலாநாயகர்

පරිපූරක මුදල : සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

වෘත්තීය ක්‍රීඩාවට පත් කරන ලද කාරක සභාව

[ଗରୁ ଝି. ପି. ଓ ଝିଲ୍‌ସା]

අරමුදලෙන් හෝ ලංකාණ්ඩුවේ වෙන කිසියම් අරමුදලකින් හෝ මුදල් වලින් හෝ ලංකාණ්ඩුවට සුදුස්සක් කළ හැකිව තිබෙන මුදලකින් හෝ ලංකාණ්ඩුව විසින් ණයට ලබා ගන්නා මුදලකින් හෝ රුපියල් දාහතර දහස් පන්සියයකට (රු. 14,500) නොවැඩි පරිපූරක මුදලක් ගෙවිය යුතු අතර එම මුදල මෙහි පහත පෙනෙන උපලේඛනයේ නියමිත පරිදි වැය කළ යුතුය.

റപ്‌പലി മനസ്

ශීර්ෂය : 126—සෞඛ්‍ය ඇමති.

සම්මතයේ අංකය : 2—පාලන ගාස්තු—

පුනරුච්ඡිත විසදුම්

Er.

14,500

ਭਗਵੰਤ. ਦੁਖਨਾਸਕ ਮੰਤ੍ਰ.

(திரு. டப்ளியு. தகனாயக்க)

(Mr. W. Dahanayake)

It is strange that he is moving this Supplementary Estimate.

ගරු සි. පී. ද සිල්වා

(கௌரவ சீ. பீ. டி சில்வா)

(The Hon. C. P. de Silva)

It is the usual procedure.

බඩ්ඩි සේනානායක මයා.

(திரு. டட்ளி சேனாயக்க)

(Mr. Dudley Senanayake)

The Hon. Minister has given no explanation. Somebody has to explain it before the Debate starts. He has only moved it.

ජේ. පී. ඔබේසේකර මයා. (සෞඛ්‍ය
කටයුතු පිළිබඳ පාර්ලිමේන්තු ලේකම්)

(திரு. ஜே. பி. ஒபயசேக்கர—சுகாதார

(Mr. J. P. Obeyesekere—Parliamentary Secretary to the Minister of Health)

I would like to read out the details of this proposal.

There was a committee consisting of two civil servants and a senior medical officer of the Department of Health, appointed on 31.5.1961.

කෝ. එම්. පී. රාජරත්න මයා.

(திரு. கே. எம். பி. ராஜரத்ன)

(Mr. K. M. P. Rajaratna)

මික සිංහලෙන් කියවන්න.

ඔබ්බෙන් කර මයා.

(திரு. ஒபயசேக்கர்)

(Mr. Obeyesekere)

ගරු කථානායකතුමනි, මට මෙය කිය
වන්න ඉඩ දෙන්නේ නැද්ද කියා මම
අහනවා. ඔය ඉයර් ටේප්නයේ ස්විචය
කරකවා ගන්න. මම මේ කියවන දෙය
අහගන්ට කැමති ගරු මන්ත්‍රීවරු තවත්
ඉන්නවා.

With your permission, Mr. Speaker, I shall continue in English. If any hon. Member wants a translation, he can switch on to the interpretation in the language he wishes to listen to.

A committee consisting of two civil servants and the senior medical officer of the Department of Health was appointed on May 31, 1961, to examine the programme and activities of the Department of Health and make recommendations on its administrative structure, staffing and cadre. This committee has now submitted its report which is under consideration.

The expenditure of this committee by way of travelling and subsistence allowances to the members for visits to various medical institutions in the Island, salaries and allowances of the staff, rent of buildings, electricity charges, stationery, etc., is Rs. 16,233.12. Of this, a sum of Rs. 1,733.12 was incurred during the financial year 1960-61 from the allocation of Rs. 7,500 granted by the Treasury from Head 44, Vote 2, Sub-head 21, Commissions and Committees. The expenditure of Rs. 14,500 incurred this financial year has been paid from two advances from the Contingencies Fund, *vide* advance No. 5 of 1961-62 and advance No. 24 of 1961-62.

This Supplementary Estimate is for the reimbursement of these two advances.

අ. හා. 2.33

ජයසිංහ මහා.

(திரு. ஜயசிங்ஹ)

(Mr. Jayasinghe)

This Supplementary Estimate is being moved to make up a deficit in the payment of expenses incurred for

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the purpose of examining the programme of administrative activities of the Department of Health.

There are a number of questions that hon. Members are sure to raise regarding the reports made by various bodies on the administration of the Department of Health. Firstly, there have been quite a number of inquiries held in regard to matters of administration of the Department of Health. It is regrettable that so far we have not seen a single report of these commissions and committees.

I must say, at the outset, that I have myself sometimes been fairly critical of the hon. Parliamentary Secretary. But this much I must say, that he has conducted his affairs with as much vigour as possible. Unfortunately, however, he seems to proceed thus far and no further. In other words, he comes to a point and then cries halt.

ශ්‍රී මන්ත්‍රීවරයෙක්

(கௌரவ அங்கத்தவர் ஒருவர்)

(An hon. Member)

Why?

ජයසිංහ මහ.

(திரு. ஜயசிங்ஹ)

(Mr. Jayasinghe)

Please allow me to proceed. Then the hon. Member will be able to find out why.

Next, I want to say something regarding the attendants in these hospitals. The question of transfers has been coming up time and again. The hon. Parliamentary Secretary himself promised on the Floor of the House almost two years ago that he would so arrange transfers that husband and wife would be permitted, as far as possible, to work together, or that suitable arrangements would be made so that they would not be put to additional expense, which is sometimes double or treble what they would ordinarily spend. Up to-date no cut and dried scheme on the lines promised has been drawn up, and matters still remain very much the same. It cannot be said that there has been a marked improvement.

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Apart from that, we have had the question of transfers of nurses, matrons, attendants, apothecaries, etc. All these transfers are made irrespective of whether these people can function properly, and whether they can carry out their duties in the manner expected of them. In many instances no quarters are provided. I myself have brought this matter to the notice of the hon. Parliamentary Secretary with regard to the Ragama Hospital.

There was recently an incident in the Ragama Hospital arising out of this question and the Resident Medical Officer, a lady doctor, left Government service on this issue. She asked for quarters inside the hospital premises. There were quarters available, but due to quarrels in the upper brackets of the Medical Department this medical officer could not carry out her duties in the manner expected of her and in the manner in which she desired to carry them out. The result was that the service lost a doctor; she resigned and went into private practice.

You come here time and again and tell us that your hospitals are understaffed, that your doctors are overworked and that patients come in endless queues. However, even when the remedy is in your hands you are not able to apply it. You try and try again but you do not proceed much further. You come to a certain position, you know the solution and know the facts of the case but you will not proceed. The Director of Health Services appears to be an insurmountable obstacle to you.

He seems to have powerful patronage—I do not know of whom. I sometimes find that your actions are directly opposed to the directives and circulars sent out by the Director of Health Services. But still he remains in his position, supreme in the Health Department.

I want also to mention a case which the hon. Parliamentary Secretary and I are both aware of. You would admit that there is an unholy war being fought in the upper brackets

பரிபூரண மூலம்: ஸோமஸ் டேபார்ட்மென்டில் ஒருவன்

வாஸி கிரிமெல் பன் கர்ன டே கார்ன ஸ்கால

[பீயசிங் மஸ.]

of the Health Department now. There is rank victimization of officers who are not prepared to toe the line with the Director of Health Services. People who wish to carry out their duties independently, people who are only concerned about the proper discharge of their duties, are being victimized.

You will remember that there was a terrible row recently over the work of Dr. A. T. S. Paul, an eminent surgeon. He is unfortunately not recognized in his own country though he is applauded abroad. He has read a number of papers in New Zealand, Australia and, I believe, in the U. K. also. However, in Ceylon, our Department of Health Services does not even give him a House Officer. A person who is held in such high esteem throughout the length and breadth of the world is treated almost as an undesirable in this country. Because the department cannot do away with him they just tolerate him. They do not provide facilities for him to carry on his work.

Then there is the case of a certain House Officer working under Dr. A. T. S. Paul. The Director of Health Services has got his knife into Dr. Paul and attempts to restrict his work and sometimes even his very working hours. Dr. Paul is not a person who is bothered about all the paraphernalia that goes with the high post he holds. He is only worried about the services that he can render to the people. This eminent surgeon had a House Officer called Dr. G. D. Pallewela. I believe the hon. Parliamentary Secretary remembers the names and the incident.

டாக்டர் மன்திவரஸென்

(கௌரவ அங்கத்தவர் ஒருவர்)

(An hon. Member)

Who is the doctor?

பீயசிங் மஸ.

(திரு. ஜயசிங்ஹ)

(Mr. Jayasinghe)

Dr. G. D. S. Pallewela. Because they could not victimize Dr. Paul, because they could not hurt him

more, because they could not place any further strictures on him apart from the number of inquiries they held against him and the number of explanations he was called upon to give up to that time, they transferred Dr. G. D. S. Pallewela, who was actually more a technician under Dr. A. T. S. Paul who had trained him, from Dr. Paul's surgical ward to the O. P. D. where that poor man was helpless.

Then what did Dr. Pallewela do? He said, "I am useless here. I do not want even my salary, only permit me to do my heart's desire, that is, to work under Dr. Paul". He said he would work even without a salary—he used those very words before the hon. Parliamentary Secretary in my presence. But what happened to Dr. Pallewela? You hounded him out of the department, you made it impossible for him to live in this country, so much so that he had to apply for a post in the United Kingdom. Within a fortnight Dr. Pallewela got an appointment in a hospital at Birmingham for thrice the salary he received here.

Even thereafter what did the department do? They almost prevented that poor man from leaving the country; they raised an inquiry that was two years old and said that, unless Dr. Pallewela answered that inquiry, he could not be permitted to leave the country. Dr. Pallewela went with me to see the hon. Parliamentary Secretary and he cried in his room.

இனீசேகர் மஸ.

(திரு. ஒபயசேக்கர்)

(Mr. Obeyesekere)

Did you also cry?

பீயசிங் மஸ.

(திரு. ஜயசிங்ஹ)

(Mr. Jayasinghe)

I do not know whether I cried, but do you remember that Dr. Pallewela cried in your presence and said, "I am victimized; I do not want a salary but only allow me to do my work." What did the hon. Parliamentary

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Secretary say? He said, "I understand your case, doctor. I know what is wrong, but unfortunately I cannot do what I think I should do."

That is only one case. You have had a number of commissions appointed, and in February or March this year you received the Moragoda Commission Report. Did you table that report before us?

இனெசேகர் மஹா.

(திரு. ஒபயசேக்கர)

(Mr. Obeyesekere)

It is for that that I am asking for money.

ජයසිංහ මහා.

(திரு. ஜயசிங்ஹ)

(Mr. Jayasinghe)

Thank you very much. Then you had another Public Service Commission inquiry recently. What happened to that inquiry? Three eminent surgeons gave evidence. If the hon. Parliamentary Secretary is prepared to explain the position I will give way.

இனெசேகர் மஹா.

(திரு. ஒபயசேக்கர)

(Mr. Obeyesekere)

For the information of the hon. Member I would like to say that a commission was appointed, as far as I understand, by the Public Service Commission and the commission handed its report to the Public Service Commission who had acted on it.

கந்தியா

(திரு. கந்தையா)

(Mr. Kandiah)

And they passed on a copy to you?

இனெசேகர் மஹா.

(திரு. ஒபயசேக்கர)

(Mr. Obeyesekere)

Unfortunately they have not passed on a copy of that report to our Ministry.

வாணிகரிமே பன் கர்ன ரே கார்ன சகாவ

ජයසිංහ මහා.

(திரு. ஜயசிங்ஹ)

(Mr. Jayasinghe)

That is the trouble! What is the use of appointing these commissions if the report cannot see the light of day? You cannot allow victimization of this nature to be carried on. Even as I speak now there is another case in the General Hospital. There is the case of another Orthopaedic Surgeon, one of the best in the land. The hon. Parliamentary Secretary is well aware of this case. That surgeon passed out first in his examination in London. He holds the certificate of Master of Surgery. I am referring to Dr. Rienzie Peiris. What has happened to him? That man is being hounded out. During three years in office he did more operations than two surgeons did within five years. His records are before you. There was an inquiry, what happened to it? The Director of Health Services has his knife into him. He has told Dr. Peiris, "You can work with one House Officer, you do not require two House Officers".

Is that all? In 1958 your operating theatre in the new block of the General Hospital was completed. From 1958 these E. N. T. Surgeons and Orthopaedic Surgeons had been trying to work in that theatre but they were not successful because of one small defect: it was not possible to drain the water out after washing the theatre. It was only a matter of spending about Rs. 3,000 to put that right; at last they appealed to the hon. Parliamentary Secretary who was able to find a sum of Rs. 10,000 for the necessary improvements and alterations to the theatre. For almost four years that theatre was kept closed and no operations were performed in it because of this small defect which had not been put right. And it is this Director of Health Services that the Government wanted appointed to the W. H. O. Somehow the appointment did not go through because of the objection of the hon. Parliamentary Secretary.

பரிபூரண இரூ: ஸோவிய தேசாட்சமேந்திரவ ஸுத

லாபீ கிரிமெ பன் கரன லே காரக ஸலாவ

ஸாலாசே சிங். சி. பி. பரேரா (யதியன்
மொடு)

(டொக்டர் என் எம். பெரேரா—யட்டியாந்
தோட்டை)

(Dr. N. M. Perera—Yatiantota)

It is better to send him away.

இனெசேகரே மலா.

(திரு. ஓபயசேக்கர)

(Mr. Obeyesekere)

I should like to inform hon. Mem-
bers of the House that it is not
correct that his candidature was not
approved because of my representa-
tions.

சீயசிங் மலா.

(திரு. ஜயசிங்ஹ)

(Mr. Jayasinghe)

I do not wish to unduly embarrass
the hon. Parliamentary Secretary.

I was speaking of victimization.
These are administrative matters that
should be properly debated here.
What happened to the Orthopaedic
Surgeon, Dr. Rienzie Peiris? Over
and above him a Dr. Weerasuriya has
been appointed in an administrative
capacity. This Dr. Weerasuriya failed
all the four examinations he sat
for in London while Dr. Rienzie
Peiris sat for three of the identical
examinations and passed all of them
in one year. He came first in all
three examinations. When Dr.
Weerasuriya returned to Ceylon the
Government asked him to refund a
sum of Rs. 20,000 which had been
expended on his account. He ex-
plained that owing to some mental
illness from which he suffered while
in London he was unable to pass the
examinations. So what did the
authorities do? They appointed him
to serve in an administrative capa-
city where he sits in authority over
the man who passed out brilliantly,
while he failed. The man who failed
is in a position to call for explana-
tions from the man who passed, to
question his techniques, and so on!
Do you not see that this is rank in-
efficiency if not victimization? Why
are you permitting this sort of
administrative set-up under your

Ministry? I hope that in the very
near future you will be in a better
position to deal with these matters.

You could not produce the report
submitted to the Public Service
Commission. Where is Dr. Bartholo-
meusz's report. Where is Mr.
Shirley Amarasinghe's report? Both
these gentlemen sat as Commis-
sioners, heard evidence and wrote
valuable reports. Where are the
reports?

இனெசேகரே மலா.

(திரு. ஓபயசேக்கர)

(Mr. Obeyesekere)

Maybe before my time.

சீயசிங் மலா.

(திரு. ஜயசிங்ஹ)

(Mr. Jayasinghe)

Maybe. But have not those reports
been shown to you? Will you kind-
ly question your officials and find
out what happened to those reports?

I would also like to show you how
lax the administration is in the
Medical Department. There are big
headlines in the papers almost every
week about losses from the Medical
Stores, from the hospital and other
places, of tablets and drugs and even
cotton wool and bandages. Every
imaginable thing is being stolen.
Why are these losses taking place?
Are your administrative officers not
capable of finding out where the
faults lie? I will give you one
practical example. You have an
asthma clinic. In this clinic the
hours for the examination of patients
are from 2 o'clock in the afternoon
till 4 P.M. On an average about 300
patients attend the clinic every day.
And to examine the 300 patients there
are two doctors, and they have to
examine all the patients within two
hours. The doctor does not even look
at a patient! To every person who
comes he writes out, "thirty tablets".
The tablets prescribed for them
are what are called delta
cortisone, and this is a fairly expen-
sive drug. The doctor just keeps on
prescribing 30 tablets to each patient.

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All the touts in the area queue up at this clinic and take these tablets, for they know very well that the doctor has no time to examine them. The doctor just asks for the name and prescribes the 30 tablets, and these tablets then find their way to the open or the blackmarket.

There is no administrative check up. How can you have an effective check when you put people who are self-confessed lunatics in charge of the administration. You have a person there in an administrative capacity who had said that owing to mental derangement he could not pass his examination. Is it a wonder then that you have this type of thing happening in your department? He is Dr. Weerasooriya.

I would also like to bring to the notice of the hon. Parliamentary Secretary another matter into which he personally inquired, namely, the administration of the Leprosy Hospital in Hendala. I see a very glum look on his face. I have with me the written promises that he gave. He said he would implement a number of those promises. Do you know that not one of them has been implemented? The only things that he is supposed to have implemented are a change in the diet and a change of tiles on the roof. The roof is still leaking and the diet is worse than what it was before. So there is a change not for the better but for the worse.

I have been asking the hon. Parliamentary Secretary for almost two years to settle the question of night attendants in the Hendala Leprosy Hospital. There are patients who are maimed; they have no hands and no feet; they are in abject misery. They cannot help themselves because they do not have their limbs. I think these people must have somebody to minister to their needs. The hon. Parliamentary Secretary has seen this position but still this entire hospital has no night attendants. I ask the Parliamentary Secretary, even in the year 1962-63, to please pay his personal attention to this matter.

There is another matter to which I would like to refer, and this is in my own electorate. The Parliamentary Secretary had an ambition to have a first-rate X-ray unit and an up-to-date chest hospital at Welisara. What has happened is that they started work on the building and half-way through the work has come to a halt. The building may even collapse. I do not know whether the building contractor has gone on strike or the Minister in charge has done so, but I know that the work has come to a halt and valuable equipment and stores, I believe on aid account, worth over Rs. 2½ million are lying neglected for the last 4½ years or so. They have almost perished. What has this department been doing and what have your officials done? They want to take up eminent posts in the W. H. O. Cannot you travel six or seven miles to Welisara and find out what has happened at this hospital? Will you request the doctors to do it? These doctors with the minimum of qualification try to teach people with qualifications a thousand times greater. They are having a private "cold war" in their own department and the general public suffers. I have made these remarks and criticisms for the benefit of the hon. Parliamentary Secretary and I hope that he will find the time to personally look into most of these matters. In the very near future he will have more administrative authority to completely cleanse this most despicable administrative set-up.

අ. ආ. 2.58

බිබිටි. දහනායක මහ.

(திரு. டப்ளியு. தகனாயக்க)

(Mr. W. Dahanayake)

Mr. Speaker, you will notice that the Supplementary Estimate is in connection with a committee which examined the programme and activities of the Department of Health with a view to making recommendations about its administrative structure, staff and cadre. This committee was appointed in May last year so that fifteen months have passed since this committee was

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[බිලිවි. දහනායක මයා.]

appointed. This committee consisted of two civil servants and a senior medical officer. I feel that they should have completed their work much sooner and they should have submitted their report to the Minister long ago.

It is strange that the country knew nothing about this committee. It is stranger still that Members of Parliament who keep in touch with the needs of their electorates and who are in a position to give valuable evidence were not informed of the existence of this committee.

இனியே கர்மயா.

(திரு. ஒபயேசேக்கர)

(Mr. Obeyesekere)

Mr. Speaker, I believe the existence of this committee was advertised and all those who wished to give evidence before it were asked to communicate with the committee—Members of Parliament and others, even the minor staff of hospitals like attendants right up to the most senior doctors, everyone was asked to come and give evidence if they wished to do so before this committee.

බිලිවි. දහනායක මයා.

(திரு. டப்ளியு. தகனாயக்க)

(Mr. W. Dahanayake)

That is not the way to get about it if you want the work done. I do not know whether the hon. Parliamentary Secretary will be able to read to us the advertisement that was inserted in the newspapers. I must confess that normally I do not read through the advertisements in the press. I do not know whether there is any Member of Parliament who reads through every advertisement in the press. When such an important matter as this was being investigated it was the bounden duty of those who were in charge of this department to secure the best possible advice on the various questions that could crop up. Therefore, I say that this committee did not get about its work in the proper way. However, let us wait

and see what this report will give us. It might not give us much.

It is a pity that during the last few years it was not possible for us to discuss the Estimates of the Hon. Minister of Health. Therefore, one may have concluded that the Health Department is getting on quite well. That is far from the truth. In my view, the Health Department of Ceylon is one of the most unhealthy departments that this country has ever had. Let us try to judge the work of the Health Department from concrete results.

I have before me the Administration Report of the Director of Health Services for 1960, published in December 1961. I suppose that in keeping with the new order of the Cabinet, the Administration Reports of the Director of Health Services in the future will be much curtailed. An attempt may even be made to hide all the defects of the department from the vigilant eyes of Members of Parliament and the public. I trust that the hon. Parliamentary Secretary will give us an undertaking that nothing will be concealed in the future Administration Reports. He must assure us that all future reports will contain just as much information as was available in past Administration Reports and even more. Looking through the Administration Report for 1960, the most important thing that strikes one is the fact that our infant mortality rate is still very high indeed. This is the surest way in which we can measure—

கன்ட் கிசியா மயா.

(திரு. கந்தையா)

(Mr. Kandiah)

It has come down a lot.

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(திரு. டப்ளியு. தகனாயக்க)

(Mr. W. Dahanayake)

I will refer to the actual figures by and by. Perhaps the surest way in which we can measure the success of the health service is to find out the infant mortality rate and to compare it with the rate in other

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countries. You will notice that the Director of Health Services pats himself on the back by saying that during the last forty years the infant mortality rate has come down. This is what the Director says:

The infant mortality rate declined sharply from 64 per thousand live births in 1959 to 58 which again is the lowest ever recorded. A steady decline has been observed during the last two decades.

He pats himself on the back. For what? Probably he pats himself on the back because the use of modern drugs and the advance of medical science have enabled more infants to survive. I do not think the Department of Health can take much credit if the Ceylon figure is compared with the figures of other countries. That would be the real test.

Now, I will give the infant mortality rates in other countries, beginning with the lowest and going to the highest.

Sweden	..	16
Netherlands	..	17
New Zealand	..	20
Australia	..	22
England and Wales		22
U. S. A.	..	26
Canada	..	28
Scotland	..	28
France	..	30
Federal Republic of Germany	..	34
Italy	..	45
Ceylon	..	58

You see that the highest mortality rate in the world, according to the available figures of several countries, and the only figure above 50 per thousand births, is our record, the record of Ceylon. I do not know what explanation the department can give for this very high infant mortality rate. I have a suspicion that this very high infant mortality rate is linked up with the enormity of our unemployment problem. We have, at least, 500,000 unemployed adults. They and their families live below subsistence level. Their food is not sufficiently nutritious, they do not get sufficient food. Their living conditions are thoroughly unsatisfactory and, hence, there is a large number of

deaths among their infants. Now, it is the duty of the Department of Health Services to discover what the causes are for this very high infant mortality rate. That has not been done. However, I looked up the observations of the Director on the subject of school health work. It is possible to form a judgment about the health of the people from the statistics one can obtain in the schools. Unfortunately, the department has failed to do its duty in regard to the school health service. The Director of Health Services frankly admits that there is a shortage of staff and that such shortage hinders medical inspection in all the schools.

This is what he says:

Shortage of staff hindered medical inspections in all schools annually. However, to enable a continuous study it is proposed that two schools be selected from each public health inspector's area for annual inspection and for follow-up work by medical officers of health and other medical officers. Besides these schools, medical inspections and allied activities will be carried out in as many schools as possible. In areas where there are public health nurses, they will take over school health work from the public health inspectors. This scheme will come into operation in 1961.

As far as I know, there is no comprehensive scheme for school health work in operation yet. It is not sufficient to inspect two schools in an area. If you are dealing with things other than human beings, you can take samples. You can determine the average yield of paddy per acre by taking crop samples. But what is the purpose in taking two schools only in an area for inspection? You may be able to obtain statistics, but you will not be doing anything substantial towards the amelioration of the the conditions of health among school children. First and foremost, it is necessary that all school children should be subject to medical examination, not once a year but as often as is necessary and, as a rule, periodically. That is not being done. I am glad that the Director of Health Services points to the fact that the sanitary facilities provided in the schools are deplorably unsatisfactory. This is what the Director says:

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මානී කිරීමට පත් කරන ලද කාරක සභාව

[බබ්ලිවි. දහනායක මයා.]

It was decided to expand the scope of the aided scheme of latrine constructions to parent-teacher associations in schools, under which scheme a subsidy of Rs. 25 is granted for the construction of a latrine.

I read that to show how absurd is the scheme which the department sponsors. You can do nothing with Rs. 25 for a latrine. I would advise the Department of Health to let the Department of Education have a separate vote for sanitary facilities. It is the duty of the health authorities to insist on sanitary facilities of a satisfactory nature being provided in each and every school. The Department of Health must keep on making requests to the Department of Education, and the Department of Health should report the Department of Education if the latter is failing in its duty.

In regard to inspections proper, the Director states as follows :

During the year 3,985 schools were medically inspected.....

There are over 8,000 schools in the Island. Thus, less than half the number of schools were inspected.

We are then told that 59.3 per cent. of the children examined were found to be defective. Nearly 60 per cent. of the children in our schools have various defects. That is a deplorable situation. We are further told that the total number of children examined was nearly two lakhs. I believe the total number of children in all our schools exceeds 19 lakhs. So that, about one-ninth of the children were examined. The average number of defects per child was two. When you look at the table which shows the special defects and the number corrected you discover what is wrong with the health of our school-going children. Out of a total of 71,000 examined, 22,000 suffered from malnutrition. Out of a total of 96,000 examined, 28,000 suffered from dental defects. Therefore, the chief defects were malnutrition and dental defects. That is the problem we have to face.

We know that the schools give a midday meal of a bun and a glass of milk. It is very unfortunate that during the past few years the number who take the glass of milk has declined. That should not be so. It is the duty of the Health and Education Departments to popularize the use of milk which can be best done through the schools. I remember that when I was Minister of Education I inaugurated a "Milk Day" one day in the year when we gave talks and demonstrations on the use of milk and tried to make children and parents milk conscious. It is unfortunate that during the last two years the "Milk Day" has been given up.

This is what the Director of Health Services says :

The high incidence of under nutrition and, to a lesser extent, malnutrition remained unchanged among the pre-school and school children, especially in the rural areas. In urban areas out of a total of 18,147 children examined, 21.4 per cent. were found under-nourished for lack of calories in the diet, while 6.2 per cent. were mal-nourished due to imbalance of nutrients in the diet.

I remember that we asked for a better midday meal for the children. But you will notice that this Government has shamelessly and ruthlessly cut down the money provision for the feeding of school children. You will recall, Sir, that prior to 1956 the bun was given only to children in the primary schools. The children of post-primary schools did not get the bun. However, from 1956 all children were given a bun and a glass of milk. We asked that they should be given a better meal. Now it would look as if this Government intends to go back to the pre-1956 era; they have cut down the money Vote for the midday meal. Probably the Government does not realize the gravity of the position or the great service that it renders by the distribution of the bun and the milk.

I would ask the hon. Parliamentary Secretary, in this connection to question the backbenchers in his party. They will tell him that there are occasions on which even children

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වෘත්තීය කිරීමට පත් කරන ලද කාරක සභාව

[බිලිවි, දහනායක මයා.]

the Government is doing very little work. Each year the Government has been making plans on paper. I am afraid the filaria mosquito is not at all frightened of your paper work. The figures given in the 1960 Report of the Director of Health Services are alarming. It is with no little concern that I wish to mention the fact that Galle is the worst filaria-infested area in the country. On page D 235 of the Director's Report occurs the following passage :

Classification of the micro-filaria rates by areas under control shows that the rates vary from 1.5 per cent. Negombo to 7.1 per cent. Galle. Other areas showing high micro-filaria rates are Beruwala 7 per cent. and Matara 7 per cent.

The Director apologetically states that a scheme for the reorganization of the anti-filariasis campaign to combat this disease more effectively is under consideration by the Government. These mosquitoes must be very happy, indeed, that your reconsideration of the topic keeps on dragging from year to year. Nothing practical has been done.

In another passage of his report the Director tells us as follows :

The overall mosquito infection rate for the year was 2.1 per cent. ranging from .4 per cent. at Ambalangoda to 4 per cent. at Galle.

So that the overall mosquito infection is highest in Galle.

You will thus see that the position is one which demands immediate action. Today the anti-filaria work is carried out in two directions. The local authority is expected to oil the various streams in the area, and the Health Department attends to the rest of the work. Even that is not done properly. The local authorities do not have sufficient staff to do the little work that they are called upon to do.

I would wish to point out that the eradication of filaria should not be a duty cast on the local authority concerned. The central authority must accept full responsibility for the eradication of filaria. It must not leave a part of the work to be done

by the local authority concerned. But the principle that should be followed in such a matter is this. If a certain disease is confined to a locality and to that particular locality alone, the Central Government can adopt the attitude that the local authority should look after the matter. But filaria is an island-wide problem. Now, you cannot tackle an island-wide problem piecemeal. It may be that in the Dehiwala-Mt. Lavinia area more work is done than in Galle. If you leave work to the local authority concerned you cannot be sure that your plan will be put into effect.

I, therefore, say, in view of the seriousness of the situation and the large number of people who get infected, that it is very necessary that a full and comprehensive anti-filariasis scheme should be immediately put into effect. If the local authority is called upon to assist the central authority, then such assistance should be given under the supervision of the central authority. We know that the financial conditions of local authorities are very unsatisfactory. Therefore, there is no purpose whatever in asking the local authorities to do this work. If they are to appoint inspectors or labourers they must be given the wages for the labourers and the supervisory staff. Please do not try to pass on the baby to the local authorities.

The position in regard to filariasis has deteriorated from year to year and it now becomes necessary to point out to the Government that this is one of the most serious problems that face them.

Now, I want to pass on to certain other problems. Let me inform the hon. Parliamentary Secretary about the deplorable conditions that prevail in the Galle Hospital. I have tried my best to make the Government awake to a sense of responsibility, but I have failed.

The Galle Hospital is one of the worst hospitals in the world. There can be no doubt about that. It is very bad from every point of view.

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There is not a single point on which one can be satisfied about the conditions that prevail in the Galle Hospital.

I dare say that much the same can be said of every hospital in the country, all of which show what a "sick man" the Health Department is. The Department of Health Services is the "sick man" of Ceylon.

Let us take one point about the Galle Hospital. It is very badly under-staffed. I asked certain Questions in the House about the staffing needs of the Galle Hospital but I was not able to make much headway.

When we ask Questions in Parliament many Ministers think that they should score debating points over us in their Answers. When we put Questions to you it is our intention to point out to you some defect and it is your duty as Ministers and Parliamentary Secretaries and executive officers to put matters right.

A Question is a method by which a Member of Parliament points out the needs of the people. When you take it in that spirit you will find that Questions put before the Hon. Ministers of this Government resemble pearls that are cast before swine.

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(නල්ලූර්)

(டொக்டர் ஈ. எம். வீ. நாகநாதன்—நல்லூர்)

(Dr. E. M. V. Naganathan—Nallur)

Hear, hear !

ඩබ්ලිව්. දහනායක මයා.

(திரு. டப்ளியு. தகநாயக்க)

(Mr. W. Dahanayake)

They do not appreciate the value of Questions. I have often seen how frustrated Government back-benchers are when silly, nonsensical Answers are given to Questions that are asked.

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I asked the hon. Parliamentary Secretary about the shortage of staff in the Galle Hospital. No headway has been made.

Take the position in regard to the labour room in the Galle Hospital. There is only one staff nurse attached to the labour room at night. She has to work round the clock attending to deliveries as well as to the administrative formalities of registering births. She is also expected to attend to emergency cases sent in from six hospitals in the immediate vicinity. During day-time there is only one nurse. She has to look after the cases which have been operated on.

Take the case of another ward in the Galle Hospital. Ward No. 29 has normally about 40 beds and there is only one staff nurse during the day. She has to look after two other wards which are not on the same floor. In the night the position is much worse. It is a very common arrangement for one staff nurse to have to look after over a hundred patients who are placed upstairs and downstairs.

What is the difficulty in having more nurses ? I have been in this Parliament from 1944 and since then very year I have pointed out that there is a shortage of nurses. So for 17 years there has been a shortage of nurses and the babies that were born in 1944 could have become nurses today if a proper scheme had been introduced. No proper scheme for the training of nurses has been introduced.

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(திரு. டி. பி. ஆர். குணவர்தன)

(Mr. D. P. R. Gunawardena)

What did you do in 1959 when you were Prime Minister ?

ඩබ්ලිව්. දහනායක මයා.

(திரு. டப்ளியு. தகநாயக்க)

(Mr. W. Dahanayake)

My good Friend keeps on asking that question to which I have given a full answer. I was there only for six months. I want to tell you what I did.

பரிபூரண மூலம்: ஸோமிய தேசாபிதமேன்துவ வன

[விலிவி. துதநாயக மலா.]

You will see that there is a Cabinet Paper of mine on the training of nurses as an emergency measure. To-day, your output is about 300 to 400 nurses per year. I put forward a scheme when I was Prime Minister by which ten times that number, or 3,000 nurses, could be recruited immediately for training.

வேலையாபித நாகநாதன்

(டொக்டர் நாகநாதன்)

(Dr. Naganathan)

How did you become an expert ?

விலிவி. துதநாயக மலா.

(திரு. டப்ளியு. தகநாயக்க)

(Mr. W. Dahanayake)

Wait till I finish. You will also see, Mr. Speaker, that there is a Cabinet decision on that matter, a Cabinet decision which has been thrown into the waste-paper basket by the present Government. A scheme was drawn up by me for the recruitment of 3,000 nurses a year. The scheme received Cabinet approval and it would have been put into effect if I had three months more as Prime Minister.

இலேசேக்கர் மலா.

(திரு. ஒபயசேக்கர்)

(Mr. Obeyesekere)

That was a failure.

விலிவி. துதநாயக மலா.

(திரு. டப்ளியு. தகநாயக்க)

(Mr. W. Dahanayake)

You are the biggest failure I have seen in all my life, if you want to know the truth.

இலேசேக்கர் மலா.

