16.01 hrs.

MINISTRY OF HEALTH AND FAMILY PLANNING

Mr. Deputy Speaker: The House will not take up discussion and voting on Demand Nos. 38 to 40 and 123 relating to the Ministry of Health and Family Planning for which 3-1|2 hours have been allotted.

Hon. Members present in the House who are desirous—of moving their cut motions may send slips to the Table within 15 minutes indicating the serial numbers of the cut motions they would like to move.

DEMAND NO 38—MINISTRY OF HEALTH AND FAMILY PLANNING

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs 22,94,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Ministry of Health and Family Planning'."

DEMAND NO. 38—MEDICAL AND PUBLIC HEALTH

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 12,93,23,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Medical and Public Health'."

DEMAND NO. 40—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF HEALTH AND FAMILY PLANNING

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 43,73,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Revenue Expenditure of the Ministry of Health and Family Planning'."

DEMAND NO. 123—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH AND FAMILY PLANNING

Mr. Deputy-Speaker: Motion moved:

"That a sum not exceeding Rs. 9,63,93,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay of the Ministry of Health and Family Planning'."

Mr Deputy-Speaker: We have carved out two hours for this discussion. The Minister, I think, would take at least half-an-hour. The means we have hardly 1-1|2 hours.

Shri P. K Deo (Kalahandi): Sir, why should he take half-an-hour when the total time is only 2 hours?

Mr. Deputy-Speaker: Hon. Members requested that we should find out some time, otherwise this would not have come up at all Therefore, hon. Members would like to know what he wants to do about it

Shri A. B. Vajpayee: Congress Members should give their time.

Mr Deputy-Speaker: We shall divide it between the Congress and the Opposition—one hour each We should not look at the problem party-wise; it is a national problem.

Shri A. B. Vajpayee: Every problem is a national problem.

Shri P. K. Deo: Sir, the Member who initiates the debate should get at least 15 minutes; otherwise how will he be able to build up his arguments?

श्री शिवचरण लाल (फिरोजाबाद) : उपाध्यक्ष महोदय, मेरा एक व्यवस्था का सवाल है। स्वास्थ्य मंत्रालय सम्बन्धी जो बजट डिमांड्स सदन के सामने आ रही है और काफी माननीय सदस्य उस पर बोलना चाहते हैं तो कुछ ऐसा कर दिया जाय जिससे काफी सदस्य थोड़े थोड़े मे अपनी अपनी बात रख सके और उस के लिए कांग्रेस वालों का समय कम कर दिया जाय क्योंकि उनका तो पास हो ही जाएगा।

Mr. Deputy-Speaker: There is no point of order. I now call Shri Tapuriah to speak. I would request him to conclude in ten minutes. Others may take only five minutes each.

Shri S. K. Tapuriah (Pali): Mr. Deputy-Speaker, Sir, it is exactly two months since this session commenced. During these two months we have heard about the hydrogen bomb explosion in China, a lot about the war and the situation in West Asia as also the explosive situation in our own Naxalbari. Unfortunately, Sir, we have talked nothing about another explosion, another big explosion that is taking place right in our own country, right in every home in our country. I am referring, Sir, to the population explosion—the other bomb. Twenty million babies are born in India every year which means that every minute 38 babies are born. By the time I finishe my speech, in the time you have allowed me, we shall have an additional 380 babies in India.

16.04 hrs.

[SHRI C. K. BHATTACHARYYA *in the Chair*]

Sir, eight million people die every year. Therefore, there is a net increase of 12 million in our population which again means that we add one more Australia to our population every year. And, if you want to come down to minutes, you will see that though we produce or we create one touring cricket team along with the manager and a baggage master every minute still we are so bad in all the sports.

I feel that problems of such national importance should not be considered to be the responsibility of the Government alone. That should be principally the responsibility of the citizens, of all the parties and all the organisations It is no good having our individual policies for different parties, on the basis of religion or other out-dated feelings and thoughts that we have. We should take it as a national problem and support the government in whatever programme they are taking in this particular field. Let us all, MPs and MLAs, take the role of the missionaries for spreading the message of family planning in our constituencies. Unless we take up this work with zeal and unless we take up the role of the motivators for motivating the people entrusted with this programme, this programme cannot succeed. It cannot succeed if we have only paid officers, paid extension educators, as they call them in this programme; voluntary work with zeal alone can make this programme a success. We have to take up this programme on a war footing. If we do not, I dread the thought, the Malthusian theory might step into our country, a theory according to which if population grows unchecked we have epidemics, wars, famine, floods and what not. I do not think any one of us would want that to happen.

When we take up this vigorous drive, I would like to point out one thing. Over the years when we had this programme, we had, if I may use that word, very sterile Ministers, who did not themselves believe in this programme and we lost so many years, and added so many babies too. I am really happy over the appointment of the new Minister, who has been an expert in this field, who has made a great study in the field of demography, who knows the problem

[Shri S. K. Tapuriah]

inside out. This is one of the very few decisions of the government with which I whole-heartedly agree and I am sure all of us would put our shoulders to him to make his programme a success. The only place where we do not want a loop or sterilisation is in the thinking prowess of the government, or the thinking prowess of the Ministry. This is the one department where we have a Minister with bright ideas and I am sure this programme will definitely get on with the speed we want.

While speaking on this programme I would like, first of all, to congratulate the Government of Maharashtra for the bold approach it has made to tackle this problem realistically and I only hope that the Central Minister and the other States will take a lead from the policy of the Maharashtra Government and implement this programme further. One step already seems to have been taken in this regard, according to the papers, and that is that maternity benefits to industrial labour having more than three children have been stopped. One point that comes to my mind in implementing this programme is that we must take this programme in the right perspective. Just as, for example, the industrial companies or business organisations organise their campaigns to sell their products, our approach should be that the programme of family planning is one which we want to sell to the people, to motivate them, to bring it ideas into their heads, the same approach for selling goods with advertisement, publicity and so on. Now that the radio will also be allowing advertisements, we should use all fields, radio, press, hoardings and films to propagate the benefits of family planning.

Then I would like to say a word about spending money, the grants we give for organising camps. I would prefer that we should motivate the motivated people first, that is, the educated people, the people who know this programme. Through them, through voluntary organisations, through chambers of commerce, industrial houses, commercial houses, through them we have to promote this programme. Otherwise, what will happen in many places is money will be spent on political games, or what you may call political nepotism, where grants are being given to particular organisations where money is wasted. Although such cases are rare, I know instances where money is wasted. I can tell you that in Rajasthan 15 per cent of the camps organised did not give any results at all; money was just wasted. In other places too, I am afraid, some mischief is taking place about the scheme announced by the Minister of payment for insertion of IUCD. I can agree about payment for sterilisation. But here in the case of IUCD you cannot put any check against removal and the same people may come over and over again and claim payment, just as we have the experience in the cities, of the blood banks where the same people come over and over again to donate blood, which is an unhealthy trend. But if that thing happens in the IUCD programme, it will mean that all our money will be going and we will have figures which will satisfy us but which will all be false figures.

The other bold projects about which we have heard—the projects are good but it will require a lot of working, a lot of thought creation and rousing public opinion—are about liberalisation of abortion and about raising of marriageable age. I am sometimes really hurt when I hear people talking against the programme of liberalisation of abortion and saying, "No, we do not want it". What the Ministry wants to bring about, to which we also agree, is liberalisation of abortion. Do not legalise it but make the laws less stringent on ground of health, say for instance on grounds of insanity or insipid TB or some other health reasons where the child or the mother

would be in danger of life and may not survive. As it is, the figures are too high. I do not know how many of us know that for every birth in India there are 1-1|2 abortions already taking place. When the figure is already so high, why do you not want to do something to reform these laws and bring them under proper law to better and recognised doctors so that unhappy cases or wrong abortions do not happen? It is just for the sake of health. I believe, if the Minister, instead of calling it liberalisation of abortion, had called it by another term, something like medical termination of pregnancy people might not have objected to it that much.

About the raising of the marriageable age, I think, we should move with the times. It is a very right proposition. Here again, from some quarters sometimes we hear objections. I would just like to suggest to the Minister to let him have more meetings organised by people who are involved in this programme, people of the age group whose age of marriage you want to raise You should hear their opinion, find out what they want to say and not have just your old teams, committees and councils that you have which, according to me, are nothing better than an old women's sewing circle.

Here I am reminde that some time in August they had a meeting of some council where two people very strongly objected to the family planning programme and liberalisation of abortion. One was a man and another was a woman. On later inquiry it was found that the man who opposed it was a bachelor and the woman who opposed it had seven children. That means, one had no family and the other had no planning. So, what is the use of having such committees which just talk for the sake of talking?

Coming to the second part of the Minister's charge, health, though we have succeeded in cutting down the death rate, this programme still requires to be taken up very strongly. Here I would like to speak something about my own State, Rajasthan. Though you may say that it is a State subject, still on a subject as important as health if a State is not moving forward with the the speed that it should, I think the Centre should intervene. There is already a shortage of about 700 doctors there. There are hospitals, maternity wards etc. built over the years but have no doctors. I will give examples as many as you want. There is a hospital at Sadri built about seven years back. During these seven years they had a lady doctor over periods but if you add all the periods it will add up to only 2-1|2 to 3 years. It is a very sorry state of affairs.

Then, there is only one blood bank for the whole State with a population of 3 crores. A plasma machine was brought to Rajasthan but I do not know how it went over to Gujarat. Five medical colleges that exist need the number of seats to be increased because of shortage of doctors and the Centre should intervene. I am told that after the Chinese invasion an emergency scheme was taken up in the medical colleges to increase the number of seats but only this year the Rajasthan Government has abolished that emergency scheme for the admission of new students and 165 seats had been cut off as an economy measure. I personally feel that the threat of the baby boom or the threat that we have of bad health is no less than the Chinese or the Pakistani menace. It should be taken up on an emergency basis and continued.

Lastly, before I conclude, I would like to warn the Minister again about the rising drug prices. It is indeed a pity that though we have invoked the Defence of India Rules for so many things, his report says:—

> "Consequent on the decision of the Government that the Defence of India Rules should not be employed for regulating the normal activities of the Government, the Drugs Order issued under the

[Shri S. K. Tapuriah]

Defence of India Rules was repealed."

