

Governor can't withhold re-passed Bills, says SC

Court agrees with the Tamil Nadu government's argument that the Constitution does not provide Governor Ravi the 'discretion' to withhold the 10 Bills it re-enacted, or refer them to the President

Krishnadas Rajagopal

NEW DELHI

The Supreme Court on Monday took note of the Tamil Nadu government's argument that the Constitution does not provide Governor R.N. Ravi "discretion" to withhold the 10 Bills "re-passed" by the State Legislative Assembly.

"Once they have been re-passed, these Bills are put in the same footing as Money Bills. Then you [the Governor] cannot reject...", Chief Justice of India D.Y. Chandrachud, heading a three-judge Bench, remarked.

The court was reacting to arguments raised by the State, represented by senior advocates A.M. Singhvi, Mukul Rohatgi, P. Wilson and advocate Sabarish



These Bills have been pending since January 2020. The Governor took action only after we issued notice in the matter. Why should Governors want parties to move the Supreme Court to start taking steps?

D.Y. CHANDRACHUD
Chief Justice of India



Subramanian, that the first proviso of Article 200 states: "If the Bill is passed again by the House or Houses with or without amendment and presented to the Governor for assent, the Governor shall not withhold assent therefrom".

But, at one point, the Chief Justice asked whether the Governor had to mandatorily send the Bills back to the House for re-

consideration after withholding assent. "Can he simpliciter say 'I am withholding assent' without sending the Bills back to the House?" Justice Chandrachud asked. Mr. Singhvi responded that returning the Bills back to the House was a necessary corollary to the withdrawal of assent.

The court also acknowledged the State's submission that the Governor,

SC seeks Kerala Governor's reply

NEW DELHI

The Supreme Court has sought a response from Kerala Governor Arif Mohammed Khan on a petition by the State government that he is holding back Bills. » **PAGE 5**

having withheld assent and sent back the Bills once, cannot refer the reiterated Bills to the President.

The State had complained to the court that the Governor was holding the Bills back indefinitely, defeating the rights of the people of Tamil Nadu to the benefits of crucial laws passed by the House.

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GCC to launch new grievance redress system

It will be incorporated into the command and control centre, and will begin operations next week

Governor can't withhold re-passed Bills, says SC

The Governor had withheld assent and "returned" the Bills to the House on November 13, the State said. The Tamil Nadu Assembly had convened a Special Session on November 18 to re-pass the Bills and send them back to the Governor for approval. "The Governor returned the Bills with just one line 'I withhold consent'. What was the Assembly supposed to do? So, the House re-passed the Bills... The Governor has to return the Bills with a message spelling out reasons why he has returned the Bills," Mr. Rohatgi pointed out.

"Our order issuing notice to the petition [filed by Tamil Nadu] was on November 10... The Governor took action only after we issued notice in the matter. Why should Governors want parties to move the Supreme Court to start taking steps?" Chief Justice asked Attorney-General R. Venkataramani.

Mr. Venkataramani submitted that 182 Bills were given to the Governor by the House for approval. Of this, 152 have been approved, five were withdrawn by the government, and nine reserved by the Governor for referral to the President. The Governor had withheld consent on 10 proposed laws and five, which were received in October 2023, were under process. He sought a deferment of the hearing in order to give the Governor time to consider the re-passed Bills. The court scheduled the next hearing on December 1.

Meanwhile, the 35-page note submitted by the Attorney General in the Supreme Court said there was "no transparency in the entire selection process" related to the appointment of members of the Tamil Nadu Public Service Commission. Mr. Venkataramani's note on behalf of the Governor said the latter "found that the person sought to be appointed as Chairman will have less than a year in office" and one of the persons recommended as a member was suspended for maladministration by the college where he was working.

The Hindu Bureau
CHENNAI

The Integrated Command and Control Centre (ICCC) of the Greater Chennai Corporation (GCC) will incorporate the public grievance redress system for improved monitoring of civic issues and feedback from residents. The new system will be launched next week.

Once it is launched, GCC officials at the ward and zone-level will not be able to close complaints without redressing the grievance of the residents. Personnel at the ICCC will be able to spot such civic issues based on a pop-up on the video wall dashboard.

Some residents who have called the GCC helpline 1913 to register complaints had alleged that ward-level officials had closed their complaints without resolving them. Once integration is completed, the quality of service will improve, officials said. Senior officials will also be able to identify the most important civic issues in the city in real-time.