(திரு. ஒபயசேக்கர்)

(Mr. Obeyesekere)

It was tried out and proved to be a failure.

விலிவி. துதநாயக மலா.

(திரு. டப்ளியு. தகநாயக்க)

(Mr. W. Dahanayake)

It was not tried out at all, I will tell you the scheme that was put forward. Yes. I know, the fact of the matter is that vested interests are behind the

வாழி கிரிமெ பன் கர்ன லே கார்ன ஸலாவ

show. Those gentlemen do not want a large number of nurses in our hospitals. Those are the gentlemen who do not want a decent health service in this country. They are people for whom disease is a thing that makes them to earn more and more money. They fatten themselves on the diseases that are spreading in the country. They become more and more wealthy when there is no medical attention in our hospitals.

Now, why is it that you say you cannot train more than about 600 nurses per year? You say you want a nurses training school. That is rubbish. You do not want a nurses training school. The hospitals should be your training schools.

இலேசேக்கர் மலா.

(திரு. ஒபயசேக்கர்)

(Mr. Obeyesekere)

To kill the patients ?

விலிவி. துதநாயக மலா.

(திரு. டப்ளியு. தகநாயக்க)

(Mr. W. Dahanayake)

That shows that you know nothing. Do not speak through your hat. If you know nothing about things, just keep your mouth shut. Silence is golden as far as you are concerned.

இலேசேக்கர் மலா.

(திரு. ஒபயசேக்கர்)

(Mr. Obeyesekere)

The hon. Member is talking through his hat.

விலிவி. துதநாயக மலா.

(திரு. டப்ளியு. தகநாயக்க)

(Mr. W. Dahanayake)

My good Friend the hon. Member for Avissawella points out that the medical students go through the wards every day. Do they kill patients ?

இலேசேக்கர் மலா.

(திரு. ஒபயசேக்கர்)

(Mr. Obeyesekere)

They have had a certain amount of training by then.

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බිලිවි. දහනායක මය.

(திரு. டப்ளியு. தகனாயக்க)

(Mr. W. Dahanayake)

I thought that there were some people who felt that you should become a Minister. I do not think you are fit to be an attendant in a hospital from the way you speak.

කථානායකතුමා

(சபாநாயகர்)

(Mr. Speaker)

Order, please !

බිලිවි. දහනායක මය.

(திரு. டப்ளியு. தகனாயக்க)

(Mr. W. Dahanayake)

How long does it take to put up a nurses training school? How long does it take to get watchers? How long does it take for you to fit up electricity to your buildings? How long does it take to start a nurses training school? Ten years!

When will you get a full complement of nurses? In a country like England there is one nurse for three patients; in Ceylon it is one nurse for 30 patients. That is the average. And you have the audacity to come here and smile and say you are doing everything possible for the health of the people! All our hospitals and other medical institutions are understaffed.

You need an emergency scheme. That is why I ask you to reconsider the scheme under which you will make a hospital or a maternity home your training centre. At the rate you are going on, when do you expect to have your full complement of nurses? You will keep on giving excuses till doomsday and thousands of patients will be dying in the meantime, whose lives you could very well well save.

I find that in the hospital at Galle, the conditions in regard to shortage of staff are very marked, not merely in regard to nurses but even with regard to labourers. The full complement of conservancy labourers is not found in the Galle Hospital. Do you say that you need to train them? There are hundreds

of Sinhalese who have registered themselves at the Labour Exchange at Galle and in Colombo to do conservancy work. Is there any reason why you do not fill the vacancies for conservancy labourers? Then, there is a shortage of attendants. As a result of shortage of nurses and attendants, very sad incidents take place in hospitals. During the last 12 months at least, if I remember right, on two occasions I pointed out to the Hon. Minister that patients warded in the Galle Hospital had suddenly disappeared. In one case a patient who was delirious ran out of his bed, jumped over a wall and killed himself because there was a shortage of attendants and nurses in that ward. Are you not responsible for that death? Here is the text of a telegram that I sent to the Minister of Health and to the Director of Health Services on July 14, 1962:

Telegram

STATE MULTIPLE WIRE

Hon. Minister of Health.

Director of Health, Colombo.

17-year old patient, V. G. John Singho, of Hungamuwa, Kaisawella, in Devundara, who was in ward 14 of Galle Hospital, reported missing this morning. Staff of attendants and nurses hopelessly inadequate and incidents like this happen frequently. Please investigate.

W. Dahanayake, M. P. for Galle.

What have you done? Nothing! The shortage of nurses, attendants and labourers continues.

Of course, there is a dearth of doctors. I do not wish to comment fully on this question. Perhaps, under a different Supplementary Estimate I may have more to say. I understand that the Faculty of Medicine at Peradeniya is not functioning properly as yet and that the students who are taking a course there are not being properly tutored. The hon. Parliamentary Secretary must look into this matter immediately.

I am very sorry, indeed, that the habit of the department of offering excuses applies to every topic that we raise. We asked you to duplicate the medical college in Colombo.

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වාණි කිරීමට පත් කරන ලද කාරක සභාව

[බබ්ලිවි. දහනායක මයා.]

Why did you not do it? You will tell us that it has been a failure, or that it will be a failure. I remember with gratitude the efforts of the hon. Member for Akuressa (Dr. S. A. Wickremasinghe), who ought to know everything about this question, to try and induce the Government to establish a second medical college in Colombo. You have resisted those endeavours. Unreasonably, you have refused to establish a second medical college in Colombo. You have not gone into the figures properly. Every time the question is raised, your officers in the Department of Health turn it down. Why? It is because they thrive on disease! I ask you to tell us, in your reply, why you do not have a second medical college in Colombo.

After all, the biggest medical institutions are in Colombo. Therefore, in my opinion, there should be three medical colleges in Colombo. We have only one now. It is a tragedy that hundreds of young men from our schools who qualify in subjects that fit them for higher medical studies, are asked to turn away from medicine. Do you know, Sir, that hundreds of youths in our senior, central and secondary schools take up subjects in the S. S. C. that will enable them to take a medical course? Are you aware that a large number of them are not allowed to proceed beyond the S. S. C. level because there are no places for them in the medical college? What a waste of talent! Do you think that more and more youths will be attracted to medicine under the schemes that you have today? A student has to face an extremely stiff competitive test. Out of ten students who are fit to become doctors only two get in today and the shame of it is that, not only do you not make tutorial services available in this country but if and when a student asks whether he or she should proceed to another country to pursue his or her studies, you have the churlishness to refuse such a request.

Whither are you going? What is your aim? I had a case of a young lady who wanted to proceed to England at the S. S. C. level to pursue a medical course. She was told that permission could not be given for her to proceed to England. Why? They said, "Facilities are available for you here." What a thundering lie! Facilities are not available here in adequate measure.

The number of places in your medical college should, in some way, correspond to the needs of the country, the population figures and the number of patients in our hospitals. But at the rate we are going on—

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(டொக்டர் எஸ். ஏ. விக்ரமசிங்ஹ)

(Dr. S. A. Wickremasinghe)

In the ayurveda medical college any amount of facilities are available.

බබ්ලිවි. දහනායක මයා.

(திரு. டப்ளியு. தகனாயக்க)

(Mr. W. Dahanayake)

But at the rate we are going on it will not be possible for us to have a sufficient number of doctors for the next fifty years.

කපානායකතුමා

(சபாநாயகர்)

(Mr. Speaker)

රැස්වීම අ. භා. 4.30 වන තෙක් තාව කාලිකව අත් සිටුවනවා. රැස්වීම නැවත පවත්වන්නා විට ගරු නියෝජ්‍ය කපානායකතුමා මූලාසනය ගන්නවා ඇති.

රැස්වීම ඊට අනුකූලව තාවකාලිකව අත් සිටුවන ලදීත්, අ. භා. 4.30ට නියෝජ්‍ය කපානායක තැන් පත් හියු ප්‍රනාන්දු මහතාගේ සහාපතිත්වයෙන් නැවත පවත්වන ලදී.

බබ්ලිවි. දහනායක මයා.

(திரு. டப்ளியு. தகனாயக்க)

(Mr. W. Dahanayake)

Mr. Deputy-Speaker, I was speaking on the question of a second medical college in Colombo. In my view, there ought to be a second

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වෘත්තීය කිරීමට පත් කරන ලද කාරක සභාව

medical college in Colombo. It can be done. There is no reason whatsoever why the establishment of such a college in Colombo should be delayed any longer. But we know, Sir, that if the matter is left to the Hon. Minister, the hon. Parliamentary Secretary and the department, nothing will be done. Therefore, I want to make a suggestion. I ask that a Select Committee of this House should go into the question of a second medical college in Colombo.

We have in this House men who know a great deal about matters pertaining to health. There are hon. Members in this House like the hon. Member for Akuressa (Dr. S. A. Wickremasinghe) and the hon. the Third Member for Colombo Central (Dr. Kaleel). There is also the Appointed Member, Dr. L. O. Abeyratne, who has rendered distinguished service in the management of the Colombo Group of Hospitals. If a Select Committee consisting of these three eminent gentlemen versed in medicine, together with the hon. Parliamentary Secretary to the Minister of Finance (Mr. Poulier), is appointed to go into the question, I have not the slightest doubt that the entire question will be viewed from a new angle, from the point of view of the needs of the country and that it will be possible soon to have a second medical college in Colombo.

In the meantime it is necessary that a great deal of attention should be paid to the details connected with the Medical Faculty that has been started at Peradeniya. The students, I learn, are wasting their time there. Every possible step should be taken to get up the buildings, to recruit the teaching staff and to make the conditions satisfactory and pleasant for the medical students at Peradeniya. We hope that something will be done in the near future because year after year we have sung the same song and there has been no improvement in the direction of getting more doctors and nurses for the country.

Before I pass on to another point I wish to mention what is one of the major grievances of qualified nurses, namely, the marriage ban. During colonial times a qualified nurse was not allowed to get married for seven years after recruitment. Today a Government that calls itself progressive has only done this: it has changed the seven years to six years! A nurse is compelled to remain in single blessedness for six years after recruitment. The nurses have time and again made representations to the authorities on this matter. I have before me a letter written by the Secretary of the Ceylon Registered Nurses' Association on the 14th September this year to the Hon. Prime Minister. I do not propose to read out the full text of the letter but I will read out one pithy sentence from it:

තේරුමක් නැති මිනිස්කම්, අයිතිකම් යටපත් කරන මෙවැනි නීතිරීති පැනවීමෙන් හොඳ සේවය ගනිමින් වෘත්තීයයක් බවට පත් නොකරන ලෙස අප සංගමය ඉතා වගකීමකින් හා බලවත් ඕනෑකමින් ඉල්ලා සිටින්නීය.

With a due sense of responsibility and in great earnestness we ask that the meaningless regulation which is against human rights and which leads a noble service to the depths of prostitution should be immediately amended.

That is what the All-Ceylon Registered Nurses' Association tells the Hon. Prime Minister. Those words are eloquent in themselves. I do not wish to comment on them further. There is no reason whatsoever why there should be a ban on marriage for qualified nurses. There is no such ban for teachers, for doctors and for female attendants. Such a ban operates only in the case of qualified nurses. This was a rule that was invoked during the colonial times. We have gone very fast after 1947, and it is time that this antiquated, draconian regulation is removed and that in the case of nurses the course of true love is permitted to proceed smoothly. I trust the gallant Parliamentary Secretary to the Minister of Health will immediately take steps to remove this ban.

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[ඛනිලි. දහනායක මයා.]

I referred to the very deplorable conditions that exist in the provincial hospital at Galle. It is with regret that I have to point out that successive Governments have neglected the provincial hospital at Galle. We now learn that you propose to spend Rs. 7½ million on a brand new hospital at Matara. Pray, why cannot you spend one-seventh of that money on making the provincial hospital at Galle an up-to-date institution? I have tried my best as Member for Galle, and other Members who represent the constituencies in the Galle District have tried their best, to see that the conditions in the Galle hospital are improved, but we have been unable to make any headway. The two foremost needs of the hospital are: one, a satisfactory and adequate water supply; and two, a sewerage scheme. You will see on page 458 of the Estimates under the Department of Health two items: item 29—Galle Hospital Water Supply Scheme, Token Vote Rs. 100; item 30—Galle Hospital Sewerage Scheme, Token Vote Rs. 10. These Token Votes have appeared on paper for a number of years, but nothing has been done so far.

The Government seems to be unable to put into effect its good intentions. I know that a full water supply scheme for the Galle Hospital was drawn up over five years ago, but a start has not yet been made. So I trust that these two foremost needs of the Galle Hospital will be attended to in the coming twelve months.

The other needs of the Galle Hospital comprise a list of 21 items, which were fully discussed in the presence of the Hon. Minister of Health and, subsequently, with various departmental officials. I will run through them quickly. They are as follows:

1. Water supply.
2. Sewerage scheme.
3. New blocks in place of the old wards, 7, 9 and 12.
4. A new block containing at least four up-to-date theatres.
5. Light-construction wards to relieve general congestion.
6. New isolation block.

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7. Quarters for house officers, doctors, nurses and minor employees.
8. Shortage of staff.
9. A full blood bank.
10. Colour washing of the building.
11. Repair of breaches in the parapet wall, boundary fence, to avoid the hospital becoming a home for stray cattle and dogs.
12. Roofs to passages at certain places have completely collapsed.
13. The old kitchen should be converted to a new room.
14. Two good rooms now un-used to be used as admission and stores rooms.
15. O. P. W. electric wires have given way causing danger. There may be an electrocution fatality at any moment.
16. Pieces of ceiling have fallen off in some wards.
17. The fence needs replacement.
18. The sterilizing room: no exhaust fans; and roof leaks.
19. Wards 15 and 16: roof leaks; re-wiring needed.
20. Operating theatre needs electric struts.

These are some of the needs of the Galle Hospital, Sometimes Government spokesmen tell us: "Bring these to our notice. We are always ready to do our work. You must put these things to us". Here, in the case of the Galle Hospital every detail has been discussed and pointed out to the Hon. Minister and to the department by me and by the other M.Ps of the Galle District, and by the local Hospital Advisory Committee of which Mr. W. T. Wijekulasuriya, a distinguished member of the Sri Lanka Freedom Party, is the president.

There are some people who say that successive Governments have neglected this hospital because I am the M. P. for Galle. Please do not take revenge on the people because I happen to be the Member of Parliament. A similar request was made the other day by the hon. Member for Kurunegala (Mr. Pathirana). I repeat that request to this Government: Please do not neglect the Galle Hospital because I am the Member for Galle.

The Galle Hospital is the provincial hospital for the Southern Province. It is the Cinderella amongst the bigger hospitals of the country.

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(டொக்டர் நாகநாதன்)

(Dr. Naganathan)

Who is the "Prince Charming"?

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(திரு. டப்ளியூ. தகநாயக்க)

(Mr. W. Dahanayake)

After Colombo, the hospitals at Kandy, Jaffna and Kurunegala have received special attention. The hospitals at those three provincial centres are better equipped and fitted and attended to than the provincial hospital at Galle. As a matter of fact it is with a sense of shame that I have to admit that in certain cases patients from Galle and from Matara have to be sent up to Ratnapura for treatment. Can you believe that story? But yet it is a story which I know from personal experience to be true because I have had occasion to ring up the hospital at Ratnapura to inquire after the health of Galle patients.

You must look after the principal medical establishments of the country without narrowing your outlook or being sectarian or parochial or personal. Every person in this country should be given the best possible health and medical services. Therefore, I do appeal to the Hon. Minister and his Parliamentary Secretary to make the rehabilitation of the Galle Hospital a matter of the highest and most urgent priority.

It is not merely a question of buildings, equipment, doctors and nurses in which there are colossal deficiencies in the hospital at Galle. Many other things are rotten at the core.

You will be shocked to learn, Mr. Deputy-Speaker that the registers of deaths in the Galle Hospital are not kept correctly. This is a very serious matter. If yours is the Government in which death registers are not properly kept what sort of a Government are you? You are a Government of jungle men. You have no order. You have no method. I pointed out to you several months ago that death registers and other registers in the hospital of Galle are not up to date and

I asked you to pull up the Secretary of the Galle Hospital. That Secretary is one of your blue-eyed boys. It does not matter to you whether the registers are properly kept or not—

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(டொக்டர் நாகநாதன்)

(Dr. Naganathan)

Is it S. L. F. P. blue?

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(திரு. டப்ளியூ. தகநாயக்க)

(Mr. W. Dahanayake)

—you are only concerned in keeping him in that important post. It is most disheartening that not merely the death registers but also the birth registers in the Galle Hospital have not been properly kept for the last so many years.

There are some cases which I have brought to the notice of the Director. Mrs. G. K. Meulin, of No. 111, Colombo Road, Kaluwella, complains that her son P. M. B. Gamini born at the Galle Hospital on 9th January 1950 does not have a birth certificate because the birth has not been registered. According to your books this child has not yet been born! The second case: Mr. Maitipe James Appu complains that his son Maitipe Siripala, born on 18th June, 1945, at the Galle Hospital, does not have a birth certificate. His address is Ambasevana, Hirimbura, Galle.

The third case—Mr. J. P. Martin Appu of Labuduwa Farm, Labuduwa, Galle, complains that his daughter, Pemawathie, born at the Galle Hospital on 9th September, 1945, has no birth certificate.

Do you challenge these facts?

In the first case, please look up my registered letter No. 2381 of 30th July, 1962, to the Director of Health Services. In the second case, please look up my registered letter No. 7808 of 4th July, 1962. In the third case please, look up my registered letter of 23rd September, 1962. I do not have its number.

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[ඛනිලිව, දහනයක මයා.]

These are cases that have come to me at random. You can just see what gross negligence, what grave dereliction of duty, amounting to a crime of the first order has been committed in the Galle Hospital by not recording properly births and deaths. I have not the slightest doubt that this is not a malady found in the Galle Hospital alone. I am sure that this is an Island-wide disease. Registers are not properly kept in all our hospitals right round the Island, and may I ask the Parliamentary Secretary to treat this matter very seriously and do something to relieve the distress and the hardship to which parents and children are put because the birth certificates or death certificates are not available.

Now if a birth certificate is not available, a parent has to make an application on a five-rupee stamp. That is a long drawn out and difficult process and after the application is made, the District Registrar asks for various impossible things such as, who was the midwife who attended on the child, bring the headman who was functioning at the time the child was born, bring up certain other witnesses who saw the child after it came out of its mother's womb and so on and so forth. The District Registrars of this country have become a law unto themselves. I will have a lot to say about them under the Hon. Minister of Home Affairs. Suffice it for the present to say that these District Registrars make it extremely difficult for parents to obtain birth certificates of children whose births have been wilfully not registered by the hospitals of this country. I have known of such cases. I have asked the authorities to be good enough to accept the responsibility, to hold an inquiry and to furnish the birth certificates departmentally. Is that a request which you ought to refuse?

You have bungled by not making the correct entry in the book. After the blunder you have committed, you put upon the parent the responsibility of obtaining the birth certificate.

This is the way the people are being harassed and persecuted in this country, of which you say boastfully that there is a progressive Government. There is no progress whatsoever in this Government. You are like the ostrich that hides its head in the sand. You choose to father all the difficulties on the people.

Now, will the Parliamentary Secretary please jot this down: birth certificates and death certificates—neglect by hospitals: Health Department must supply the certificates. Please take that down.

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(டொக்டர் நாகநாதன்)

(Dr. Naganathan)

Where is your cane? Give him one.

ඛනිලිව, දහනයක මයා.

(திரு. டப்ளியூ. தகனாயக்க)

(Mr. W. Dahanayake)

There is one other point. I came across a case in which the death certificate could not be obtained. The poor man had died. He was employed in a firm at Galle, and his wife has been now trying for several months to get the Employees Provident Fund contribution. The death certificate must be produced, but there is no death certificate because some entry somewhere has not been correctly inserted. These are all matters which should receive the earnest attention of the Government.

Speaking of certificates, I want to refer to a pet subject of ours, namely, *ayurvedic* certificates and their use. There are those who talk vigorously of permitting Government employees to produce *ayurvedic* certificates. I know that there are others, like the Treasury officials who do not want this country to progress. There are some who like to place all kinds of burdens on the poor, but we, the representatives of the people, have asked you in the name of reason to accept *ayurvedic* certificates.

How often have you said that the Bandaranaike *prathipathiya* is to give *ayurveda* its proper place. Are you

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giving *ayurveda* its proper place when you refuse to accept from a labourer of the Land Development Department an *ayurvedic* certificate which he produced for 22 days' leave he had taken? I am quoting an actual case. The department tells you that the rule is "we can accept an *ayurvedic* certificate only up to a period of 14 days". That is not a law which we can accept. That is not the law which you pretend to the people you have today. You make the people believe that you have given *ayurveda* its due place. The *ayurvedic* practitioners under your scheme of things are only third class passengers. You do not accept their certificates and you place an insuperable difficulty in the way of the minor employee. How, Sir, is the minor employee who has received *ayurvedic* treatment and taken a certificate from an *ayurvedic* practitioner to produce a certificate from a Western practitioner? Surely, it cannot be done!

Hundreds of poor people have lost their jobs because of this very queer manner in which you are interpreting your own rules. If you do not want to accept *ayurvedic* certificates, be truthful and say so. Do not deceive the workers of this country. We, their representatives, have asked you to accept *ayurvedic* certificates not merely for 14 days but for sicknesses of longer duration. You turn round and say that *ayurvedic* physicians give false certificates, as if doing things that are wrong too is the prerogative of *ayurvedic* practitioners. There may be persons who give false certificates among both *ayurvedic* practitioners as well as Western practitioners. When such cases are found, punish them by all means. But to deprive a worker of his rights and to send him out of employment because he is unable to produce a certificate from a Western practitioner for a period of illness beyond 14 days, is a most unreasonable requirement. You must make a definite statement to us on this matter, and you must in future see that no worker is penalized because he produces a certificate from an *ayurvedic* physician.

I also want to appeal on behalf of the thousands of workers who have in the past lost their jobs because they have been unable to give the proper type of medical certificate. I ask you to give the P. S. C. a direction to reinstate all of them. Take up those cases one by one and reinstate the minor employees who, having produced *ayurvedic* certificates, have been deprived of their jobs.

Allow me to go on to another point now. Just now I pointed out that the registers in the hospital at Galle are not properly kept. Do you know that the S. H. S's department in Galle is another place which deprives workers of their rights? The S. H. S's office in Galle is a law unto itself. I have had occasion to make complaint after complaint against the S. H. S's office at Galle. Nothing has been done. No minor employee in Galle is able to get his dues in the S. H. S's office.

There is a Secretary-Accountant in the S. H. S's office, Galle, who is another blue-eyed boy of this Government. Whatever villainies he commits pass unnoticed. Those who go against his edicts, or against his sweet will and pleasure, are punished.

There was the chief clerk of the S. H. S's office, Galle, one Mr. Siriwardena, who did excellent work in that office. When Mr. Siriwardena was the chief clerk, minor employees were able to go to the S. H. S's office at Galle, find out what was happening, ventilate their grievances, and obtain redress. But Mr. Siriwardena was suddenly transferred because he (Mr. Siriwardena) detected certain irregularities. This is a Government which looks upon public servants who detect irregularities as sinners. This is a Government which looks upon racketeers as benefactors. Mr. Siriwardena was transferred in the middle of the year. When Mr. Siriwardena was transferred I communicated with the Minister, the Permanent Secretary, the Director of Health and the Deputy Director of Health and said: "Now that Mr. Siriwardena

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[බබ්ලිවි. දහනායක මයා.]

dena has been transferred suddenly in the middle of the year, bribe-takers in the S. H. S's office at Galle are jumping for joy." I informed the authorities that I proposed to move cuts in the Votes of the Minister and the Director over this matter in the course of the Budget Debate. I had no opportunity to discuss this matter then, and I am pointing it out to you now.

Your present Secretary-Accountant is guilty of a large number of irregularities. I shall give you a few of them, so that they may be placed on record. Last year the Secretary-Accountant of the S. H. S's office accepted a tender for the transport of milk from the Baddegama Health Office to the milk feeding centres at the rate of 9 cents per pint. The tender was given to his relation, Mr. W. D. Simon. In the previous year the tender rate was 9 cents per pint for the transport of the same milk from Labuduwa to Baddegama and thence to the milk feeding centres. Those who know the geography of the Galle District will be able to find for themselves that the rate accepted by the Secretary-Accountant of the S. H. S's office was very high indeed. Instead of accepting the tender of his relation, Mr. Simon, the Secretary-Accountant should have re-advertized or called for rates from the D. R. O. as is the practice in other parts of the country. In this case also the tender that was accepted was proposed by a clerk at the Baddegama office, who is an uncle of the Secretary-Accountant at the S. H. S's office. A further fact is that the District Supervisor of Milk Feeding Centres is another close relation of this Secretary-Accountant. So you see the band waggon !

When these things are pointed out we get a bad name. We are asked to shut our eyes to these scandalous, fraudulent practices. We are even bidden not to speak too much in Parliament. Till my last breath I shall keep on exposing these fraudu-

lent practices. Why do you not shift this man and his family connections from that area ?

New look ! Though I see the Health Office travelling allowance was cut from Rs. 175 to Rs. 90 per month, the travelling allowance of the District Supervisor of Milk Feeding Centres, Baddegama, was not cut down by one cent. He is subordinate to the A. I. C., his allowance of Rs. 110 was not cut down at all. He is a relation of the Secretary-Accountant of the S. H. S's office.

Not a single minor employee of the Galle Hospital can get anywhere near that S. H. S's office. Why not close it down ? If you want to maintain that office, please see that there are officers who give a hearing to the grievances of the minor employees in particular.

There was the case of an orderly and his wife, who is a female attendant in a hospital in the Galle District. They were treated in the most cruel and sadistic manner by the departmental officials. The wife was placed in the Imaduwa Hospital about 12 miles away from Galle, the husband was in Galle and the children were placed at a house in Ambalangoda to attend Dharmasoka Vidyalaya. I sent several wires on this case. I sent several registered letters. I pleaded my utmost on the telephone and I went down on my knees to see that justice was done to this poor family but no justice was done. The result of it was that the youngest child of the family died of neglect at Ambalangoda, while the mother was at Imaduwa and the father was working at Galle. It was a case of high murder by the officers of the Health Department. I tried my best to make the department bring them to the same station. The departmental officers spoke of some irregularity that the father of the family is supposed to have committed. I told the Deputy Director : " If this person has done any wrong, prosecute him ; but for God's sake do not be sadistic and compel them to leave the children at Ambalangoda while the mother is at Imaduwa and the father at Galle."

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They went to the S. H. S's office to draw their travelling claims. The S. H. S's office would not listen to them. For months upon months they corresponded with the department and no relief was given. Today a large number of minor employees of the Southern Province curse this Government with a vengeance for their terrible maladministration of the medical and health institutions of this country.

Allow me now to go to another point. I want to refer to the Plastic Surgeon whom you have now at Maharagama.

Here is an excerpt from a news item appearing in the "Times of Ceylon" on the 17th September, 1962 :

Fifty year old Kumathelis of Pannipitiya was the oldest inmate of the Cancer Institute at Maharagama. About eight months ago he was operated on for cancer of the mouth and chin-bone. The operation was a success but it has resulted in a ghastly facial deformity. He also finds it difficult to speak or swallow.

He looks more like a ghost than a man.

He saw the Visiting Plastic Surgeon who is treating similar cases in the ward and was informed that remedial measures cannot be taken as the surgeon has no equipment and facilities.

It is learnt that though the Plastic Surgeon returned from the U. K. after six years of training at the beginning of this year no facilities have been provided. For the past six months the hospital authorities made innumerable requests to get one nurse for a ward for the Plastic Surgeon. But the Health Department has not so far responded. However a few patients have been treated by the surgeon who used some of his private instruments. A request for a central plastic surgery centre at the Colombo South hospital has been turned down. Instead, a maternity unit is to be opened there although there are two well-equipped maternity hospitals in the area.

I thank the press for bringing this matter to our notice. The Plastic Surgeon who had been trained for six years in England at great expense has returned and is able to do excellent work, but he is not given the instruments, the equipment and the facilities. However, out of the goodness of his heart he uses his own equipment and instruments as far as

possible. The patients who can be attended to are not being attended to. Not even a nurse has been given to this Plastic Surgeon.

This type of case can be multiplied. This is one among a large number of cases of gross negligence. Please answer. You are now in the dock. Are you guilty or not guilty? Face the charge. I trust the hon. Parliamentary Secretary will take down notes of what we are saying and give answers. It is not enough for him to nod. His nods are very attractive, but they give no relief or redress.

I want now to refer to the Orthopaedic Clinic. You are aware that time and again in this House I have raised questions about the Orthopaedic Clinic. Have I been able to make any headway? No. I shall keep on trying. The Orthopaedic Clinic, as the hon. Parliamentary Secretary revealed to us the other day, has waiting cases from 1946. He cannot even give us a list of the waiting cases because the list is so big and, if printed, will take up so many pages of HANSARD. I have pointed out to the Parliamentary Secretary that there is a racket operating in order to get the work out of the Orthopaedic Clinic into a private concern that manufactures artificial limbs. The Orthopaedic Clinic in Colombo furnishes secretly the names of patients who have registered themselves in the clinic. The private firm then seeks business with the patients. That is what is happening today. There is supposed to be an Orthopaedic Clinic and there is a very large waiting list, but the private concern is doing a roaring business. There is something wrong with the entire set-up. It has been pointed out that in other countries the work in the workshops in orthopaedic clinics, and even the supervision, is done by trained cripples. What is the chance you have given to the trained cripples to do work in the Orthopaedic Clinic? You have given them no opportunity. Here is a letter from Mr. J. P. Pathirana, the

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[බබිලිවී. දහනායක මයා.]

Hony. Secretary of the Ceylon Council for the Welfare of Cripples. I will read only a portion of his communication :

24, Right Circular Road,
Jayanthipura,
Talangama, 7th August, 1962.

Reference your letter dated 10.7.62, in reply to ours of 5th July, 1962; this is to remind you that you will take up this question of the disabled during the budget discussions.

Recalling your questions, and answers by the Junior Minister of Health appearing as per Hansard Volume 46, No. 38 of 8th June, 1962. This has reference to our letter dated 5th July, answering categorically the subject under reference, and enlightening on the subject in detail.

We yet strongly maintain, Sir, that, if at all, a person be sent abroad for training in rehabilitation services for the handicapped; he should be no other than handicapped himself. This is the principle adopted in all other countries, except in Ceylon where persons in the orthopaedic workshops are sent irrespective of any educational or other technical training for the study of the welfare of the disabled, which is most absurd and foolish. Even such international agencies like the U. N. O., W. H. O., I. L. O., etc., have always sent blind persons for the study of the welfare of the blind. Think of names like Lewis Braille, Ian Fraser, Hellen Keller, Douglas Bader, who are handicapped themselves and done yeoman service for the welfare of the handicapped brethren, and shone as marvellous symbols of courage in their own countries.

They believe in that very truthful saying: "It is only the wearer of the shoe who knows where it pinches". Let Ceylon realise this point and send a handicapped person abroad on a C-plan scholarship to study the welfare of the handicapped, who we will assure you will be the best and the ablest in this field than a score of able bodied persons who will not know the pains and sufferings of a physically handicapped.

Hope, Sir, you will put this point very strongly and convince our authorities here, on a very foolish thing they have been doing all these years.

Hoping you you will take this matter at an early date on behalf of these silent people of suffering.

They have made out a very good case. I would request the hon. the Parliamentary Secretary to select some of these handicapped persons, send them abroad for training and allow them to manage the orthopaedic and similar clinics.

I am glad that branches of the Orthopaedic Clinic have been started in Kandy, Galle and Jaffna and that a branch will soon be established in Kurunegala. But it is not sufficient to say that you have started a branch. Hardly anything is being done. There is only a name board.

It is a shame that due notice is not taken that artificial limbs should be made as quickly as possible. This is what the Secretary of this association says on the subject:

The question of whether the artificial limbs supplied by the workshop even after waiting for six years satisfies the wearer or the handicapped is of the utmost importance. We are being flooded with complaints from many who are given artificial limbs that they are virtual death traps and cumbersome toys which serve no purpose at all due to their crude workmanship and they are thrown in some corner. This is the crux of the problem. So much money is wasted in maintaining such a workshop with such a big staff with fat salaries, and without serving any purpose to the handicapped in general. Evidence of the handicapped themselves should be recorded.

Do you know that some of the artificial limbs that you give are thrown away to the dustbin? Are you aware of that? That is because you make the artificial limb to fit a man in 1958 whereas the man has grown four years since then. So it is very necessary that the service in the making of artificial limbs should be expeditious, speedy and should not be prolonged beyond a certain day. If by any chance you are unable to give the artificial limb by a certain day after the measurements have been taken you should take new measurements. These poor people, the crippled and the maimed, are a silent lot and I do hope that as I have so often espoused their cause the hon. Parliamentary Secretary will be so kind as to pay particular attention to their case.

Let me go on to another point. Tuberculosis is not such a big problem today but the campaign is being very badly conducted. The tuberculosis campaign costs the country nearly Rs. 40 million a year. There

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are a large number of gross irregularities connected with the tuberculosis campaign. I do not wish to go into minute details. I must request the hon. Parliamentary Secretary to go very carefully into the various allegations that have been made against those who are conducting the tuberculosis campaign in this country.

The following are some of the charges that have been made: (1) Lack of proper policy for the effective control and prevention of tuberculosis; (2) maladministration; (3) wasteful expenditure; (4) corruption; (5) racketeering in drugs; (6) abuse of power; (7) campaign against the present policy of the Government; (8) victimization; and (9) favouritism and communalism. Some of these are very serious charges. I wish to make a brief reference to some of these charges.

Racketeering in drugs: Your officers there in that Public Officers' Box will admit that today, even as we are talking here, there is a very big shortage of the common drugs used in the tuberculosis campaign. Is that so or is that not so? That is so. Are you aware, Mr. Deputy-Speaker, that as a result of a shortage of the commonly used drugs doctors are compelled to prescribe for their patients in urgent cases drugs that are far more costly? Now, do you see the game? Your Minister of Finance is trying to save every cent of the money that is going outside the country but despite all his efforts what a terrible amount of money goes out of the country on drugs. The hon. Member for Akuressa (Dr. S. A. Wickremasinghe) will point out to you that you ought to have several drug factories in this country. I do not belong to his party, but I take off my hat to the hon. Member for Akuressa for his penetrating knowledge of all matters connected with health in this country. He wants you to have a number of drug factories.