Now they have taken out another notification by which they want every manufacturer to print the price on the carton. It is being done. But you can go to any shop in Delhi, you can go to any shop in India, you will find markings on the boxes but when you see the cash-memo, you will find different prices On the things like food adulteration, and drugs prices, even if we have to invoke these rules, let us go ahead. I think, the right things, unadulterated food and medicines, should be made available to the people and that too at the right prices on which you want them to be made available to them.

Shrimati Tara Sapre (Bombay—North-East): Mr Deputy-Speaker, Sir, as a Maharashtrian, I want to congratulate the hon. Member, Shri Tapuriah, who congratulated the Maharashtra Government for the bold actions taken by them

I would like to speak on the family planning problem Checking the growth of the population is no more a subject of controversy. Statisticians have come to the conclusion that at the present rate of birth, the population of India will be double within the next 25 years. Besides, improved hygienic measures and recent discoveries in medical science have resulted in the raising of the longevity of life and lowering of death rate.

It is not the rate of increase as such that causes the disquiet but it is the largest base on which the rate operates. India is the second largest populated country in the world. India's population is one-sixth of the world's population. Hence the family planning problem must be looked as a socio-economic problem. It is very essential to point out to the Indian public at large that family planning does not mean not to have children at all. Family means husband, wife and children. A married couple without children will not constitute a family at all.

This problem has got two facets, (i) spacing of children and (ii) limitation of number of children. The first is achieved by contraceptives. I am particularly dealing with rural areas. As for cities and educated and sophisticated classes, the problem does ont arise. They know where to go and what to do But the real crux of the problem is village folk and labour class in cities. Men are, generally, less interested in family planning They are dominant in the family matters It is not possible for a woman to undertake contraception unilaterally. They are veryreluctant to go to a clinic exclusively devoted to family planning. If at all they go, they become conspicuous and their action is discussed by village folk.

As a practical step, this clinic should be always connected with child welfare and maternity homes. One important suggestion I would like to make to the workers of this scheme is the following. It is not easy for the village women to always use the modern contraceptives. They are very messy and in the village houses there is no privacy and other facilities. It is found out by the social workers that village men, if properly advised, taken into confidence, are reay to take up to condoms. They are cheap and also less harmful as their use is external. There should be more stress on condoms.

Then we come to the widely-talked loop I must point out to the hon. Minister that, from what I have gathered from my talk with many private lady doctors in Bombay, in urban areas and in big hospitals, the crash programme of loop insertion is not so successful as is talked of and the official figures indicate. I must point out that there are a large number of cases of removing of loops and loops falling off unnoticed and these figures are not recorded. Besides, officers in pursuance of fulfilling tar-

gets, have not given proper instructions to the patients. Follow-up of cases is not done with the same zeal. Many women suffering from different troubles after the insertion go on spreading their disbelief in this method. Some private practitioners of long-standing point out the defect in the manufacture and standardisation of the loop. The shape of the loop requires change. There was also the latest news of a woman going to five Centres for getting insertions for the sake of money. This is because the removal is very easy at present. This temptation of money should not be there. The desired effect will be there only after proper understanding. In short, the result achieved by this method is not very satisfactory.

Then I come to sterilisation: vasectomy and tubectomy are the two types of operation performed. Vasectomy is performed in the case of males; it is very simple and the patient does not require hospitalization. It should be performed after 35 years of age. Tubectomy is the operation for women. It is generally performed after child-birth and it can be performed any time. But in the case of women with anaemic conditions, it requires pre-natal and post-operation treatment.

Certain fears or apprehensions are naturally felt by the masses as regards these two operations. The best propaganda that we can have is from the persons who have already got themselves operated and have benefited by it. If such workers and farmers are taken to the villages, if these people talk to the villagers, then that will serve our purpose than a band of social workers going with all their paraphernalia. So, may I suggest to the hon. Minister that the co-operation of such men and women may be sought and if they are given some monetary help, I think we would get better results of our propaganda.

Now coming to the actual working of the Family Planning Centres, I would like to make a few suggestions. This problem is a peculiar one. It has got many aspects. Mainly it is an individual and personal problem. Hence, the social worker must consider his or her social and economic status as well as his or her psychological attitude towards this problem. Besides the usual staff of the Centre, for creating the psychological background, I think, the help of the primary teachers and the Post Masters and Sirpanches of the village should be sought Men and women of the village often go to the teacher for guidance He is supposed to be the wisest man of the village. If he is given some short-course training, he will be able to do a lot of ground work and also will be able to take up the follow-up of cases. Both male and female teachers, live in the villages and through their pupils, they are acquainted with parents. Then, the Post Master is also a highly honoured person amongst them. For M.O., telegrams, letter-writing, etc., they go to him. So, he can also give them advice. We can catch hold of Sanitary Inspectors also in the same manner. The local *Soai* or *Dai*, who plays the important role of nurse is also a good agency to propagate this idea.

All these above-mentioned persons do live in the midst of villagers and the villagers, on their part, know them personally. Besides, these persons can very easily approach them in groups or singly for any number of times. Thus, they can be a good nucleus for our Family Planning Centres. They should be given some extra-payment. Contraceptives should also be given to them for distribution.

Now, I come to the legislation of abortion At the outset I accept that abortion should be allowed legally in cases of rape and also in cases where women have had sexual rela-

[Shrimati Tara Sapre]

tions with people suffering from diseases like epilepsy, insanity or leprosy. But in all other cases it should be liberalised. If the abortion law is liberalised, gynaecologists feel that women would no longer have to place their lives in the hands of those who exploit them in their distress; and at the same time women coming for abortion after three or four children should be compulsorily sterilised, and thus there will be no free repetitions of such abortions By liberalising abortions instead of legalising them, we can check the number of unmarried women going in for abortions, though this number is negligible in our country compared to that in western countries

In the end, I would suggest to the hon. Minister to have compulsory sterilisation of men and women suffering from deadly diseases like leprosy, insanity and incurable diseases

It is presently suggested by our hon. Minister that in order make this programme a top success we should raise the age of marriage. We all ladies are opposed to this. He has suggested 21 as the marriageable age. But in our country it is not possible. There are so many factors in the case of marriage of girls, and as such it is an embrassing problem to the parents already.

Mr. Chairman: Before I call the next speaker, I would request hon Members not to take more than 5 minutes each, for otherwise some Members will be automatically dropped out

श्री मीठा लाल (सवाई माधोपुर) : परिवार नियोजन पर जो माननीय सदस्य बोल रहे हैं वे कम से कम इतना तो बता दिया करें कि उन्होंने कितना परिवार नियोजन का पालन किया है ?

श्री बृजभूषण लाल (बरेली) : मैं अपनी कट मोशंज को सपोर्ट करते हुए यह अर्ज करना चाहता हूं कि सरकार ने हैल्थ और फैमिली प्लानिंग के डिपार्टमैंट को इतनी इम्पार्टेंस और महत्व नहीं दिया है जितना उसको देना चाहिये था। यह इससे साफ जाहिर हो जाता है कि केवल 35 करोड़ रुपया हेल्थ और फमिली प्लानिंग के लिए इस बजट म प्रोवाइड किया गया है।

जहां तक हैल्थ का सम्बन्ध है, उसके दो पहलू हैं, एक प्रिवेंटिव और एक क्योरेटिव किसी लेखक ने कहा है "हैल्थ इज वैल्थ" उर्दू में यह कहा है 'तनदुरुस्ती हजार नियामत है'। इंडिविजुअल हो, नेशन हो या देश हो, अगर वह स्वस्थ है, तगड़ा है, मजबूत है तो अच्छा पैसा पैदा करेगा, ज्यादा उसको इनकम होगी। इस तरीके से वह अपने देश के लिए और भी ज्यादा कारामद साबित हो सकता है और अपने देश की तरक्की कर सकता है।

जहां तक प्रिवेंटिव मैजर्ज का सम्बन्ध है, जिन्दगी का दारोमदार आबो हवा पर है, पानी और हवा के ऊपर है। मैं देखता हूं अपने देश के अन्दर पानी का भी पौल्यूशन होता है और एयर का भी होता है। हमारे देश में कोई ऐसा एनेक्टमैंट नहीं, कोई ऐसा कानून नहीं जैसा कि फारेन कन्ट्रीज में है यू० के० में है, यू० एस० ए० में है ताकि यह पौल्यूशन न हो सके। एक मिसाल मैं पेश करना चाहता हूं। जो फैक्टरियां है इनके धुएं से, इनके कोयले से हमारे खाने पीने की चीजें खराब होती हैं जिससे हमारी सेहत खराब होती है कोई ऐक्ट हमारे यहां नहीं, कोई कानून हमारे यहां नहीं जिससे कोई पाबन्दी लगाई जा सके

और यह कहा जा सके कि वे जाली दवायें और पौल्यूट हवा को न करें।

पानी के बारे में मैं अब अर्ज करना चाहता हूं। बीस साल से यह कांग्रेस की सरकार मुसलसल हिन्दुस्तान के अन्दर हकूमत करती आ रही है। यह आज तक प्योर ड्रिंकिंग वाटर का प्रबन्ध नहीं कर सकी है। बरसात के दिनों में कुओं आदि के पानी का लैवल ऊपर आ जाता है और बरसाती पानी को ही देहातों में लोग पीते हैं। उनके पास कोई चारा और नहीं होता है खास तौरपर हरिजन बस्तियों में रहने वालों के पास। नतीजा यह होता है कि बहुत सी बीमारियां जैसे डाइसैंटरी, टाईफायड आदि गन्दा पानी पीने से हो जाती हैं, बहुत सी पेट की बीमारियां हो जाती है। कोई कानून नहीं है या कोई ऐसा प्रबन्ध नहीं किया गया है जिससे इस किस्म की चीज को रोका जा सके। मेरा सजेशन यह है कि सरकार प्योर वाटर-सप्लाई की एक रूरल स्कीम जारी करे, जिसके जरिये से उन तमाम जगहों में शुद्ध पीने के पानी का इन्तजाम किया जाये, जहां इस वक्त मिल नहीं रहा है। मैं इस काम के लिये अलग से कोई पैसा खर्च करने का सुझाव नहीं दूंगा, क्योंकि वह एक मुश्किल काम है, बल्कि डवलपमेंट ब्लाक्स को जो पैसा एलाट कर रखा है, उसी में से इस काम के लिए पैसा ईअर-मार्क कर दिया जाय। ऐसा हर आबादी में, खास तौर से हरिजन बस्तियों में, जहां कुआ नहीं है, कुआ या हैंडपम्प का इन्तजाम कर के इस समस्या को हल किया जा सकता है।