"On normal days, around 500 complaints are registered in various modes, including 1913 helpline, social media and Namma Chennai App. The number may increase



The Citizen Engagement Platform will also be launched.
B. JOTHI RAMALINGAM

during the monsoon. We can closely watch the public grievance system and come to know how many complaints have been resolved. We won't need different apps after the launch of the new system. The complaints can be monitored for all zones, departments, and categories," an official said.

GCC accepts complaints under 97 different categories under the public grievance redress system. Garbage collection and streetlights are the current major challenges.

"The 1913 integration is under progress. Wireframe is ready. Once, the integration is complete, the Citizen Engagement Platform (CEP) will be launched. CEP will act as an enhanced platform with better operator interface," said an official.

End of a dream run

India came up short against Australia
despite starting as the favourites

Two decades apart, India again ran into Australia in a World Cup final and the result was the same. In the 2003 edition's climax at Johannesburg, Ricky Ponting's men were an overwhelming opposition. The latest summit clash at Ahmedabad's Narendra Modi Stadium proved no different as Pat Cummins and his men remained equally indomitable. In both championships, the force seemed to be with India until the final hurdle. Sourav Ganguly then, Rohit Sharma now, are the anguished captains. The Men in Blue were in terrific form all through this World Cup, the batters and bowlers had this aura of invincibility, 10 matches were won on the trot and even Australia was vanquished in the early part of the campaign. To defeat all rivals in a round-robin league phase reflected India's consistency but as Australia showed yet again, finals of multi-team ICC events throw up unique challenges. The men from Down Under have now won six World Cups and Cummins, their current skipper, has grown in stature. Sunday's final on a sluggish pitch with dry spots affected India's free-flowing batters. Even if Rohit, Virat Kohli and K.L. Rahul scored, the others found their timings going awry. A total of 240 was not enough to test the Australians later at night especially with the dew kicking in.

Reducing Australia to 47 for three, India had a window of opportunity but Travis Head shut that door, with one of the finest tons in the history of World Cup finals. The southpaw's 137 will be spoken about for long. But perhaps the game's turning point was when he took a diving catch to end Rohit's belligerent knock: India froze. Australia's great win leaned heavily on its incredible fielding. When Allan Border lifted the World Cup at Kolkata's Eden Gardens in 1987, it signalled a new phase of Australian dominance. With Cummins doing the same, it just reiterated his nation's leading position in cricket. Meanwhile, Kohli found no consolation in winning the Player of the Tournament award and coach Rahul Dravid spoke about emotions running high in the Indian dressing room. Playing that 2003 final, and having now observed how his wards ran into the Aussies all over again, Dravid was full of empathy. This World Cup could be the last for a golden generation of Indian stars as Rohit, Kohli, Ravindra Jadeja, R. Ashwin and a few others are unlikely to be around for the 2027 edition at South Africa, Zimbabwe and Namibia. India's ICC title drought since 2013 continues but there was no shame in the latest defeat as the better team won.

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How free cancer care alone won't help the fight against cancer in India

The sheer burden of cancer plus an underfunded public health system forces people to access care in the private healthcare system of the country. This worsens the financial burden by adding to the direct and/or indirect out-of-pocket expenditure

Parth Sharma

By 2040, according to one estimate, 20 lakh people a year will be diagnosed with cancer in India. Cancer is already the third leading cause of death in India. In the coming years, it is expected to take over heart disease and infections as well. The Indian health system has tried adjusting to these changing health needs, but there is one particularly pressing issue. The money spent by a patient on an ailment is the highest for cancer. The Pradhan Mantri Jan Arogya Yojana (PMJAY) has offered some respite by providing health insurance of ₹5 lakh per family per year.

However, despite this support, people are financially destroyed by cancer and its treatment. A June 2023 study reported that even among patients availing of the PMJAY or other state-sponsored health insurance coverage, cancer treatment rendered catastrophic health expenses in more than 80% and impoverishment in more than 60% of people.

Where do the expenses arise?

The government provides free cancer care. These devastating costs arise in the private sector. Ideally, one's out-of-pocket expenditure (OOPE) for health should be zero. But the sheer burden of the disease plus an underfunded public health system forces people to access care in the private healthcare system in India. This worsens the financial burden by adding to the direct and/or indirect OOPE. Direct medical OOPE includes doctor's consultation fees, cost of medicines, and medical tests, and direct non-medical OOPE includes costs of transport, accommodation, and food for people travelling to larger cities for treatment. Indirect OOPE accounts for loss of productive hours and/or income.