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(කෙරෙණ ජී. පී. ඩී. සිල්වා)

(The Hon. C. P. de Silva)

You have no hat.

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(තිரு. උප්පාය. තනතුරු)

(Mr. W. Dahanayake)

Why do you not have them? If it is your intention to save foreign exchange, why is it that you permit the common drugs to go out of the market? Surely, the Civil Medical Stores of this country has had 30 years of experience. They know the requirements of the country. They ought to indent for drugs beforehand. Why is it that there is a continuous shortage of common drugs in the various hospitals right round the country?

In Galle, for instance, the Medical Superintendent tells me that orders are placed for certain drugs but they never come. Then what happens? Patients have got to go and buy the drugs in a dispensary close by. This is a very peculiar situation. The necessary drugs are available from private sources and at blackmarket rates, but these drugs are not supplied to the patients through your hospitals. What type of a racket is this? A mean and colossal fraud on the poor people of this country. That is what you are practising.

You must put that Civil Medical Stores in order. If there is a shortage of drugs, you must look upon it as a grave irregularity for which those responsible must answer. You are far too complacent in your attitude. You are far too prone to forgive. You must be ready to dismiss officers in the service of the Health Department if you are to put things in order. Year after year we have spoken here of the shortages of drugs, but the same malady persists and here today I charge you to your face, there is a shortage of commonly used drugs which are used against tuberculosis and you are not able to give me an answer.

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(තිரு. උප්පායසේකර)

(Mr. Obeyesekere)

How do you know?

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(திரு. டப்ளியு. தகனாயக்க)

(Mr. W. Dahanayake)

You are spending more than you ought to on other drugs. Pray, why did you cut down the diet of the tuberculosis patients? It is a mean and disgraceful act, one of the most mean things that any Government in this country has ever done, to deprive tuberculosis patients of their oranges, eggs and fish. And what is the answer you gave me? You said that you were giving the patients certain pills as an alternative to oranges and eggs. Modern methods of treatment run mad. I made close inquiries and I found that you are not giving any substitute for the eggs, milk and the oranges which you are depriving the patients of. Your intention was to cut down on the expenditure on tuberculosis patients. What is the meaning of this? You can save your money on various things, but why do you want to save your money on the egg that you give to the T.B. patient, on the fish you give to him, on the milk you give to him? There is a limit even to meanness. Have you no sense of decency? For God's sake, I ask you to restore to the T.B. patients the diet that you were giving them.

I came across a very pathetic case the other day where the T.B. officer at Galle had declared that a T.B. patient, who had received an allowance, was free from the disease. So, when the T.B. officer pronounces that the patient is free from the disease, the allowance stops. But this poor man came and told me that twice or thrice he vomited blood. This poor man vomited blood after he was completely cured? I gave him a letter to the T.B. officer asking him whether it was not a fact that this man was still having the sickness. No, said the T.B. Officer. The ways of the T.B. officers are marvellous. We who are laymen know that when a patient is declared free from a disease, he is yet prone to that disease. I challenge the doctors to say 'No'. When a T.B. patient recovers from T.B., the allowance should be continued for at least one year after he

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is free from that disease because he is physically prone to that disease. He may get a relapse at any moment. He is not a fully cured individual. He needs money for purposes of rehabilitation. But what have you done? Oh! What a shame! You have done the following things of which you should be ashamed! You have cut down the diet of the T.B. patient, you have decreased the money provision meant for the T.B. patients. The moment a T.B. doctor reports that the patient is free from the disease, you stop his allowance. Is this the way you propose to carry on your T.B. campaign? Is this the sympathy that you show towards these unfortunate human beings who contract T.B.? Here is a campaign, the T.B. campaign, being mismanaged from top to bottom.

The other day my good Friend the hon. Member for Nivitigala (Mr. Molligoda), all praise be to him, raised the question about the travelling allowances of certain T.B. officers. It was obvious from his questions that some sort of favouritism was being shown to some T.B. officers in certain districts, and that, though money was being wasted on travelling, the hon. Parliamentary Secretary gave a very evasive reply to his own Government Parliamentary Colleague. I intervened at Question time. You will see that in HANSARD.

One of the charges against the anti-T. B. campaign is that there is wasteful expenditure on travelling. Another charge is abuse of power. Let me tell the House of a case that came to my notice. There are 19 minor employees in the T. B. Clinic at Galle. A new law has been passed against these 19 minor employees. There are 11 other T. B. Clinics in the Island. With the one at Galle there are really 12 T. B. Clinics. Of these clinics in Ceylon, or, for that matter, in the whole wide world, it is in the clinic at Galle alone that the 19 minor employees are compelled to work from 1 P.M. to 4 P.M. on Saturdays. In all the other 11 T. B. Clinics the minor employees work from morning until 1 P.M. on Saturdays. In Galle alone, they work till 4 P.M.

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Protests were made against this in May this year, they had been made long before too, but no good came of them. No replies were received. These minor employees made representations through their trade union. Nothing was done to help them. In utter despair, when their letters remained unanswered, when they could obtain no redress, these employees came to me as the Member of the electorate in which the institution is situated. I wrote to the department in May. What was the result? The employees were told:

“උඹලා දහනායක මහත්මයා ලඟට ගිය නිසා උඹලාට මේ ඉල්ලීම දෙන්නේ නැහැ.” Then one smart chap amongst them said: “අපි දැන් දැවුරුද්දක් දහනායක මහත්මයා ලඟට නො ගිහින්න ඉල්ලුවා. ඒත් නොදුන්නේ ඇයි? අපිට බැරීම තැන තමයි, දහනායක මහත්මයා ලඟට ගියේ.”

Look at the cheek of that officer who said that because the minor employees came to me they would not be given that concession! And, indeed, that concession was not given. They were asked to continue working from 1 P.M. to 4 P.M., while in all the other clinics they stopped work at 1 P.M.

Then what happened? These people pressed their claim. I kept on sending lengthy communications to the superintendent. The superintendent, perhaps, thinking that I would raise the question in Parliament, suddenly gave an order that in all the other 11 clinics in the Island there should be Saturday work till 4 P.M. A circular was sent to all the T. B. clinics in the Island that there should be Saturday work for minor employees till 4 P.M.

Then what happened? The hon. Member for Ratnapura had representations made to him from the Ratnapura Hospital. He took the matter up with the Government, and he refused to allow the minor employees in the T. B. clinics at Ratnapura to work on Saturdays till 4 P.M. Then the circular calling upon minor employees to work till 4 P.M. was withdrawn in respect of all T. B. clinics except the clinic at Galle.

I have a lot of stuff here against the officials of the anti-T. B. campaign, and if I read these things out many officers of the department will look very small. I do not want to take mean advantage of my position here. But I say that the entire anti-T. B. campaign is being mismanaged and it has become a den of thieves. What operates there is the old, old story of Ali Baba and his forty thieves!

There are cases pointed out in a lengthy memorandum in which those who are T. B. patients have been declared to be not T. B. patients. If one can prove a single case in which a patient about whom there is convincing evidence that he is a T. B. patient, but where some officers of the T. B. campaign have concealed the truth and told the Government he is not so, what is the punishment you will give to such an officer? Will you make an example of him? Here is not one case but a large number of such cases given in this memorandum. I am very glad that at least one hon. Member on the Government side, the hon. Member for Nivitigala, had the courage to take up this question, but as you will see from the report that appears in HANSARD his good efforts were nipped in the bud.

I ask that the various reports that have been made about the anti-tuberculosis campaign of Ceylon should be published as Sessional Papers. Complaints were made by Mr. A. T. S. Paul and there was the Amerasekera Commission of Inquiry appointed. Where is that report? There was a deputation of medical officers of the anti-tuberculosis campaign to the hon. Parliamentary Secretary to the Minister of Health. What came of it? The Medical Officer-in-Charge of the O. P. D., General Hospital, Colombo, made certain complaints about the anti-tuberculosis campaign. There was the Wanasinghe Commission of Inquiry. Where is the report of that Commission? Trade Unions and medical officers made representations to the Moragoda Committee. Why is the report of the Moragoda Committee not released?

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[බඩලිවි. දහනායක මයා.]

There is a good deal in this matter than that which meets the eye of a casual reader. Therefore, I would request the hon. Parliamentary Secretary to go immediately into this question. Today, a greater part of the Rs. 40 million expended on the anti-tuberculosis campaign goes down the drain.

There is one other point to which I wish to refer. That is the question of private practice by Government doctors. This question stands today in suspended animation: one does not know where he is. One of the election platform planks of the late Mr. S. W. R. D. Bandaranaike in 1956 was that private practice of Government doctors would be abolished and that patients would be permitted to have the full benefit of the service of Government doctors. But that policy is today more honoured in the breach than in the observance. The result is that the large amounts of money spent on health services do not give commensurate benefits to the people. It is very necessary that the health services of this country should be streamlined. This is not a parochial matter. This is a matter of national importance. The Hon. Minister of Health should be a full time worker. There are a hundred and one problems connected with the health services of this country which remains unsolved. There must be somebody with dynamic energy to take up these questions and to solve them so that the monies spent on the health services are well spent. Therefore I request the Ministry of Health to give up their indolence. They are guilty of indolence. I do not wish to be personal. If, in the course of my speech I have said anything personal about the hon. Parliamentary Secretary I beg to withdraw such remarks.

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(කෙළරඹ පී. ඒ. ඩී. සිල්වා)

(The Hon. C. P. de Silva)

He is a very active young man.

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(තිரு. උප්පිය. තකරායඝ්ක)

(Mr. W. Dahanayake)

The fault with your Ministry is that you are indolent. You must be in earnest. You are not in earnest today. I recall the words of the Buddha:

Earnestness is the path to immortality.
Indolence is the path to death.

You are committing the people of this country to an untimely death by your indolence. Please wake up and put your house in order and see that every cent of money that is voted for the health services of this country is properly and well spent.

අ. භා. 6.00

එම්. සිවසිත්ථම්පරම් මයා. (උඩුප්පිඩ්ඩි)

(තිரு. எம். சிவசித்தம்பரம்—உடுப்பிட்டி)

(Mr. M. Sivasithamparam—Uduppidi)

There are some urgent matters which I wish to bring to the notice of the hon. Parliamentary Secretary to the Minister of Health.

One is the question of the lack of anaesthetists in the Jaffna Hospital. I believe I raised this matter with the Director of Health Services and the Hon. Minister also on more than one occasion. Today we have only one anaesthetist for the entire province, one anaesthetist working for more than five surgeons in the Jaffna Hospital. I am personally aware that patients have to wait sometimes for three to four days before they are taken for operations purely because there is only one anaesthetist working in the hospital. I am sure it is a matter of urgency and I hope the hon. Parliamentary Secretary would look into the matter.

The other matter is about the hospital in my own electorate, the Point Pedro Hospital. The electricity for this hospital is supplied by the Point Pedro Town Council and the voltage of the current supplied is so low that one can hardly distinguish one another if one goes to the hospital at night. I am not exaggerating but on a certain occasion when a patient was suffering from fever one night he

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

වාණි කිරීමට පත් කරන ලද කාරක සභාව

[ඩී. ඩී. ආර්. ගුණවර්ධන මයා.]

පිළිවෙළ වෙනස් කරනවාය කියා පොරොන්දුවක් දී තිබුණා. රජයේ සේවයේ යෙදී සිටින වෛද්‍යවරුන් මුදල් හදල් අය කර වැඩ කිරීම තතර කරනවාය කියා පොරොන්දුවක් දී තිබුණා. එහෙත් තව මත් ඒ සම්බන්ධව කෙළින් තීරණයක් ගෙන, කෙළින් අඩියක් ගෙන, ක්‍රියා කිරීමට ශක්තියක් මේ රජයට ඇති වී නැහැ. ඒ අනුව දිනෙන් දින වන්නේ, අපේ සමාජයේ මුදල් හදල් තිබෙන අයට රෝග ආදිය සුව කර ගැනීමට තව තවත් පහසු කම් සැලසෙන එක පමණයි. එහෙත් මුදල් හදල් නැති උදවියට යම් යම් රෝග සෑදුණාම ඒවා සුව කර ගැනීමට එහෙම පහසු වක් නැහැ. රටේ රෝහල් තිබෙනවා. ඒවා සිත් ප්‍රතිකාර ලබා ගැනීමට ලක්ෂ ගණන් මහජනතාව යනවා. එහෙත් මේ පාර්ලිමේන්තු ලේකම් තුමා රජයේ රෝහලක පැයක්වත් ගත කර තිබෙනවාද කියා මම අහන්ට කැමතියි. එසේ පැයක්වත් ඔබ තුමා රජයේ රෝහලක සිට නැහැ.

සෞඛ්‍ය ඇමතිතුමා සිටින්නේ උත්තර මන්ත්‍රී මණ්ඩලයේයි. ඒ ඇමතිතුමා මේ පිළිබඳව කෙළින් තීරණයක් නොගන්නේ මන්දැයි මම දන්නේ නැහැ. රටේ ප්‍රකට වී තිබෙනවා, ඇතැම් බෙහෙත් ජාවාරම්කාර සිත්ට පුළුවන් තරම් බෙහෙත් ගෙන්වීමට ඉඩ දී තිබෙනවාය කියා. විශේෂයෙන්ම ක්ෂය රෝගයන්ට අවශ්‍ය ද්‍රව්‍ය, බෙහෙත්, විශාල වශයෙන් ගෙන්වීමට ජාවාරම්කාර සිත්ට ඉඩ ප්‍රස්තා සලසා දී තිබෙනවායයි රටේ ආරංචි තිබෙනවා.

කොට්ටාව ආසනයට අයත් ප්‍රදේශයේ අරෝග්‍යශාලාවක් ඇත්තේ නැහැ. අවුරුදු ගණනක සිට සුළු ආරෝග්‍යශාලාවක් සඳහා ඉඩමකුත්, මුදලත් වෙන් කර තිබෙනවා. නමුත් ඇතැම් ඉංජිනේරු මහත්වරුන් ගේ රපෝර්තු නිසා කඩුවෙල වෙන් කර තිබෙන ඉඩමේ තවමත් ආරෝග්‍යශාලාවක් සෑදීමට කටයුතු සලස්වා නැහැ. මේ පිළිබඳව මම පසු ගිය දිනවල පාර්ලිමේන්තු ලේකම්තුමාටත් කිව්වා. මම නැවතත් ඉල්ලා සිටිනවා, වෙන් කර ඇති මුදල් යොදා කඩුවෙල තිබෙන ඉඩමේ සුළු වශයෙන්වත් ආරෝග්‍යශාලාවක් පිහිටුවීමට කටයුතු සලසන්නාය කියා.

ලංකාවේ වෛද්‍යවරුන් සිටියත් බෙහෙත් ද්‍රව්‍ය බෙදා හැරීමේ තත්ත්වය නම් කිසි සේත්ම සතුටුදායක නැහැ. බෙහෙත් ද්‍රව්‍ය මූලික වශයෙන් ගබඩා කර තිබෙන්නේ “සිවිල් මෙඩිකල් ස්ටෝස්” වලයි. එහි තත්ත්වය සම්බන්ධයෙන් මට ලැබී ඇති කරුණු ටිකක් මම කියවන්නම්. එවිට එහි ඇති භයානක තත්ත්වය හොඳ හැටි පෙනේවි. එය තිබෙන්නේ ඉංගිරිසියෙන්. මම දැන් එය කියවන්නම්.

Civil Medical Stores : More and more hospitals, dispensaries and clinics of various nature are being opened every year but the position at the Civil Medical Stores remains the same. This is the only and the one institution that has to supply drugs, surgical instruments and stores and dangerous drugs to about 800 government institutions and all registered private practitioners of the entire Island. This institution will also have to supply drugs to about 750 estate dispensaries. One could just imagine the chaos that would prevail at the main distributing centre which has not been improved to keep pace with the expanding health services in the Island.

ඔබේසේකර මයා.
(*திரு. ஒபயசேககர*)
(Mr. Obeysekere)
සෞඛ්‍යය හොඳ නිසා ඉස්පිරිනාලේ ගිහින් නැහැ.

ඩී. ඩී. ආර්. ගුණවර්ධන මයා.
(*திரு. டி. பி. ஆர். குணவர்தன*)
(Mr. D. B. R. Gunawardena)
ඒක තමයි. ඒ විධියට මුදල් හදල්වල බලය නිසා සෞඛ්‍යය ආරක්ෂා වෙනවා. මොකද, තමුන්නාන්සේට සෙම්ප්‍රතිශ්‍යාවක් හැදුණත් දොස්තරවරු හත් අට දෙනෙක් තමුන්නාන්සේගේ ඇඳ වටේ ඉදිසි. එම නිසා ඔබ තුමාට ඒ ගැන තේරුමක් නැහැ. යමක්කමක් තිබෙන උදවියට හැම පහසුකමක්ම තිබෙනවා.

ගරු නියෝජ්‍ය කථානායකතුමනි, මේ අවුරුද්දේ ජනවාරි මාසයේ සිට රජයේ සේවයේ යෙදී සිටින වෛද්‍යවරුන්ට මුදල් අය කර ප්‍රතිකාර කරන්ට ඉඩ තබන්නේ නැතැයි කියා පොරොන්දුවක් දී තිබුණා. ඒවාගේම රජයේ සේවයේ යෙදී සිටින වෛද්‍යවරුන් විශාල සංඛ්‍යාවක් ඒ තීරණය පිළි අරගෙන ඒ අනුව වැඩ කරන්ට ලැස්තිව සිටියා. එහෙත් තමුන්නාන්සේ ලාගේ බලපෑම උඩ එය ඉටු වුණේ නැහැ.

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

මාතෘ කිරීමට පත් කරන ලද කාරක සභාව

The Civil Medical Stores is in a very bad mess and has been so for many years now. Many proposals with regard to the new buildings for the Civil Medical Stores have been made but nothing definite has materialized so far. We gather that new sites have been selected but that is about as far as they have got.

At present the Civil Medical Stores, for lack of space, stores drugs in various parts of the city—at Francis Road, Borella; Old Railway Yard, Maradana; Vavasasseur's, Dean's Road, Maradana; Commodity Purchase Rubber Stores, Mattakkuliya; Cold Stores, Slave Island and De Saram Place. Some of these places have no watchers.

Shortages and Waste: Wastage and thefts occur. They have been consistently spotlighted in the public press by the public but despite all the adverse publicity they continue to recur—that is, thefts, waste and shortage. In the "Ceylon Daily News" of 31st August, there was a report of a theft of a large stock of rectified spirits valued at over Rs. 45,000 and drugs the value of which is still unknown. The Superintendent, Civil Medical Stores, has not reported any loss but this has been detected by a police officer on duty at Slave Island. After two months there had been another theft of drugs to the value of several thousands. Some time back there had been another loss of a large number of rectified spirits drums.

Wastage: Drugs are stored in temporary tin sheds and thereby large stocks of valuable drugs deteriorate rapidly and have to be written off. Some drugs that have to be kept under refrigeration are not kept under these conditions for lack of facilities. For the few items kept in the Cold Stores the Government spends large sums of money.

A large number of wooden boxes are thrown away as firewood and packing cases are bought from *nadars*. The Civil Medical Stores has spent about Rs. 15,000 last year to purchase these empty packing cases.

Outdated surgical instruments are ordered. This is nothing but criminal wastage of public money.

Supply of drugs to hospitals: Due to bad administration the Civil Medical Stores is unable to handle the distribution of drugs and as a result there is a shortage of drugs in hospitals. Large numbers of requisitions for drugs are placed but the civil medical stores is unable to do its job properly.

These are facts that I have been able to find out from the place. The Drugs Vote is about Rs. 20 million.

Items ordered on special indents and items for the new dental clinics for schools: There are only three sections called FA, FB and FC in the railway yard to receive all these. There are also other items that have to be distributed from this place.

There are only 10 storekeepers and 28 assistants to look after these stores. This is a place where Rs. 20 million worth of drugs is being stored in different places. Each section, particularly the reserve, has to handle Rs. 2 million to Rs. 3 million worth of drugs. In each section there are about 1,500 items. Therefore it is no wonder that the distribution is bad and unsatisfactory.

Provincial stores: Establishment of branch stores of the Civil Medical Stores at places like Kandy, Jaffna and Galle was considered and recommended by a committee but nothing has been done so far. The Minister has stated at various times that steps are being taken in this direction. What have you done? Nothing. Everything is on paper only.

The Moragoda Committee, which was appointed to look into the staffing, cadre and administration of the various units of the Health Department, has now submitted its report but we have not yet been informed as to whether that committee has suggested any improvements, particularly to the Civil Medical Stores Section. Millions of rupees worth of drugs and surgical instruments are being allowed to lie exposed in the corridors of the stores while patients in distant hospitals are unable to get proper medical treatment.

Then again, the indenting officer's post in the Civil Medical Stores has been vacant for the last five years and a Class II clerk is acting in the post. The post has been advertised in the Gazette three times but a suitable candidate has not been selected so far. Why has the post been suppressed?

When there is a shortage of medical men to be posted at various institutions, three qualified apothecaries are being employed at the Civil Medical Stores. They do little or no work. One apothecary who has been trained abroad in the handling of surgical instruments has been detailed to do clerical work. Why? Class I clerks drawing small salaries are entrusted with the despatch of medical goods worth millions of rupees.

This is how wastage takes place due to neglect and inefficient administration in the Civil Medical Stores. Why have you failed so far to put up different stores in different parts of Ceylon, particularly in Kandy, Jaffna and places like that?

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

[ඩී. ඩී. ආර්. ගුණවර්ධන මයා.]
මා මේ කොටස ඉංග්‍රීසියෙන් කියව්වේ ඒ කරුණු ඉංග්‍රීසියෙන් සටහන් කර තිබුණු නිසයි. ලංකාවට වුවමනා බෙහෙත් බඩු ගෙන්වන්නේ වෛද්‍යවරුන්ගේ උපදෙස් අනුවයි. ගබඩාවෙන් බෙහෙත් බඩු පිට කළායින් පසු අලුතින් එන වෛද්‍යවරු ඒවා පාවිච්චි නොකර වෙන බෙහෙත් ගෙන්වනවා. අද නියෝජිත මය තත්ත්වයයි.

කෙලින්ම ගෙන්වන බෙහෙත් බඩු සහ උපකරණ විශේෂ බෝඩි එකක් මගින්ද ගෙන්වන්නේ? ලංකාවට ගෙන්වන බෙහෙත් වර්ග ආදිය පරීක්ෂා කිරීමට විශේෂ තැනක් තිබෙනවා නේද? ඒ සඳහා විශේෂඥයින් පත් කර සිටිනවා නේද? එහෙත් ලංකාවට බෙහෙතක් ගෙන්වන විට එයින් පිට යන්නේ මොන කරුණක් නිසාද කියා පරීක්ෂා කළාද? කෝටි ගණන් මුදල් රටින් පිට යන්නේ මේ අන්දමටයි. වරක් ගෙන්වූ බෙහෙත් වර්ගය නැවත වරක් වෙනත් නමකින් ගෙන්වනවා නේද? අර මුලින් ගෙන්වූ බෙහෙත් වර්ගයෙන් තිබෙන්නේ වෙනත් නමකින් ගෙන්වන බෙහෙත්වල තිබෙන ලෙඩ සුව කිරීමේ ශක්තියම නොවෙයිද කියා සොයා බැලුවාද? වෙනත් නමකින් එවන නිසා වෛද්‍යවරුන් ඒ බෙහෙත් වර්ගයන් ගෙන්වනවා නේද? ඒසේ කරන විට වෛද්‍ය විශේෂඥයන්ගේ උපදෙස් ලබා ගන්නවද කියන එකයි මා අහන්නේ.

එහෙම නොවෙයි අද කෙරෙන්නේ. මේ ක්‍රමය නිසා කොයි තරම් මුදලක් පිටරට වලට ඇදී යනවාද යන්න තමුත්තාත්සෙට පහසුවෙන් පෙනෙනවා ඇති. ඉන්පේක්ෂින් එකක් දිල දැන් කොහොමද කියා ලෙඩුන්ගෙන් අහනවා. ඇල් වතුර ටිකක් ඇගට විද්දන් සුළු සනීප ගතියක් දැනෙන්නේ ලෙඩුන්ගේ හිතේ තිබෙන අසනීප නිසයි. ඒ නිසා යම් තරමක සනීපයක් දැනෙනවායයි ලෙඩුන් කියනවා. ඒක මා දන්න කාරණයක්. ඒ නිසා බෙහෙත් ගෙන්වන විට එක ප්‍රතිපත්තියක් අනුගමනය කරනවා නම් ඒ මගින් විදේශ හුවමාරු මුදල් ටිකක්වත් නතර කර ගත්තොත් මග පෑදේය කියා මා හිතනවා.

එකී කිරීමට පත් කරන ලද කාරක සභාව

වෛද්‍යවරුන්ට පුද්ගලික වශයෙන් මුදල් හම්බ කිරීම තහනම් කර ලංකාවට වුවමනා කරන බෙහෙත් වර්ග කෙලින්ම රජය මගින් ගෙන්වන්නා කියා අපි මුල සිටම ඉල්ලුවා. නමුත් අදත් සිද්ද වන්නේ මොකක්ද? හදිසි ලෙඩෙකුට බෙහෙත් ටිකක් ලබා ගන්න ආරෝග්‍ය ශාලාවකට ගියහම ආරෝග්‍ය ශාලාවේ ඒ ලෙඩාට අවශ්‍ය බෙහෙත් නැ. කෙලින්ම යන්න වෙනවා කාර්ගිල්ස් එකට නැතිනම් මිලර්ස් එකට. ගම්බද ප්‍රදේශවල ආරෝග්‍ය ශාලාවන්හි ඔය තත්ත්වය බොහෝ දුරට බල පානවා. එසේ වන්නේ කොහොමද? “සිවිල් මෙඩිකල් ස්ටෝර්ස්” එකෙන් ගෙන්වන බෙහෙත් වර්ග අද පෞද්ගලික ඩිස්පෙන්සරිවලට පිට වෙලා යනවා නේද? “සිවිල් මෙඩිකල් ස්ටෝර්ස්” එකේ නියම පාලනයක් ඇති කිරීමට අද වන තුරු වැඩ සලස්වා නැ. කොතනින් එනවද ඒවා? ඉහලින්ම, ඒ කියන්නේ ඇමති අංශයෙන්ම එනවද දන්නේ නැ. හුඟක් කරුණු තියෙනවා, ඒ සම්බන්ධව දැනගන්න. පසු ගිය දිනවලදී ඇමතිතුමාලත් එක එක ස්ථාන ගෙනිව්ව. නර්සිං හෝම්ස් අරව මේව ගෙනිව්ව. අපි ඒ ගැන හොඳට දන්නවා. ටී. ඩී. අංශයේ විශේෂඥයන් සමග කොතරම් කිට්ටු සම්බන්ධකමක් ඇතුව වැඩ කරනවද කියන එක මම මුලින් මතක් කළා. මේ කරුණු උඩයි, අද අපේ රටේ සෞඛ්‍ය අංශයේ දියුණුවට වැඩක් කරන්න බැරි වී තියෙන්නේ. කොයි ප්‍රශ්නය ඉදිරිපත් කළත් දෙපාර්තමේන්තුව වැනි කරන්න බැ. මහජන ජීවිත පිළිබඳව සරි ප්‍රතිපත්තියක් ඇතිව වැඩ කරන්න ඕන.

රෝහල්වල හරි අතික් ස්ථානවල හරි වෛද්‍යවරුන්ට ප්‍රතිකාර කිරීමේදී සහයක් වත් මුදල් හදල් ගන්න බැරි වන විදියේ තහනමක් දාන්න ඕන. මුදල අනුව ජීවිත ඇති කරන්නත් නැති කරන්නත් ඉඩ දෙන්න බැ. මූලික ප්‍රතිපත්තියක් වශයෙන් ඒ පදනම දමා ගන්න ඕන. මුදල් අනුව ජීවිත ඇති නැති කරන්න ඉඩ දෙන්න බැ. තමුත්තාත්සේ ඔය අදහස උඩ නියම අඩියක් ගන්නවද කියා මා අහනවා. ඒකට උත්තර දෙන්න පුළුවන් ද? ඒ කාරණය ගැන මා මීට වඩා දුරට යන්නේ නැ.

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

ක්ෂය රෝගය සම්බන්ධයෙන් මා වැඩි දුර යමක් කියන්න අදහස් කරන්නෙ නැහැ. අවුරුදු 15 කට වාගේ උඩදී නම් මැලේරියා රෝගය වසංගත රෝගයක් වශයෙන් තිබුණ නමුත් දැන් ඒ තත්ත්වය නැතිව ගොසින් තිබෙනවා. මැලේරියා රෝගය බොහෝ දුරට අඩු වී ගොස් තිබෙන නමුත් දැන් භයානක අන්දමට පැතිර යන රෝගයක් තමයි, ක්ෂය රෝගය. මෙම රෝගය සම්පූර්ණයෙන් නැති කර දැමීම පිණිස රජය ගෙන යන වැඩ පිළිවෙළ කොහෙන්ම සැහෙන්හෝ නැති බව මට කියන්න වී තිබෙනවා. කිසියම් පවුලක මූලික තැනැත්තාට මෙම රෝගය වැළදුණාම පවුලේ අනික් උදවියටද එම රෝගය බෝ වීම වැළැක්වීම පිණිස කිසිම අඩියක් අරගෙන නැහැ. තදබල ලෙස රෝගය වැළදී සිටින විට නම් බෙහෙත් හේන් ආදිය දී වැලිසර වැනි රෝහල්වලටත් රෝගියාව යවා වි; නමුත් මාස හත අටක් ගියායින් පසුව රෝගය සුව වුණාය කියා ආපසු ගෙදර එවනවා. ඊට පසුව රජයෙන් ලබා ගන්න මුදල ලබා ගන්නත් ඔහු වෙහෙසෙන්න ඕනැ, “ලෙඩේ සුව වී තිබෙනවා” ය කියා දොස්තර මහතා වෛද්‍ය සහතිකයක් දී තිබෙන නිසා. මේ කාලය තුළදී මේ අන්දමට හිරිහැර විදින්න සිදු වන මේ තැනැත්තාට ලෙඩේට අවශ්‍ය ආහාර පානාදියද ලබා ගන්න අමාරු වීම නිසා නැවතත් රෝගය වැළදී තිබෙන අය ගැන මා හොඳට දන්නවා. මෙසේ ගෙදරම නැවතත් මාස දෙක තුනක් ගත කළාම පවුලේ අනික් උදවියටත් දු දරුවන් ආදියටත්, රෝගය බෝ වෙනවා. ඒ නිසයි රෝගය පැතිරීම වළක්වාලීමට සැහෙන වැඩ පිළිවෙළක් යොදා නැති බව මා කලින් කීවේ. මා කලින් කීවාක් මෙන් මැලේරියා වසංගතය මර්දනය කළත් දැන් ඉතාමත්ම භයානක අන්දමට පැතිර යන රෝගයක් තමයි ක්ෂයරෝගය. කරුණු මෙසේ පවතින හෙයින් පවුලේ යම්කිසි කෙනෙකුට මෙම භයානක රෝගය වැළදුණාම එය පවුලේ අනික් උදවියටද බෝවීම වැළැක්වීමට සෞඛ්‍ය දෙපාර්තමේන්තුව දැනට වඩා විධිමත් වැඩ පිළිවෙළක් ගත යුතුව තිබෙනවා.

අද එසේ කෙරෙන්නෙ නැහැ. යම් ගෙදරක රෝගය වැළදුණු මූලිකයා ගෙන ගිය පසු ඒ ගෙදර දරුවනුත්, රෝගියා ආශ්‍රය

වෘත්තීය කිරීමට පත් කරන ලද කාරක සභාව

කළ අනික් අයත් නියම ආකාරයට පරීක්ෂා කරනවාද, ඒ අයගේ ආරක්ෂාවට කටයුතු කරගෙන යනවාද කියා මම තමුත් නාත්සේගෙන් අහන්න කැමතියි. වතාවක් දෙකක් ඒ ගෙදරට යනවා. ඊට පස්සේ ඒ ස්ථානය පරීක්ෂා කිරීම අඩු වෙනවා. අඩු වෙගන යන විට අර රෝගියා සනීප වුණාය කියා රෝහලේ සිට නැවත ගෙදර එනවා. මාස තුන හතර ඉන්න විට කලින් ආකාරයට නැවත රෝගය පැහැදිලි වශයෙන් මතු වුණාට පසු තමුත්නාත් සෙලා ප්‍රතිකාර කරන්නට පටන් ගන්නවා. කොළඹට කිව්වුව, තලවතුගොඩ සහ කිරිල පොතේ ලෙඩුන් කීප දෙනෙකු රෝහලේ ඉදල ගියාට පසු නැවත ආධාර මුදල් ලබා ගත්තේ කොයි තරම් වැයම් කරලද කියා මම දන්නවා. හෝකන්දර කෙනෙක් තුන් වතාවක්ම අසනීපයෙන් ඉදල පසුගිය සතියේ ලේ වමනය කළා කියා ආරෝග්‍ය ශාලාවට ආවා. ඊට කලින් ප්‍රතිකාර අර ගෙන තියෙනවා. නමුත් සම්පූර්ණයෙන් සුව නොවුණු නිසයි, එහෙම වෙලා තියෙන්නෙ. ක්ෂය රෝගය වසංගතයක් මෙන් ලංකාවේ පැතිරී යාම වැළැක්වීමට කෙළින්ම පියවරක් ගත යුතු බව මම මතක් කරනවා.

ගරු නියෝජ්‍ය කථානායකතුමනි, ගාලු, මාතර පළාතේ වැඩි වශයෙන් පැතිරී තිබෙන රෝගයක් තමයි පයිලේරියා රෝගය. අද මේ රෝගය මේ ප්‍රදේශවල වැඩි වෙගෙන යනවාද කියා පරීක්ෂා කරන්නට ඕනැ නේද? සැල්වීනියා නිසා ඉදිරියට මොන මොන රෝග ඇති වෙයිද කියා විශේෂඥයන් ලවා පරීක්ෂා කරවල තියෙනවාද? අද ලංකාවේ මුහුද අසින් පමණක් නොව රට මැදත් විශාල ප්‍රදේශවල සැල්වීනියා නිසා කුඹුරු ගොවිතැනට හානි පැමිණි, මේ රටේ වී ලබා ගැනීමේ වැඩ පිළිවෙළ දුර්වල වී ගොස් තිබෙනවා. මේ සැල්වීනියා මේ විධියට බෝ වීමෙන් අපේ වී අස්වැන්න පමණක් නොව ඒ ප්‍රදේශවල වැඩ කරන අපේ ගොවි ජනයාත් නැති වේද කියා පරීක්ෂා කරන්න ඕනැ. ඒ ගැන පරීක්ෂා කර බැලුවා නම් දැන ගන්න ලැබෙයි, ඕනෑම වර්ගයක විෂ මදුරුවන්ට මේ සැල්වීනියා ආශ්‍රයෙන් ඉතා හොඳින් වැඩෙන්නට පුළුවන් බව. තමුත්නාත්සෙලා සැල්වීනියා තිබෙන පෙදෙස්වල ලිංවල වතුර අරගෙන පරීක්ෂා කර තිබෙනවාද

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන
[ඩී. ඩී. ආර්. ගුණවර්ධන මයා.]