जहां तक हैल्थ के प्रिवेंटिव मेजर्ज का ताल्लुक है, देश में हर एक जगह तीन, चार महीने के बाद "एन्टीफ्लाई वीक" आब्जर्व किया जाये। जो बीमारियां मक्खियों के द्वारा फैलती हैं, इस तरह हम उनको ब्रेक कर सकते हैं।

जहां तक क्यूरेटिव मेजर्ज का सम्बन्ध है यह ठीक है कि डाक्टर्ज की तादाद पहले की निस्बत बढ़ गई है और जब कि 1947 में सिर्फ 18 मेडिकल कालेज थे, इस वक्त 90 मेडिकल कालेज हैं। इस वक्त हमारे सामने एक खास समस्या यह है कि हमारे डाक्टर देहात में जाने के लिए तैयार नहीं है। इसकी वजह यह है कि देहात में हमारे डाक्टरों को कोई एक्स्ट्रा अलाउंस नहीं मिलता है और वहां पर बच्चों की पढ़ाई वगैरह की फैसिलिटीज भी नहीं हैं। मेरा हम्बल सजेशन यह है कि एक तो डाक्टरों को देहात में हाउस एलाउंस, एक्स्ट्रा विल्लेज एलाउंस और विल्ड्रन एजूकेशन कनसेशन वगैरह दी जायें और दूसरे, एम० बी० बी० एस० के स्टूडेंट से यह एग्रीमेंट भरवा लिया जाये कि परीक्षा पास करने के बाद वे दस साल तक विल्लेज में सर्विस करेंगे। इस तरह हमारे अस्सी या नब्बे परसेंट देहात में हैल्थ सर्विसेज का इन्तजाम हो जायेगा।

हमारे देश में जनसंख्या की समस्या इतनी गम्भीर और भयानक हो गई है कि हर एक पार्टी और हर पेट्रियट को इस की तरफ ध्यान देना चाहिए और फैमिली प्लानिंग को योजना में गवर्नमेंट को सहयोग देना चाहिए। इस सम्बन्ध में मंत्री महोदय का कहना है कि अगर हम अपने सब रिसोर्सिज का भी इस्तेमाल करें, तो भी हम अपनी पापुलेशन के केवल पांचवें भाग तक फैमिली प्लानिंग का मैसेज पहुंचा सकते हैं। मैं उनकी बात से सहमत नहीं हूं। गवर्नमेंट ग्राम सभाओं, विलेज लेवल वर्कर्ज, पंचायत सेक्रेटरीज, अध्यापकों, लेडी टीचर्ज, जिला परिषदों और म्युनिसिपल बोर्डज की एजेन्सीज के जरिये फैमिली प्लानिंग के मैसेज को डोर टु डोर पहुंचा सकती है। आज फैमिली प्लानिंग पर ही इस मुल्क का कुल दारो-मदार है। अगर हमने पापुलेशन को कंट्रोल कर लिया, तो हम अपनी फूड की प्राबलम को भी हल कर लेंगे। फूड की

[श्री बृज भूषण लाल]

प्राबलम को हल करने से हम ने केवल फूड के मामले में सेल्फ़-सफ़िशेंसी मिल जायेगी, बल्कि हमारा मुल्क सेल्फ़-रिलायेंस की भी प्राप्त कर लेगा। इस प्रकार दुनिया में हमारे मुल्क की इज्जत बढ़ जायेगी। आज हम अमरीका और दूसरे देशों से अनाज की भीख मांगते फिर रहे हैं और इस पर हज़ारों करोड़ों रुपये खर्च कर रहे हैं। हाल ही में इसराइल और अरबों के झगड़े के कारण स्वेज़ नहर के बन्द होने से हमें 35 करोड़ रुपया हर साल फ्रेट का और देना पड़ेगा। यह कितने खेद की बात है कि हमारा एक कृषि-प्रधान देश है, लेकिन फिर भी हम बाहर से गल्ला मंगा रहे हैं और उस पर करोड़ों रुपया ख़र्च कर रहे हैं।

इस स्थिति में हमारे देश के लिए जनसंख्या की समस्या बहुत अहम है। इस समस्या को हल करने के लिये मैं मंत्री महोदय को अलग से और रुपया खर्च करने के लिये नहीं कह रहा हूं। म्यूनिसिपल बोर्ड बरेली, का चेयरमैन रहने की हैसियत से मैं जानता हूं कि पैसे का इकट्ठा करना कितना मुश्किल है। लेकिन मैं मंत्री महोदय से निवेदन करना चाहता हूं कि सरकार के पास पहले से ही जो रिसोर्सिज़ हैं, अगर उनको प्रापरली यूटिलाइज़ किया जाये, तो इस समस्या को हल किया जा सकता है।

दूसरी पंचवर्षीय योजना में क्या हुआ? पापुलेशन कंट्रोल के लिये 5 करोड़ रुपया रखा गया, लेकिन मुझे अफसोस के साथ कहना पड़ता है कि उस में से सिर्फ 65 लाख रुपया यूटिलाइज़ किया जा सका और वह भी प्रापरली यूटिलाइज़ नहीं हुआ। मुश्किल यह है कि गवर्नमेंट स्वयं तो सोचती नहीं है और अगर हम कुछ बताते हैं, तो उस पर अमल नहीं करती है। उसको फैमिली प्लानिंग की तरफ से और तवज्जह देनी चाहिए।

1959 में दिल्ली में इन्टरनेशनल प्लान्ड पेयरेन्टहुड फ़ेडरेशन की एक कांफ्रेंस हुई थ। उस ने यह चेतावनी दी थी कि अगर इस देश में पापुलेशन को चेक नहीं किया गया, तो हमारी इकानोमिक प्लान्ज़ से हमारे देश को कोई भी लाभ नहीं हो सकेगा और इस स्थिति में कोई भी देश हमारी सहायता नहीं कर पायेगा। गवर्नमेंट ने उस चेतावनी की तरफ कोई ध्यान नहीं दिया, जिसका नतीजा यह है कि आज हमें उसी हालत का सामना करना पड़ रहा है।

Shri P. Antony Reddy (Anantapur): I congratulate the Government of India and the Ministry of Health and Family Planning on taking various preventive measures to control diseases and to eradicate epidemics. Ever since we got independence, if we study the statistical data of the number of people who suffered from epidemics and various diseases in 1947 and those that suffer from the same diseases now, we see the incidence has gone down very much. The small pox eradication scheme, the Malaria eradication scheme, the BGC vaccination campaign and various other preventive measures that the Government have launched have greatly led to the improvement of health of the people of the country. But we cannot forget that these schemes are mainly concentrated in towns, and not so much in the villages. With about 70 per cent of the population living in villages, to concentrate only on the health of a population of 30 per cent is not proper. Therefore, I suggest to the Government, that these schemes should be more and more widely spread in rural areas. Unless this is done, the general health of the country will not be much improved.

A disease which the Health Department have forgotten, is the guinea worm disease. It is a disease which is very prevalent in Andhra Pradesh, and many other parts of the country also. This spreads only through

drinking water. Once this disease attacks a person, he becomes invalid for nearly three months. Previously, during the British times and even later for some time, the anti-guinea worm scheme was working. Now for some reason or other, there is slackness in the campaign. I suggest to the Government that this scheme should be launched again.

The only method by which this disease can be completely eradicated is by converting step wells into draw wells. There are some villagers who are conservative, who believe more in tradition, they do not like their step wells to be converted into draw wells. So, some sort of compulsion should be used to see that these step wells are converted into draw wells. With this, I am sure the guinea disease will completely disappear in the country.

Another great responsibility of this ministry is the supply of drinking water to places where there is no water at all. In certain parts of our Anantapur district and various parts of Andhra Pradesh and other States, there are places where there is no drinking water, where you cannot tap water even if you go to a depth of 100 to 150 feet. What is the solution for this? The Government of India should take it up. I remember that the Andhra Pradesh Government, some five years back, did launch a scheme by which they wanted to supply every village with drinking water. They have succeeded in 70 to 80 per cent of the villages, but in other villages where they cannot tap drinking water they are helpless. To supply water to one village is not possible. One must take a group of villages where water is not available as a unit, and the scheme should be prepared and taken up by the Government of India. I remember that in 1965-66 the Government of India sanctioned one scheme in Anantapur District for supplying water to two to three lakhs of people covering 10 to 16 villages. They wanted to get water from the high level canal and supply drinking water to all these villages ending with Urvakonda town. The scheme was sanctioned, but somehow for the last two years nothing has been done. Last year, I remember, the foundation-stone was laid for the first time but the work has not been taken up. I request the Minister to see that this scheme is reviewed thoroughly and that it is executed within a year or two.

Last month we heard in the papers that a good number of ladies went on deputation to a Minister of Andhra Pradesh when he went to a place in Alur taluk in Kurnool district for drinking water. Three days back also there was a question tabled by Mr. Venkatasubbaiah on the same subject. These people drink rain water which is collected in pools during the rainy season and in summer they have to go four or five miles to get drinking water. Unless the Government of India takes up rural water supply schemes. I fear things will not improve.

There are various spurious drugs that are being advertised in the various papers. We do not know the efficacy of these drugs. The advertisement says that so many diseases are cured by the drug but one cannot know the effect of the drugs unless they are properly certified by the medical council of India. Otherwise they will be definitely harmful; unless we control the scale of such drugs, the general health of the country will suffer.