"The blood investigations here take at least 10 days to be reported," a 60-year-old man with oral cancer seeking care in a government hospital in Delhi told me. "If I wait for the report, I will miss my next chemotherapy dose. The private lab charges ₹300 but reports in a day." He has a family of six to look after and makes ₹6,000 a month, so even ₹300 was a struggle for him to arrange. Similarly, the waiting time for MRI scans in Delhi hospitals can be as long as two years, forcing patients – especially the ones with cancer – to get investigated at private centres.

What makes the fallout worse?

Delays allow the disease to worsen, and they happen if patients have to struggle to get an early date for treatment in overburdened government hospitals. "The earliest date for radiation therapy was available only after six months," said a young man who was struggling to make ends meet and have his mother's breast cancer treated. "We started chemotherapy here and are getting radiation therapy at a private centre. It is costing us ₹1.5 lakh."

The financial fallout of cancer is worse when it affects the breadwinner of the family. In an ongoing study by this author, nine out of ten patients with oral cancer either lost their jobs or stopped working after being diagnosed with cancer. Most of these people were the sole earning members of their families. Compared to the general population, people with cancer are at seven times greater risk of unemployment within five years after diagnosis.

Cancer diagnosis has a similar impact on caregivers. "I lost my job in the village as I have been in Delhi for the past year for my wife's treatment for breast cancer," said a man who now earns ₹100-200 a day doing menial jobs in the city.

How high are the other costs?

Since cancer care is concentrated in major cities, most people from rural India, where 60-70% of the country's population live, have to leave home and travel hundreds of kilometres to seek care. The cost of accommodation in these cities adds to their woes. "Our rent is ₹7,000 monthly and our son earns ₹15,000 monthly," one woman said through tears. "Since my husband was diagnosed with cancer, we have borrowed nearly three lakh rupees." According to a 2021 study, the amount spent on accommodation, food, and travel by patients seeking care in JIPMER Puducherry was nearly 15-times the amount spent directly on medical care. Even though Indian Railways and Air India provide concessions on travel tickets for cancer patients, according to the author's ongoing study, expenses for local transport contribute significantly as well. "The bus ticket costs ₹100 one way for the two of us to travel," said one woman whose husband was receiving chemotherapy for oral cancer in a government hospital in Delhi. "On most days, he is too sick to travel by bus and auto-drivers charge ₹350. Today, we had to borrow money from our neighbours to travel to the hospital for treatment."

Are governments helping?

Borrowing money and selling assets has been identified to be a common strategy that disproportionately affects people from rural areas. Governments have identified these issues in some parts of the country and made some efforts to address them. For example, in 2012, the Haryana government made transport for patients with cancer and one caregiver in public buses from their places of residence to their places of treatment free. Similar efforts have been made in Kerala, where patients with cancer are

eligible for 50% concession on public bus tickets. To improve compliance with care, patients travelling to seek care in the Cachar Cancer Hospital and Research Center in Assam are given financial support for travel as well as free accommodation and food.

In 2017, Delhi launched the Arogya Kosh scheme to reduce the burden on public health centres and avoid treatment delays. Here, residents of Delhi making less than ₹3 lakh a year are eligible to get certain tests, like ultrasound and CT scans, in private health centres for free. However, 93% of people seeking care in government hospitals in Delhi were found to be unaware of the scheme, reducing the scheme's uptake. Haryana, Tripura, and Kerala have also floated a 'cancer pension' to financially assist patients with advanced-stage cancer – ₹2,500 per month in Haryana and ₹1,000 in Tripura and Kerala.

What is a permanent solution?

The most obvious solution to such post-cancer problems is to open publicly funded cancer care centres in every nook and corner of India. Of course, at this time, this sounds unrealistic and will require decades to implement. But the fact is that until cancer care becomes as accessible as diabetes or hypertension care, we will need to continue to provide financial support to those who are suffering, either directly or indirectly, and their families. Free cancer care alone won't save our people from poverty.

Parth Sharma is a public health physician, researcher, and the founder of Nivaraana.org, a public health information and advocacy platform. The author is currently assessing the duration and reasons for delay in oral-cancer diagnosis and treatment at a government cancer care hospital in Delhi. The anecdotes above are from this assessment.