කියා මම අහන්ට කැමතියි. නමුත් නාන් සෙලා වැඩවල වතුර අරගෙන පරීක්ෂා කරල නියෙනවද? ඉදිරියට මේකෙන් වෙන ආකාරයක වසංගතයක් ඇති වන්න ඉඩ තියෙනවාද කියා පරීක්ෂා කරල නැහැ. මම අවුරුදු 12 කට පෙර මේ ගරු සභාවේ මේ ප්‍රශ්නය ඉදිරිපත් කළා. සැල්විනියා මගින් මේ රටේ අමුතු රෝග ඇති වන්න ඉඩ තියෙනවාය, ඒ නිසා අනාගතයේදී ඒ රෝග ඇති වීම වැළැක්වීමටත් ලංකාවේ කුඹුරු ටික හරිගස්සා ගැනීමටත් මේ සැල්විනියා වද කරන්ට ඕනෑය කියා අවුරුදු 12 කට පෙර මම මේ සභාවේදී කියා තිබෙනවා. ඒක කියන්නට පුළුවන් විශේෂඥයින්ටයි. මම දන්නේ නැහැ. නමුත් එය විශේෂඥ පරීක්ෂණයන්ට භාජන කර තිබෙනවාද කියා මා අහනවා.

ලංකාවේ මිට පසුව කිරි මධ්‍යස්ථාන ඇති කරන්නේ නැත කියා පසුගිය සතියට කලින් සතියේදී ඒකාබද්ධ කොමිටියේ සාකච්ඡාවකදී ගරු පාර්ලිමේන්තු ලේකම්තුමා විසින් කියන්ට යෙදුණා. එතකොට ඉදිරියට ඇති වන අපේ දරුවන්ට කිරි දීම අමුතු වැඩක් වශයෙන් කරගෙන යන්නට රජය අදහස් කරන්නෙ නැහැ. අලුත් තැන් වල කිරි මධ්‍යස්ථාන ඇති කරන්නෙ නැහැ. ඒක මේ රජයේ ප්‍රතිපත්තියක්. අද ලංකාවේ දරුවන්ට කිරි මදිකම නිසා ඔවුන්ගේ හෑදීම වැඩිම අඩු වී තිබෙනවා. නමුත් පාර්ලිමේන්තු ලේකම්තුමා ප්‍රතිපත්තියක් වශයෙන් ගෙනියනවා, මින් පසු ලංකාවේ කිරි දීමේ මධ්‍යස්ථාන ඇති කරන්නේ නැත කියා. පාර්ලිමේන්තු ලේකම්තුමා ඒ ප්‍රකාශය කළා. අද මෙතනදී ඒකට පිළිතුරු දෙවි.

වෛද්‍යාචාර්ය එස්. ඒ. වික්‍රමසිංහ
(டொக்டர் எஸ். ஏ. விக்ரமசிங்ஹ)
(Dr. S. A. Wickremasinghe)
හාල් ටික දෙන්න බැරි ආණ්ඩුව කිරි දෙන්නෙ කොහොමද?

ඩී. ඩී. ආර්. ගුණවර්ධන මයා.
(திரு. டி. பி. ஆர். குணவர்தன)
(Mr. D. B. R. Gunawardena)
හාල් ටික දෙන්න බැරි එක එකක්. හාල් ටික නැතුවට ලොකු මිනිහෙක් නම් වෙන මොකක් හරි කාවි. කුඩා දරුවන්ට කිරි ටික නොදෙන එක කොතරම් අපරාධයක්ද?

මානී කිරීමට ජන් කරන ලද කාරක සභාව
ඔබ්බේසේකර මයා.

(திரு. ஓபயசேகர)
(Mr. Obeyesekere)
දැනටම මේ රටේ කිරි මධ්‍යස්ථාන 1,500ක් පමණ තිබෙන බව ගරු මන්ත්‍රීතුමාට කියන්න කැමතියි.

ඩී. ඩී. ආර්. ගුණවර්ධන මයා.
(திரு. டி. பி. ஆர். குணவர்தன)
(Mr. D. B. R. Gunawardena)
කිරි මධ්‍යස්ථාන 1,500ක් තිබෙනවාද. ඒවායින් කී දෙනෙක් කිරි බොනවාද? 1,500 ප්‍රමාණවත්ද? අද ලංකාවේ සිටින අයගෙන් කිරි බොන්නට ක්‍රම සකස් වී තිබෙන්නේ කී දෙනාටද? පිටරටින් ගන්න පිටි කිරි තිබෙනවා. ඒවායින් ඇතැම් රටවල ඇතැම් රෝග ඇති වෙනවා කියා ප්‍රසිද්ධ වී තිබෙනවා. ලංකාවේ නම් එවැන්නක් ඇති වී නැහැ. නමුත් මෙහි තිබෙන එළකිරි ටිකවත් අරගෙන කිරි මධ්‍යස්ථාන ඇති කිරීමට නමුත් නාන්සේලාහස්නිද? මින් මතුවට අලුතින් කිරි මධ්‍යස්ථාන ඇති කරන්නෙ නැත කී එකටයි මා ඒ කීවේ.

ඒ සමගම අපේ පාර්ලිමේන්තු ලේකම්තුමා තවත් එකක් කීවා. මින් මතුවට ආරෝග්‍යශාලාවලට පිරිමි ඇටෙන්ඩන්ට්ලා එක්කෙනෙක්වත් ගන්නේ නැතිලු. එහෙම තීරණයක් එතුමා කීවා. කැබිනට් එක එහෙම තීරණයක් කළාද කියා මා දන්නේ නැහැ. ඒකාබද්ධ කොමිටිය කවිවේරියේදී පැවැත්වූ වේලාවේදී එහෙම තීරණයක් මා සමග කීවා. “නර්ස් එඩ්” ලා පමණලු ගන්නේ. නමුත් නර්ස්ලා කී දෙනෙක් ගන්නවාද? අද එක නර්ස් කෙනෙකුට ලෙඩුන් 30 කට අධික ගණනක් බලන්නට සිදු වී තිබෙනවා. සමහර ආරෝග්‍යශාලාවල එක නර්ස් කෙනෙකුට ලෙඩුන් හැට ගණන් ඉන්නවා. හැන්දෑවේ ගියාම පසුවදා එළි වන තුරු නර්ස්ලාට එහිම ඉන්නට සිදු වන ස්ථාන තිබෙනවා. පිට පළාත්වල සමහර ආරෝග්‍යශාලාවල වෝඩ් එකකට එක නර්ස් කෙනෙක්වත් නැහැ. ලෙඩුන් ඇදෙන් වැටෙනවා. අසනීප වී සිටින ලෙඩාට ටිකක් සිහිය වෙනස් වී යන්නට යනවා.

පසුගිය මාසයේ අවිස්සාවේල්ල කොසාශයේ අකරව්ට කියන ගමේ ලෙඩෙක් මහ ඉස්පිරිනාලෙට ගෙන ගොස් භාර දුන්නා.

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන ඔහුට නොමිමර 22 වැට්ටුවේ 46 වෙනි ඇඳුමක් දැමීමේ නැවත ගිහින් ලෙඩ රැළුවාම ලෙඩ නැහැ. ඇසුවාම ලෙඩ ගියාය කිව්ව. ඔහු ගමට ගියෙන් නැහැ; නැසිත්ට භාර කළෙන් නැහැ. දවස් ගණනකට පස්සෙ නැවතත් මහ ඉස්පිරිනාලෙන් වැලිගුම් එකක් එනව, ලෙඩ ඉන්නවාය කියා. බල පිටිය ආරෝග්‍යශාලාවේ සිටු වූ තවත් ඔය වගේ දෙයක් මා පසුගිය සතියේ ඉදිරිපත් කළා. අසුවල් නම දරණ ලෙඩ මළාය කියා ඔහුගේ නැඳැයන්ට වැලිගුම් එකක් ගියා. ගෙදර සිටි නැඳැයින් අනිකුත් නැඳැයන්ට පණිවිඩය දන්වන්නා කාර් යවා, වැලිගුම් යවා, මළ මිනිය පසුවදා වළලන්ට වැඩ පිළිවෙළ සකස් කරගෙන මිනි පෙට්ටියකුත් අරගෙන ආරෝග්‍යශාලාවට ගියා. ආරෝග්‍ය ශාලාවට ගිහින් බලන කොට ලෙඩ ඉන්නව. ලෙඩ ජීවතුන් අතර සිටීම ගැන අපි සන්නේෂ වෙනව, නමුත් ආරෝග්‍යශාලා වල පාලනය ගෙන යන්නෙ ඔහොමයි. බල පිටිය රෝහලේ ප්‍රධාන වෛද්‍යවරයා කවුද කියා මම දන්නෙ නැහැ. නමුත් එතුමා ගෙන් වැලිගුම් එකක් ගියා නැඳැයන්ට, අසුවලා මළාය කියා. මා එදා ඒ ලෙඩාගෙ නමත් කිව්ව. නමුත් මා අතේ අද ඒ වැලිගුම් එක නැහැ. මට ඒ තැනැත්තාගේ නැඳැ කොටස දැන්නුවා, වැලිගුම්වලට මෙව්වර ගණන් ගියාය, මිනි පෙට්ටියට මෙව්වර ගණන් ගියාය, අනික් නැඳැයන්ට කියන්නට මෙව්වර ගණනක් ගියාය, මේ වැරදි පණිවිඩය නිසාය මෙපමණ මුදලක් වියදම් වුණේ කියා. ඒ වැය කළ මුදල අපට දෙන්නේ කවුද කියාත් ඒ අය ප්‍රශ්න කරනව. මා එදා මේ ගරු සභාවේදී මේ කාරණය ඉදිරිපත් කළා.

ගරු නියෝජ්‍ය කථානායකතුමනි, ආරෝග්‍යශාලාවල සේවය කරන සුළු සේවකයන්ගේ ප්‍රශ්න දැන් අවුරුදු ගණනාවක සිට අපි ඉදිරිපත් කර තිබෙනව. ඒ උදවියට ඉන්ට ගෙවල් ටිකක් සලසා දෙන්නාය කියා මා කීප වරක් ඉල්ලා සිටියා. ගෙවල් නැති සුළු සේවකයන් දහස් ගණනක් ඉන්නව. නමුත් අද වෙන තුරු නියම වැඩ පිළිවෙළක් ඒ පිළිබඳව යොදා නැහැ. අතනින් මෙතනින් ගෙවල් ටිකක් සාදා දෙන නමුත් ප්‍රමාණවත් පිළිවෙළකට කිසියම් සැලැස්මක් අනුව ඒ ප්‍රශ්නය විසඳන්නට කටයුතු කරන්නෙ නැහැ. ආරෝග්‍යශාලා දෙකක සේවය කරන සුළු

වෘත්තීය කිරීමට පත් කරන ලද කාරක සභාව සේවකයන් දෙදෙනෙක් ඒ දෙදෙනාගේ කැමැත්ත අනුව සේවය කරන ස්ථාන දෙක මාරු කර ගැනීමට වැයම් කළොත් ඒකට අවහිර කරනව. මිගමුවේ පදිංචි කෙනෙක්—පවුල මිගමුවේ පදිංචිව සිටින කෙනෙක්—සේවය කරන්නේ පිට පළාතකයි සිතමු. ඔහු මිගමුව ආරෝග්‍යශාලාවේ පදිංචි කෙනෙක් සමග කථා කරගෙන මිගමුවට ස්ථාන මාරුවක් කර ගැනීමට තැත් කළොත් ඒ පහසුකම ඔහුට සලසා දෙන්නෙ නැතිව ඊට අවහිර කරනව. ඒ ඉල්ලීම කළාම ඊට කෙලින්ම විරුද්ධ වෙනව. අධ්‍යාපන දෙපාර්තමේන්තුව යටතේ සේවය කරන ගුරු ජෝඩුවක් ගැන කල්පනා කරමු. සමහරවිට එක්කෙනෙක් මොනරාගලත්, අනික් එක්කෙනෙක් කොළඹත් සේවය කරන්න පුළුවනි. මේ දෙදෙනා එක්තැන් කිරීමට එක්කෙනෙකුට මාරුවක් ඉල්ලුවාම ඒක ලබා ගැනීම බොහොම අමාරුයි.

නර්ස් විභාගවලට තරුණ තරුණියන් පෙනී සිටිනව. පසුගිය කාලයේ ක්‍ෂය රෝග අංශයටත් වෙනත් අංශවලටත් නර්ස්ලා බඳවා ගැනීමට විභාග පැවැත්තුවා. ඒ විභාගවලදී දක්ෂකම් පෙන්වූ උදවිය සේවයට බඳවා ගන්නෙ නැහැ. ඒ විභාගවලට පෙනී සිට සමර්ප වූ සිය ගණනක් ඔවුන්ව සේවයට බඳවා ගන්න දිනය අහමින් බලා ගෙන සිටිනව.

අපි අහවල් දවසේ විභාගය ගත්තා. අපි ඒ විභාගයෙන් සමර්ප වෙලා තිබෙනවා. නමුත් අපි ගත්තේ නැහැ. එහෙත් අනිත් එක්කෙනා අරගත්තා කියා මොවුන් මාස් පතා අපව මුණගැසී මේ කරුණු කියනවා. කවුද අරගෙන තිබෙන මේ අනිත් එක්කෙනා? එයා ටී. බී. අංශයේ. නමුත් එයා ඉදිරිපත් වුණේ ටී. බී. අංශයේ නර්ස් වැඩට නොවෙයි. ඒ විධියටයි, නර්ස්ලා, නර්ස් එඩ්ස්ලා ගන්නෙ. මේ සාත්තු සේවිකාවන් තෝරන මණ්ඩලය කවිද කියා නමුත්තාත්සේ ටිකක් පරීක්ෂා කර බලන්න. සාත්තු සේවිකාවන් විමට කැමැත්තෙන් සිටින තරුණියන් දහස් ගණනක් අද ගම්බද සිටිනවා. විභාගවලටත්, සම්මුඛ පරීක්ෂණවලටත් ඔවුන් පෙනී සිටිනවා. එහෙත් ගම්බද ප්‍රදේශ වලින් මේ සම්මුඛ පරීක්ෂණවලට විභාග වලට ඉදිරිපත් වන අයට පරීක්ෂණ

පරිපූරක මුදල : සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

[ඩී. ඩී. ආර්. ගුණවර්ධන මයා.]

මණ්ඩලයෙන් බොහොම අවහිර කරනවා. ඒ නිසා මේ මණ්ඩලය ගැන තමුන් තාන් සේ පරීක්ෂා කරන්න.

සාත්තු සේවයට අලුතින් බඳවා ගත් සේවිකාවක සම්බන්ධ සිද්ධියක් මට පසු ගිය දිනක දැනගත්ට ලැබුණා. අවිස්සා වෙල්ල ප්‍රදේශයේ සිටින මේ සාත්තු සේවිකාවගේ පියායි මට මේ පැමිණිල්ල ඉදිරිපත් කළේ. ඒ සභායේ වැඩ කරන ප්‍රධානියා සමග සුළු මතභේදයක් ඇති වුණාය කියා මේ සාත්තු සේවිකාවට අමුතු විධියේ දඬුවමක් දෙන්න ඒ කොටස් ලැස්ති වුණාලු. මෙය සත්‍ය කාරණයක්. සාත්තු සේවයට අලුතින් බඳවා ගන්න උදවියට අවහිර කරන මගවල් තිබෙනවා. ඒ අවහිර කරන මග කොයි ආකාරයෙන් පැන නැගෙනවාද කියා තමුන් තාන් සේ පරීක්ෂා කර බලන්න. මේ සම්බන්ධව මීට වඩා විස්තර කරන්න මම බලාපොරොත්තු වන්නේ නැහැ.

ගරු නියෝජ්‍ය කථානායකතුමනි, සාත්තු සේවිකාවන් බඳවා ගැනීමේදී ක්‍රියා කරන වෙනත් අමතර බලවේග තිබෙනවා. අයථා මාගීවලින් සාත්තු සේවිකාවන් බඳවා ගන්න අවස්ථා තිබෙනවා. තමුන් තාන් සේ මේවා ගැන පරීක්ෂා කරන්න.

තවත් කාරණයක් සුළු වශයෙන් මතක් කරන්නට ඕනැ. යම් ලෙඩෙක් හෝ තුවාල කාරයෙක් ආරෝග්‍ය ශාලාවට ගෙනෙනවා. එතනදී ඔහු මැරෙනවා. තමුන් ඔහු මැරෙන්නේ ඒ තුවාල නිසා නොවෙයි. ඔහු මැරෙන්නේ ගහපු නිසා නොවෙයි. සමහර තැන් වල මෙවැනි දේවල් සිද්ධ වෙනවා. මම එක් අවස්ථාවක් මතක් කරන්නට කැමතියි.

On the 8th July, 1962, one P. M. D. Harry Silva of Udahamulla died as a result of a clash at the Ceylon Pentecostal Mission Home at Nugegoda. On the J. M. O's evidence there were abrasions and one contusion on the rear left of the chest. Internally there were five sets of deep-seated contusions involving muscles of the rear of the chest—right and left. The injuries could have been caused by struggles or blows with a blunt weapon.

The City Coroner in returning a verdict of death due to natural causes said that there had been allegations against the police and others. He asked the police to make investigations and charge those responsible for simple assault.

වාතී කිරීමට පත් කරන ලද කාරක සභාව

And the people in the area know very well that this man was assaulted at Nugegoda in this Pentecostal Home and that he was brought to the hospital where he died. But this is the report that the City Coroner gave. He said further :

How is it that no action has been taken by the police on this matter up to date? Eye-witnesses of the assault had applied for copies of statements made by them at the Police Station, Kohuwela, on the night of the assault. Why is it that the police are with-holding these statements even when a Proctor of the Supreme Court has applied for them? How is it that the police have constituted themselves as the champions of one set of so-called believers and proceeded to prosecute some of the people who made allegations against them.

The police are not prepared to give the statements even after the report of the Coroner.

තවත් එකක් තිබෙනවා. එහි රපෝර්තු කොහොම ගියාදැයි මම දන්නේ නැහැ. මේ මාසේ 16 වන දා අච්චෝමුල්ලේ වික්ටර් පෙරේරා නමැති 29 හැවිරිදි තරුණයකුට පිහියෙන් ඇණ මහාරෝග්‍යශාලාවට ගෙන ගියා. වික්ටර් පෙරේරා නමැති ප්‍රගතිශීලී ඒ තරුණයාට පිහියෙන් ඇත්තේ ප්‍රතිගාමී බලවේගයේ වහලෙක්. ඒ තරුණයා පසු ගිය සිකුරාදා මැරුණා. ඒ ගැන කොයි ආකාරයට කටයුතු කෙරෙනවාදැයි මම දන්නේ නැහැ. ප්‍රතිගාමී බලවේගයේ වහලකු අතින් පිහියෙන් ඇණුම් කෑ ඒ ප්‍රගතිශීලී තරුණයා බලන්න මාත් ගියා. මුලින් ගිය දවසේ ඔහු සිටියේ 5 වන වාට්ටුවේ. ඒ අවස්ථාවේදී අපි කල්පනා කළා, ඔහු සුව වී ඒවිය කියා. තමුන් දවස් 5 කට පසු ඔහු මැරුණා.

මහාරෝග්‍යශාලාවේ හදිසි ලෙඩුන්ට වුව මනා ප්‍රමාණ ලේ දීම සඳහා නියම වැඩ පිළි වෙලක් සකස් කර තිබෙනවාද? ලේ බැංකුවේ අවශ්‍ය ප්‍රමාණ ලේ තිබෙනවාද? හදිසි අනතුරුවලට භාජනවූවන් මහාරෝග්‍යශාලාවට ගෙනා විට ඔවුන්ට ලේ දීමට සැහෙන ප්‍රමාණයක් ලේ බැංකුවේ ලේ රැස් කර තිබෙනවාද? එසේ නැති වුවොත් මෙබඳු හදිසි අනතුරුවලට භාජනවූවන් බේරාගැනීමට බැරි වෙනවා. එම නිසා ලේ බැංකුවේ සැහෙන පමණ ලේ රැස් කර තැබීමට සුදුසු වැඩ පිළිවෙලක් යොදවන ලෙස දෙපාර්ත

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන මේන්තුවට නියම කරන මෙන් මම ගරු පාර්ලිමේන්තු ලේකම්තුමාගෙන් ඉල්ලා සිටිනවා.

රෝගීන්ට වුවමනා ඇදුම් වික පවා අද ආරෝග්‍යශාලාවලින් හරියාකාර සැප යෙන්නේ නැහැ. රෝගීන්ට දෙන කම්බාය, හැට්ටය තැන්තම් බැනියම ආදිය දවස් හතර පහ, සුමානේ දෙක, ආදි වශයෙන් මාරු නොකර අදින්ට සිදු වන තැන් මට දකින්නට ලැබී තිබෙනවා. පෞද්ගලික වාට්ටු වල නම් දිනපතා අලුත් ඇඳුම් ලැබෙනවා. ගම්බද ආරෝග්‍යශාලාවල එවැන්නක් නැහැ. ලෙඩාට වුවමනා ඇදුම් පවා නොදෙන තැන් මා දකි තිබෙනවා. ඉහ තබා ගැනීමට දෙන කොට්ටේ හරියට ගල් ගෙඩිය වගෙයි. අවුරුදු ගණන් ඔළුව නියාගෙන සිටීමෙන් කොට්ටේ එකට ඇලීලා ගල් ගෙඩිය වගේ තදවෙලයි තියෙන්නේ. ඇයි මේවා පිළියෙල කරන්නට බැරි? මේවා පහසුවෙන් සකස් කළ හැකියි. පාලනය හැඩගස්සා තැනි නිසයි මෙහෙම වෙන්නේ.

අවිස්සාවේල්ලේ ආරෝග්‍යශාලාවට යන්න. කොස්ගම සුළු ආරෝග්‍යශාලාවක් තිබෙනවා. ඒක බලන්න මම ඉඳ හිට යනවා. සමහර විට වාට්ටුවේ ලාම්පුවක් වත් නැහැ. ඇටෙන්ඩන්ට් ඉන්නවා. කතා කළාම ඊට නැහැ. කොස්ගමත් එහෙමයි. සමහර විට කොච්චර කැ ගැහුවත් නැහැ. ලාම්පුවක් වත් තියෙනව නම් ඒකත් අරන් ඩිංගක් එළියට එනවා.

අ. හා. 7.10

නියෝජ්‍ය කථානායකතුමා

(பிரதிச் சபாநாயகர்)

(Mr. Deputy-Speaker)

කරුණා කර නිශ්ශබ්ද වන්න. දැන් ගරු කථානායකතුමා මූලාසනය ගන්නවා ඇති.

අනතුරුව නියෝජ්‍ය කථානායකතුමා මූලාසනයෙන් ඉවත් වූයෙන්, කථානායකතුමා මූලාසනා රැස් විය.

ඩී. බී. ආර්. ගුණවර්ධන මයා.

(திரு. டி. பி. ஆர். குணவர்தன)

(Mr. D. B. R. Gunawardena)

ගරු කථානායකතුමනි, මම කිව්වේ ආරෝග්‍යශාලාවල උපකරණ ගැනයි. අද ආරෝග්‍යශාලාවල තිබෙන උපකරණ බොහොම මදි. ලෙඩුන්ට අදින්න පොර වන්න තියෙන රෙදි පවා නියම විධියට සුද්ද පවිත්‍ර කර දීමට වැඩ පිළිවෙළක්

වැනී කිරීමට පත් කරන ලද කාරක සභාව

සකස් කර නැහැ. පසු ගිය දිනවල මහා රෝග්‍ය ශාලාවේ රෙදි එතනම හෝදන්න පිළියෙල යොදා තිබුණා. විසි දෙවන, විසි තුන්වන සහ විසි හයවන වාට්ටුවල රෙදි එතනම තියපු කල්දේරමකටද බොයිලේරු වකටද කොහේද දැල සේදුව. ඒ වාට්ටුවල නොයෙකුත් රෝග වැළඳිව්ව ලෙඩුන් ලග ලග සිටිනවා. එකම වාට්ටුවේ සමහරවිට පාවතේ හැදිව්ව රෝගීන් ඉන්නවා, ඤය රෝගය හැදිව්ව රෝගීන් ඉන්නවා, උණ සන්නිපාතය හැදිව්ව රෝගීන් ඉන්නවා. ඒ ලෙඩුන්ට එක ලෙඩක් හොඳ වෙන කොට තව ලෙඩක් වැළඳෙනවා. මහාරෝග්‍ය ශාලාවේ ඔය තත්ත්වය තවම වෙනස් වී නැති නම් ගම්බද රෝහල් ගැන කතා කරන්න දෙයක් නැ.

මිට අවුරුදු ගණනාවකට ඉස්සෙල්ලා මාත් මහාරෝග්‍යශාලාවේ හිටපු අන්දම මට මතකයි. මාව හිරකරුවකු වශයෙන් යකඩ දම්වැල්වලින් බැදල සිටියදී අසනිප වෙලා ආරෝග්‍ය ශාලාවේ හිටිය. ඒ කාලෙ මගේ එක පැත්තක ඇදක හිටිය උණ සන්නිපාත කාරයෙක්. අනිත් පැත්තේ ඇදේ හිටිය පාවතේ හැදිව්ව ලෙඩෙක්. මා ඒ දෙකට මැද්දෙන් දම්වැල් දැල බැදල හිටිය, මුරකරුවන් 3 දෙනෙකුගේ ආරක්‍ෂාව පිට. ඒ ගැන මා එදා රාජ්‍ය මන්ත්‍රණ සභාවට කිව්ව. මේ කිව්වේ අද ඊයේ වෙච්ච දෙයක් නොවෙයි. 1944 දී වෙච්ච දෙයක්. 1944 දී තිබුණ තත්ත්වය මහාරෝග්‍යශාලාවේ වාට්ටුවල අදත් තියෙනවා. මේක වෙනස් කරන්න වැඩ පිළිවෙළක් ඇති කරන්න පුළුවනි. ලෝකයේ අනිකුත් රටවල් දිහා බලන්න. හුඟක් රටවල සෞඛ්‍ය අංශය මිට වඩා දියුණුයි.

අද මේ රටේ ලෙඩුන් පරීක්ෂා කරන ආකාරය හුඟක් දුර්වලයි. ඔ. පී. ඩී. එකට ලෙඩුන් ගෙන ගියාම එක්කෙනෙක් පරීක්ෂා කරන්න මිනිත්තු කියක් ගන්න වද? ඤය රෝගකාරයයි, උණ සන්නිපාත කාරයයි, පාවනය හැදිව්ව තැනැත්තයි ජල සන්නිය හැදිව්ව තැනැත්තයි කවුරුත් එකට ගැවසෙන්නේ. මේ වැඩ පිළිවෙළ වෙනස් කරන්න ඕනැ. ලෙඩුන් පරීක්ෂා කරන්න මිට වඩා හුඟක් දියුණු වැඩ පිළිවෙළක් යොදන්න ඕනැ. තලංගම තිබෙන දිස්පැන්සරියට දිනපතාම පාහේ රෝගීන් දෙනුත් සියක් පමණ ප්‍රතිකාර ලබා ගැනීමට පැමිණෙනවා; නමුත් එක ඩිස්පෙන්

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

[ඩී. බී. ආර්. ගුණවර්ධන මයා.]

සරුයි ඉන්නේ. ඉතින් ඔය පිළිවෙලට පුළු වන්ද රෝග සුව කරන්න? ඒ තැනැත්තා ඩිස්චාන්සරියේ පැය දෙකක් හිටියොත් ගෙදර පැය දෙකක් ඉන්නවා. ගෙදර ගොසිනුත් ප්‍රතිකාර ලබා ගන්න පුළුවන්. නමුත් එහෙම ගියාම ශත පණහක් රුපියලක් යනාදී වශයෙන් මේ ඩිස්පෙන්සරි තැනට ගෙවන්න වෙනවා. ඩිස්චාන්සරි වල පමණක් නොවෙයි ආරෝග්‍යශාලා වලත් පවතින්නේ ඔය තත්ත්වයමයි. ඉස්ප්‍රිතාලයට ගියොත් මුදල් ගන්නේ නැහැ. ඒ වේලාවෙන් පසුව ගෙදරට ගියොත් මුදල් අය කරනවා. මේ නිසාම ඩිස්පෙන්සරිවල වැඩ කාලයක් ගත කරන්නේ ගෙදරයි. එමෙන්ම ඩිස්පෙන්සරි තැනට යම්කිසි සුළු මුදලක් නොදුන්නොත් හොඳ බෙහෙත් ලැබෙන්නේ නැත යන විශ්වාසයක් ගම්බද මහජනයා තුළ පවතිනවා.

ප්‍රධාන රෝහල් සෑම එකකම පාහේ එක්ස්රේ යන්ත්‍ර, “මෙඩිකෝ-ඉලෙක්ට්‍රික් ඇපරේටස්” තිබෙනවා. මේවාට සුළු රෙපෙයාර් ආදිය කරන්න වුවමනා වූ විට පුරුදු පුහුණු වී අවුත් මෙහි සිටින උදවිය ලවා ඒවා කරවා ගන්නේ නැතිව කෙලින්ම පිටරට යවනවා. හමුදාවේ “ආමර්ඩ්” කාර් රෙපෙයාර් කරන අංශයේත් මෙවැනිම තත්ත්වයක් තියෙන බව මා පසුගිය දිනක මේ ගරු සභාවේදී කීවා. මේවා රෙපෙයාර් කිරීමේ කටයුතු සම්බන්ධයෙන් පිටරට ගොසින් යම්කිසි පුහුණුවක් ලබාගෙන අවුත් සිටින අයට ඒවා කරන්න අවස්ථාවක් දෙන්නේ නැහැ. මම නම් සඳහන් කරන්නේ නැහැ. මේවා ගැන ටිකක් පරීක්ෂා කරන ලෙසයි මා ඉල්ලා සිටින්නේ. ඒ වගේම සමිති මගින් නොයෙක් විට ඔවුන්ගේ අයිතිවාසිකම් ඉල්ලා තිබෙනවා. විශේෂයෙන්ම නර්ස්ලා කසාද බැඳීමේ වරප්‍රසාදය ඔවුන්ට දෙන්නය කියා ඉල්ලා තිබෙනවා. අවුරුදු හයක් හතක් ගතවන තෙක් ඒ අයට කසාද බැඳීමේ වරප්‍රසාදය දෙන්නේ නැහැ. ඒ වරප්‍රසාදය ඔවුන්ට නොදීම නිසා මොන මොන විධියේ වැරදි කරුණු සිදු වෙනවාද කියා තමුන් තාන්සේ ටිකක් කල්පනා කර බලන්න. තරුණයෙක් වුණාම, තරුණියක් වුණාම, ඔවුන්ගේ නියම කාලය පැමිණුනාම ඔවුන්ට එබඳු වරප්‍රසාද නොදී තිබීමෙන් සිදු වන

වාතී කිරීමට පත් කරන ලද කාරක සභාව

වැරදි අනන්ත අප්‍රමාණ බව තමුන් තාන්සේ දන්නවා. ඒ නිසා නර්ස්ලට ඒ වරප්‍රසාදය දෙන්න. ඒ රුකියාවට ඇතුළු වුණාම කසාද බැඳීම තහනම් කරලා තියෙන නීතිය ඉවත් කරන්න. ඒ වරප්‍රසාදය මින් මතු ලැබෙනවාය කියා අළුත් නියෝගයක් කරන්න. [බාධා කිරීමක්] මේවායින් සිඛ වන වැරද්ද ගැන තමුන් තාන්සේ හොඳට දන්නවා. අධිරාජ්‍යවාදී පාලන කාලයේදී තිබුණු නීති උඩම වැඩ කරගෙන යන්න එපා. ඒ අවහිරය ඉවත් කරලා ඒ අයට විවාහ වීමේ පහසුකම දෙන්න ඕනැ.

වන්දසේන මුණවිර මයා. (රත්තොට)

(තිල. ජනප්‍රතිරෝධයේ ප්‍රශ්න—රත්තොට)

(Mr. Chandrasena Munaweera—Rattota)

අවහිරය ඉවත් කරල හිරයක් ගන්න ඉඩ දෙන්න ඕනැ.

ඩී. බී. ආර්. ගුණවර්ධන මයා.

(තිල. ඩී. ඩී. ආර්. ගුණවර්ධන)

(Mr. D. B. R. Gunawardena)

මම මුලින් කිව්ව කරුණු දෙක ගැන නැවතත් මතක් කරන්න කැමතියි. ලංකාවට ගෙන්වන සියලුම බෙහෙත් වර්ග කෙලින්ම රජය මගින් ගෙන්වන්න ඕනැ. ඒ වගේම රජයේ වෛද්‍යවරුන්ට මුදල් අරගෙන පෞද්ගලික වෙදකම් කරන්නට ඇති ඉඩ සම්පූර්ණයෙන්ම නැති කරන්නට ඕනැ. නැව්වල බේත් හේත් ගෙනෙන විට ඒවා ඉක්මණින් ලබා ගන්නට පුළුවන් පිළිවෙලක් සලස්වන්න ඕනැ. එහෙත් බේත් හේත් එවන කොම්පැනිවලට කියන්නට ඕනැ, කොළඹට ගොනාපුවම ඉක්මනින්ම ඒවා නැවෙන් ලබාගන්නට පුළුවන් පිළිවෙලක් සලස්වන්න ඕනැය කියා. ඒ ගැන බේත් එවන රටවලට උපදෙස් යවන්න ඕනැ. බෙහෙත් වෙන් එකක් හෝ දෙකක් කොළඹින් බාන්නට තිබෙනවා නම්, තවත් බඩු වෙන් 50ක් නැත්නම් 100ක් ඊට උඩින් දමා තිබෙනවා නම්, ඒ උඩින් දමා තිබෙන බඩු ටික ඉවත් කරන්නට දවස් ගණනක් යනවා නම් අර බෙහෙත් ටික ඉක්මනට ලබා ගන්නට බැහැ. බෙහෙත් සම්බන්ධයෙන් ඒ විධියේ දේවල් නොයෙක් අවස්ථාවලදී සිදු වෙලා තියෙනවා. ඒවා ගෙන්වන විටම ඒ නියෝගයේ අදහස් දීල යවන්න ඕනැ. එසේ නැත්නම් ඒවා සිදු වන්නේ නැහැ.