Lastly, about family planning, nobody has two opinions about it. The whole quarrel is about the methods to be used. Most of the people forget that there are natural and edifying methods for population control but unfortunately we think of artificial methods only. I have a quarrel with these people. Our cinemas develop sex appeal and people lose their control and become animals. We are human beings, animals with reason. Unless we raise our animal spirit, I do not think any country will pros-

[Shri P. Antony Reddy].

per. Therefore, instead of following those unnatural methods of family planning, let us follow the natural and edifying methods. Writing in *Young India* of March 12, 1925, Gandhiji says:

> "There can be no two opinions about the necessity of birth control. But the only method handed down from ages past is self-control or *brahmacharya*"

I shall conclude in two minutes, Sir. He goes on:

> "It is an infallible sovereign remedy doing good to those who practise it And medical men will earn the gratitude of mankind if instead of devising artificial means of birth control they will find out the means of self-control. The union is meant not for pleasure but for bringing forth progeny. And union is a crime when the desire for progeny is absent."

There are various methods by which we can develop self-control. The Catholics, for instance, have the practice of encouraging young girls and boys to take to a life of celibacy and dedicate for the service of God and country If we study the Vedas, we see that Brahmacharya was being encouraged Even now the Ramakrishna Mission is encouraging people to dedicate their lives to the service of God and the country. The Budhdhists and the Jains and other religious people are encouraging the life of celibacy among their people, I therefore request the Minister that before he thinks of artificial methods of birth control, let him think of those methods taught to us by Gandhiji and our shastras and let us folow these methods before thinking of any artificial method of birth control.

श्री महन्त दिग्विजय नाथ (गोरखपुर) : श्रीमन्, कोई भी देश जनसंख्या के ऊपर संसार में प्रसिद्धि तथा ख्याति पाता है। संसार में सबसे बड़ा देश चीन है—इस वक्त जनसंख्या के आधार पर वह सबसे बड़ा और पहला देश कहा जाता है और हमारे देश को संसार में दूसरा स्थान मिला है। मैं फैमिली प्लानिंग का विरोध प्रकट करते हुए बड़ा दुःख प्रकट करता हूं और इसके विरोध में अपना तर्क आपके सामने प्रस्तुत करता हूं कि फैमिली प्लानिंग केवल हिन्दुओं के लिये है, हिन्दू रात-दिन घटता चला जा रहा है . . . .

श्री पीलू मोदी (गोधरा) : गलत।

श्री महन्त दिग्विजयनाथ : कृपया मुझे बोलने दीजिये। आज आपके सामने ऐसी योजनायें उपस्थित की जा रही है जिनके कारण संसार मे हमारा अस्तित्व ही मिट जाय। पश्चिमी देशों की हम नकल कर रहे है लेकिन आज ससार मे कहीं भी परिवार नियोजन नहीं हो रहा है केवल हिन्दुस्तान में ही हो रहा है और अन्न की समस्या के कारण हो रहा है—मैं इस तर्क से बिलकुल सहमत नहीं हूं। अभी हाल मे डा० कोठारी रूस से वापस आये हैं और उन्होंने यह बताया है कि जनसंख्या संसार में एक वरदान सिद्ध हुई है और रूस आज अपनी जनसख्या को बढ़ा रहा है तथा चीन बढ़ा रहा है दुनिया भर के सब देश अपनी जनसंख्या बढ़ा रहे है लेकिन हमारे यहा जनसंख्या घटाने की बात की जाती है—मैं नही समझता कि यह बात कहां तक उचित और तर्कपूर्ण है।

संसार मे आज जो युद्ध हो रहा है वह केवल शक्ति के आधार पर हो रहा है—भूख के आधार पर नही हो रहा है क्योंकि भूख की कोई ऐसी समस्या उनके सामने नहीं है। आज साथन्स डस्ट्रक्टिव साइड की तरफ़ जा रही है विज्ञान का काम उन्नति के बाद अवनति की तरफ़ ले जाना है। इसलिये वहां पर जोलड़ाई हो रही है—वह भोजन की समस्या केकारण नहीं हो रही है। आज हम अपनी भोजन की समस्या को सुलझा नहीं पा रहे हैं तो उसका कारण केवल यह है

कि जिससे भोजन का उत्पादन होता है, जिससे हम जीवित हैं उस गो तथा गोवंश को रोज नष्ट करते जा रहे हैं। दूसरे देशों से पाउडर मंगाकर हम बच्चों को दूध पिला रहे हैं, अपनी गायों को काट रहे हैं, जोतने के लिये हमारे पास बैल नहीं हैं और फिर कहा जाता है कि हमारे यहां भूख की समस्या बढ़ती चली जा रही है। इस पर किसी ने प्रकाश नहीं डाला कि आखिर यह देश कैसे जीवित रहेगा ? ये छोट छोटे ट्रेक्टर्स जिनको बनाने की बात आप कर रहे हैं पता नहीं कितने बरसों में बन सकेंगे और फिर छोटे छोटे किसानों को दे भी पायेंगे या नहीं, सस्ती कीमतो पर दे भी सकगे या नहीं। इस पर आपने कभी विचार नहीं किया। इसलिये मेरा आप से अनुरोध है कि जल्दी कर के देश को दूसरी तरफ़ न ले जाय और देश को सबल बनाये। देश शक्तिशाली होगा तो हम संसार में जीवित रह सकेंगे, अन्यथा दूसरे लोग हम पर आक्रमण करके हम पर विजय पाकर हमें दास्ता की बेडी मे जकड़ देंगे।

एक ओर मिशनरी लोग आकर हिन्दुओं का धर्म परिवर्तन करते जा रहे है इस तरह हमारी जनसंख्या मे नित्य कमी हो रही है, दूसरी तरफ़ फैमिली प्लानिंग का प्रयोग कराकर हिन्दुओं की संख्या को कम करते जा रहे हैं। दूसरी जातियों मे मुसलमान तथा ईसाई भाइयों में कोई फैमिली प्लानिंग नही हो रहा है यहा तक कि मजहबन मुसलमान चार शादियां कर सकता है और उनसे हर साल चार लड़के पैदा हो सकते हैं लेकिन हमारे यहा एक शादी से अधिक पर कानूनी प्रतिबन्ध है और उस पर भी परिवार नियोजन पर जोर दिया जा रहा है—इस तरह से संसार मे हमारा कालांतर में कोई अस्तित्व नहीं रहेगा।

अब स्वास्थ्य के बारे में मुझे कुछ कहना है। आपने 93 करोड़ रुपया फैमिली प्लानिंग के लिए रखा है। इस सम्बन्ध में मेरा सुझाव है कि यह 93 करोड़ रुपया किसानों में अन्न उत्पादन के लिये बांटा जाय, उनके लिये पानी तथा जुताई के लिए सस्ते बैलों की व्यवस्था की जाय। बजाय इसके कि यह रुपया फैमिली प्लानिंग पर खर्च हो, इसको किसानों को दें जिससे कि वे अधिक अनाज पैदा कर सके।

आपने स्वास्थ्य के लिए 53 करोड रुपया रखा है जिसमे से आयुर्वेद तथा यूनानी के लिये केवल 35 लाख रुपये की व्यवस्था की गई है शेष सभी धनराशि आपने एलोपैथी के लिये रखी है। यह धनराशि बहुत कम है आयुर्वेद के लिये बहुत ज्यादा धनराशि रखने की आवश्यकता है।

एक सुझाव मैं यह देना चाहता हू कि आयुर्वेद और यूनानी के लिये आपने इंटीग्रेटेड सिस्टम को स्वीकार किया है इससे हमारे देश के आयुर्वेद तथा यूनानी पद्धति को बहुत हानि पहुच रही है। आयुर्वेद को ठीक प्रकार से वही पढ़ सकता है जो संस्कृत जानता हैं। जो संस्कृत जानने वाला नही है, अर्थात् अंग्रेजी इन्टरमीडियेट पास करने के बाद उसको आयुर्वेद पढाना शुरू कर देते हैं, वह आयुर्वेद की उन्नति कैसे कर सकता है ? इस पर आपको विचार करना चाहिये। इस पद्धति को समाप्त करना चाहिये तथा आयुर्वेद के लिये अधिक से अधिक रुपया देना चाहिए।

इन शब्दों के साथ मै इस माग का विरोध करता हू।

Shrimati Sushila Rohatgi (Bilhaur): Sir, we are discussing the demands of a Ministry which deals with the health and happiness of 50 crores of people. I think this is not the time when we should think whether family planning has to be followed or not. It goes without any controversy that we have to cope up with the rising population and if we have to cope up with the other implications connected with rising population, we

[Shrimati Sushila Rohtagi]

must take measures to curb the rise in population. As a matter of fact, we cannot study this in isloation because the population is increasing in every part of the world and very soon there might be a population explosion in the world.

16.5 hrs.

[MR. SPEAKER in the Chair]

It took about 1700 years at the beginning for India's population to be doubled—from 50 BC to 1650 A.D. Then it took only 180 years for it to be doubled next time, i.e. in 1830 it was doubled. In another 100 years, i.e. in 1930 it again doubled. Then in 1960 we find that it doubled again. So, in 30 to 35 years, the population of India is doubling. At this rate of population explosion in the world, in another 600 years, there might be hardly any place for human beings to crawl upon the surface of the earth. This is a very serious situation. Some friends advocate that India should increase its food production in accordance with the rise in population. It is very difficult. While food production is increasing arithmetical progression at our population is exploding at geometrical progression according to the Malthusian theory. In 1950 India was producing 61 million tons of foodgrains. Today we produce 88 million tons. But while we were importing only 2 per cent of our foodgrains requirement from outside countries today we are importing 10 per cent. After spending nearly Rs 2000 crores on agricultural development, we are still unable to meet our foodgrains requirements because of the rising population. This has to be tackled by drastic remedies, but keeping in mind that this is essentially a social subject. Society and conventions also have to be given due importance. I would agree with the Minister that the cafeteria approach of no particular pattern should be insisted upon and it should be left to the will and interest of the person concerned.

Government is thinking of adopting certain measures. One is raising the age of marriage. Personally, I find in western countries, with co-education prevalent there, the tendency is to get married earlier, even at 16 years. In India, even though the Sarada Act, was passed, it varies from State to State. In UP it is 13-1|2 to 14; in other States like Travancore it goes up to 20. It depends on the social conditions and environments. But this is a matter worth considering. If the age of marriage can be raised to 18 or 19, this is a workable thesis and even if it reduces the population at the rate of 1 to 2 children per woman, for the entire country, it will work out to millions.

Personally, I am opposed to the abortion law. It may have been regularised in UK, but their population is only 5 crores. The population of USSR is 22 crores, but she has seven times the land area compared to India. In Japan it might have been very useful, but Japan has halved the population rate in 10 years from 34 pen 1000 to 17 per 1000. So, it does not mean that what has succeeded in other countries will also succeed here. Here this is essentially a problem connected with poverty, hunger and other social evils. In a country where we do not have enough surgeons and doctors to carry out proper operations how can you produce enough doctors to perform these operations? According to Dr. Lippe, the famous inventor of the loop system, 1,80,000 women are undergoing unsuccessful operations in India every year and losing their lives (*Interruptions*). You might be thinking that you might save those lives. But I would like you to consider also the other aspect. Here we are dealing only with 180,00 women, but when we have to deal with half the nation's population it works out to much more. How can you have the requisite number of surgeons and doctors?

Though the Shantilal Committee was set up for this and it gave some very realistic suggestion, I would ask the Government to be very very cautious and not to embark upon a very

ambitious scheme. We have to take all social aspects into consideration. I would suggest that this matter be taken up in the light of the world population explosion. All the countries people should sit together. India should also be part of that international committee. There they should consider it as a matter which concerns the world, not India alone, not India's food production alone but the world as a whole.

With these words, Sir, as I said in the beginning, I oppose legalisation of abortion.

Mr. Speaker: Hon. Members may now move the cut motions to Demands for Grants relating to the Ministry of Health and Family Planning, subject to their being otherwise admissible.

Shri K. M. Madhukar: I beg to move:

"That the Demand under the Head Ministry of Health and Family Planning be reduced to Re 1."

[*Failure to eradicate leprosy and tuberculosis* (1)]

"That the Demand under the Head Ministry of Health and Family Planning be reduced to Re. 1"

[*Failure to check increasing population through family planning measures* (2)].

"That the Demand under the Head Ministry of Health and Family Planning be reduced to Re. 1."

[*Failure to extend the facility of treatment to the common people.* (3)].

"That the Demand under the Head Ministry of Health and Family Planning be reduced to Re. 1."

[*Failure to prevent doctors working in hospitals from doing private practice.* (4)].

Shri Ramavatar Shastri: I beg to move:

"That the Demand under the Head Ministry of Health and Family Planning be reduced to Re. 1"

[*Failure to check the increase in the expenditure on administration.* (5)].

Shri Mahant Digvijai Nath: I beg to move:

"That the Demand under the Head Ministry of Health and Family Planning be reduced to Re. 1"

[*Family Planning aimed at reducing the population of Hindus.* (7)].

Shri Brij Bhushan Lal: I beg to move

"That the Demand under the Head Ministry of Health and Family Planning be reduced to Re. 1.

[*Need to reduce the pay of employees other than medical officers.* (8)].

"That the Demand under the Head Ministry of Health and Family Planning be reduced to Re 1"

[*Disproportionate allotment of money on different items.* (9)].

Shri Ramavatar Shastri: I beg to move:

"That the Demand under the Head Ministry of Health and Family Planning be reduced to Rs 100"

[*Shortage of medical colleges.* (11)].

"That the Demand under the Head Ministry of Health and Family Planning be reduced by Rs. 100."

[Shri Ramavatar Shastri]

[*Need for providing sufficient number of buildings for hospitals in villages.* (16)].

"That the Demand under the head Ministry of Health and Family Planning be reduced by Rs. 100'.

[*Need for extending the hospital buildings of villages in the country.* (17)].

"That the demand under the head Ministry of Health and Family Planning be reduced by Rs. 100."

[*Need for increasing the number of hostels of medical colleges.* (18)].

"That the demand under the head Ministry of Health and Family Planning be reduced by Rs. 100".

[*Need for construction of a separate ward for the treatment of M.Ps in Willingdon Hospital.* (19)].

Shri Brij Bhushan Lal: I beg to move.

"That the demand under the head Ministry of Health and Family Planning be reduced by Rs 100".

[*Need to check the excessive administrative expenditure.* (20)].

"That the demand under the head Ministry of Health and Family Planning be reduced by Rs. 100".

[*Need to make rules for allotment from Health Minister's discretionary grants for T B., Leprosy, etc* (21)].

"That the demand under the head Ministry of Health and Family Planning be reduced by Rs. 100".

[*Need to provide more funds for family planning.* (22)].

Shri Mahant Digvijai Nath: I beg to move:

"That the demand under the head Ministry of Health and Family Planning be reduced by Rs. 100."

[*Antinational efforts to reduce the birthrate of fighting force through family planning.* (23)]

Shri Ramavatar Shastri: Sir, I beg to move:

"That the demand under the head Medical and Public Health be reduced to Re. 1".

[*Indifference towards the indigenous system of medicine.* (24)].

"That the demand under the head Medical and Public Health be reduced to Re 1".

[*Failure to remove the disparity in the pay scales of doctors and vaids.* (25)].

"That the demand under the head Medical and Public Health be reduced to Re. 1".

[*Failure in providing adequate facilities to the medical employees.* (26)]

Shri Mahant Digvijai Nath: I beg to move:

"That the demand under the head Medical and Public Health be reduced to Rc. 1."

[*Meagre allotment for Ayurvedic, Unani and Homeopathic and Nature cure systems.* (27)].

Shri Brij Bhushan Lal: I beg to move:

"That the demand under the head Medical and Public Health be reduced to Re. 1"

[*Heavy expenditure on headquarters establishment.* (28)].

Shri K. M. Madhukar: I beg to move:

"That the demand under the head Medical and Public Health be reduced by Rs. 100".

[*Functions of the Drugs Technical Advisory Board.* (29)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100".

[*Shortage of medicines and neglect of patients in the hospitals.* (30)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100".

[*Need to check mental diseases.* (31)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need for development of Ayurvedic Unani and Homoeopathic systems of medicines.* (32)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Difficulties regarding admission of students to medical colleges* (33].

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Need for expansion of training scheme for the integrated course of nursing.* (34)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Lack of medical facilities for class IV employees.* (35)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Need for effective and adequate provision for the treatment of poor village people.* (36)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need to provide at least three government hospitals in every block.* (37)].

Shri Ramavatar Shastri: I beg to move

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need to introduce free medical facilities on all India basis.* (38)].

"That the demand under the head Medical and Public Health be reduced by Rs 100"

[*Indifferences towards overall development of ayurvedic and other indigenous systems of medicine.* (39)].

"That the demand under the head Medical and Public Health be reduced by Rs 100"

[*Need for a network of hospitals and dispensaries throughout the country.* (40)]

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Shortage of mental hospitals in the country.* (41)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Policy in regard to establishment of medical colleges for the overall development of medical treatment.* (42)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need to protect the people against Malaria, T.B and Cholera.* (43)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Neglect of facilities to the medical employees.* (44)].

[Shri Ramavatar Shastri]

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need for better pay to doctors to meet their cost of living.* (45)].

Shri Shinkre (Panjim): I beg to move:

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Need for grant-in-aid to the Mental Hospital, Panaji.* (54)]

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need for substantial grant-in-aid to Medical College, Panaji.* (55)].

"That the demand under the head Medical and Public Health be reduced by Rs 100"

[*Need for acceleration of the malaria eradication programme in mining area of Goa* (56)].

"That the demand under the head Medical and Public Health be reduced by Rs 100."

[*Need for a thorough survey of Panaji city to localize the spots of filaria germs breeding.* (57)].

"That the demand under the head Medical and Public Health be reduced by Rs 100"

[*Need for grant-in-aid to TB Hospital at Margao-Goa and St. Joseph anti-tuberculosis dispensary at Panjim—Goa for their expansion in view of growing population of Goa.* (58)]

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Need to establish a factory in public sector to manufacture all kinds of contraceptives, including loops, drugs, etc.* (59)].

Shri Brij Bhushan Lal: I beg to move:

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need to reduce expenditure on medical establishments* (60)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need to reduce expenditure on public health establishments.* (61)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need to reduce the expenditure on cost of materia' and incidental charges* (62)]

"That the demand under the head Other Revenue Expenditure of the Ministry of Health and Family Planning be reduced by Rs. 100"

[*Unnecessary expenditure under the head "Charges in England".* (65)].

"That the demand under the head Other Revenue Expenditure of the Ministry of Health and Family Planning be reduced by Rs 100."

[*Failure to achieve the targets fixed for research and training centres.* (66)].

Shri K. M. Madhukar: Sir, I beg to move

"That the demand under the head Capital Outlay of the Ministry of Health and Family Planning be reduced by Rs 100."

[*Failure to eradicate malaria completely.* (67)].

"That the demand under the head Capital Outlay of the Ministry of Health and Family Planning be reduced by Rs. 100."

[*Failure to check filaria.* (68)].

Shrimati Suseela Gopalan (Ambalapuzha): Sir, I beg to move:

"That the demand under the head Capital Outlay of the Ministry of Health and Family Planning be reduced by Rs. 100."

[*Failure to avoid the water famine in Cochin area by planning a Greater Cochin Water Scheme as a Centrally sponsored project.* (70)].

"That the demand under the head Capital Outlay of the Ministry of Health and Family Planning be reduced by Rs. 100."

[*Non-allocation of sufficient funds to State Government for the rural water schemes in Kerala.* (71)].

"That the demand under the head Capital Outlay of the Ministry of Health and Family Planning be reduced by Rs. 100."

[*Need to fulfil the demands of villagers in Ernakulam District, Kerala for portected water supply.* (72)].

"That the demand under the head Capital Outlay of the Ministry of Health and Family Planning be reduced by Rs. 100."

[*Failure to implement the Mahi-Tellicherry-Cannanore Water Supply Scheme.* (73)]

"That the demand under the head Capital Outlay of the Ministry of Health and Family Planning be reduced by Rs. 100."

[*Failure to sanction the Kuttanand Water Scheme as a Centre sponsored scheme* (74)].

Shri Brij Bhushan Lal: I beg to to move:

"That the demand under the head Capital Outlay of the Ministry of Health and Family Planning be reduced by Rs. 100."