පරිපූරක මුදල : සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

ඒ වාගේම දකුණු කොළඹ, කොහුවල කිට්ටුව ආරෝග්‍ය ශාලාවක් හදා තිබෙනවා. එය අද වන තුරු නියම විධියට පාවිච්චියට නොගන්නේ ඇයි කියා මා අහනවා. ඒවා හදන්න කෝටි ගණනක් යට කළා. ඒවා සින් නියම ප්‍රයෝජන ලබා ගැනීමට, ලෙඩුන්ට පහසුකම් ලබා ගැනීමට, වැඩ පිළිවෙල සකස් නොකරන්නේ ඇයි? හැම දේම හදනවා; කෝටි ගණනක් යට කරනවා; ඊට පසු ඒකෙන් ප්‍රයෝජන ගැනීමට කටයුතු සලසන්නේ නැහැ. එය අවුරුදු ගණනක් මිලිටේරියට දීල තිබුණා. එනන දමා තිබුණු බඩු මුට්ටු, බේත් හේත්, උපකරණ ලක්ෂ ගණනක ඒවා නැති වුණා. ඔය ආකාරයටයි කටයුතු කෙරෙන්නේ. එනන පාලනයට වෛද්‍යවරුන් දමන්න එපා. අනිකුත් අංශවලින් දක්ෂ උදවිය සොයාගෙන ඒ ගබඩාවල් පාලනයට යොදවන්න. බඩු බාහිරාදිය බෙදා හැරීමේ ප්‍රශ්නය වෛද්‍යවරුන් හා ඇපොතිකරිවරුන් පිට පටවන්න එපා. ඩිස්ට්‍රිබියුෂන් සෙක්ෂන්, ස්ටෝර්ස් සෙක්ෂන්, ආදිය වෙනම සංවිධානයන් හැටියට ගෙන යන්න පුළුවනි. එසේ නොකරන නිසයි අපේ වෛද්‍යවරුන්ට වෙනත් මාර්ගවල ගමන් කරන්න සිදු වන්නේ. ඔය ටිකක් කිව්වේ, ඉංග්‍රීසි අංශය ගැන.

අද සිංහල වෛද්‍යවරුන් ගැන කොහොමද? අද සිංහල වෛද්‍යවරුන් රිජිස්ටර් විසිටින කොටසක්. ඒ අයටත් වරප්‍රසාද තිබෙනවා. තමුත්තාන්සේගේ දෙපාර්තමේන්තුවේ ආයුර්වේද වෛද්‍යවරුන් රිජිස්ටර් වෙලා සිටිනවා නම්, ඒ උදවියට බලයක් නොදෙන්නේ ඇයි වෛද්‍ය සහතිකයක් දෙන්න? ලෙඩෙකුට ප්‍රතිකාර කර, එසේ ප්‍රතිකාර කළාය කියා සහතිකයක් දුන්නාම ඇතැම් දෙපාර්තමේන්තු එය පිළි නොගන්නේ මොකද? මෙය පුදුම කාරණයක්. අද තිබෙන නීතිය අනුව, රජයේ සේවකයෙක් දවස් 14කට වැඩි කාලයක් සදහා ආයුර්වේද වෛද්‍යවරයෙකුගෙන් සහතිකයක් ගන්නොත් ඔහු සේවය කරන වැඩපොල එය පිළිගන්නේ නැහැ. දවස් 14කට වැඩි කාලයක් ආයුර්වේද වෛද්‍යවරයෙකුගෙන් වෙදකම් අරගෙන, මෙපමණ කාලයක් වෙදකම් ගත්තාය කියා සහතිකයක් ඉදිරිපත් කළාම එය බාරගන්නේ නැහැ. දවස් 14ක් සදහා ආයුර්වේද වෛද්‍යවරයෙකුගෙන් සහතිකයක් ගත්ට පුළු

ලාභී කිසිමට පත් කරන ලද කාරක සභාව

වනි. ඊට වඩා ඕනෑ නම් දෙස්තර කෙනෙකුගේ සහතිකයක් ඕනෑ. සුමාන දෙකක් සිංහල වෛද්‍යවරයෙක් වෙදකම් කළා නම්, ඊට පසුවත් වෙදකම් ගත්තේ එයාගෙන් නම්, දෙස්තර කෙනෙක් සහතිකයක් දෙන්නේ කොහොමද? යම් රෝගියෙකුට සිංහල වෛද්‍යවරයෙක් සහතිකයක් දුන්නාම රජයේ දෙපාර්තමේන්තු එය පිළිගන්න ඕනෑ කියා නියම කරන්න බැරි ඇයි? රජයේ දෙපාර්තමේන්තුවක වැඩ කරන යම් කෙනෙක් සිංහල වෛද්‍යවරයෙකුගෙන් සහතිකයක් ගත්තොත්, ඒ සහතිකය පිළිගන්න ඕනෑ. බටහිර වෛද්‍ය කොටසටත් ආයුර්වේද වෛද්‍ය කොටසටත් සමාන අයිතිවාසිකම් දෙනවාය කියා තමුත් තාත්සේලා මූලදීම කිව්වනේ. එම නිසා මේක මූලික දෙයක්. තමන්ට වෙද හෙදකම් කළ ආයුර්වේද වෛද්‍යවරයාගෙන් සහතිකයක් ලබාගෙන ඒක තමන් රක්ෂාව කරන ස්ථානයේ ස්වාමියාට භාර දී ඔහුගේ අවහිරවලින් බේරෙන්න ඕනෑ. එම නිසා මේ වෛද්‍ය සහතික පිළිගන්නය කියා නියම කරන්න ඕනෑ. ඒ එකක්.

අපට ආරංචියි, නාවිත්තේ ආයුර්වේද පර්යේෂණායතනය විවෘත කිරීමට ඉන්දියාවේ අගමැතිතුමා මෙහි පැමිණෙනවා කියා. විශේෂයෙන්ම ඒ කර්තව්‍යය කිරීමට බලාපොරොත්තු වෙනවා, ඒ ගමනේදී. ඒ පර්යේෂණායතනය සඳහා අපට ලැබී තිබෙන ස්ථානය ඉතා හොඳ ස්ථානයක්. නාවිත්තේ ඒ ස්ථානය—

ଭବେଶ୍ବର ଭାଷା.

(திரு. உபயசேக்கர)

(Mr. Obeyesekere)

3 වෙනි යෝජනාවෙන් ඒ සඳහා වෙනම වැය ශීර්ෂයක් එතව.

ඩී. බී. ආර්. ගුණවර්ධන මයා.

(திரு. ம. பி. ஆர். குணவர்தன)

(Mr. D. B. R. Gunawardena)

ඒත් මම මේ ටික කියන්න ඕනෑ. තාවිත්තේ අපට ලැබී තිබෙන ස්ථානය ඉතා හොඳ තැනක්. කෝට්ටේ ආසනයේ මන්ත්‍රීවරයා වශයෙන් මා සිටි කාලයේදී ඒ ස්ථානයට ගිහිත් තිබෙන නිසාත්, ඒක තැනු එක්කෙනා සමග කිට්ටුවෙන් ආශ්‍රය කරන නිසාත්, මා හොඳ හැටි ඒ ගැන දන්නවා. අපේ ආයර්වේද වෛද්‍ය ක්‍රමයේ

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

[ඩී. බී. ආර්. ගුණවර්ධන මයා.]

වැඩ පිළිවෙළ ගෙන යාම පිණිස නියම ආකාරයට සකස් වුණු ඉතාමත් ලක්ෂණ ගොඩනැගිල්ලක් තනා තිබෙනවා. එය මහා රෝග්‍යශාලාවටත් ඩර්ඩන්ස් එකටත් වඩා පහසුකම් සලසා ගත්තට පුළුවන් ස්ථානයක්.

දැනට කෝට්ටේ පාරේ තිබෙන ආයුර්වේද ආරෝග්‍යශාලාවට අවශ්‍ය බෙහෙත් හේන් සපයාගැනීමට සකස් වී තිබෙන වැඩ පිළිවෙළ ප්‍රමාණවත් මදි. මා එසේ කියන්නේ අද ලංකාවේ බෙහෙත් වර්ගවලට බොහෝ විට වෙනත් ද්‍රව්‍ය මිශ්‍ර කර විකිණීම සිරිතක් වී තිබෙන නිසයි. අද සිංහල බෙහෙත් බඩු ටිකක් ගන්න කඩ කීපයකට ගියත් පිරිසිදු බෙහෙත් වර්ග සොයා ගන්න බැහැ, කලවම් කළ ඒවයි ලැබෙන්නේ. පිටකොටුවේ බෙහෙත් කඩ විදියට යන්න, එතැනත් ඒ විධියයි. මුදලක් ලබා ගැනීමටම බෙහෙත් වෙළඳුම් කරන ස්ථාන සෑම එකකම වගේ අද විකුණන්නේ යම් යම් ද්‍රව්‍ය කලවම් කළ ඒවයි. එම නිසා රජයේ ආයුර්වේද ආයතන වලට නියම බෙහෙත් ලබා ගැනීමට වැඩ පිළිවෙළක් සකස් කරන්නට ඕනැ.

බෙහෙත් වර්ග වැඩිමේ වැඩ පිළිවෙළක් තවම හරි හැටි සකස් වී නැහැ. අද කැලෑ ප්‍රදේශවලට යන්න.

ඔබේසේකර මයා.

(තිල. ඩ. පී. ආර්. ගුණවර්ධන)

(Mr. Obeyesekere)

අපි දැන් අත්තනගල්ල කොට්ඨාශයේ බෙහෙත් කොටුවක් වටාගෙන වැඩ කටයුතු කරගෙන යනවා.

ඩී. බී. ආර්. ගුණවර්ධන මයා.

(තිල. ඩ. පී. ආර්. ගුණවර්ධන)

(Mr. D. B. R. Gunawardena)

බෙහෙත් කොටුවක්ද? බෙහෙත් කොටුවක් වවල ඕක කරන්නට බැහැ. බෙහෙත් වතු වවන්න ඕනැ.

ඔබේසේකර මයා.

(තිල. ඩ. පී. ආර්. ගුණවර්ධන)

(Mr. Obeyesekere)

අපි බෙහෙත් වත්තක් වවන්න අදහස් කරනවා.

වාතී කිරීමට පත් කරන ලද කාරක සභාව

ඩී. බී. ආර්. ගුණවර්ධන මයා.

(තිල. ඩ. පී. ආර්. ගුණවර්ධන)

(Mr. D. B. R. Gunawardena)

බෙහෙත් වතු අද රටේ තිබෙනවා. ඒ තැන් ආරක්ෂා කරන්න. අරළු, බුළු, නෙල්ලි, ආදී බෙහෙත් වගී විශාල මූලාශ්‍ර අද තිබෙනවා. ඒ මූලාශ්‍ර කපන්නට තමුත් තාත්සෙගේ ඉඩම් ඇමතිතුමාට ඉඩ නොදී ඒවා ආරක්ෂා කරන්න. අක්කර සිය ගණන් තිබෙන බෙහෙත් කැලෑ අද කපා පුළුවා ගෙන යනවා. එය වළක්වන්න. මේ බෙහෙත් වගී වැඩි තිබෙන ස්ථාන ගැන පරීක්ෂා කරන්න. බෙහෙත් වගී අලුතින් වවනවාට වඩා මේ නියත බෙහෙත් මූලාශ්‍ර ආරක්ෂා කිරීම වඩා පහසුයි. එහෙත් තමුත්තාත්සේ පෙරදිග වෛද්‍ය ක්‍රමයට ලැදියාවක් දක්වනවාද කියා මම දන්නේ නැහැ.

ගරු කථානායකතුමනි, බොරැල්ලේ ආයුර්වේද ආරෝග්‍ය ශාලාවක් තිබෙනවා. මගේ හිතේ දිනකට හත් අට සියයක් පමණ එතනට පැමිණෙනවා. පසුගිය දිනවල නම් එසේ ආවා. ඒ නිසා ඒ ස්ථානයට තවත් පහසුකම් සපයන්න. අලුත් ගොඩනැගිලි සාදා ඇදන් තබා දුන්නාට මදි. ඒ රෝහල් අසල තවමත් මඩ වගුරු තිබෙන නිසා ලෙඩුන් ඇදට ගියාම මදුරුවෝ එනවා. මහා රෝග්‍යශාලාවේ ලෙඩෙකුට යම් පහසුකමක් සපයා දී තිබෙනවා නම් ඒ තත්ත්වයම මේ ආයුර්වේද රෝහලේත් ඇති කරන්න. මේ සම්බන්ධව මීට වඩා දීර්ඝ වශයෙන් කථා කරන්න මම අදහස් කරන්නේ නැහැ. ගරු කථානායකතුමනි, උගත්කම උඩ මේ රටේ සමාජය සූරා කෑමේ වැඩ පිළිවෙළ නැති කරන්න. අධ්‍යාපන වේවා, නීතිඥ වේවා, වෛද්‍ය වේවා, දක්ෂකම උඩ මේ රටේ සමාජය සූරා කෑමට තිබෙන අවස්ථාව නැති කරන්න. බෙහෙත් ගෙන්වීම රජයට ගෙන පුද්ගලිකව ප්‍රතිකාර කිරීම සම්පූර්ණයෙන්ම නවත්වන්න. මගේ කොට්ඨාශයේ තිබෙන ආරෝග්‍යශාලාවලත් අනෙක් ආරෝග්‍ය ශාලාවලත් තිබෙන දුර්වලකම්, අඩුපාඩුකම්, නැති කරන්න.

වෛද්‍යාචාර්ය එස්. ඒ. වික්‍රමසිංහ

(ඩොක්ටර් எஸ். ஏ. விக்ரமசிங்கம்)

(Dr. S. A. Wickremasinghe)

The previous speakers have drawn the attention of the House to grave drawbacks and grave deficiencies in

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

the Health Services. I do not intend to repeat those facts, but I must emphasize that most of the problems and defects that were mentioned by the previous speakers are very serious and grave problems which need serious study and deserve the serious concern of the Government in order to rectify most of the matters that were brought before this House.

I shall confine my remarks mainly to the problems directly connected with this proposal. This proposal is for the payment of Rs. 14,500 on commissions and committees. The explanation given is that a committee consisting of two Civil Servants and a Senior Medical Officer was appointed on 31.5.61 to report on the administrative structure, staffing and cadre. This committee was necessitated because of grave defects, grave inefficiency and the existence of corruption. Problems of persecution of medical officers in the department reached such a grave crisis that a committee had to be appointed of non-medical men to go into the question of the administration in order to prevent a complete breakdown of the administration. However valuable these recommendations may be, we are still not aware of the recommendations of this committee. We have not had the benefit of this report. It should have been tabled in this House before this Vote was asked for. That would have been the proper procedure for the Minister. I do not know for what reason the Minister or the Parliamentary Secretary who represents the Minister in this House has not tabled this report before he came to us for money.

I mention this because, as you remember, in 1949 we had a Cumpston Report. It had 180 recommendations, most magnificent and far-reaching recommendations, for the reorganization of the Medical Service in this country, but nothing came out of the 1949 Cumpston Report. Then there was the Hance Report. It had 253 most magnificent recommendations but none of those too were implemented. Next we had the Canekeratne Report

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of 1956 and the Langston Report of 1959. Medical experts from abroad, as well as some of our medical and non-medical experts, have made very far reaching proposals after careful examination and study of the fundamental issues. They have devoted much of their time and Government has spent a considerable sum of money, but these reports have not been implemented. I therefore have my grave doubts whether any valuable recommendations in this report for which we are asked to vote money, would be implemented, judging from what is happening behind the scenes in the Health Department today.

Apart from this report by this sub-committee, there are various other reports and investigations which have not been officially disclosed by the Parliamentary Secretary, and he confessed here that he was even not aware of the findings of these reports.

இனியேசேகர மஹா.

(திரு. ஓபயசேக்கர)

(Mr. Obeyesekere)

That is not correct.

වෛද්‍යවාර්දය එස්. ඒ. වික්‍රමසිංහ

(டொக்டர் எஸ். ஏ. விக்ரமசிங்ஹ)

(Dr. S. A. Wickremasinghe)

Not this Moragoda Committee Report. This has not been presented as yet.

இனியேசேகர மஹா.

(திரு. ஓபயசேக்கர)

(Mr. Obeyesekere)

I am aware of that.

වෛද්‍යවාර්දය එස්. ඒ. වික්‍රමසිංහ

(டொக்டர் எஸ். ஏ. விக்ரமசிங்ஹ)

(Dr. S. A. Wickremasinghe)

You want us to vote money, but we are not given the privilege of having this document. It should have been made available to us before the Budget Debate, but it has not been presented to us although it was ready before the Budget. I said I do not blame the Parliamentary Secretary.

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

[වෛද්‍යාචාර්ය එස්. ඒ. වික්‍රමසිංහ]

There are various forces, nefarious forces at work to prevent the publication of this report, and to prevent the country and this House from knowing the real position. Such is the corruption that exists in this department.

This report, I understand from the hon. Member for Panadura, was out in May.

මිනිසේකර මයා.

(திரு. ஓபயசேக்கர)

(Mr. Obeyesekere)

In June.

වෛද්‍යාචාර්ය එස්. ඒ. වික්‍රමසිංහ

(டாக்டர் எஸ். ஏ. விக்ரமசிங்கு)

(Dr. S. A. Wickremasinghe)

Let it be July. Surely it could have been published towards the end of September. If it had been published at the beginning of September, it would have been possible for us to study the report. Now we are discussing this problem without the report and, what is more, we do not have the Minister to answer questions. My statement is not a reflection on the hon. Parliamentary Secretary. What I mean is that the person who is responsible, who directs and controls policy, is the Minister, and not the Parliamentary Secretary. The Minister is not here, and the Parliamentary Secretary has no place in the Cabinet. But what is worse is that the Director of Health Services is not present in the Public Officers' Box; departmental officials have been placed as the victims to face all our criticisms on the sacrificial altar.

I would ask the hon. Parliamentary Secretary to forget the lofty platitudes that are included in the Administration Report of the Director of Health Services, Dr. W. A. Karunaratne, published in December, 1961, on absenteeism.

This high degree of absenteeism is due chiefly to a lack of moral and social consciousness and for want of a sense of responsibility among certain employees.

වාර්තා කිරීමට පත් කරන ලද කාරක සභාව

I want the hon. Parliamentary Secretary to ask the Director of Health Services to ponder over his platitudes and to realize that he is the first man who lacks that moral responsibility. His report further states that these people do not find difficulty in obtaining medical certificates. I ask the hon. Parliamentary Secretary to tell us whether he has received a medical certificate from the Director of Health Services on this occasion. Why is it that he is not able to be present as the head of the department to brief the hon. Parliamentary Secretary who, in the absence of the Minister, has to answer the questions?

These preliminary remarks that I have made will make the House realize that all is not well with the health services. Reports have never been implemented. I do not want to go into the question of the admirable reports that have been published in the past because the House is pressed for time. I shall only concern myself with the report of this committee for whom we are asked to vote this money. This committee reported on matters directly pertaining to the maladministration of the department under the present Director of Health Services, and he is not here in the Public Officers' Box.

At the outset I would state that the present position in the Department of Health, the grave problems and the neglect of patients in the hospitals, the lack of personnel, the shortage of accommodation, the want of cleanliness, overcrowding, the lack of co-ordination, the dearth of doctors, are bad enough and are an open scandal. Foreign experts have made reports, stating that most of the hospitals in Ceylon, especially the provincial hospitals, have no parallel in any part of the world where overcrowding, lack of cleanliness and shortage of personnel are concerned. Those matters are embodied in the reports which have been made and published in the past.

The evil practices of the past have resulted in making the health services today the graveyard of young talent

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වෘත්තීය කිරීමට පත් කරන ලද කාරක සභාව

joining the profession. It is the hunting ground of a few professional sharks who have climbed to the top and who control private practice, which is their main occupation, utilizing the medical services as an instrument to further their own personal gain. They control state policy they sway the Director and they sway the Minister. That is the grave problem we have to face. That is the reality of the situation. That is why this Government, as well as previous Governments, have been unable to implement a single recommendation made by various committees and specialists in the past after a full study of the health problems of Ceylon. That will be the position in regard to the report of this committee too, unless matters are brought to light and exposed before this House and before the public.

I submit that the Department of Health needs a thorough reorganization. As I mentioned, the first problem is that of private practice. The Minister of Education knows what his policy is and he is proud of his policy. His policy is to withdraw the elementary political rights that some teachers enjoyed before the scheme of national education was introduced and the schools take-over was completed. Teachers who had been public men in the country and who had given free service to the public as elected members of various local bodies are now denied their elementary duty to the public as elected representatives because they are Government servants.

But what is the position in the Medical Department where the doctors have to tackle problems of life and death? The men at the top have taken employment under Government and are making use of the Health Department as a mere

instrument to further their own private activities or private practice. They devote most of their time to private practice. This small brood or coterie of doctors who have a right to private practice try to suppress the younger elements who entered the medical service in order to prevent them from being competitors in their monopoly of private practice, which they have unfairly, illegally and immorally earned through the Medical Department. The Director of Health Services appears to be acting only as a backboneless agent of these powerful people who have direct political pull in the Government.

I wish now to refer to the problem of the administrative structure, staffing and cadre of the Health Department. I will give you, Sir, a few glaring examples so that you may draw the necessary conclusions and decide for yourself whether I have overstated the position regarding the health services. I will take a few instances from the General Hospital regarding the utilization of cadre.

The Health Department decided about ten years ago that it was necessary and essential to have certain specialized departments established in the main hospitals, specially in the General Hospital, Colombo. Until then there were no such specialised departments established in our hospitals which were up to the standard of efficiency maintained in foreign countries.

It was decided, for instance, to establish a genito-urinary service. An officer who had about ten years' experience was selected for training in genito-urinary work. He had gained that experience by working in some of the hospitals in Liverpool and Manchester under the most

පරිපූරක මුදල : සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

[වෛද්‍යාචාර්ය එස්. ඒ. වික්‍රමසිංහ]

eminent specialists in this special department in England. He returned to Ceylon with the highest qualifications in England for general surgery and specialized qualifications in genito-urinary surgery after having worked as House Officer under some of the most renowned genito-urinary surgeons in Great Britain. This is a specialist qualification which very few surgeons in our country possess because very few surgeons get the opportunity of working under eminent surgeons or physicians in England and gain experience. Normally Ceylonese who qualify as surgeons in England never even have the opportunity of putting on surgical gloves, leave aside handling patients. They have to wait behind glass screens and watch operations. Very few people get the opportunity of becoming House Officers in England in order to get the right training and experience.

After this gentleman came to Ceylon as a specialist in genito-urinary surgery every obstacle was placed before him at the General Hospital in order to prevent him from developing his speciality although it was considered essential that an officer should be trained abroad in this speciality. The main reason behind this is the jealousy of the surgeons who have a monopoly of private practice amongst the high fee-paying people in Ceylon. They want to prevent a younger man from developing a reputation in the branch in which he has specialized because if he develops a reputation in that branch he is likely to develop a reputation in general surgery as well. If you go into the history of this specialist in genito-urinary surgery you will find that they have not only tried to suppress his services as a specialist but also as a general surgeon. It is simply unbelievable.

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I do not want to indulge in lengthy details but I must say this. At one time it was decided that he should confine himself to work as a genito-urinary surgeon because that work was considered very important. When he started work in 1955 he asked for proper facilities but he was not given them. He was not given an operating theatre, he was given an improvised operating theatre in the casualty ward which is only for accident cases and cases which require emergency surgical treatment. He was not given an anaesthetist; he was not given a house surgeon and the unit of genito-urinary surgery was not properly established.

Today we are having a committee to discuss the cadre of this unit and the same people who obstructed the development of this unit will now be ruling the roost. When they found that in spite of all these obstacles the unit was developing the decision was made and the Director of Health Services communicated to the Ministry the fact that a genito-urinary specialist was not necessary for a country like Ceylon.

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(சபாநாயகர்)

(Mr. Speaker)

Are you coming on to a new point.

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(டொக்டர் எஸ். ஏ. விக்ரமசிங்ஹ)

(Dr. S. A. Wickremasinghe)

Yes.

කථානායකතුමා

(சபாநாயகர்)

(Mr. Speaker)

Then we will suspend the Sittings till 9 P.M.

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பரிசுரக இடல்: ஸோவா டேபார்தமேன்வாவு அன

வாணிகரிமப பந் கர்ன லே கார்ன ஸலாவ

வேலையாடீய லிஃ. லீ. விஹிமசிங

(டொக்டர் எஸ். ஏ. விக்ரமசிங்ஹ)

(Dr. S. A. Wickremasinghe)

Just before we suspended the Sitting I was pointing out how a young surgeon was able to fight against all obstacles—from the time of his appointment—that were created to prevent the development of his speciality in the General Hospital. Both the hospital administration and the head office did everything possible to prevent him from giving his services both as a general surgeon as well as a genito-urinary surgeon in spite of the fact that there was a waiting list and patients were finding it very difficult to get the necessary surgical treatment because of the lack of surgeons. This was a grave scandal. There were many patients on the waiting list; they could not be admitted for treatment because of the lack of surgeons; here was one surgeon who was qualified in general surgery as well as genito-urinary surgery who was not allowed to perform operations in either branch. When the earlier attempt failed, a second attempt was made in 1960. My hon. Friend the Member for Nallur (Dr. Naganathan) asked me the question: "Who were the people who obstructed?" This is what the Director of Health Services stated in his memorandum to the Health Council on the 24th November, 1960:

Barring orthopaedics, neuro surgery, thoracic surgery, E. & T. surgery and eye surgery, no other specialities need be developed in this country as special entities at present. Such specialities could be carried out and developed by general surgeons.

One has to be very clear about the issues involved because we find that the terms of reference of this committee for which we are asked to vote

money is to consider the question of organization of specialist units in the Medical Service. So it is this attitude of the existing administrative head and those others who support him at the General Hospital, the main institution where specialities are being developed, which shapes the policy that is extended to the provincial hospitals. The key position, in this matter, therefore, is held by the Director of Health Services and those who control the policy of the General Hospital in the development of specialities.

According to the memorandum of the Director of Health Services a speciality like genito-urinary surgery should be developed by a general surgeon on the basis of trial and error. One general surgeon is made to concentrate his attention more on genito-urinary surgery and in course of time he develops it and expects to become a genito-urinary surgeon by having to attend on genito-urinary cases for a long period of time. This is the short method that the Director recommends in spite of the fact that in the General Hospital there is a general surgeon, a young person, who at Government initiative and expense has been trained in the best clinics in the world on genito-urinary surgery. He is to be side-tracked and genito-urinary surgery is to be handed over to a general surgeon who can be a genito-urinary surgeon in course of time in addition to being a general surgeon. This specialist who is also a very good surgeon is neither to be encouraged to do genito-urinary surgery nor general surgery. And the conspiracy was to transfer him from the General Hospital to some small outstation hospital.

This policy still remains although the genito-urinary surgeon is nominally the specialist in that line at the General Hospital. It is very interesting to see how the genito-urinary speciality works in the General Hospital.

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All the other surgeons in the General Hospital have 11 to 12 hours per week for operations in general surgery and 12 hours per week for casualty work. This particular surgeon has only 7 hours operative time a week. He is not allowed the privilege of operating on casualties, not even on genito-urinary cases. He has only 7 hours a week and admission to his clinic is done only on two days in the week between 2 and 4 o'clock in the afternoon. An unofficial directive had gone from the head office that in the morning from 6 a.m. to 12 noon the admitting officers may admit genito-urinary cases to the genito-urinary surgeon's ward. The directive said 'may admit' but in actuality most of these cases are admitted to the wards of the other general surgeons especially those having a very lucrative private practice. And from 12 noon to 6 a.m. the next morning, 18 hours, no genito-urinary case can be admitted to the ward of the genito-urinary surgeon because cases which come in after 12 noon are considered emergency cases and the genito-urinary surgeon is not considered capable of being an emergency surgeon.

This will clearly indicate that the services of young officers are being employed in the General Hospital in such a way that they may not give the best of their time to the hospital. And this surgeon, I understand, has offered to do general surgery if there is no genito-urinary work given to him. But he is not given that work and the reason is obvious. If he is allowed to do general surgery, and as he is a specialist in genito-urinary surgery as well, his reputation will develop not only as a genito-urinary surgeon but as a surgeon capable of doing operations which the others could not do so well; then it will affect the practice of his brother officers.

This is the policy that is crippling the efficient functioning of the hos-

pitals in Ceylon, the hospitals being used by a few men at the top, who are able to do that because of their wealth and the influence their wealthy clients can exert on the Government. And most of them, after the change of Government, have changed their political loyalties also. A good number of them are patrons of the S. L. F. P.

If the Government thinks that they should adopt the policy of specializing as a special feature then it could have a genito-urinary surgeon in the hospital exclusively, in which case you will have to give most of the genito-urinary cases to him as the genito-urinary surgeon. No one challenges his capability as a surgeon for this speciality. Or you can make him a genito-urinary surgeon who will share with the others all genito-urinary work, and give him also the opportunity to share with others work in general surgery. I would ask you to utilize his services fully because we are badly in need of specialists in every department.

They are not prepared to grant either of these alternatives to this surgeon. What other motive can there be for this than the despicable professional jealousy of people who want to maintain the hold they have over private practice in the country? The whole medical administration is completely poisoned by this factor of a few people who by their influence are able to direct and control the policy. And the Director too is a tool in the hands of these political forces that are determining the policy of the Government. That is with regard to this surgeon.

As you know a five-storey building was put up in the General Hospital for specialities but they have decided that genito-urinary surgery is not a speciality in Ceylon and so this particular surgeon was not given beds in the new block. For such special surgery you need good environment and facilities and if there is a new building put up

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for specialities then the existing specialities should be housed in that building. But not only is he denied the facilities in the building specially built for specialities but, on the basis that genito-urinary surgery is not a speciality, of the two house officers he had, one has been withdrawn. He has only one house officer and when that house officer goes on leave, other house officers are not lent as a substitute, and often patients are naturally badly neglected. This officer is one of the officers who has the right to private practice also. But till recently—I do not know how it is now after a certain amount of control over the arbitrary actions of the Director has been exercised—he was not allowed to admit a single genito-urinary case into the paying wards. Every genito-urinary case in the paying wards had to be admitted to wards of other general surgeons. He was able to admit genito-urinary cases into the non-paying wards only.

They consider this branch of surgery as not a speciality in the face of the glaring statistics with regard to surgery in the General Hospital. Of a total number of operations done 3,742, 1,283 were genito-urinary cases, i.e., about 30 per cent, and still the Director of Health Services submits a memorandum in writing that genito-urinary surgery need not be considered as a speciality and the specialist need not be put in charge of this work. That is how one of the specialists has been so far treated by the present administration.

I now come to another officer who, I think, is well-known also to our Parliamentary Secretary because he was shunted from the General Hospital to the Gampaha Hospital. He is a surgeon, Dr. Kirthisinghe. First I will take his academic career so that you can understand the enormity of the crime committed by the Director of Health Services and others responsible for the adminis-

tration. This is what a Fellow and formerly Senior Tutor of Sidney Sussex College writes:

Because of the pressing need for qualified doctors during the war, regulations had been made in the University which made it possible for medical students to complete their undergraduate pre-clinical course in two years instead of the usual three. This concession was of use only to the better men, since the average student really requires three years in which to master the subject matter of Part I of the Natural Science Tripos. Dr. Singha's work was always far above the average and as a result of only two years work he was able to finish high up in the Second Class and to gain exemption from the whole of the Qualifying Examination on Anatomy and Physiology. At a later stage he again showed his high quality by passing in both parts of his final M. B. examination at the first attempt—an unusual feat.

A Fellow of his College considers his feat was an unusual feat. He goes on to say:

Dr. Singha was in all respects an excellent student. His interest in medicine was both deep and genuine.

I wish to refer to some of the appointments he has held. This is from the Professor of Surgery, Post-Graduate Medical School of London, Hammersmith Hospital:

I knew Mr. Kirthisinghe well during his period of training in England. He acted as Registrar for a time in my unit of general surgery and subsequently for (I think) two years in the Chest Surgery Unit in the Post Graduate School in Hammersmith Hospital. He subsequently undertook several years more of chest work in England before returning to Ceylon. He impressed me greatly. He had a brain and was business-like in his work.

I will now read to you an extract from a certificate from Sir Reginald Watson-Jones, B.Sc., M.Ch. Orth., F.R.C.S. (Eng.), Orthopaedic Surgeon to Her Majesty the Queen, Orthopaedic Surgeon to the London Hospital, Consultant in Orthopaedic Surgery to the Royal Air Force:

Mr. Singha was my House Surgeon in the Orthopaedic and Accident Department of the London Hospital from March, until June, 1951.

And then he goes on to speak of his qualities as a surgeon.

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Professor V. W. Dix of the Surgical Unit, London Hospital, says about him :

Afterwards he left the hospital and did various appointments in order to make himself eligible to sit for the Fellowship of the Royal College of Surgeons. In January, 1954, he passed the Primary Fellowship and in the Autumn of 1955 passed the final Fellowship examination both in Edinburgh and in London. These successful examination results confirmed the impression we had previously had that he was of considerably more than average intelligence.

And he has written about six or seven monographs on original pieces of research he had done while working at the General Hospital and at the Gampaha hospital. He was first appointed as the Resident Surgeon of the General Hospital and he was assigned a lower scale of salary on the basis that he would be allowed private practice. This was done to discourage him.

Those who do not have private practice are paid an allowance in lieu of private practice and he was appointed on the basis of one who is allowed private practice, but as Resident Surgeon in the General Hospital he could not do private practice, as there is no opportunity for it.