[*Failure to establish prosthetic factory at Madras in time.* (75)].

"That the demand under the head Capital Outlay of the Ministry of Health and Family Planning be reduced by Rs. 100."

[*Need to base schemes of Government trading on sound principles.* (76)].

"That the demand under the head Capital Outlay of the Ministry of Health and Family Planning be reduced by Rs. 100."

[*Need to give more aid to medical colleges and research institutions.* (77)].

Shri Ramavatar Shastri: I beg to move.

"That the demand under the head Ministry of Health and Family Planning be reduced by Rs 100"

[*Need to increase pay of House Surgeons and to provide more facilities to them.* (87)].

"That the demand under the head Ministry of Health be reduced by Rs 100."

[*Need to provide nutritious food to patients in hospitals.* (88)].

"That the demand under the head Ministry of Health and Family Planning be reduced by Rs. 100"

[*Failure to check food adulteration.* (89)]

"That the demand under the head Ministry of Health and Family Planning be reduced by Rs 100."

[*Need to take stern action against persons who indulge in food adulteration* (90)]

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Need to provide free medical facilities.* (93)].

[Shri Ramavatar Shastri]

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Need to eradicate tuberculosis.* (94)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Need to increase the amount of aid for poor patients.* (95)].

"That the demand under the head Medical and Public Health be reduced by Rs 100."

[*Need to control leprosy* (96)].

"That the demand under the head Medical and Public Health be reduced by Rs 100."

[*Need to give scholarship to the medical students.* (97)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need to give aid to the dispensaries for Indian system of medicine.* (98)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need to increase the number of mental hospitals.* (99)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need to spend more on the food supplied to T.B. patients* (100)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need to increase the number of medical colleges and the number of seats in them.* (101)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Need for checking the rising prices of medicines.* (102)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Need to eradicate cholera.* (103)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Need for improving the condition of class IV employees working in the hospitals.* (104)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100."

[*Need for supplying medicines to the patients by the hospitals.* (105)].

"That the demand under the head Medical and Public Health be reduced by Rs. 100"

[*Need for checking blackmarketing in medicines and ration in the hospitals.* (106)].

Mr. Speaker: The cut motions are also now before the House.

Shrimati Suseela Gopalan (Ambalapuzha): Sir, I will begin from my State, because the time allotted is so meagre and I would not be able to deal with the other problems I want to bring to the notice of the hon. Minister the recent deaths by cholera in the northern part of Kerala. Inadequate water supply is the main reason for the recurring cholera epidemic in the State of Kerala. Last year and the year before there was cholera epidemic throughout the State. Now in Tellichery itself 15 persons have died and it is spreading to the other districts also, to Natiga and other places of Trichur also. Kuttanad is also one of the places where every year there is this cholera epidemic.

For the water supply scheme our Government had asked for an allotment of nearly Rs. 20 crores in the

Fourth Plan, but in the allotment given to the State it is only Rs. 11.5 crores. From that they have to find out the amount for the Greater Cochin Scheme and also the Kuttanad Scheme. Our Government has requested the Centre to include these two schemes in the central sector so that the amount allotted can be spent on the rural water suply schemes elsewhere. I appeal to the Minister—he knows sufficiently well the State of Kerala, especially the Kuttanad Scheme because he has stayed in Alleppey and he knows that it is a place where it is difficult to get water—to consider this question. Paddy cultivation of the kayal is there. Because of this manuring the water there get poisoned and it is very difficult to get drinking water. Tubewells are not suitable for that area. Because of the muddy earth there tubewells are not successful in that area Kuttanad water supply scheme is a bigger scheme and it is absolutely essential for that area. He will be aware of the fact that in the Kuttanad area people drink water from the canal which is running there. The same canal is used by the people as latrine also. They drink that water, because no pure water is available, and the result is the epidemic of cholera in that area year after year. In North Malabar also the occurrence of epidemics is a common feature every year. I hope the Government will ensure that allotment of more money is made so that water supply can be ensured to the people of Kerala.

17 hrs.

Coming to the health department, I feel that the whole system of medical education should be completely changed. We are now spending crores and crores of rupees on medical education. The number of medical colleges are increasing year by year and we are spending a lot of money on post-graduate education. Now we are surplus in engineers and more than 2,000 engineers are unemployed. The fate of doctors is also going to be the same within the next two or three years, because of our defective planning.

I feel that our educational system in the medical field requires thorough overhauling. Here I would request the hon. Minister to study the system of medical education in the Soviet Union. When I had been to the Soviet Union I saw thousands of nurses, who are already working in the hospitals, join the evening classes of the medical colleges and study there for three or four hours a day for a specified period and then become doctors I feel that it is a scheme worth adopting in our country. We should train more and more para-medical personnel compared to the medical graduates who come out of the colleges after studying for 5 to 7 years, these nurses who are trained as doctors will be much better, as they have already practical experience of working in hospitals. So, they will be in a better position to serve in the rural hospitals Therefore, such schemes should be introduced in our country In that case the expenditure on medical education will get reduced and we will have more personnel available for working in the rural dispensaries

Then, the conditions of service of the medical personnel should be improved Last year there was a strike by the nurses in Delhi for simple demands like dress allowance and all that. There should be some machinery to go into the grievances of the medical personnel and redress them. They are the people who are dealing with sick patients. Unless their conditions of service are satisfactory, they would not be able to show their best in their work. It is all very well to talk that they should serve like Florence Nightingale. But we should remember that they are coming from poor families So, unless their conditions of service are improved, they would not be able to serve like Nightingale. Therefore, the machinery for redressing their grievances should be set up immediately.

[Shrimati Suseela Gopalan]

Then, we talk a lot about the health facilities given to the rural people But I know so many nurses and women doctors are not willing to go to villages Why? Because there are no quarters for them There is no facility for them to go and work in the villages If we do not give them those facilities, there is no point in preaching that they should go and work in the villages At least, accommodation should be there Specially when nurses and women health visitors and doctors go to the rural areas, they must have the minimum facilities to work in those areas If such steps are taken in that field I think much can be done in the field of health.

I would also like to say about the present way things and medical personnel are managed in our country Somebody who has no knowledge about health and other things, is managing and directing things Transfer and other things of doctors are not done by those who know the need of the institution or scientific status of the personnel In the medical colleges and such institutions there are people who can manage things better who knows about health and who knows about the requirements of the institution Those who have nothing to do with health manage things in the medical department according to the whims and fancies of authorities This system should be changed I think, a re-organisation in this field is quite essential

Lastly, I would like to speak about family planning So many Members have spoken about the family planning programme in our country I am not against family planning Much amount is spent on that and that is a good thing, but when we consider the amount that we spend in this field the result that we achieve is very poor Every now and then we change the system Some expert from some country comes to our country and his suggestion will be there If there is nobody else to come from abroad, we will send somebody to some country and he will bring some new things. Some press statements they make sometimes make no sense at all. So many things are going on I think, this field has now become a money earning machinery for some people, at least for a good section of those who work in the field consider that the family planning sector is a money earning machinery That must be changed I think, suitable and more concrete steps should be taken in this field

Then I hope I will get some time to talk about the legalisation of abortion some other time

Mr. Speaker Reserve something for the next Budget

Shrimati Suseela Gopalan: We are carrying on discussions about that but no results are achieved We must study the results achieved in that field in other country I think, some decision must be taken on that immediately

श्री चन्द्रशेखर सिंह (जहानाबाद) अध्यक्ष महोदय मैं स्वास्थ्य मंत्रालय के कार्य प्रणाली के सम्बन्ध में कुछ कहना चाहता हूं।

1965-66 की प्रकाशित रिपोर्ट में मंत्रालय ने मलेरिया उन्मूलन, चेचक उन्मूलन, प्लेग नियंत्रण, फाइलेरिया नियंत्रण (उन्मूलन नहीं) कुष्ठ रोग नियंत्रण, हैजा नियंत्रण, उपदंश नियंत्रण आदि के बारे में काफी आंकड़े प्रस्तुत किये गये है, जिस से यह पता चले कि हमारे मंत्रालयों ने जबर्दस्त सफलता हासिल की है। आजादी के बीस वर्ष बाद भी जब कि तीन पंचवर्षीय योजनाओं में तथा विश्व स्वास्थ्य संघ आदि संगठनों से प्राप्त सहायता से हम 10 अरब रुपये से अधिक खर्च कर चुके इनके अलावा राज्य सरकारों जो खर्च किया है उसका लेखा हम नहीं लेते है फिर

भी हमारे यहां स्वास्थ्य विभाग की हालत वंदनीय है ।

लेकिन अध्यक्ष महोदय, आजादी के बीस वर्ष बाद अरबो रुपया खर्च करने के बावजूद हमे आए दिन यह समाचार पढ़ने को मिला है कि आज वहा चेचक फैल गया तो उस इलाके मे हैजा फैल गया । खुद सरकार भी कुछ बीमारियो के नियत्रण की बात करती है, उन्मूलन की नही । और जिन बीमारियो के उन्मूलन की बात करती है जैसे चेचक आदि तो आज भी महामारी के रूप मे खुद दिल्ली शहर मे ही ये फूटती है और ग्रामो की बात जाने दे । जहा तक मलेरिया का प्रश्न है उसके सम्बन्ध मे कही कोई रिपोर्ट नही दिया जाता है । स्थानीय डाक्टर तो पूरे पढे भी नही होते और हमारी ग्रामीण आबादी का अधिकाश भाग जिसमे इलाज करवाता है, कोई रिकार्ड नही रखता । और इस बात को तो स्वास्थ्य मत्री के डायरेक्टर जनरल डा० के० एल० दस्तूर ने अखिल भारतीय हाइजीन और जन स्वास्थ्य सस्थान, कलकत्ता मे भाषण करते हुए स्वीकार किया था । इसका उन्होने कलकत्ता मे चौदह फरवरी 1966 के अपने भाषण मे स्वीकार किया था ।

अध्यक्ष महोदय, मै इसी सदन मे हिन्दुस्तान टाइम्ज के 18 मार्च 1966 के अग्रलेख का हवाला देना चाहता हू । इस अग्रलेख मे सरकार की आलोचना इस बात के लिए की गई थी कि ग्रामीण क्षेत्रो मे डाक्टरो के रखने की बात तो सरकार करती है लेकिन आज भी ग्रामीण क्षेत्रो के अस्पतालो मे डाक्टर नही मिलते है । बहुत कम डाक्टर वहा जाना नही चाहते । यही नही, उसने यह भी सरकार पर आरोप लगाया था कि स्वास्थ्य सर्वेक्षण समितियो की रिपोर्ट सरकारी अलमारियो मे सडती रहती है । उस मे मुदालियर समिति के तीन सूत्री कार्यक्रम का भी हवाला दिया था । मै मत्री महोदय से यह जानना चाहूगा कि आखिर जब समितियो का गठन हुआ, उनकी रिपोर्टे सरकार के पास आई तो उस पर अमल क्यो नही किया गया । उन समितियो पर क्यो रुपया बरबाद किया गया ?

18 मार्च, 1966 को मेडीकल हार्डिंग मैडीकल कालेज के वरिष्ठ डाक्टरो की हुई गोष्ठी मे डा० पद्मा वाग्पद ने बताया था कि दिल्ली के गावो मे भी चिकित्सा का पूरा प्रबन्ध नही है, अगर कही सामान है तो डाक्टर नही है और अगर कुछ स्टाफ भी है तो सामान नही है । जब केन्द्र शासित क्षेत्र का यह हाल है तो राज्य के गावो का क्या हाल हो सकता है यह तो सोचने की बात है ।

इसी सदर्भ मे 22 अगस्त, 1966 के हिन्दुस्तान टाइम्ज मे प्रकाशित समाचार की ओर मै मत्री महोदय का ध्यान आकृष्ट करना चाहता हू । केन्द्रीय उप स्वास्थ्य मत्री श्री बी० एस० मूर्ति ने अम्बाला मे मानवीर सम्बन्धी सम्बन्धी गोष्ठी मे भाषण करते हुए स्वीकार किया था कि बालूना की सीमाओ मे काम करते हुए नौकरशाही उन हासिल नही ।

अध्यक्ष महोदय, यह तो हुई डाक्टरो के अभाव की बात । अब जरा मैं ससद का ध्यान औषधियो की ओर आकर्षित करना चाहता हू । यह तो लोगो ने मान लिया है कि खाद्य पदार्थों मे मिलावट होती है तथा उसका स्वास्थ्य पर बुरा प्रभाव पडता है । लेकिन उससे भी बडी बात तो यह है कि दवाइया मे मिलावट होती है, दवाइया निम्न स्तर की तैयार होती है और उन्हे पर मुनाफा लेकर बेचा जाता है । इन सिलसिले मे मै पन्द्रह जून, 1966 के हिन्दुस्तान टाइम्ज के सम्पादकीय का हवाला देना चाहता हू । उस मे यह आरोप लगाया गया था कि बाजार मे प्राप्त औषधियो मे

[श्री चन्द्रशेखर सिंह]

बीस प्रतिशत औषधियां निम्न प्रतिमान की होती हैं। मैं यह जानना चाहता हूं कि साल भर में सरकार उस सम्बन्ध में और क्या करने जा रही है। यह लोगों को अच्छी तरह मालूम है कि कुछ मरीजों की मृत्यु इसलिए हो जाती है कि उन्हें समुचित मानदंड के अनुसार निर्मित औषधियां नहीं मिलती हैं। उसी सम्पादकीय में दवाओं के निर्माण के समय ही समुचित रोकथाम और जांच पड़ताल का सुझाव दिया गया था। साथ ही यह भी कहा गया था कि वर्तमान कानून इन्हें रोकने में असमर्थ है। तो अध्यक्ष महोदय, मैं स्वास्थ्य विभाग के मंत्री महोदय से यह जानना चाहूंगा कि लोगों का सही मानदंड के अनुसार सरकार ने अब तक क्यों नहीं समुचित दवाइयां उपलब्ध करने का प्रबन्ध किया है क्यों नहीं अभी तक इस दिशा में समुचित कदम उठाये हैं।

इस सिलसिले में मैं सरकार का ध्यान उस सम्पादकीय की ओर भी आकर्षित करना चाहता हूं जो 18 जून, 1966 को प्रेस जनरल में छपा था। उक्त सम्पादकीय में भी यह आरोप लगाया गया था कि लोगों को उचित मानदंड के अनुसार औषधियां नहीं मिल रही हैं तथा उसने दो समितियों का उल्लेख किया था। एक केन्द्रीय उप स्वास्थ्य मंत्री श्री पी० एस० नस्कर की और उसके बाद दूसरी तीन व्यक्तियों की बनी समिति जिस के प्रधान केन्द्रीय औषधि-नियंत्रक थे। दोनों समितियां एक ही नतीजे पर पहुंची थीं यानि 17 वर्ष तक औषधि कानून के लागू रहने के बाद भी उसे अमल में नहीं लाया जा सका और औषधि निर्माता निम्न स्तर की औषधियां तैयार कर मुनाफा कमाते रहे। मैं चाहता हूं कि अब इसकी ओर ध्यान दिया जाए और निम्न स्तर की औषधियों की बिक्री पर रोक लगाई जाए।

अध्यक्ष महोदय, स्वास्थ्य मंत्रालय की रिपोर्ट देखने से मालूम होता है कि मंत्रालय हर क्षेत्र में अपनी जिम्मेदारी अच्छे ढंग से पूरी कर रहा है लेकिन भारत की आबादी के हिसाब से यह सब नहीं के बराबर है। दूसरी योजना के अन्त तक डाक्टरों की संख्या 70,000 और तीसरी योजना के अन्त तक 88,000 बताई गई है लेकिन आबादी के हिसाब से हम देखें तो तीन योजनाओं के बाद भी करीब 5,000 आदमियों के पीछे एक डाक्टर है और नर्सों की औसत 10,000 आदमियों पर एक है। ऐसी अवस्था में सरकारी अस्पतालों में जन साधारण को कितनी मुश्किल उठानी पड़ती है और कितना समय नष्ट होता है यह सन्तोष की बात नहीं है। जापान में 1800 पर एक डाक्टर और सोवियत रूस में 535 आदमियों पर एक डाक्टर है। चूंकि अस्पतालों की संख्या और डाक्टरों की संख्या कम है तो आए दिन की बीमारियों से लोग कैसे बच सकते हैं। एक तरफ बढ़ती हुई महंगाई की वजह से लोगों की खुराक ठीक नहीं और दूसरी ओर अकाल जैसा संकट पैदा होने पर जो बीमारियां फैलती हैं इन दोनों का इलाज सरकार ने क्या सोचा है, यह मैं सरकार से जानना चाहता हूं। मैं समझता हूं कि सरकार इस सम्बन्ध में अपनी जिम्मेवारी पूरी नहीं कर रही है।

गांवों में अस्पताल बहुत कम हैं और जहां अस्पताल है भी वहां डाक्टर नहीं हैं और कम्पाउंडर से ही काम चलाया जा रहा है। ऐसी अवस्था में इलाज समय पर नहीं हो पाता है और बीमारियां बढ़ती जाती हैं।

सरकारी अस्पतालों में जरूरत की दवाइयां नहीं होती हैं और जन साधारण को महंगी दवाएं बाजार से खरीदनी पड़ती हैं। दवाइयों के दाम जिस हिसाब से बढ़ रहे हैं उससे गरीब जनता कैसे बीमारी

में इलाज की व्यवस्था कर सकती है। दवायें महंगी होने के कारण नकली दवायें भी बाजार में अपना स्थान बना लेती हैं। दवायें सस्ती मिलें इसके लिए यह जरूरी है कि पेटेंट बिल को जिसे पिछली लोक सभा में पेश किया गया था सरकार जल्दी से लोक सभा में पेश करे और उसको पास करवाये। साथ ही दवाओं की कीमत पर रोक लगना जरूरी है।

मैं यह भी कहना चाहता हूं कि सी० एच० एस० डाक्टरों की मांगों पर सरकार ने उचित ध्यान नहीं दिया है। इन डाक्टरों की मांगों के प्रति सरकार को हमदर्दी का रुख अपनाना चाहिये और उनकी तकलीफों को दूर करना चाहिये ताकि उन्हें संघर्ष का रास्ता न अपनाना पड़े।

श्री गयपत सहाय (सुल्तानपुर) : सभापति महोदय, मैं आप का बड़ा आभारी हूं कि आप ने मुझे अपने विचारों को पेश करने का मौका दिया। जो विषय हाउस के सामने है, वह बहुत गूढ़ और महत्वपूर्ण है और उसका प्रतिपादन करने के लिए काफी वक्त चाहिए, लेकिन जो कुछ थोड़ा सा समय मुझे दिया गया है, उसी में मैं अपने विचारों को रखने का प्रयत्न करूंगा।

अपने और साथियों के साथ मैं भी मिनिस्टर आफ हैल्थ एंड फैमिली प्लानिंग को बधाई देता हूं कि उन्होंने अपने देशवासियों के स्वास्थ्य को बढ़ाने के लिए और उनकी दीर्घायु बनाने के लिए अनेक व्यवस्थायें, उपाय और तदबीरें की हैं। इसके साथ ही मैं उनसे यह अर्ज करना चाहता हूं कि उन्होंने स्माल-पाक्स इरेडिकेशन ड्राइव के लिए जितना रुपया रखा है, वह बिल्कुल बेकार और व्यर्थ है। मेरा विचार है कि अंग्रेजी सरकार ने हमारे देश को खराब और तबाह करने के लिये जो काम किये, उनमें वैक्सीनेशन भी उसकी एक देन है। मुझे याद है कि मेरी पैदाईश से एक साल पहले, यानी 1880 ईसवी में, अंग्रेजी सरकार ने एक कानून पास किया था, जो एक्ट नम्बर 13, 1880 है, जिसके अनुसार आठ बरस की लड़की और चौदह बरस के लड़के का वैक्सीनेशन न कराना एक जुर्म करार दिया गया था और जो माता-पिता, जो गार्जियन, अपने बच्चों का वैक्सीनेशन नहीं कराते थे, उनको जुर्माना और सजा होती थी।