He did remarkable work, he was collecting statistics, he was writing articles on surgery and acquired teaching experience in medical science. He was transferred for some mysterious reason to the Gampaha hospital where there was no surgical clinic or equipment. So, this young surgeon built up a surgical unit there, collected instruments from various hospitals where they were not in use ; he collected instruments from the Anuradhapura hospital which was given over to the refugees and therefore not functioning. Some of the instruments were in the crates which were unopened. He obtained permission from the Superintendent of Health Services, and he collected the instruments from various places without applying to the head office

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according to normal routine to get the instruments, which he knew would never materialize, and developed the surgical unit. He did not only that, he performed major operations there which would have been a credit to any surgeon in the General Hospital. He did all this without adequate nursing staff, without adequate assistance and with only one house surgeon, and one anaesthetist. He was performing major operations on the thyroid gland, and in this region enlargement of the thyroid gland is common. He had done nearly a hundred thyroid operations with a very low rate of mortality, which is a great credit to any surgeon in any country in the world. He did all that under very exacting conditions, and he was collecting material to write a thesis on the incidence of goitre. But what happened? He was not allowed private practice at Gampaha. When he was transferred to Gampaha where he could have private practice, he was appointed as full-time surgeon at Gampaha, and this privilege was again denied to him. The reason was obvious, and I make bold to say that the D. M. O. was a man who had political pull. He had the monopoly of private practice at Gampaha and he had probably powerful connections. Later this surgeon was charged with the most fantastic offence of locking up the D. M. O. in his office.

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(திரு. ஒபயசேக்கரா)

(Mr. Obeyesekere)

In the operating theatre.

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(டொக்டர் எஸ். ஏ. விக்ரமசிங்ஹ)

(Dr. S. A. Wickremasinghe)

He was almost interdicted and I had to intervene. He was compelled to go on compulsory leave although it was found at the inquiry that the charge was absolutely baseless and had no foundation whatsoever. Finally, of course, after I intervened, protested to the Minister and spoke

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to the hon. Parliamentary Secretary, who was aware of the qualifications of this young doctor and of the enthusiasm with which he applied himself to his profession, we were able to prevent this surgeon from being dismissed or from resigning on his own in utter disgust.

What was the reason for this? It was known at that time that the D. M. O. was a man who was taking treatment for persecution mania from a psychiatrist in Colombo. The D. M. O. was mentally ill and, as a result of his persecution mania, he may have actually believed that he had been locked up. If you inquire from psychiatrists in Colombo, they will testify to the fact that they were treating him. Now he is in Giriulla, creating similar problems for the department. It was this D. M. O. who was believed, as against the young surgeon who had built up a surgery unit and had such distinctions to his credit.

What was the sin that he had committed? The Director makes moral dissertations on absenteeism, but he is absent from the Public Officers' Box. As I repeated on several occasions, when this surgeon had prepared patients for operations, his anaesthetist was ordered to come to Colombo to play cricket for the Departmental cricket club. On three or four occasions, patients who had been admitted to the hospital for operations had been prepared and brought to the theatre, but had to be sent back to the wards as the anaesthetist was called out to play cricket. Imagine the psychological effect on the patients, and also the demoralising effect on the surgeon. The anaesthetist's services in the cricket field were more important to the D. H. S. than his services to the hospital and the patients. But he writes moral dissertations on absenteeism!

The surgeon could not stand this any longer. He confronted the head office with his difficulties. He said that he must have an anaesthetist, that operations had to be postponed

several times and that the anaesthetist should not be taken away without notice. All the officials at the head office—the Director of Health Services, the Deputy Director, and so on—had gone to the airport to meet someone who was arriving in Ceylon. The surgeon was connected to the telephone of the Prime Minister's Private Secretary, Dr. Ratwatte, although he was not aware of that fact. He explained the position and said that operations had to be postponed three or four times because his anaesthetist was being ordered to Colombo and that he must have the anaesthetist back. Dr. Ratwatte said that it would be done. The Prime Minister also started to move in the matter, as was natural, Gampaha being the constituency of the late Prime Minister. The seriousness of the crime of removing the anaesthetist from such an important hospital as the Gampaha hospital impressed them. The Director was pulled up, and he was compelled to have a substitute anaesthetist at the hospital. From that date the Director must have been enraged at the impudence of this young officer who had challenged his order instead of taking his directions for granted and postponing the operations, and for his audacity in demanding that another anaesthetist must be made available if the particular officer was removed.

Mind you, this anaesthetist was not keen to play cricket either. He was keen on his job. But he had orders from the head office. Woe be unto the officer who displeases the moguls at the head office. This was the so-called crime the officer had committed which almost brought him to the point of being dismissed from the Medical Service. Still the other officer with the mental background was not found fault with. Both were transferred, one to Giriulla and the other to Kurunegala. This is the type of administration that exists in the head office.

This is also the same surgeon who had been a House Officer in a hospital for post-graduate medical work, a place where surgeons were

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trained. This doctor had helped in the training of surgeons ; he has had a brilliant career at Cambridge ; he was a F. R. C. S. (England) and (Edinburgh). From the testimony I read of him, he has had the best experience any surgeon in Ceylon could have had. He applied for a lecturership in the University. His application was summarily rejected. That is what happens to such officers who show talent, an enthusiasm for research, collecting material and getting them published in the British Medical Journal, Ceylon Medical Journal, and so on, who have a professional conscience, who consider that to be true to one's professional conscience is far more important than pleasing their bosses. Such officers have no place in the present set-up.

What is the fun of having commissions unless you purge this department of people who are a millstone round your neck? They prevent the proper administration of the department. Why do you allow a few people like these to exploit the whole department for their personal, material benefit?

Then there is the third case of the Thoracic Surgeon, Dr. A. T. S. Paul. Dr. Paul was charged by the D. H. S. for gross insubordination and reported to the Public Service Commission. The Public Service Commission then wrote to Dr. Paul and told him, "There are charges against you". This doctor at once demanded from the Public Service Commission a full inquiry. He informed them, "I do not want a preliminary inquiry. I forego the opportunity of having a preliminary inquiry. Frame charges against me and go into this whole question". Then a tribunal was appointed consisting of three persons by the Public Service Commission to go into the charges made by the D. H. S. against this doctor. Although I am able to get these documents, the hon. Parliamentary Secretary must be aware of the charges, the counter-charges and the findings of the tribunal. I do not think he is so innocent or ignorant.

The charges were: indiscipline, insubordination, misrepresentation, writing two letters to the G. M. O. A. in derogatory terms regarding the D. H. S.

The matter was referred to a special tribunal. The Attorney-General's Department appeared for the D. H. S. The Government paid for the defence of the D. H. S. This thoracic surgeon had to retain his own lawyer at his own expense, for no fault other than being an honest, conscientious man, whose only fault—if you can call it a fault—was over-conscientiousness with regard to his work and not caring to please a defaulting head of department. He had to retain his own lawyers and at the inquiry he framed counter-charges against the D. H. S. These are very important. The counter-charges against the D. H. S. were that he was:—

- (1) "A person who on more than one occasion had uttered false statements"
- (2) "A person who had written a confidential document urging knowing false statements to the Public Service Commission and seeking from the Public Service Commission that I be retired from the public service."
- (3) "That in the same confidential document he had urged that I was unsatisfactory in my work and that at another Public Service Commission inquiry he had withdrawn the charge saying that he was unable to substantiate the charge."
- (4) "A person who had used subordinate officers to harrass me."

I do not want to mention the fifth counter-charge because it is not a professional matter. I do not want to mention matters outside the profession.

- (6) "That he was a person who had acted *mala fide* in relation to me."

His defence was—

- (7) "I wrote the words complained of in the charge sheet at a time I had the fullest knowledge and possession of the above facts."

The Director could not prove any of his charges but on the other hand all the counter-charges were established at the inquiry. It is a grave

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situation when a head of department who frames charges against an officer for insubordination and demands his dismissal, yet is unable to establish a single charge and the officer charged is able to establish all his grave counter-charges against the head of department. I am perfectly certain that the Hon. Minister and the hon. Parliamentary Secretary have come to know directly or indirectly the findings of the tribunal.

The tribunal had to report back to the P. S. C. I can guess what the findings of the tribunal were because the Crown Counsel who appeared for the D. H. S. said openly that he dissociated himself with the statements made by the D. H. S. and added that he had no case for cross-examination. He waived his right of cross-examination. His behaviour showed that the counter-charges were fully proved and that Karunaratne was a liar. So you can understand what the conclusion of the tribunal was—and I believe the tribunal was composed of honourable men.

But what was the decision of the P. S. C.? The Permanent Secretary writes to Dr. Paul on a direction received from the P. S. C. that he is to be reprimanded on both charges. That was the communication of the Permanent Secretary to Dr. Paul.

வேலையாடீய தானாதன்

(டொக்டர் நாகநாதன்)

(Dr. Naganathan)

Are they rogues in the P. S. C. ?

வேலையாடீய டீ. எ. வி. கிரமசிங்ஹ

(டொக்டர் எஸ். ஏ. வி. கிரமசிங்ஹ)

(Dr. S. A. Wickremasinghe)

As to that, the Hon. Minister, the hon. Parliamentary Secretary and the House can decide.

Now a much graver situation arose. To alter the findings of a tribunal and condemn a conscientious and efficient officer is bad enough. But something worse happened. While this inquiry was pending the Hon.

Minister recommended the D. H. S. for a post in the international health service, to be the Regional Director of W. H. O. in South-East Asia. When such grave charges had been framed against this officer which were examined by a tribunal, and when the tribunal's findings were available to the Minister—

இலேசேகர் மன.

(திரு. ஒபயசேக்கர)

(Mr. Obeyesekere)

They were not available.

வேலையாடீய டீ. எ. வி. கிரமசிங்ஹ

(டொக்டர் எஸ். ஏ. வி. கிரமசிங்ஹ)

(Dr. S. A. Wickremasinghe)

I do not admit that the findings were not available. You could have found out from the Crown Counsel what the nature of the investigations and the findings was. At least while an inquiry was pending you should not have rushed to recommend an officer to a post carrying international responsibilities when his capacity to discharge national responsibilities was being questioned.

லேசீலி குனவர்தன மன. (பாநடூர)

(திரு. லெஸ்லி குனவர்தன—பாநடூர)

(Mr. Leslie Goonewardene—Panadura)

Was he trying to get rid of him ?

வேலையாடீய டீ. எ. வி. கிரமசிங்ஹ

(டொக்டர் எஸ். ஏ. வி. கிரமசிங்ஹ)

(Dr. S. A. Wickremasinghe)

Surely this cannot be “getting rid” of the man. He was going to be in charge of the whole South-East Asia area which includes Ceylon.

This is how affairs in the Health Department are conducted. The case of Dr. Rienzie Peiris was mentioned by the hon. Member for Wattala (Mr. D. Shelton Jayasinghe). There were charges against Dr. Paul and Dr. G. N. Perera as well as against Dr. Rienzie Peiris, framed by the Director. The matter was put off for

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several years, and because there was a demand that the charges should be examined, a senior civil servant was specially appointed to look into them. He conducted a thorough inquiry. The Director was given every opportunity to make his case against these doctors, and the entire Health Department was at his service for this purpose. But he failed to establish a single charge against any of the three doctors. I make bold to say that in the opinion of the officer who conducted the inquiry the three doctors cleared themselves of all the charges made against them by the Director. The allegations against them were found to be untrue.

This gives one a clear insight into the undue influence and unhealthy atmosphere that permeates our medical services. The corruption in the Health Department is as grave as the corruption in other departments and Ministries, but here unlike elsewhere human life itself is at stake, and therefore the crime is graver. Is it any wonder that the Director found it possible to make arrangements to have a big tamasha at Matara in connection with the laying of the foundation stone for a Rs. 7½ million hospital there, which was attended by the Minister of Finance, the Minister of Health and the inebriate Minister of Local Government, when the Hon. Prime Minister had undertaken on my representation to send a team to investigate the immediate improvements necessary to the existing hospital at Matara, where most of the buildings are comparatively new, at a cost of Rs. 7 lakhs, which money had been voted by her predecessor the late Mr. S. W. R. D. Bandaranaike?

The Director of Health Services, in his annual report, dealing with building delays, states as follows:

A sum of Rs. 12,203,100 was provided in the estimates for expenditure on buildings during the financial year 1959-60. However, both the Department of Public Works and the Chief Public Health Engineer were able to utilize only Rs. 6,279,604.

They were able to utilize only a little more than half the sum provided as funds, for several projects were frozen during the year. They are unable to spend the money that is voted for new hospitals. Here was a hospital in which partial improvements were done. Rs. 2 lakhs was spent to improve the existing hospital and Rs. 7½ lakhs was voted several years ago to complete the improvements to make it a modern hospital.

All that is laid by and a seven-and-a-half million rupee project is initiated on a new site. The Director in his report stresses the need for planning, but in the case of this hospital he has not even taken the trouble to investigate whether the site is suitable for the construction of even houses. A water-logged land was selected and a foundation was actually laid by the Hon. Minister of Health on the land which had earlier been condemned as water-logged and unsuitable for a housing scheme.

I would like to submit that this is a glaring example where public interest is sacrificed for political reasons of a special Minister whose electorate happens to include the town of Matara. You have resorted to this type of cheap propaganda, erecting a new hospital for Matara, quite unconcerned with the enormous waste of money; and you have attempted to deny to the people a good hospital for another fifteen years which they could otherwise have got in a few months by carrying out the suggested improvements to the present hospital.

These matters clearly indicate the sense of irresponsibility with which this Government and the Ministers under the guidance of the heads of departments function in this country. This is a very grave situation, and I would appeal to those conscious members of the Government, if any still exist, to consider whether what I have said is in any way an over-statement or an exaggeration. I challenge any Minister of the Government or any back-bencher to contradict any of the statements that I have made.

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Another matter to which our attention has always been drawn is the prohibitive cost of drugs and the enormous sums of money that we pay for patented drugs. This is a question to which we must address ourselves. Unfortunately with regard to this matter of patented drugs the medical profession too has to share a large portion of the blame because either as a result of advertisements or for financial considerations through commissions from big firms they have made themselves believe that costly patents are essential for our hospitals.

I will give you a very good example of this. The Director of Health Services issued a small brochure on "You and your Heart" by Dr. W. A. Karunaratne. On the inside page of the cover it advertises "Peritrate". Recently an eminent medical man in England stated that the only long-acting quality of this is the persistence with which medical men continue to prescribe this as a long acting vasodilator. It is manufactured by William R. Warner & Co. Ltd., Eastleigh, Hampshire, England. This brochure has a foreword from the Hon. Minister of Health, A. P. Jayasuriya. On the fourth page is another advertisement—"Niamid" from Pfizer-Dumex Limited. The advertisements of these drugs have permeated so deep that the Director of Health Services publishes a brochure and advertises patents of various firms and the efficacy which they claim for these drugs is today denied by the medical profession. Do you then expect the Medical Department in indenting for drugs to be able to have an independent judgment and to avoid these powerful drug firms and get the cheapest and most effective medicine?

It is well known that most of these patents are sold at an enormous profit. For instance, the manufactured cost of 50 capsules of an antibiotic such as Aureomycin is half a dollar and up to last year 50 capsules were sold at eight and a half dollars. So you can see the enormous profit they

make. It is argued that most of these firms have to spend vast amounts on research and that is why these drugs are very expensive, because the cost of research is added to the cost of manufacture. But investigations carried out in foreign countries have shown that the cost of advertising amounts to about 40 per cent. of the price of the drug and the poor patient in a poor country has to pay for all these expensive advertisements.

I would draw the attention of the hon. Parliamentary Secretary to this matter and earnestly request him to take steps to deny the recognition of patents in Ceylon. Why should we give any recognition? We must refuse to recognize the validity of any patent. We do not need any patents. What is the need? There are many countries in the world which do not grant patents in respect of any product or process. Even in an advanced capitalist country like Italy, they do not recognize any patents for processing or for any products and that is one of the reasons why antibiotics have gone down in price in Ceylon, because of Italian competition. Italy has a case for having some patents because they are also doing research and they have discovered certain processes in respect of which it may be of benefit to them to have patents. But in Ceylon, except for Engineer Kulasinghe's small device, what are the patents we have to recognize? What are the things we have discovered? A big country like India is fighting against patents not only for medicine but also for all types of products. That is one reason, I may mention, why our industrial development is so much retarded.

In the Soviet Union and socialist countries patents are not recognized. When they have to build machinery here they have to be very careful to see that we respect our patent rights, that they do not infringe on patent rights of other countries which have been registered in Ceylon. They

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might introduce a gadget which they have invented in the Soviet Union independently, but in Ceylon it may come under the patent law. It may be identical with the patent law of the country which has created this identical machine. Our industrial development is actually retarded and our medical bill is enormously increased because we recognize these patents. Our imperialist masters in the colonial regime, because their policy was to serve the foreign vested interests, recognized patent law in Ceylon and it is absolutely inessential. If we do not have patents in Ceylon, things like Aureomycin which are expensive today can be had for about ten cents a capsule. The cost would not be more than two or three cents.

The Soviet Union would be prepared to establish a factory for us but we cannot establish a factory because we have by law said that only Parke Davies or some other firm alone can manufacture with that process in Ceylon.

Before I conclude I wish to mention one or two other matters with regard to private practice. I want to read one statement on this matter. As we are on the subject of providing money for a report of a committee of investigation, I want to again repeat the quotation from Dr. Cumpston's Report with regard to private practice. This is a report on the Cumpston Report by the Langston Commission in 1960:

Dr. Cumpston argued as follows:

'first in importance is the fact that private practice and self-interest are suffocating all impulses towards public service.

It has been embarrassingly obvious through my conversations with doctors, and in the written representations received, that self-interest was the overwhelmingly dominant motive in the suggestions for desirable reforms:

This perhaps might not be so bad if it were not that this self-interest is almost exclusively financial.

Private practice is destroying the spirit of public service and undermining the ethical standards of the medical profession.

The principal general hospitals seem to have been allowed to drift until now. Many questions of administration are decided in the interests of the medical profession and not in the interests of either the patients or of good hospital administration.

Upon no principle of which I am aware can the Government justify the expenditure of public funds to provide a subsidy to a select group of doctors so that they may provide a private medical service to that exclusive group in a position to pay (sometimes large) fees. The position is aggravated when the doctor has acquired his specialised knowledge at Government expense.

I would, having quoted the views and findings of Dr. Cumpston, like to state that, if the Government is not prepared or finds it difficult to completely abolish private practice, at least they can establish immediately a system of paying clinics at the general hospital at times convenient to the doctors and to the patients who can afford to pay, and have controlled private practice for all surgeons and consulting physicians without dividing them into two categories.

One of the worst features of the present practice is that most conscientious men, the hardworked physicians and the surgeons, get a paltry salary while the men who neglect their hospital work and devote their time mostly to private practice earn ten to twelve times the salary paid to a full-time officer. A glaring instance of this nature came to my notice recently. I wished to meet a certain professor and I had to go to his place twice. He was living in a small house in a slum quarter, and he is one of the best specialists in the General Hospital. As for those who have the privilege of private practice and control the monopoly of private practice, you know how they live and where they live. Not only that. These men who have private practice and amass wealth, are the people who control the policy of Government. They are the people whom the D. H. S. has to please, and satisfy and obey if he is to maintain his position.

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as D. H. S. in the Department. Our administration in the Health Department is degraded to that low level.

Before I finish I also wish to draw the attention of this House to one other matter. The medical profession in Ceylon takes pride over the fact that they follow British tradition, English tradition, not even Scottish tradition. There are now in Ceylon very qualified men with Edinburgh qualifications. Although they have shown themselves as men of initiative, who have done research, who have contributed learned theses in various problems of health and disease, because they were qualified in Edinburgh, they are not given consulting appointments in the General Hospital or in the teaching hospital.

This is a most unbelievable, inconceivable, stupid policy, which is not even a blind acceptance of British policy. In the United Kingdom, Edinburgh qualifications are not looked down upon, but in Ceylon, only London qualifications are considered. Even an M. D. (Ceylon), M. R. C. P. (Edinburgh), is not recognised. I have a very good example in the consulting physician at the Matara hospital. He is a very energetic, a conscientious and very clever physician, who is doing clinical research while working at the hospital, but he is denied a post in the teaching hospital at Kandy because his qualification is M. D. (Ceylon)—he was patriotic enough to obtain this higher qualification in Ceylon—and M. R. C. P. (Edinburgh). As he is not qualified as M. R. C. P. (London) he is not recognized.

Another surgeon who has the highest qualifications of F. R. C. S. (London) and Natural Science Tripos (Cambridge), Dr. Keerthisinghe, is not considered fit to be in the medical college because of his conscience, sense of duty to his profession, the fact that he has initiative and independence of judgment and does not show any subservience to the authorities.

There is one other factor that has completely removed all possibilities of progress in the medical profession, and that is the constitution of the Ceylon Medical Council. The medical council in England consists of members the majority of whom are elected. The Queen nominates eight, of whom three are non-medical men from various walks of life. In Ceylon, only two are elected. All the others are nominated, and they are all doctors. Those nominated do not represent the various bodies in the country who are concerned with health and the teaching service.

The proceedings of the British Medical Council are made public, save in exceptional cases where certain matters have to be discussed in camera—matters of a personal or strictly administrative nature which it is not in the interest of the public to publicize. In Ceylon, not even the members of the Medical Council can get at the proceedings of the Ceylon Medical Council.

What is worse, the Director of Health Services, an administrative officer, is the ex-officio chairman of the Ceylon Medical Council, which is considered to be the body that sits in judgment over the ethics of the medical profession. The integrity of medical men and the ethics of the medical profession are determined by the Medical Council. The Medical Council determines how the Director of Health Services should perform his functions as Director of Health Services, and he himself is the chairman of the Medical Council. He is both judge and executioner. How can the lives of his victims be safe when he is both judge and executioner?

I think I have taken a sufficient amount of the time of this House. In conclusion, I would like to stress that I did not mention the various grave faults in the department—the lack of personnel in the hospitals in the country, the problem of the inefficiency of the teaching hospitals, the lack of training facilities for medical graduates, the lack of proper organi-

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zation for teaching, and various defects in our rural hospitals. They have been mentioned by other hon. Members.

Before we vote on this Supplementary Estimate we must have an assurance that this report will be available to us, that the findings of the other tribunals and the officers who have been going into the question of the administration of this department, will be available to us, so that we may be able to understand the various problems of corruption and inefficiency in the medical services, so that we may be conscious of our own duty and discharge it efficiently as Members of this House. This can only be done if we have access to all the findings these officers have made.

We have now voted money for an administrative director at the head-office. Judging from what is happening in the Medical Department, from what I have said, it is imperative that we should have an efficient administrator to be associated with the Director of Health Services, for better and efficient management of hospitals. That is absolutely essential. The present system of promoting people to the head office merely on seniority, without first ensuring that they have had a proper training in medical administration—I repeat, a proper training, not an apology for a training—has proved to be an utter farce.

I do not always have a good word for some civil servants but I must say that the civil servant who has been appointed in the present administrative set-up is doing a very good job of work. But the deciding factor is not whether he is a civil servant or a non-civil servant. What is necessary is that he must be a clever

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administrator who can look at the whole Health Service as an integrated service. That is essential before we can have a proper Medical Service.

There is one other interesting matter which does not strictly come within the domain of health matters, but which Dr. Cumpston had thought it fit to have embodied in his Report. That is the need for a Water Advisory Board for Ceylon which will not only control and develop sanitary water services for the urban and rural areas but which will be able to develop the water resources of the country for irrigation, power, flood protection and also for the development of environmental sanitation where a protected water supply is the major necessity.

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(திரு. அமரானந்த ரத்னாயக்க—பஸ்ஸறை)

(Mr. Amarananda Ratnayake—Passara)

ගරු කළානායකතුමනි, මේ වැය ශීර්ෂයේදී ආණ්ඩු පක්ෂය වෙනුවෙන් කළා කිරීමටද අවස්ථාවක් ලැබීම ගැන මම ස්තූතිවන්ත වෙනවා. ලංකාවේ මහජනතාවට සෞඛ්‍ය පහසුකම් නොමිලයේ දීම සඳහා මේ රජය විශාල වැයමක් දරණ බව මේ අවස්ථාවේදී මතක් කරන්න කැමතියි. ලංකාවේ ජනගහනය ශිඝ්‍රයෙන් වැඩි වීගෙන යන අතර, අපේ මහජනතාවට කිසිම විටක සෞඛ්‍ය පහසුකම්වලින් කිසිම හිරිහැරයක් වන්නට කිසිම විටක අප ඉඩ නොදී, අපේ රටේ මුදල් නිබේන තත්ත්වයේ හැටියට කටයුතු කරගෙන යන බව තමුන්නාන්සේ දන්නවා ඇති. එමෙන්ම තමුන්නාන්සේගේ මාර්ගයෙන් මේ රටේ මහජනතාවටත් එය මතක් කර දෙන්නට කැමතියි.

ගරු කළානායකතුමනි, ලෝකයේ රටවල් රාශියකින් දුප්පත් ජනතාවට මේ විධියේ සෞඛ්‍ය පහසුකම් නොමිලයේ ලබා දෙන

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන රටවල් ඇත්තේ කීපයක් පමණයි. ලංකාවත් එයින් එක රටක් වීම අපේ ප්‍රීතියට කාරණයක් හැටියට මේ අවස්ථාවේදී සලකන්නට ඕනෑ. මෙය ඉටු වන්නේ මේ රටේ දැන් තිබෙන සමාජවාදී ක්‍රමය නිසා බව විශේෂයෙන්ම මේ අවස්ථාවේදී මතක් කරන්නට කැමතියි. මා පිටරට සිටි අවස්ථාවලදී නොමිලයේ සෞඛ්‍ය පහසුකම් දෙන කිසිම රටකට යන්නට මට ලැබුණේ නැහැ. ඒ රටවල අය—[බාබා කිරීමක්]—අකුරුණ දෙවැනි ගරු මන්ත්‍රීතුමා පහළට ගිහින් ආවා නම්, නිශ්ශබ්දව ඉන්නය කියා මා කරුණාවෙන් ඉල්ලා සිටිනවා.

කථානායකතුමා

(சபாநாயகர்)

(Mr. Speaker)

කරුණා කර නිශ්ශබ්ද වන්න.

අමරනන්ද රත්නායක මයා.

(திரு. அமரானந்த ரத்னாயக்க)

(Mr. Amarananda Ratnayake)

ගරු කථානායකතුමනි, අකුරුණ දෙවැනි ගරු මන්ත්‍රීතුමාට කථා කරන්න අවස්ථාව ලැබුණු විටක කථා කරන්නය කියා නියෝග කරන ලෙස මා ඉල්ලා සිටිනවා.

අප සාමාන්‍යයෙන් කල්පනා කර බලනවා නම්, යම් පුද්ගලයෙක් යම්කිසි කෙනෙකුට සෞඛ්‍ය පහසුකම් නොමිලයේ දෙනවා නම්, එය පිං සිදු වන කාරණයක්. ඒ වගේම යම් රජයක් නොමිලයේ සෞඛ්‍ය පහසුකම් දෙනවා නම්, එයත් පිං සිදු වන වැඩක්. අපි සමාජවාදී ප්‍රතිපත්තියක් ගෙන යන අතර, දුප්පත් මහජනයාට නොමිලයේ සෞඛ්‍ය පහසුකම් ලබා දීමට වැය ශීර්ෂ මගින් ඒ වෙනුවෙන් මුදල් රාශියක් වැය කරනවා. ඒ මුදල් හරි හැටි පරිහරණය කර අප බලාපොරොත්තු වන පරිදි මහජනයාට ඒ සෞඛ්‍ය පහසුකම් නොමිලයේ ලැබෙනවාද කියා අපි කල්පනා කරන්න ඕනෑ. අප බලාපොරොත්තු වන තරම් මහජනයා

වාතී කිරීමට පත් කරන ලද කාරක සභාව සතුවු වෙනවාද, එයින් මේ රටේ සෞඛ්‍ය තත්ත්වය දියුණු වෙනවාද, කියා සොයා බලන්නට ඕනෑ. සාංඝික දනය කැවෙත් අවිච්ඡිකට යනවා කියලා තිබෙනවා වගේ, පිං සිදු වන වැඩකට මෙතරම් මුදලක් වෙන් කරන අවස්ථාවේදී එය කාබාසිතියා වන අන්දමට වැඩ පිළිවෙලක් ගෙනියනවා නම්, එය අවිච්ඡි මහ නරකාදියට යන වැඩ පිළිවෙලක් හැටියට මේ අවස්ථාවේදී මතක් කරන්න ඕනෑ.

ගරු කථානායකතුමනි, මේ රටට විදේශ වලින් ඖෂධ වර්ග ගෙන්වා ගැනීමට විශාල මුදලක් යන බව කවුරුත් දන්නවා. එසේ ගෙන්වා ගෙන අප බලාපොරොත්තු වන පරිදි සෞඛ්‍ය පහසුකම් දීම සඳහා ලංකාවේ ආරෝග්‍ය ශාලාවලට ඒ බෙහෙත් යවන විට කලින් කථා කළ මන්ත්‍රීතුමන්ලා කීවා වගේම, ඒ බෙහෙත් වර්ග හරි හැටි ලෙඩුන්ට නොලැබීම ඉතාමත්ම කනගාටු දායක කාරණයක්. යම් ලෙඩෙක් ආරෝග්‍ය ශාලාවකට ඇතුළත් වුණොත් දොස්තර මහතුන් නියම කරන බෙහෙත් ඒ ආකාරයටම ලබා දීමට විරිය කරනවා. ඒ වගේම ලංකාවේ යම් ආරෝග්‍යශාලාවකට ලෙඩෙක් ඇතුළත් වුණා නම් ප්‍රථමත් තරම් ඉක්මනින් ඔහු සුව කර ආරෝග්‍යශාලාවෙන් පිටත් කර හැරීමට විරිය දරනවා.

ඒ අතරම කනගාටුවෙන් කිවයුතු කාරණයක් තිබෙනවා. එනම් පිටරටින් ගෙන්වන බෙහෙත් වර්ග රාශියක් පුද්ගලික දිස් පෙන්සරිවලට හා කුට වෙළඳුන් අතට පැරි විමේ ව්‍යාපාරයක් තිබෙන බවයි. එය ක රුත් දන්න කාරණයක්. ලංකාවේ හා පළාතකම තිබෙන පුද්ගලික දිස්පෙන් වල බෙහෙත්වලින් අඩු ගණනේ තුනේ පංගුවක් පමණ සිවිල් මෙඩිකල් ස්ටෝ එකෙන් හෝ රජයේ ආරෝග්‍යශාලාව පිට වන බෙහෙත් බව අපට කියන්න වනි. මේ සම්බන්ධයෙන් වගකිව යුතු කවුද කියා මීට කලින් කථා කළ ගරු තුමන්ලා ප්‍රකාශ කළා. ඒ නිසා සිවිල්

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

[අමරනන්ද රත්නායක මයා.]

කල් ස්ටෝරිස් එක හා බෙහෙත් බෙදා හැරීමේ ව්‍යාපාරය සම්බන්ධ ක්‍රමවත් පාලනයක් නොමැතිකම නිසා, මහජනයාගේ මුදලින් මහජනයාගේ සෞඛ්‍ය පහසුකම් සඳහා පිටරටින් ගෙන්වන බෙහෙත් නිරපරාදේ පුද්ගලික වෙළෙන්දන් අතට හා පුද්ගලික දොස්තරවරුන් අතට පත් වීම නිසා ඒ බෙහෙත්වලින් මහජනයාට ලැබිය යුතු නියම ප්‍රයෝජනය ලබා ගැනීමට නොහැකිව තිබෙන බව මම මේ අවස්ථාවේදී මතක් කරන්නට ඕනෑ.

මේ රටේ සෞඛ්‍ය තත්ත්වය දියුණු කිරීම සඳහා අපේ පාර්ලිමේන්තු ලේකම්තුමා ඉතා විරියයෙන් කටයුතු කරන බව මම දන්නවා. ඒ සම්බන්ධයෙන් මම එතුමාට ස්තූති වන්න වෙනවා. දිස්පැන්සරි විවෘත කිරීමෙන් පමණක් යම් කෙනෙකු ක්‍රියාශූර කෙනෙක්ය කියා අපට කියන්නට බැහැ. එහෙත් අපේ පාර්ලිමේන්තු ලේකම්තුමා මේ රටේ සෞඛ්‍යය දියුණු කිරීම සඳහා ඉතා මහත්සි වී වැඩ කරන අවංක කෙනෙකු හැටියට හඳුන්වන්න මම කැමතියි. එම නිසා මහජන මුදලින් පිටරටින් ගෙන්වන්නාවූ බෙහෙත් ද්‍රව්‍ය බිලක් මාකට් එකට යැවීමට හෝ පිල්ලි ගැසීමට හෝ ගහන්න ඉඩක් නො තබන හැටියට වැඩ පිළිවෙලක් සකස් කරන මෙන් මම එතුමාගෙන් ඉතා ඕනෑ කමින් ඉල්ලා සිටිනවා. ඒ බෙහෙත් ද්‍රව්‍ය නොමිලේ සෞඛ්‍ය පහසුකම් සපයන රජයේ ආරෝග්‍යශාලාවලට පමණක් ලැබෙන ලෙස කටයුතු යොදන්න ඕනෑ.

එපමණක් නොව, ඉංග්‍රිසියෙන් කිය තොත්, මේ “ලෝකල් පර්වසස්” සම්බන්ධව අද ලොකු “රැකට්” එකක් යනවා. බදුල්ල ප්‍රදේශයේ මේ “ලෝකල් පර්වසස්” සම්බන්ධව කුමන විධියේ “රැකට්” එකක් ගියාද කියා පාර්ලිමේන්තු ලේකම්තුමා දන්නවා. මෙය ඉතා විශාල දූෂණයක්. මේ “ලෝකල් පර්වසස්” ගැන, පුද්ගලික ආයතනවලින් බෙහෙත් ද්‍රව්‍ය ගෙන්වා ගැනීම සම්බන්ධව වචනයක් කියන්නට කැමතියි. ආරෝග්‍යශාලාවල තිබෙන බෙහෙත් ද්‍රව්‍ය පුද්ගලික වෙළඳුන්ට යවා විකුණා ගන්නවා. ඉන් පසු තැවතත් ඒ බෙහෙත් පුද්ගලික වෙළඳුන්ගෙන් ආරෝග්‍යශාලාවට මිල දී ගන්නවා. සමහර ආරෝග්‍යශාලාවල සිටින දොස්තර මහත්තන්

වාතී කිරීමට පත් කරන ලද කාරක සභාව පවා පුද්ගලික වෙළඳුන් තර කරන මෙවැනි ව්‍යාපාරවලට සහභාගි වන බව මට කියන්නට පුළුවන්.

ගරු කථානායකතුමනි, සෞඛ්‍ය සේවාව ගැන කථා කරන විට අපේ සමහර අය තුළ දෙපාර්තමේන්තුවේ නිලධාරීන්ට බැණ වදින සිටිනක් තිබෙනවා. වැරදි කරන නිලධාරීන්ගේ දොස් දක්වන අතර හොඳින් සේවය කරන නිලධාරීන් පැසසීමත් අපේ යුතුකමක්ව තිබෙන්නට ඕනෑ. පොදු වශයෙන් කල්පනා කරන විට ලංකාවේ ආරෝග්‍යශාලාවල සිටින සෑම දෙනාම වාගේ එම ආරෝග්‍යශාලාවලට පැමිණෙන රෝගීන් වෙත ඉටු විය යුතු සේවය වෙනුවෙන් හැකි තරම් කාලය යොදා ක්‍රියා කරන බව කියන්නට පුළුවනි. යම් යම් පුද්ගලයින්ට විරුද්ධව සමහර විට විශේෂ කරුණු සම්බන්ධව චෝදනා තිබෙනවා වෙන්ට පුළුවනි. එහෙත් වැඩි දෙනා තමන් කරා පැමිණෙන රෝගීන් හැකි තාක් ඉක්මනින් සුවපත් කර පිටත් කර යැවීමට උත්සාහ කරන බව මා අත්දුටු දෙයක් බව සන්නෝෂයෙන් ප්‍රකාශ කරන්නට කැමතියි. තමන් කරන වැඩ ඉතා ළඟින් පරීක්ෂා කිරීමට උසස් නිලධාරීන් තැනි නිසා ඇතැම් විට පිටිසර පළාත්වල ඇති ආරෝග්‍යශාලා සේවකයන් තම තමන්ට ඕනෑ විධියට වැඩ කරනවා විය හැකියි. සමහර අය තමන්ගේ බංගලාවලට පැමිණ රෝග පරීක්ෂා කරවා ගන්නා ලෙඩුන් පමණක් ආරෝග්‍යශාලාවට ඇතුළත් කරවා ගන්න බව දැනගන්නට ලැබී තිබෙනවා. එවැනි නිලධාරීන් සම්බන්ධව සොයා බලා සුදුසු පරිදි ක්‍රියා කරන මෙන් මා ඉතා ඕනෑකමින් ඉල්ලා සිටිනවා.

ජී. ජේ. පාරිස් පෙරේරා මයා. (ජාඇල)
(ති.රු. ඉ්. ජේ. පාරිස් පෙරේරා—ඉ-ඒලා)
(Mr. G. J. Paris Perera—Ja-Ela)
සුදු මදර්ලා අරින්න එපා කියලත් කියන්නට.

අමරනන්ද රත්නායක මයා.
(ති.රු. அமரானந்த ரத்னாயக்க)
(Mr. Amarananda Ratnayake)
මම සුදු අය ගැන වැඩිය හොයන්නෙ නැහැ. මේ රු බෝ වන වෙලාවේ ජාඇල ගරු මන්ත්‍රීතුමාට සුදු ඒවා ගැන මතක් වෙනවා. තමුත් මා කියන්නෙ මේ රටේ

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන නිබේන වැදගත් ප්‍රශ්නයක් ගැනයි. දෙපාර්තමේන්තුවේ උසස් නිලධාරී මහත්මිය මයෙක් බදුලු පළාතේ සහ පස්සර ප්‍රදේශයේ ආරෝග්‍යශාලා බලන්ට ගියා. නමින් සදහන් කරන්ට වුවමනාවක් නැහැ. සෞඛ්‍ය දෙපාර්තමේන්තුවේ උසස්ම නිලධාරී මහත්මිය මයි ඔය නිල ගමන ගියේ. මට වුවමනා කළේ ඒ මහත්මියට පස්සර ප්‍රදේශයේ ආරෝග්‍යශාලාවල තත්ත්වය පෙන්වන්ටයි. ඒ මහත්මිය බදුලු ආරෝග්‍යශාලාව බලාගෙන යන අවස්ථාවේදී මා ආරෝග්‍යශාලාව ඇතුළට ගියේ. හොඳ වෙලාවට හෝ තරක වෙලාවට හෝ මට ඒ ආරෝග්‍යශාලාවට යන්ට ඉඩක් ලැබුනේ ඒ මහත්මිය බදුල්ලේ ආරෝග්‍ය ශාලාවේ 17 වන වාට්ටුව හෙවත් තකරන් වාට්ටුව පරීක්ෂා කරන විටයි. සාමාන්‍ය දවස්වල මේ වාට්ටුවේ සුළු තුවාල ලත් රෝගීන් සිය ගණන් ඉන්නවා. [බාධා කිරීමක්.] ගරු පාර්ලිමේන්තු ලේකම්තුමා අස් වුණා නම් කරුණා කර ඒ හැටියට ඉන්න. මෙතනට වෙලා මට කරදර නොකර පිටට හෝ යන්න.

මා කියමින් හිටියේ 17 වන වාට්ටුව ගැනයි. ඒ වාට්ටුවේ සාමාන්‍ය දවස්වල සිය ගණන් ලෙඩුන් පැදුරුවල ඉන්නවා. සුළු තුවාල ලත් ලෙඩුන් ඇදන් යට ඉන්නවා. අසාධ්‍ය ලෙඩුන් ඇදන්වල ඉන්නවා. කොහොමටත් සියයකට වැඩිය ලෙඩුන් ඒ වාට්ටුවේ ඉන්නවා. මේ නිලධාරී මහත්මිය කල් තබා දැනුම් දීමෙන් පසුවයි බදුල්ලේ ආරෝග්‍යශාලාව බලන්ට ගියේ. මාත් ගියේ ඒ නිල ගමනේ යෙදුණු නිලධාරී මහත්මිය හමු වීමටයි. වෙනදා හැමදාම වාගේ මාත් බදුල්ලේ සිටියොත් මගේ පළාතේ ලෙඩුන් බලන්න ඉස්පිරිතාලයට යනවා. ඒක මගේ සිරිතක්. මම ඒ ආරෝග්‍යශාලාවට නිතර යනවා. නමුත් එදා මම යන විට වෙනදා ලෙඩුන් සියයක් පමණ සිටින වාට්ටුවේ සිටියේ ලෙඩුන් 25 ක් පමණයි. ඒ 25 දෙනාම ඇදන්වලයි. සිටියේ. වෙනදා ඇදන් යට ලෙඩුන් සිටින නමුත් එදා කවුරුත් ඇදන්වලයි, සිටියේ. එපමණක් නොවෙයි, වාට්ටුවේ හොඳ ලස්සනට මල් පෝච්චි තබා අලංකාර කර තිබුණා. ඉතින් ඒ උසස් නිලධාරියා ගිහින් ඒ ආරෝග්‍යශාලාව බැලුවාම හිතනවා එතැනට

වැඩා කිරීමට පත් කරන ලද කාරක සභාව

නට ඇදන් අවශ්‍ය නැත කියා. එහි තත්ත්වය ඉතා හොඳයි. පැදුරුවල සිටින ලෙඩුන් එහි නැහැ. මේ විධියට දෙපාර්තමේන්තුවේ උසස් නිලධාරීන් ගිහින් පරීක්ෂා කළොත් මේ රටේ ආරෝග්‍යශාලාවල තත්ත්වය කුමක්දැයි ඔවුන් අවබෝධ කරගන්නේ නැහැ. ඒ නිසා ඒවායේ ඇති අඩුපාඩුකම් නැති වන්නේ නැහැ. මෙසේ උසස් නිලධාරීන්ට වුවමනා විධියට තමන්ගේ ගමන්බිමත් යාම සඳහා, නුවරඑළිය යාම සඳහා, වෙනත් විනෝද ගමන් යාම සඳහා වැඩ සටහන් සකස් කොට ආරෝග්‍යශාලා පරීක්ෂා කරන්න ගොස් යැපීම් දීමනා ආදිය සොයාගන්න ඉඩ නොදී, අසුවල් නිලධාරියා අසුවල් දිනයට අසුවල් ආරෝග්‍යශාලාව පරීක්ෂා කළ යුතුය කියා උප ඇමතිතුමා යම් කිසි වැඩ පිළිවෙළක් ඇති කළ යුතුයි. මේ ආරෝග්‍යශාලාව පරීක්ෂා කළ අන්දම ගැන මටත් ලජ්ජා හිතෙනවා. එහි මගේ කොටසාගයේ ලෙඩුන් සිටියා. මේ නිලධාරියා යන බව සැල වූ පසු එහි සිටි ලෙඩුන් “නුඹට සනීපයි, නුඹට සනීපයි” කියමින් පිට කර තිබෙනවා. එසේ කොට එහි සිටි ලෙඩුන් සංඛ්‍යාවෙන් බාගයකටත් අඩු ගණනකුයි, නවත්වා ගන්නේ. ඒ විධියේ පරීක්ෂණ කළොත් නම් මේ රටේ ආරෝග්‍යශාලාවල තත්ත්වය කවදවත් සතුටුදායක වන්නේ නැහැ. ඒ පරීක්ෂණය කළ දිනය මේ අවස්ථාවේදී කීමට අපහසුයි. උප ඇමතිතුමාට දිනය දැනගැනීමට වුවමනා නම් එය සොයා ගැනීම පහසුවීම සඳහා මම එදා ගිය නිලධාරියා කවුරුන්දැයි කියන්නම්. එදා ගියේ ඩී. එච්. එස්. වන කරුණාරත්න දෙස්තර මහත්මියයි.

මේ රටේ ඉතා හොඳින් වැඩ කරන දෙස්තර මහත්වරු රාශියක් සිටිනවා. ඔවුන් පුළුවන් තරම් ඉක්මනින් ඉතා සුළු වියදමකින් ලෙඩ සුව කොට රෝගීන් ආපසු යැවීමට මහත් පරිශ්‍රමයක් ගන්නවා. ඔවුන් අනවශ්‍ය වියදම් තතර කිරීමටත් උත්සාහ දරන බව අප දන්නවා. ඒ වාගේම ඉතා අවංකවම, තම පසියට සරිලන පරිදි, තම පසියටත් වඩා වැඩියෙන් සේවය කරන රජයේ සේවකයින් කොටසක් සෞඛ්‍ය සේවයේ යෙදී සිටිනවා. ඒ අය නම් සෞඛ්‍ය සේවයේ සිටින හෙදියනුයි. තම රාජකාරිය

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

[අමරනන්ද රත්නායක මයා.]

ගැන මනා දැනීමක් ඇතිව එය හරිහැටියට ඉටු කරන හෙදියන් රාශියක් සිටින බව සියැසින් දුටු නිසයි, මා එසේ කියන්නේ. කාල වේලා බලන්නේ නැතිව, අති කාල දීමනා සඳහා සටන් කරන්නේ නැතිව තම රාජකාරිය අවංකවම කරන රජයේ සේවකයින් කොටසක් ලංකාවේ සිටිනවා නම් ඒ හෙදියනුයි. එසේ සේවය කරන සේවක පිරිස්වලට අයිති මනුෂ්‍ය අයිතිවාසිකම් නොදීම යුතුකමක්දැයි මම ප්‍රශ්න කරනවා. මනුෂ්‍ය අයිතිවාසිකම් නොදෙන නීති රීති වෙන කිසිම අංශයක පනවා තිබෙනවාද? මනුෂ්‍යයකු වුණම මනුෂ්‍ය අයිතිවාසිකම් ලබන්ට ඕනෑ. තමන්ට සුදුසු විවාහයක් කර ගැනීමට ඉඩ දීම මනුෂ්‍ය අයිතිවාසිකමට ඉඩ දීමක්. මේ හෙදියන්ට විවාහ වීමේ අවසරය නොදීමට නීති රීති පනවා තිබීම නිසා ඒ අය අමාරු තත්ත්වයකට වැටී සිටිනවා. ඔවුන් කනගාටුදයක ජීවිත ගත කරනවා. අවුරුදු ගණනක් තාවකාලිකව වැඩ කර ඊළඟට පුහුණු සේවිකාවක් හැටියට අවුරුදු පහක් වැඩ කළ පස්සර ආරෝග්‍යශාලාවේ හිටපු හෙදියක් විවාහය සඳහා දෙපාර්තමේන්තු වෙන් අවසර ඉල්ලූ අවස්ථාවේදී පුහුණු සේවිකාවක් හැටියට හිටපු කාල සීමාව පමණක් ගණන් ගන්නවාය කීම නිසා හෙදි සේවයේ සිටගෙනම විවාහ වීමට ඉඩක් නොමැති වුණු හේතුවෙන් සේවයෙන් අස් වුණා. ආරෝග්‍ය ශාලාවලට පත් කරන්න පුහුණු වූ හෙදියන් නැතෙයි කියනවා. පුහුණු අය හිටියත් ඔවුන්ට විවාහය පිණිස අවසර දීම වැනි මනුෂ්‍ය අයිතිවාසිකම් නිසියාකාර නොදීම නිසා සේවයෙන් ඉවත් වෙනවා. එසේ වූ විට අපට හොඳ හෙදියන් ඉතිරි වන්නේ කෙසේද? මේ ලඟදී අනුරාධපුර ආරෝග්‍ය ශාලාවේ හෙදියන්ද රජයේ සේවයෙන් අස් වී ගියා, තමාට විවාහ වීමට අවසර නුදුන් නිසා. හෙදියන්ට මේ අයිතිය නොදෙනවා නම් සෞඛ්‍ය දෙපාර්තමේන්තුව අප යන සමාජවාදී ගමනට එකතු වී ක්‍රියා කරනවාය කියා සිතන්න බැහැ. මේ තත්ත්වය නියෙන්නෙ අධිරාජ්‍යවාදී කාලයේ සිටයි. අධිරාජ්‍යවාදී ක්‍රමය අනුගමනය කළ එක් සත් ජාතික පක්ෂයත් එම නීතිය තරයේම තහවුරු කළා. ගරු ඇමතිතුමා කල්

වැනී කිරීමට පත් කරන ලද කාරක සභාව

පනා කර බලා අවුරුදු හතේ නීතිය හය දක්වා අඩු කර තිබෙන බව පේනවා. මේ අවුරුදු හයේ කාල සීමාවන් අඩු කර හෙදියන්ට විවාහ වීමේ පහසුව ඇති කර දෙන ලෙස මා ඉල්ලා සිටිනවා.

පාරිස් පෙරේරා මයා.

(කිතු. පාරිස් පෙරේරා)

(Mr. Paris Perera)

නිදහස් ආලය.

අමරනන්ද රත්නායක මයා.

(කිතු. அமரானந்த ரத்னாயக்க)

(Mr. Amarananda Ratnayake)

ගාල්ලේ ගරු මන්ත්‍රීතුමා කනගාටු වුණා, ඒ වාගේම කඳුළු හෙළවා, හෙදියන්ට විවාහ වීමේ අවසරය නොදීම ගැන. මා මෙම අවස්ථාවේදී කනගාටු වෙනවා, ගාල්ලේ ගරු මන්ත්‍රීතුමා විවාහ නොවී සිටීම ගැන. ගරු ඇමතිතුමා හැකි තරම් ඉක්මනට සුදුසු අවස්ථාවේදී මේ හෙදියන්ට විවාහ වීමට අවසර දුන්නොත්, මේ නහින දෙනින කාලේ ගාල්ලේ ගරු මන්ත්‍රීතුමාටත් විවාහ වීමට පුළුවනි. [බාබා කිරිමි] මා චෝදනාවක් කළේ නෑ, ගරු කථානායකතුමනි, මා උදව්වක් කරන්න ගියේ.

යුද්ධ කාලයේදී සේවයට බඳවා ගත් හෙදියන් පිරිසක්—සම්පූර්ණයෙන් පුහුණු වූ හෙදියන් මෙන්, අවුරුදු ගණනාවක් සේවය කළ හෙදියන් පිරිසක්—අද දින සේවයේ සිටිනවා. මේ අයට “එමර්ජන්සි” තර්ෂස් වශයෙන් හැඳින් වුවත් මේ නමෙන් හැඳින්වෙන තත්ත්වය කුමක්ද කියාවත් තේරුම් ගන්න බැරි ඒ උදවිය අද දින එම නම පවා පිළිකුල් කරන බව මා මතක් කර දෙන්න ඕනෑ. මේ අන්දමට සේවයට බැඳී අවුරුදු 15, 20 වැනි දීර්ඝ කාලයන් නොයෙකුත් රෝහල්වල සේවය කර මනා පුහුණුවක් ලබාගෙන සිටින මේ උදවියගේ තත්ත්වය උසස් කර නමද වෙනස් කරන මෙන් මා ගරු පාර්ලිමේන්තු ලේකම්තුමාගෙන් ඉල්ලා සිටිනවා.

ගරු කථානායකතුමනි, අද දින ලංකාවේ අත් ඔර්ලෝසු ලබා ගැනීම අමාරු කාර්යයක් වී තිබෙනවා, ඒවායේ මිල ඉහළ ගොසින් තිබෙන නිසා. සෑම අංශයකම

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන වැඩ කරන සේවකයන් ගැන කල්පනා කළාම, ඒ ඒ සේවයන්හි යෙදී සිටින අයට තම රාජකාරි හරියාකාර ඉටු කර ගැනීම පිණිස අවශ්‍ය උපකරණ සැපයීම සිරිතක්ව පවතිනවා. ලිපිකරු මහතුන්ට තීන්ත පැන් ආදියද, මිනින්දෝරු මහතුන්ට ඊට වුවමනා උපකරණද, එමෙන්ම අනෙක් අංශවල වැඩ කරන අයට එම කායඝීයන්ට වුවමනා උපකරණද සපයා දෙනවා. මේ අන්දමට කල්පනා කර බැලුවාම, වේලාවට ලෙඩුන්ට බෙහෙත් දීම, නාඩි ගැනීම, ආදී සෑම දෙයකටම හෙදියන්ටද ඔර්ලෝසුවක් අවශ්‍ය බව මා නොකිවාට කානට වුවද තේරෙනවා ඇති. ඒ හෙයින් තත්පර කටු තිබෙන ඔර්ලෝසු හෙදියන්ට සපයා දිය යුතු බව මා කියන්න ඕනෑ.

මිළිගට උපස්ථායකයින්ට සහ උපසථායකයින්ට අද දින මුහුණ පාන්න සිදු වී තිබෙන කරදර රාශියක් ගැනද කරුණු ස්වල්පයක් සඳහන් කරන්න ඕනෑ. මෙම සේවයට අළුතෙන් පත්කිරීම් දැන් කෙරෙන්නේ නැහැ. ඒ නිසා පිටිසර පළාත්වල සේවය කරන උදවියට තමන්ගේ වුවමනාවක් සඳහා නිවාඩුවක්වත් ලබා ගන්න අමාරු වී තිබෙනවා. උපස්ථායක උපස්ථායකයින්ට වෙනුවට “නර්ස් ඒඩ්ස්” යනුවෙන් හඳුන්වන කොටසක් පත් කරන නමුත්, පස්සර වැනි පළාත්වලට නම් තවමත් මෙම උදවිය පත් කර නැහැ. ඒ හෙයින් උඟව පළාතේ තිබෙන රෝහල්වලටද මේ අයව පත් කිරීම ගැන ඉතා ඉක්මනින් කල්පනා කරන මෙන් මා ඉල්ලා සිටිනවා.

ගරු කථානායකතුමනි, වින්නඹු මාතාවන් පුහුණු කිරීම ගැනත් වචන සවලපයක් කියන්නට ඕනෑ. තමුන්නාන්සේ අපේ ප්‍රදේශයේ තත්ත්වය ගැන හොඳින් දන්නවා ඇති. ඒ ප්‍රදේශයේ සමහර ගම් තිබෙනවා, ඒ ගම්වලට යන්නට හැතැපීම හය හත පයින් යන්නට සිදු වෙනවා. ගම් කීපයක් ඇති එක ප්‍රදේශයකට එක වින්නඹු මාතාව බැහිනුයි පත් කරලා තියෙන්නේ. සමහර විට දරු පුසුතියක් සඳහා එක වින්නඹු මාතාවක් එක ගමකට ගියාම නැවත ඈය ඉන්න තැනට ආපසු එන්නට දවස්

වැඩි කිරීමට පත් කරන ලද කාරක සභාව දෙකක් ගත වෙනවා. ඒ නිසා ඒ ප්‍රදේශයට ප්‍රච්චන් තරම් වින්නඹු මාතාවන් පත් කළ යුතු බව මම කියන්නට කැමතියි.

පාරිස් පෙරේරා මයා.

(තිரு. பாரிஸ் பெரேரா)

(Mr. Paris Perera)

වින්නඹු මාතාවන්ට බයිසිකල් සපයන්නට ඕනෑ.

අමරනන්ද රත්නායක මයා.

(திரு. அமரானந்த ரத்னாயக்க)

(Mr. Amarananda Ratnayake)

මේ අවස්ථාවේදී විශේෂයෙන් මතක් කළ යුතු එක කරුණක් තියෙනවා. බදුල්ලේ එස්. එච්. එස්. මහත්මයා සමග කථා කරන විට ඒ මහත්මයාගෙන් මට එක්තරා කාරණයක් දැන ගන්නට ලැබුණ. කොළඹ ප්‍රදේශයේ ඉතාමත් තරුණ වින්නඹු මාතාවක් ඇතුළොලේ කියන ප්‍රදේශයට පත් කරලා තියෙනවා. ඒ වින්නඹු මාතාවට නවතින්නට නිසි තැනක් නැහැ. එසේම ඒ ප්‍රදේශයේ සිටින තරුණ පුද්ගලයකු නිසා ඒ තැනැත්තීට ලොකු අවහිරයක් සිදු වී තිබෙනවා. ඒ තැනැත්තී රාජකාරිය කරන්නට යන්න විධියක් නැහැ. කවරුත් හරි දරු පුසුතියකට ලැස්තිය කීවොත්, වින්නඹු මාතාව ඕනෑම වේලාවක යන්නට ලැස්තිය ඉන්න ඕනෑ. රාත්‍රියේ තරුණයන් කීප දෙනෙක් ඒ වින්නඹු මාතාව එක්කරගෙන යෑමට ඇවිත් තිබෙනවා. මොන විධියකින් හෝ ඒ තැනැත්තිය ඒ අයගෙන් බේරිලා දැන් ඒ ප්‍රදේශයෙන් මාරුවීමක් ලබා ගන්නට උත්සාහ කරනවා. ඒ තැනැත්තියට ඒ කරදරය තියෙන බවත් ඇත්තයි. ඒ ප්‍රදේශයට වින්නඹු මාතාවක් නැතුවත් ලොකු කරදරයක් වෙනවා. එක වින්නඹු මාතාවකට ගම් කීපයකම රාජකාරිය කරන්නට සිදු වී තිබෙනවා. ඒ නිසා මේ වින්නඹු මාතාවන් පුහුණු කිරීම ඒ ඒ ප්‍රදේශවල ආරෝග්‍යශාලාවල කළ යුතු බව මම මතක් කරන්නට ඕනෑ.

බදුල්ලේ විශාල ආරෝග්‍යශාලාවක් තිබෙනවා. ඒ ප්‍රදේශයට වුවමනා වින්නඹු මාතාවන් එහි පුහුණු කර ගන්නට බැරිද? වින්නඹු මාතාවන්ගේ රාජකාරිය ඒ තරම් විශාල වැඩක් නොවෙයි. වින්නඹු මාතාවන්

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

[අමරනන්ද රත්නායක මයා.]

නොමැතිව දැවුණු බිහි වන බව තමුන් නාන්සේ දන්නවා ඇති. ඒ රාජකාරිය හරි හැටි කිරීම සඳහා ඒ තරම් විශාල පුහුණුවක් වුවමනා කරන්නේ නැහැ. එස්. එස්. සී. විභාගය පාස් කර රක්ෂාවක් බලා පොරොන්තුවෙන් සිටින, වින්නගු මාතෘ වන් වශයෙන් සේවය කිරීමට කැමති, අය ඒ ඒ ප්‍රදේශවල ඉන්නවා. දැන් දෙන පඩියට වඩා අඩු පඩියකට වැඩ කරන්නට වුණත් කැමති එවැනි තරුණියන් අපේ ප්‍රදේශවල ඉන්න බව මම මතක් කරන්නට ඕනැ. ගමේම රක්ෂාව දෙනවා නම්, ඒ අයට වැඩි පඩියක් වුවමනා නැහැ.

ගරු කථානායකතුමනි, දීර්ඝ වශයෙන් කථා කිරීමට මම බලාපොරොත්තු වන්නේ නැහැ; නමුත් මේ අවස්ථාව බොහොම අමාරුවෙන් ලබා ගත් නිසා තව ටිකක් කථා කරන්නට ඕනැ. පොදු ප්‍රශ්න ගැන කථා කළා මිසක් මගේ ප්‍රදේශයේ ආරෝග්‍යශාලාවල තත්ත්වය ගැන කථා කරන්නට මට තවම අවස්ථාව ලැබුණේ නැහැ. මා ඉල්ලා සිටි සැණෙකින්ම මගේ ප්‍රදේශයේ ආරෝග්‍යශාලා පරීක්ෂා කර බැලීමට ගොස් ඒවායේ අඩුපාඩු සොයා බලා ඒම ගැන මම ගරු පාර්ලිමේන්තු ලේකම් තුමාට ස්තූතිවන්ත වෙනවා. නමුත් ගරු පාර්ලිමේන්තු ලේකම්තුමා පොරොන්දු වෙලා ආපු “රේෆර්ට් රේට්” එක නම් තවම එහාට ගියේ නැති බව මතක් කරන්නට කැමතියි.

ගිය ඉරිදා මා පස්සර නගරයේ ගැවසෙන අවස්ථාවේදී ඒ නගරයේ රේෆර්ට් රේට් රිය යක් තිබෙන්නාවූ එකම කඩයට යාමට මට සිදු වුණා. ඒ කඩයේ සිට පස්සර ආරෝග්‍ය ශාලාවට හැතප්ම ¼ ක් විතර දුරයි. ඒ කඩයට ඇවිත් සිටියා, ඒ ආරෝග්‍යශාලාවේ සේවය කරන හෙදියක්. මම ඇගෙන් ඇහුවා, තමුසෙ යුනිෆෝම් ඇඳගෙන මොකද මෙතැන කරන්නේ, කියා. නරක් වන බෙහෙත් වර්ගයක් තිබෙනවාය, ආරෝග්‍යශාලාවේ “රේෆර්ට් රේට්” එකක් නැති නිසා කඩයේ “රේෆර්ට් රේට්” එකේ ඒ බෙහෙත තබා ගන්න මුදලාලි අවසර දී තිබෙනවාය, ඒවා ගෙන යන්න ආවායයි කීව්ව. ඒ ආරෝග්‍යශාලාවට දැන් “රේෆර්ට් රේට්” එකක් නැහැ. තිබුණු ලාම්පුනෙල් රේෆර්ට්

වාතී කිරීමට පත් කරන ලද කාරක සභාව

රේට්” එක මලකඩ කාල. එය දැන් අළුත් වැඩියා කරන්ට බැරි තත්ත්වයට පත්වෙලා.

ඒ වගේම පස්සර ආරෝග්‍යශාලාවට ළමා වාට්ටුවක් අවශ්‍යයි. එහි ප්‍රසූතිකාගාර යන් තවත් ටිකක් ලොකු කරන්ට ඕනැ. සාමාන්‍ය ලෙඩුන් ඉන්න වාට්ටුවල තමයි, දරු ප්‍රසූති බලාපොරොත්තු වන මැති වරුන් දැනට ඉන්නේ. ඇදන් හිඟකම් නිසා ඒ මැතිවරු පැදුරු දාගෙන බිම වැතිරී සිටිනව.

ලුණුගල ආරෝග්‍යශාලාවේ තත්ත්වය තමුන්නාන්සේ දැක්ක. එය සම්පූර්ණයෙන්ම අළුත් වැඩියා කළ යුතු බව පෙනී යන්ට ඇති. එහි පිරිමි වාට්ටු තුනේ ටික රන් සම්පූර්ණයෙන් දිරල. එම නිසා ඒවා ඉක්මනින් අළුත් වැඩියා කරන්න ඕනැ. ලුණුගල, වෙල්ලස්ස, බිත්තෑන්න, ආදී ප්‍රදේශවල සිටින ලෙඩුන්ට සේවය කරන ආරෝග්‍යශාලාවක් වශයෙන් එය දියුණු කළ යුතු බව මා විශේෂයෙන් මතක් කරනව. ලුණුගල ආරෝග්‍යශාලාවට ඇතුළත් වන ලෙඩුන් ගැන පරීක්ෂා කර බැලුව නම්, එයින් වැඩි වශයෙන් ප්‍රයෝජන ලබන්නේ බිබිලේ සහ අවට කොට්ඨාශවල ලෙඩුන් බව පෙනී යනවා ඇති. ඒ ආරෝග්‍යශාලාව වහාම අළුත් වැඩියා නොකළොත්, තව ටික කලක් ගත වන විට ලෙඩුන්ට එහි ඉන්න පුළුවන් වන එකක් නැහැ, දැනටමත් ඉස්තෝප්පුවල ලගින හරක් වාට්ටුවලටත් රිංගයි.

ලුණුගල ආරෝග්‍යශාලාවට ජලය සැපයීම ගැන මේ අවස්ථාවේදී මතක් කරන්ට ඕනැ. නගරයටත් ආරෝග්‍යශාලාවටත් ජලය සැපයීම සිදු වන්නේ එකම ටැංකියෙනුයි. නගරයටත් ආරෝග්‍යශාලාවටත් ජලය සැපයීමේ කටයුත්ත සඳහා පට්ටි පොළ ගම්කාරිය සභාව මගින් රුපියල් 34,000 ක ඇස්තමේන්තුවක් සාදා තිබේ නවා. ඒ සඳහා රුපියල් 17,000 ක් ගම්කාරිය සභාවේ මුදල්වලින් වියදම් කරන්ට පට්ටිපොළ ගම්කාරිය සභාව ලැහැස්තිව සිටිනව. එම නිසා ඉතිරි රුපියල් 17,000 තමුන්නාන්සෙගෙ දෙපාර්තමේන්තුවෙන් ඉක්මනින් වෙන් කර දී නගරයටත් ආරෝග්‍යශාලාවටත් ජලය

පරිපූරක මුදල : සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන
සැපයීමට කටයුතු කරන මෙන් මා ගරු
පාර්ලිමේන්තු ලේකම්තුමාගෙන් ඉල්ලා
සිටිනවා.

මඩොල්සිම ආරෝග්‍යශාලාවට දැන්
අවුරුදු ගණනකට පෙර සිට වාට්ටු දෙකක්
සම්මත වී තිබෙනවා. නමුත් එය ලබන
“එස්ටිමේට්” එකට දමන්නම් කියා කියා
දැන් අවුරුදු ගණනක සිට කල් දමනවා.
කලින් අවුරුද්දේ කිව්වා, ලබන “එස්ටි-
මේට්” එකට දමන්නම් කියා. ගිය අවුරුද්දේ
දේ තමුන්නාන්සෙ කිව්වා, මේ අවුරුද්දේ
“එස්ටිමේට්” එකට දමන්නම් කියා. නමුත්
මේ අවුරුද්දෙන් වැටිලා නැහැ කියා කණ
ගාටුවෙන් කියන්න ඕනෑ. මඩොල්සිම
ආරෝග්‍යශාලාවට මේ වාට්ටු දෙක ඉතා
අවශ්‍යයි.

බිබිලේගම ආරෝග්‍යශාලාවට විදුලි බලය
ඉතා ලගම තිබෙනවා. එම නිසා ඒ ආරෝ
ග්‍යශාලාවට විදුලි බලය සපයන මෙන් මා
ඉල්ලා සිටිනවා. එහි මාතෘ නිවාසය පිහිටා
තිබෙන ස්ථානයට රථවාහන ගෙන යන්නට
පුළුවන් වුණත්, ඒ පාරේ බස් දුවන්නේ
නැහැ. එහෙත් හදිසියක අමාරුවකදී, දරු
ප්‍රසූතියක් බලාපොරොත්තු වන මවක් ඒ
ආරෝග්‍යශාලාවේ සිට බදුල්ල ආරෝග්‍ය
ශාලාවට ගෙන යාමට වාහනයක් ගෙන්වා
ගැනීමටවත් ටෙලිපෝන් එකක් ඒ
ආරෝග්‍යශාලාවට ලබා දෙන මෙන් මා
ඉල්ලා සිටිනවා.

ගරු කථානායකතුමනි, මා පස්සර ආස
නයේ මන්ත්‍රීවරයා වශයෙන් පත් වුන
අවස්ථාවේදීම වගේ දිස්ත්‍රික්ක සම්බන්ධ
ධ්‍යා කාරක සභාවක් බදුල්ලේ සෞඛ්‍ය
සේවා අධිකාරී මහත්මයාත් සම්මත කර
තිබුණා, කහටරුප්ප කියන ප්‍රදේශයට
මාතෘ නිවාසයක්. කහටරුප්ප ප්‍රදේශයේ
සිටින අය සලකා පොත්වල හාල් ලබා
ගන්නට හැතැප්ම 7 ක් පයින් එන්නට ඕනෑ.
හොඳයි හාල් සලකය නැති වුණත්
සම්හර විට මඤ්ඤාක්කා ටිකක් කාලා
වත් ජීවත් වන්නට පුළුවන්. නමුත් දරු
ප්‍රසූතියක් වැනි දෙයක් කල් දමන්න
පුළුවන් කාරණයක්ද කියා කල්පනා කර
බලන්න. හදිසියකට එන්නට රථවාහන
නැහැ. පයින්ම එන්නට ඕනෑ. එතන
දිස්පැන්සරියක් තිබෙනවා. රජයට වහාම
ඉඩම් ගන්නත් අවශ්‍ය වන්නේ නැහැ;

මාතෘ කිරීමට පත් කරන ලද කාරක සභාව

රජයේ ඉඩම් තිබෙනවා. ඒ නිසා ඒ දිස්
පැන්සරියට යාබදව වහාම මාතෘ නිවාස
යක් තැනීමට කටයුතු කරන ලෙස ඉතා
ඕනෑකමින් ඉල්ලා සිටිනවා. ඒ වගේම
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ගොසිනුයි, තිබෙන්නේ. මගේ අවශ්‍ය
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ලෙස්ලි ගුණවර්ධන මයා.

(කීරු. බෙහෙවි ඉරාචාරික)

(Mr. Leslie Goonewardene)

This Supplementary Estimate which we are discussing is to meet some of the expenses of a committee appointed to report on the administration of the Department of Health Services. As the hon. Parliamentary Secretary told us, the committee consisted of gentlemen from two sections of the Public Service—the Civil Service and the Health Service. On perusing the report of the committee, I have no doubt that my hon. Friend will find that the recommendations made in the report are influenced by the different view-points of the two branches of the

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[ලේස්ලි ගුනවර්ධන මයා.]

Public Service from which the members of the committee were drawn. The gentlemen from the Civil Service are likely to have stressed the importance of control of the department by civilians and the gentlemen from the Health Service, the doctors, are likely to have stressed the need for control of the department by medical men. I would, therefore, warn the hon. Parliamentary Secretary to bear in mind, when he looks into the recommendations made by this committee, the principle enunciated in Dr. Cumpston's report, namely that, if the Health Service is to be properly administered, it can be done efficiently and cheaply by utilizing the services of a trained hospital administrative service. While it is true that in regard to matters of policy medically qualified persons should have the last word, below that level if we continue the present practice of utilizing the services of medical men who are not at all qualified in hospital administration, we shall only be perpetuating the mess that already exists.

As the hon. Member for Akuressa stated, I myself am a little doubtful as to whether even this report will produce any results. I think hon. Members on both sides will agree that the Health Department is one of the most bureaucratized departments under the Government. I am well acquainted with the number of inquiries that have been held or supposed to have been held into complaints sometimes made by the public and sometimes arising from within the department. All these inquiries and the results of these inquiries strangely resemble the inquiries and the results of inquiries held by the Police Department. In other words, they can be called "whitewashing inquiries". It is notorious that when a police officer holds an inquiry into some complaint against another police officer, in ninety-nine cases out of hundred the accused officer is acquitted. It looks very much as though in the Health Department too a similar mentality prevails.

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The hon. Member for Akuressa, I think, hit the nail on the head when he said that the principal cause is not merely bureaucratism and corruption that prevail but the existence of vested interests in the Health Department. These vested interests are powerfully entrenched, have more powerful connections and are able to get away with almost anything.

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(டொக்டர் நாகநாதன்)

(Dr. Naganathan)

They act in collusion with the Government Party.

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(திரு. லெஸ்லி குணவர்தன)

(Mr. Leslie Goonewardene)

That is also a matter that is of some concern to the House.

There is the question of the responsibility of the Minister for this state of affairs. We have had Health Ministers of various political hues and indeed, of different sexes, but unfortunately we have not up to now had a Health Minister who has the backbone or the desire—I do not know which—to stand up and fight against these vested interests in the medical services. That is a matter for regret.

The unfortunate thing is that when within the department sometimes a medical officer, who with a genuine desire to improve the service in the interests of the public and with no hope of personal gain on his part, makes certain suggestions and criticisms and tries to correct malpractices, the only result of his efforts is that that officer is penalized.

The hon. Member for Akuressa quoted one such case. I am aware of a very recent case where a particular officer who dared to make some criticism has been victimized and, I would say, even persecuted. The result of this kind of treatment is that either the officers with some

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initiative, with some sense of public duty, find that they are suppressed, or that their spirit is broken. If their spirit is not broken they are driven out of service.

In this particular case the officer concerned Dr. A. M. Fernando, as far as my information goes, is a very enthusiastic, capable and hardworking officer. But he made the mistake of bringing to the notice of the Health Department certain gross irregularities that were occurring in Government hospitals. Not only have his complaints been completely ignored and the malpractices allowed to continue but he has also been subjected to persecution by the department.

At the beginning of this year he was suddenly transferred to Minuwangoda General Hospital. When he had taken his bungalow and completed all his arrangements for shifting, his transfer was suddenly cancelled. He then made arrangements to continue to live in Colombo. He wrote letters concerning the deferment of his transfer. Those letters apparently were couched in somewhat indiscreet language which is not surprising considering the difficulties to which this officer had been put by the sudden transfer and cancellation of the transfer. The only result of these letters was that he had to face a charge of insubordination for which he was fined Rs. 25. This was not the only punishment, apparently, for he also soon received another order to go to Minuwangoda, whereupon he again made arrangements to go to that station. Just as he was about to go, for the second time the transfer to Minuwangoda was cancelled.

I do not think that the department succeeded in breaking the spirit of this particular officer, but, I think, they succeeded in driving him out of the department in order to find more congenial surroundings in which he can pursue his life's mission of hea-

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ling the sick. He has sent his letter of resignation from the first of next year to the Public Service Commission.

This, I think, is only one of several instances that have occurred where the top brass of this Health Department suppresses any kind of criticism from among the rank and file, so to speak, of the medical profession. In this House itself many such cases have been brought to the notice of the Government on various occasions, cases of obvious victimization. Apparently, nothing happens. Sometimes, unjust transfers are cancelled, for which we are duly thankful. But the matter ends there and the root cause of this whole trouble is not removed.

Parliamentary criticism is made every year, and even more than once a year, of this state of affairs in the health services, but that, too, does not lead to any kind of result. The Hon. Minister of Health is personally a very amiable Gentleman—it may be that he is too amiable—but the criticisms that are made seem to end there. He does not seem to take the matter up, pursue it to its root and find a remedy to this state of affairs.

It is in my view a serious matter for a Member of Parliament who enjoys certain privileges on matters pertaining to what he says, to bring charges or make statements that amount to charges against public officers who do not have the opportunity of defending themselves. It has never been my practice as a Member of Parliament to do so lightly, but however, there are occasions when a Member of Parliament would be failing in his duty to the public if he did not take what might appear to be an unfair advantage in bringing certain facts to light and in demanding of Government that they probe into the allegations that have been made even if such statements should hurt or adversely affect a particular public servant.

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[ලේස්ලි ගුණවර්ධන මය.]

I do think that such a situation exists today in relation to the Department of Health. When criticism by Members of Parliament in this House seems to be of no avail, when Government shows only lethargy in carrying into effect the recommendations of numerous commissions and committees that the Government itself has set up and, further, when individual officers who point out malpractices in the department are victimized and persecuted, I think it is time that one or two of these things are highlighted before this House and the country. I propose, therefore, to highlight some facts in relation to the working of the tuberculosis department.

The Government is spending annually a very large sum of money for the prevention and curing of the dread disease of tuberculosis. The gentleman who is in charge of this campaign is Dr. J. R. Wilson who was appointed in 1954, I think, in an acting capacity to the post of Superintendent of the Tuberculosis Campaign.

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(திரு. டப்ளியு. பி. ஜி. ஆரியதாஸ—கைத் தொழில், உள்நாட்டு, கலாச்சார விவகார அமைச்சரின் பாராளுமன்றக் காரியதரிசி)

(Mr. W. P. G. Ariyadasa—Parliamentary Secretary to the Minister of Industries, Home and Cultural Affairs)

He is a "blue-eyed boy" of the top brass.

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(திரு. லெஸ்லி குணவர்தன)

(Mr. Leslie Goonewardene)

The post was never advertised so that no opportunity was provided for applications to be made by other applicants whose merits could have been gone into. The acting post was quietly, with the passage of time, confirmed. The unfortunate fact—unfortunate from the point of view of Dr. Wilson himself—is that this

gentleman has far too many duties to perform, and also it is worth while noting that he occupies an unique position even in the Health Department. He is besides being a visiting physician of the hospital, also a private practitioner and he also holds a number of other posts; so that it is quite explicable and understandable that a gentleman who has so many multifarious duties cannot be found in his office of Superintendent of the Tuberculosis Campaign. It is very difficult for him—it is not his fault—with his multifarious duties to be present in his office for anything more than fleeting periods. But it is also a significant thing that he appears to be the only administrative officer in the Health Department who is a visiting physician of the General Hospital and who is allowed to do private practice. How that has come about, not knowing the inner workings of the Health Department, I really do not know but, I think, the hon. Parliamentary Secretary should cause an inquiry to be made as to how that has come about, how this gentleman alone, the only administrative officer in the department who is a visiting physician, has been allowed at the same time to do private practice. But that is by the way.

The important point is that it is clearly impossible for one single individual to do all the work that has been thrust upon him. And I believe—the hon. Parliamentary Secretary is nodding his head vigorously; I may be mistaken but, I think, it is true—the hon. Parliamentary Secretary himself agreed some time ago to change this state of affairs. He has, I find, not done so yet. Could it be that he too has succumbed to the forces of vested interests and that those forces of vested interests have proved themselves to be too powerful even for him?

There is another thing. As I said, a large sum of money is being spent for tuberculosis prevention and cure. I do not know whether the prevention side of it is being proceeded with. My information is that Dr. J. R. Wilson has suppressed the post of

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Preventive Officer and that, in a very short time, there is a danger that the entire preventive section of the department will cease to exist. This is so despite the fact that a number of officers have been trained at considerable expense to this Government for preventive work and despite the fact also that it is generally recognized and accepted that curative work alone is not sufficient and that preventive work also is of the greatest importance.

I really want to know whether as an earnest of good faith this Government will be prepared to investigate by "investigate" I mean honestly inquire—into a number of specific charges that have been made against this particular officer. The charge has been made that this particular officer has committed the irregularity of not notifying a number of cases of tuberculosis although tuberculosis is a notifiable disease under the Prevention and Quarantine Diseases Ordinance. If the hon. Parliamentary Secretary or, more properly, the Hon. Minister is prepared to institute such an inquiry, I for one, personally, will be prepared to assist him in that inquiry by forwarding ticket numbers and names of such patients whose cases have not been notified but who have been treated by the Superintendent of the Tuberculosis Campaign.

Then there is also this question that the private patients of this doctor, who no doubt pay him, are directed regularly to the Chest Clinic at Welisara. It is also stated that patients who go to the A.T.I. in Pettah and to the Chest Clinic at Darley Road are duly directed to the bungalow of this doctor who promptly sends them to the Welisara Chest Clinic where they have a second free X-Ray, and quite an unnecessary X-RAY, at Government expense. If proof is required, instances can be forwarded and quoted, but I am prepared to co-operate in this matter and supply such information as is at my disposal only if an inquiry from outside this department is started. I

do not think any useful purpose will be served if the officer who is put to inquire into this matter is another of the top brass of this department because the only result of such an inquiry, whatever may be the information that is supplied, will not be the probing of the truth, but the punishing of some other innocent medical officer.

There is also the charge that has been made, of which this Government is aware, that private T. B. patients of this particular doctor have been quite irregularly treated at the Asthma Clinic which is also run by this doctor at the General Hospital. Complaints were made in this House, I think, about six to eight months ago, but nothing has happened. It has been pointed out in this connection that expensive x-rays have been unnecessarily taken, costing the Government much more than it would have cost if the patients had gone to the T. B. Clinic. The charge is also made that the Welisara Chest Hospital has, under the regime of this particular superintendent, been elevated to a position much superior to that of other chest clinics with Government funds being poured into Welisara, and that the private patients of this particular doctor had, along with the Government funds, also poured into Welisara. I believe about one-third the Vote that has been set apart for the T. B. campaign is being spent on this Welisara Hospital. I also believe that in the past a much larger percentage had been set aside for this Welisara Hospital.

As a result of this the other T. B. institutions in the country are suffering. For example, I am informed that Badulla is suffering. The hon. Member who just spoke, the hon. Member for Passara, has just gone out. He probably knows—if he does not he can find out by inquiring—that in the Badulla provincial chest clinic there has been no medical officer qualified in T. B. from May 1961 to date, that is for over a year, while at Welisara qualified officers are available. But it has not been

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[ලේස්ලි ගුණවර්ධන මයා.]

thought fit to send a single qualified officer to Badulla to be stationed permanently at Badulla. Junior medical officers are sent out on relief duty. But since Welisara hospital has to be kept at top standard for the benefit of a selected few who manage to get there, the other T. B. institutions in the country have to suffer.

The hon. Member for Akuressa spoke on the drug racket. It is unfortunate that Government has not thought it fit to change representation on the tender board for drugs, which is manned largely by Treasury officials who know nothing about drugs in general and T. B. drugs in particular. Peculiar things have often happened with regard to T. B. drugs. There are sudden shortages which are very often quite inexplicable. It becomes difficult for people to purchase these drugs except at very high and exorbitant prices.

There is another matter I would like the hon. Parliamentary Secretary to inquire into, namely, the reason for the apparent excess of medical officers at the A. T. I. in Pettah. I am told that there are five medical officers there, but there is seating accommodation only for three. What is the reason for an extra number of medical officers there, unless it be that one officer spends his time on private practice and not on attending to his duties?

Another question I would like the Government to investigate is the working of a large number of chest clinics that exist in this country. There is one in my own electorate, Panadura. A very large number have been started all over, but it is very difficult to know for what purpose they have been started, because none of these clinics have the facilities for diagnosis. Apparently, they are being used only for the purpose of distributing drugs when those drugs are available—and those drugs are often not available.

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(திரு. ஓபயசேகரா)

(Mr. Obeyesekere)

Ten chest clinics.

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(திரு. லெஸ்லி குணவர்தன)

(Mr. Leslie Goonewardene)

There are also branch clinics. There are, I believe, 52 branch clinics altogether which are only used for the distribution of drugs, and not always for that purpose too because, as I said, sometimes those drugs are not available. The purpose of running these clinics should be gone into. Either proper facilities for diagnosis should be provided or they should be closed down. There is no use in having them merely for distributing drugs. The only purpose in running such a large number of clinics, which are not properly equipped, may be that a certain number of favoured officers are able to draw travelling allowances.

These matters, particularly the charges that are being made against the Superintendent of Health Services, I would press the Government to inquire into. It may be a distasteful thing to investigate such charges—I assure you that it is a distasteful thing to me to have to bring such charges—but in the interests of the proper running of the Department of Health, and in the interests of the health services and the people of this country, it is necessary that such an inquiry should be held. There is no point in individual officers getting themselves victimized, or in Parliamentarians year in and year out making charges, if these do not lead to some result. That is why, in this particular case, in relation to the working of the Anti-T. B. Campaign, I have gone to the extent of repeating certain charges which are very specific. It may be that they are right; it may be that they are wrong. If they are wrong, you are doing an injustice to this particular doctor by not inquiring into those charges. You are not acting fairly by a high official

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

of your department by ignoring the statements that I am making. On the other hand, if the charges that I am repeating here are true, then that shows a very serious state of affairs and the Government will have to take appropriate action, but in either case it is necessary that an inquiry is held. I call upon the Government, I challenge this Government, to hold an inquiry—again I repeat, not an inquiry by a brother medical officer in which nobody will have any confidence, but by an impartial officer from outside the department. If such an inquiry is held, I, for one, will give my full co-operation in order to place whatever facts are at my disposal before such an inquiring officer.

That really is what I wish to say and I wish to associate myself with everything that has been said before me by the hon. Member for Akuressa: that unless we are able to clean up the top of this Health Department we shall never be able to have a satisfactory system of health services in this country, that we shall never be able to harness the willing co-operation of a large number of young professional men who are today activated by humanitarian motives and motives of public service, that you will not be able to do away with the enormous waste of funds that is taking place in the Medical Department, and that you will be continuing to do injustice by the people of this country who have elected you. Therefore, I make this appeal, challenge and prayer to this Government to hold such an inquiry.

Before concluding there is one other matter I wish to add. I have received a petition and, as a matter of duty, I bring it to the notice of the Government. It is a petition from the inmates of the Leprosy Hospital at Hendala, who are more than a little worried at the news that the Sisters who are treating them will be removed and they will have nobody to look after them. There are, I believe, a certain number of Cey-

lonese nurses who are working in that institution but I believe it will be necessary to train quite a number more and train suitable people to do that work if those Nursing Sisters leave. Anyway, if they do leave and if the Government is taking the necessary action to supplant them with suitable people, it would be a re-assurance that will be welcomed by those unfortunate people, and I hope some kind of statement or re-assurance will be given to the inmates of that institution.

අ. හා. 11.36

සිරිල් මැතිව් මයා. (කොළොන්න)

(තිரு. සිරිල් මැති—කොළොන්න)

(Mr. Cyril Mathew—Kolonna)

ගරු කථානායකතුමනි, ප්‍රථමයෙන්ම මගේ කොටසාශයේ, එනම් කොළොන්නේ නිබන්ධ ආරෝග්‍යශාලාව සම්බන්ධයෙන් දෙවන වතාවටත්, කරුණු කීපයක් පාර්ලිමේන්තු ලේකම්තුමාට මතක් කළ යුතුව තිබෙනවා. මෙසේ කරුණු ඉදිරිපත් කරන්නට සිද්ධ වීම ගැන මම ඉතා කනගාටු වෙනවා. පාර්ලිමේන්තු ලේකම්තුමාත්, එතුමාගේ නිලධාරීන්ත් මේ ආරෝග්‍යශාලාව පරීක්ෂා කර බලුවා. ඉන් පසු එහි තිබෙන වැරදි සාදා දෙන වාය කියා කීප වරක් පොරොන්දු වුණා. එහෙත් අද ඒ සම්බන්ධව කිසිම පියවරක් ගෙන නැති බව මම ඉතා කනගාටු වෙන් පාර්ලිමේන්තු ලේකම්තුමාට මතක් කරන්නට කැමතියි. කොළොන්නේ රෝහලට ජල පහසුව සැපයීම සම්බන්ධයෙන් මා විසින් ඉදිරිපත් කරන ලද කරුණුවලට පිළිතුරක් වශයෙන් සෞඛ්‍ය අමාත්‍යාංශයේ ස්ථිර ලේකම්තුමා විසින් එතුමාගේ 1961.8.29 හා සිබ් 188 දරණ ලිපියෙන් මෙසේ දන්වා තිබෙනවා:

මේ සඳහා රුපියල් එකොළොස් දහක ඇස්තමේන්තුවක් ප්‍රධාන මහජන සෞඛ්‍ය ඉංජිනේරු තැන විසින් පිළියෙල කර තිබේ. ජල සම්පාදන කටයුතු සඳහා වෙන් කරන අරමුදල් තත්ත්වය උඩ 1961/1962 මුදල් වර්ෂයේදී මේ ගැන සලකා බැලීමට සටහන් කරගෙන තිබේ.

ගරු කථානායකතුමනි, මේ ලියමන 1961 වර්ෂයේ අගෝස්තු මාසයේ එවූ ලියමනක්. 1961/62 මුදල් වර්ෂය දැන්

පරිපූරක මුදල: සෞඛ්‍ය දෙපාර්තමේන්තුව ගැන

[සිරිල් මැතිව් මයා.]

අවසන් වී තිබෙනවා. එහෙත් මේ මුදල් වර්ෂයේදීවත් කොළොන්නෙ රෝහලට ජල පහසුකම් සැලසීමට කටයුතු නොකරන ලද බව මම පාර්ලිමේන්තු ලේකම්තුමාට ඉතා කනගාටුවෙන් මතක් කරනවා. 1962/63 මුදල් වර්ෂයේදීවත් මෙම රෝහලට ජල පහසුකම් සැලසීමට තමුන්නාත්සේ කටයුතු කර තිබෙනවාය කියා මම සිතන්නේ නැහැ. තත්ත්වය එහෙම නම්, මේ අන්දමේ බොරු පොරොන්දු දෙන්නේ මක්නිසාද කියා මම තමුන්නාත්සේගෙන් ප්‍රශ්න කරනවා. මගේ ප්‍රශ්නය එයයි.

ඊට පසු මේ ජල පහසුකම් සැපයීම සම්බන්ධව 1961. 11. 13, 1962. 2. 27, හා 1962. 8. 31 යන දින දරණ ලිපිවලින් සෞඛ්‍ය සේවා අධ්‍යක්ෂතුමාටත්, රත්නපුරයේ සෞඛ්‍ය අධිකාරී වෙතටත්, පාර්ලිමේන්තු ලේකම්තුමාටත් මම කරුණු ඉදිරිපත් කළා. ඒ හැරෙන්නට 1962. 9. 20 වැනි දිනත් මේ අඩුපාඩුකම් සම්බන්ධ ලිපියක් මම සෞඛ්‍ය සේවා අධ්‍යක්ෂතුමාටත්, රත්නපුරයේ සෞඛ්‍ය අධිකාරී තැනටත් යැව්වා. එහෙත් අද වනතුරු මේ සම්බන්ධව තමුන්නාත්සේ කිසිම පියවරක් ගෙන නැහැ.

මෙම රෝහලට විදුලි ආලෝකය ලබා දෙන ලෙස ඉහත දැක්වූ ලිපිවලින් කරුණු ඉදිරිපත් කරමින් ඉල්ලු තමුන් එයින් කිසිදු පලක් වී නැහැ. මේ ගැන පිළිතුරු සපයමින් සෞඛ්‍ය අමාත්‍යාංශ ස්ථීර ලේකම්තුමා 1961. 8. 29 වනදා අංක සීබී/182 දරන ලිපියෙන් මෙසේ දන්වා තිබෙනවා:

වයගින් කිරීමට රුපියල් 7,700 ක් වෙන් කරන ලදී.

මෙම වැඩය ඉක්මනින් කරන මෙන් අවිස්සාවේල්ලේ විදුලි ඉන්ජිනේරු තැනගෙන් ඉල්ලා ඇතැයි සඳහන් කර තිබෙන තමුන් අද වනතුරු විදුලි ආලෝකයක් ලබා දී නැත. දැන් තමුන්නාත්සේ කල්පනා කර බලන්න. 1961. 8. 29 වනදා සෞඛ්‍ය අමාත්‍යාංශයේ ස්ථීර ලේකම්තුමා මේ අන්දමට පොරොන්දු වී තිබුණු තමුන් අද වන තුරු විදුලි ආලෝකය ලබා දී නැහැ. මුදල් වෙන් කර තිබෙන බව නම් ලිපියේ කියා තිබෙනවා. මොනවා

වාතී කිරීමට පත් කරන ලද කාරක සභාව

වුණාද, ඒ මුදල්වලට? ඇයි ඒ මුදල් මේ වැඩේට යොදා නැත්තේ? මුදල් වෙන් කර නැත්නම් ඇයි තමුන්නාත්සේලා බොරු පොරොන්දු අපට ඉදිරිපත් කරන්නේ?

සිතකරය සම්බන්ධයෙන් 1960 අගෝස්තු මාසෙ සිට මේ පාර්ලිමේන්තු වේදි ප්‍රශ්න කර තිබෙනවා. අද වනතුරු එය රෙජයාර් කර ගත්ව බැරි වුණා. එය අලුත්වැඩියා කර දෙන ලෙස ඉල්ලා මා විසින් ඉදිරිපත් කරන 'ලද ලිපියකට පිළිතුරු වශයෙන් ස්ථීර ලේකම්තුමා එතුමාගේ 61.8.29 දින අංක සීබී/188 දරන ලිපියෙන් මෙලෙස දන්වා ඇත.

මෙය අලුත්වැඩියා කිරීම සඳහා කටයුතු කර ගෙන යනු ලැබේ.

දැන් වෛයක් ගත වී තිබෙන තමුන් තවමත් කටයුතු කරගෙන යනවද? තවත් දේ කියන්නට තිබෙනවා. ඒ සියල්ලම කියතොත් හෙට දවසත් කථා කරන්න පුළුවනි. කිසිම දෙයක් කර නැති බව තමුන්නාත්සේට යලිත් වරක් මතක් කරන්නට කැමතියි.

Many hon. Members have criticized the administration of the Director of Health Services. Many hon. Members have drawn the attention of this House to various factions that have grown up in this department, particularly because the present Director seems to have his own favourites; and the moment the Director chooses to have his favourites another section of officers align themselves against and oppose the director and his favourites. As a result of these factions in the department the patients in the hospitals and the public have had to undergo much suffering and the proper functioning of this department has suffered as a result of these quarrels between the various factions of doctors.

The hon. Member for Akuressa drew the attention of this House to the dispute between the thoracic surgeon, Dr. Paul, and the Director. Now, I do not intend to go into the details as they have already been mentioned by the hon. Member for

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මාතෘ කිරීමට පත් කරන ලද කාරක සභාව

Akuressa. But I would like to mention that in this connection there have been many inquiries. The first of these inquiries I think was an inquiry held by Dr. Noel Bartholomeusz on the 15th of August, 1959. Thereafter another complaint was made by Dr. Paul that the operating theatre doors at Welisara had been closed and he was not permitted to use the theatre, that blood had not been made available on his operation days and so on. An inquiry had been asked for but nothing had been done.

Again in June 1960 Japanese surgeons were given Dr. Paul's work without reference to him while the junior surgeon was out of the Island. On a protest made to the Hon. Minister the Hon. Minister restored his work and the Japanese surgeons were given the work of the junior surgeon. Thereafter another inquiry was held by Mr. Shirley Amerasinghe, C.C.S. He held an inquiry into the affairs at Welisara and the allegations made by Dr. Paul against the Director, Dr. Wilson and Dr. K. K. W. de Silva. Up to date no one seems to know the result of this inquiry.

What we wish to know is, if you hold these inquiries why do you not act on the findings? If Dr. Paul is to blame why have you not punished him? If the Director is to blame why have you not removed him? What is the purpose of your continuing to have inquiries, one after another, without taking any action on any of the findings. A series of adverse reports have been made in Dr. Paul's confidential file by the Director. Dr. G. N. Perera and Dr. Rienzie Peiris, both specialist surgeons in the General Hospital, have also been victimized by the Director by this type of adverse reports. Dr. G. N. Perera and Dr. Paul were accused of making improper entries in their diaries. Their defence was that their diaries were no different from the diaries of the other doctors. They pointed out that Dr. Medonza's diary had not been written out for

one year. They also stated that Dr. Weerasuriya, Medical Superintendent of the General Hospital, had falsified his diary in order to substantiate his and the Director's charges. This diary was impounded by the Ministry and an investigation was held later into this matter in the course of a general investigation by Mr. A. O. Wirasinghe of the Civil Service. There was still another inquiry by Mr. A. L. Perera, also of the Civil Service, into allegations made by Dr. Paul that the administration of the General Hospital was conniving at hiding information relating to deaths on the operating table. We ask you again, what have you done about the findings of all these inquiries? You hold inquiry after inquiry but you do not act on the findings. What is the purpose of all this waste of time and energy? It is not fair to the Director and it is not fair to the doctors concerned.

Again there was the Moragoda Inquiry into allegations of assault by a surgeon. Later Dr. Perera, Dr. Peiris and Dr. Paul interviewed the Minister, alleged that they were victimized and harassed by the Director, stated that they had come to the end of their endurance and called for an inquiry by the Minister. It was in answer to this that Mr. A. O. Wirasinghe was appointed to inquire into the complaints. Mr. Wirasinghe's inquiry was completed in December 1961 and his findings were communicated to the Ministry in September 1962. The general belief is that the three doctors were exonerated and the charges brought against them by the Director were proved to be unfounded. Now, again I ask you, why do you not act on these findings?

Certain charges were brought against Dr. Paul, as stated by the hon. Member for Akuressa (Dr. S. A. Wickremasinghe), by the Director. A tribunal was set up to inquire into these charges. We understand that the findings of this tribunal have been reversed by the Public Service Commission.

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[සිවිල් මැතිව් මයා.]

You are aware that there have been these disputes between these doctors and the Director, that there have been so many inquiries initiated by the Ministry, and before you had taken any action on the findings of these inquiries you recommended this Director to be appointed the Regional Director of the World Health Organization. I would like to ask you: Was it correct for you to have recommended such a person to such a high post when you were fully aware that many charges had been levelled against him, and, also, when at many inquiries the decisions were against him? When you were fully conscious of that position on what grounds did you recommend such a person for this high post?

It is alleged that this Director has permitted certain doctors the right of private practice when they are not entitled to such right, a right which was denied to specialist surgeons of the same seniority. I have been asked to mention, in particular, the name of Dr. Kiriella who has been

The figures given are as follows:

	1st January 1961 to December 1961			
	Aureomycin tablets	Terramycin tablets	Chloromycetin tablets	Prednisolone tablets
Dr. J. R. Wilson	82	14,420	40	583,812

Further on in the report of the medical officer in charge of the O. P. D. he says:

I found irregularities in the manner in which drugs were issued and there was no proper check being maintained.

Audit queries are still being answered. Furthermore a particular drug was only obtainable from a particular clinic and other specialists were unable to obtain it.

I stopped this irregularity at once and saw to it that all drugs were issued only from the dispensary and from nowhere else.

I found that from this year 1959 to 1961, there was an increase of 180,740 patients. In spite of this we were able to bring down the consumption of Aureomycin

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permitted to enjoy private practice while doctors of the same seniority have been refused such right of private practice. This is a matter that I would like the hon. Parliamentary Secretary to inquire into.

The hon. Member for Panadura (Mr. Leslie Goonewardene) made certain allegations against the doctor in charge of the anti-tuberculosis campaign. We are given to understand that the medical officer in charge of the O. P. D. had made an adverse report against this doctor, dated the 24th May, 1962. In the course of this report he has stated as follows:

In the use of aureomycin, terramycin and chloromycetin one specialist has consumed 14,542 tablets of antibiotics, while thirty-two others put together have only consumed 12,608 tablets. An interesting feature is that when we consider the antibiotics consumed by the Superintendent of the T. B. Campaign or ordered by him at the Thoracic Surgical Clinic which is conducted by the two thoracic surgeons every Wednesday afternoon, the two thoracic surgeons for whom this clinic is intended have not consumed a single tablet of antibiotics or prednisolone for the whole year 1961.

from 30,800 in 1960 to 9,700 in 1961, Terramycin from 38,800 in 1960 to 37,200 in 1961 and Prednisolone from 733,900 in 1960 to 667,000 in 1961.

I wish to bring to the notice of this House the report of the Drugs Committee. In December 1961 the Drugs Committee issued its report. The Drugs Committee was composed of Professor of Surgery Dr. Fonseka, Professor of Medicine Dr. Rajasingham, Professor of Pharmacology Dr. Bibile, the President was Dr. Wijemanne and the Chairman was the Superintendent of the Colombo Group of Hospitals Dr. Jayasekera.

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There was also Mr. Samarawickrame, the Clerk of the Senate, Mrs. Vivienne Goonewardene and two officers from the Civil Medical Stores and the head office. They issued a report under nine heads. I do not intend reading the entire thing; I will only read certain important passages.

Under Bulk Purchase of Drugs the summary of their recommendations is as follows:

- (1) Reduction of time spent in obtaining drugs from abroad from 15 months to one year.
- (2) Steps to be taken to see that annual estimates for drugs and dressings for medical institutions are prepared with greater accuracy than at present.
- (3) Circulation, at the beginning of each financial year to all medical institutions of a list of drugs that have been added to the Ceylon hospitals formulary and found to be obsolete during the year.

Then under the second heading of Storage they say that:

Although hospitals of the Colombo Group were expected to take in their annual requirements in two six monthly instalments no hospital was able to do so for want of storage space.

Further they say that:

As there is also a need for accommodation for local manufacture of pharmaceuticals and for a drug quality control laboratory we felt that combining all these three in the new building would be the most economical procedure. Local manufacture of drugs and the drug quality control laboratory will be discussed in other parts of the report.

Their summary of recommendations under Storage Accommodation is that they recommend:

The construction of a three-storeyed reserve store room for drugs in Messrs. Vavasseurs premises facing De Saram Place. In it is also to be included a preparation room and drug quality control room; better and planned accommodation for drugs and equipment in dispensaries. All dispensary refrigerators should be

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functionally efficient. Some means of transport to bring drugs and equipment from the Civil Medical Stores and to remove empties from the dispensaries to the Civil Medical Stores.

Under the heading "Storage of Drugs within the Hospital", they have many interesting remarks to make:

Many drugs including intravenous injections were thrown about on the floor. Most of the stores contained obsolete drugs. Insulin packages were thrown about the stores without any regard to the fact that biological preparations deteriorate unless kept under certain conditions. Most of the refrigerators in the dispensaries were out of order.

These are observations made by this committee.

No one seemed to be interested in their repairs and about refrigeration of drugs that have to be kept under a certain temperature. It seems strange that in the General Hospital all the ward refrigerators we inspected were in good order whereas most of the dispensary refrigerators were out of order. We recommend that dispensaries and their stores be more often visited by the Medical Superintendent.

Then under the heading "Dispensing and Dispensaries", there are still more remarks.

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(කෙළරාම ජී. ඒ. ඩී. සිල්වා)

(The Hon. C. P. de Silva)

If you will permit me, Mr. Speaker, you said we will stop at 12 o'clock. May we have your permission to move the adjournment of the Debate if the hon. Member is coming to a new point. I presume he is coming to a new point.

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"විවාදය දැන් කල් තැබිය යුතුය".—[ශ්‍රී මොණ්ටිපාල සේනානායක]

ඊට අනුකූලව විවාදය කල් තබන ලදී.

එතැන් සිට විවාදය 1962 සැප්තැම්බර් 28 වන සිකුරාදා පවත්වනු ලැබේ.

கலீநலிம

கலீநலிம

ஒத்திவைப்பு

ADJOURNMENT

மது பல்லவன யோசனாவ ஸபாஸமீதன விட :

“மன்தி மனீவலெ டூன் கலீ நலிம யூதுய.”—
[ஹ. சி. பி. டி. டி. டி.]

மன்தி மனீவலெ 30 அக்டோபர், 1962
சுபீநலிம 28 வன டிசம்பர் 27. ஸ.
12.07, 1962 சுபீநலிம 27 வன டி.
ஸபாஸமீதன அக்டோபர், 1962 சுபீநலிம
28 வன டி. ஸ. 10 வன நென் கலீ
கலீயெ.

“சபை இப்பொழுது ஒத்திவைக்கப் பெறு
மாக [கெளரவ சி. பி. டி. சில்வா]

எனும் பிரேரணை நிறைவேற்றப்பட்டது.

கலீநலிம

இதன்படி 1962, செப்டம்பர் 27
ஆம் தேதி நிறைவேற்றப் பெற்ற
சபையின் தீர்மானத்துக் கிணங்க,
மு. ப. 12.07 மணிக்கு, 1962
செப்டம்பர் 28 ஆம் தேதி
வெள்ளிக்கிழமை மு. ப. 10 மணி
வரை சபை ஒத்தி வைக்கப்
பெற்றது.

Resolved : “That the House do now
adjourn”—[Hon. C. P. de Silva.]

Adjourned accordingly
at 12.07 A.M. until 10 A.M.
on Friday, September 28,
1962, pursuant to the Reso-
lution of the House of
September 27, 1962.

உலக இடல் : இடல் வேலா டீனென் பஹு அரஹை மஹயே ஸிப மஹ 12ன் ஸடகா
 ரு. 32.00ஓ. அனெஓித பிபபன் ஸடகா னஓ ரு. 35.00ஓ. மஹ 6னப ஸன் னுவென் அஓனி.
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 னுஓஓஓஓஓ ரஓயே ப்னானா னுஓஓஓஓஓ அஓனாஓ லொ னலீன் ஓலீய னுனு.

1963

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