आप को, यह सुन कर ताज्जुब होगा कि हालांकि उस एक्ट को पास हुए 86, 87 बरस हो चुके हैं, लेकिन उसमें न तो वैक्सीनेशन की तारीफ है और न वैक्सीन की। जहां से यह वैक्सीनेशन उत्पन्न हुआ, यानी इंगलैंड, वहां तो इसको कनडेम किया गया है और 1946 में ही वैक्सीनेशन एक्ट को रिपील कर दिया गया। लेकिन हम उसी पुरानी लकीर के फकीर बने हुए हैं और उसी ढोल को पीटे जा रहे हैं।

मैं कोई एलोपैथ नहीं हूं, होमियोपैथ नहीं हूं, क्रीमोपैथ नहीं हूं। मैं कोई भी "पैथी" नहीं जानता हूं। हां, नैचुरोपैथी में मेरी दिलचस्पी है। लेकिन मैंने थोड़े से स्टेटिस्टिक्स देखे हैं और अन्य देशों के इतिहास को भी पढ़ा है। अगर आप स्टेटिस्टिक्स को देखें, तो आप को मालूम होगा कि स्माल-पाक्स के वैक्सीन से जो बीमारियां हमारे शरीर में उत्पन्न होती हैं, वे स्माल-पाक्स से कहीं ज्यादा खतरनाक होती हैं। मुझे आश्चर्य है कि इंगलैंड, यूनाइटिड स्टेट्स की बहुत सी स्टेट्स, आस्ट्रेलिया और न्यूजीलैंड ने कम्पलसरी वैक्सीनेशन को खत्म कर दिया है, लेकिन हमारे देश में अभी वैक्सीनेशन जारी है और उस पर करोड़ों रुपया खर्च किया जाता है, जिसकी कोई जरूरत नहीं है। उससे लाभ की बजाय हानि होती है, तरह तरह की बीमारियां पैदा होती हैं।

मुझे यह भी मालूम हुआ है कि इंगलैंड के चौबीस बड़े बड़े डाक्टरों ने इस सदन की

[श्री गणपत सहाय]

पेटीशन दिया है कि इस देश में वैक्सीनेशन का जो खर्च कर दिया जाये, लेकिन अभी तक उस पर ध्यान नहीं दिया गया है और मुल्क का करोड़ों रुपया व्यर्थ ही वैक्सीनेशन पर खर्च किया जा रहा है ।

जहां तक फ़ैमिली प्लानिंग का सवाल है, मैं जो बातें कहना चाहता हूं । हमारे देश में 1929 में चाइल्ड मैरिज रेस्ट्रैंट एक्ट (एक्ट नम्बर 19, 1929) पास किया गया था, जिसमें यह कहा गया था कि अगर अठारह बरस से कम उम्र के लड़के और पंद्रह बरस से कम उम्र की लड़की की शादी होगा, तो वह जुर्म होगा और सजा दी जायेगी । लेकिन मैं आप को बताना चाहता हूं कि चाइल्ड मैरिज रेस्ट्रैंट एक्ट की पाबन्दी उसके उल्लंघन में ही की जाती है, न कि उसके अनुसरण में । आप देहात में जा कर देखें कि चैत, वैशाख और अगहन महीनों में पांच, छ, सात बरस के लड़के-लड़कियों की शादियां होती हैं । हम उनको देखते हैं और रोक नहीं सकते हैं, क्योंकि कानून में दम है । हमारे मौजूदा कानून के मुताबिक यह जुर्म कांबिल-दस्तदाजी-पुलिस नहीं है, मैजिस्ट्रेट के सामने दरख्वास्त दो, सूबूत दो, तब उस पर कार्यवाही होगी । मेरा सुझाव है कि इस एक्ट में संशोधन करके एक तो मैरिज की एक उम्र बढ़ा दी जाये—इक्कीस बरस के लड़के और अठारह बरस की लड़की से नीचे की शादी न हो और जो इसकी खिलाफ-वर्जी करे, उस पर मुकदमा चलाया जाये और दूसरे, इस जुर्म को कांबिले-दस्तदाजी-पुलिस, कग्नीजेबल आफेंस, करार दिया जाये । तभी इस तरह की शादियों की रोक-थाम हो सकती है ।

जहां हम आबादी को रोकने के लिए योजनायें बना रहे हैं, कई व्यवस्थायें कर रहे हैं, फ़िल्म्स और क्लासें वगैरह करा रहे हैं, वहां एक काम यह भी किया जाये कि ऐसे आदमी मुकर्रर किये जायें, जो शहरों और देहात में जा कर यह प्रचार करें कि आबादी में इजाफ़ा एक राष्ट्र का मसला है और फ़ैमिली प्लानिंग एक नैशनल ड्यूटी है । हमारे देश में जो इस किस्म के पुराने दकियानूसी ख्यालात हैं कि अगर कोई अपनी नौ दस बरस की लड़की की शादी कर देता है, तो वह पुण्यात्मा है, वर्ना वह पाप का भागी है, हमें इन ख्यालात को दूर करने की कोशिश करनी चाहिए । इसके अलावा हम अपने लोगों को आध्यात्मिक शिक्षा भी दें और उनको खाने पर नियन्त्रण रखने का उपदेश दें ।

श्री शिवचरण लाल (फ़िरोजाबाद) : अध्यक्ष महोदय भूख से स्वास्थ्य बिगड़ता है, स्वास्थ्य बिगड़ने से बीमारी होती है और बीमारी से मौत होती है । मौतें ज्यादातर उत्तर प्रदेश और बिहार में होती हैं, उसका कारण यह है कि वे वहां पर गरीब और पिछड़े हुए लोग ज्यादा रहते हैं । वे लोग बीमारियों से घिरे रहते हैं और सरकार उनका इन्तजाम नहीं कर पाती है । यह सरकार अभी तक मलेरिया टी० बी० हैजा और चेचक जैसे महारोगों को हिन्दुस्तान से हमेशा हमेशा के लिये खत्म करने में असमर्थ रही है । इसका कारण यह है कि ये बीमारियां अक्सर गरीबों, मेहनतकशों और बेतिहर मजदूरों में होती हैं, जिनसे मंत्री महोदय या सरकार का लगाव नहीं है । यह सरकार उन लोगों से बिल्कुल अलग है । ये बीमारियां उन्हीं लोगों में होती हैं, जो हर वक्त देश और समाज की सेवा करते रहते हैं । उन की तरफ मंत्री महोदय और सरकार का ध्यान नहीं है । ये बीमारियां अक्सर शरीरों में ज्यादा होती हैं लेकिन सरकार का ध्यान उनकी तरफ नहीं जाता है ।

जिनको था जगाना देश और शरीरों को अभी,
वे ऐश के मारे सोते हैं,
आकाश के तारे हंसते हैं,
धरती के सितारे रोते हैं ।

स्वतंत्रता-संग्राम में उन्हीं लोगों ने अंग्रेजों से लड़ने का आदर्श कार्य किया उन्हीं शरीरों ने हमारा साथ दिया ।

स्वतन्त्रता-संग्राम में उन शरीरों ने
तुम्हारा साथ दिया,
बना दिया मालिक तुम को,
जब डंडा तुम ने हाथ लिया,
जब तुम रिक्शे में बैठ जाते
और मैं रिक्शे को खींच रहा,
तुम्हारी जीवन-कलिका को
मैं रक्त बूंद से सींच रहा,
आप खाते, मैं भूखा मरता
यह मेरी सरकार नहीं है
क्या गरीब का इस भारत में
रहने का अधिकार नहीं है ?

मैं मंत्री महोदय से निवेदन करना चाहता हूं कि वह इस समस्या का पूरा अध्ययन कर के ऐसा प्रबन्ध करने की कृपा करें जिससे ये बीमारियां ज्यादातर गरीबों में न होने पायें। यह बीमारी ठीक नहीं होती। आप एक भी मिसाल दें कि आपके लड़के को चेचक, टी० बी० या कोई बीमारी हुई है यदि हुई भी होगी तो उसका इलाज कराते हों लेकिन गरीब के लिये कोई साधन उपलब्ध नहीं है। अगर सरकार चाहे तो इन बीमारियों के जड़मूल से खोदने का साधन निकाल सकती है, चाहे विदेशी सहायता से ही आप को इस काम का करना पड़े। लेकिन विदेशी सहायता तो इन चीजों के लिये नहीं ली जायेगी विदेशी सहायता तो ऐसी चीजों के लिये ली जायेगी—जैसे पी० एल० 480 है जिससे प्राप्त गेहूं जनता के स्वास्थ्य का खराब करता चला जा रहा है।

मेरे आगरा शहर के बेलनगंज माल गोदाम में एक ऐसा गेहूं सरकार की तरफ से आया है कि वहां पर रास्ता चलने वालों को नाक बन्द करके निकलना पड़ता है। ऐसा गेहूं यदि जनता को खाने के लिये दिया जायगा तो उसके स्वास्थ्य पर क्या प्रभाव पड़ेगा, इसका अनुमान आप लगा सकते हैं। मेरा अनुरोध है कि आप फौरन आगरा के ार पूर्ति अधिकारी को सूचित करें कि इस सस्ते गेहूं का जनता में वितरण न किया जाय और न ही उसको दुकानों को दिया जाय वरना यह गेहूं वहां की जनता के स्वास्थ्य को बिगाड़ेगा।

अब आप इनके परिवार नियोजन के ढोंग और पाखण्ड को सुनिये इनका परिवार नियोजन दिन प्रति दिन फेल होता जा रहा है। कुछ ऐसे आदमी है जो 10-5 रु० का लालच देकर 14 साल तक के बच्चे का ऑपरेशन करा देते हैं लेकिन जहां परिवार नियोजन होना चाहिये वहां नहीं होता है। लूप का भी बड़ा अजीब किस्सा है। मैं आपसे अनुरोध करना चाहता हूं कि आप कोई ऐसे कानून न बनायें जिसमें आप 14-14 साल के लड़कों को आपरेशन के लिये और 14 से 20 की लड़कियों का लूप लगवाने के लिये एलाऊ करें। इससे देश में भ्रष्टाचार बढ़ रहा है। आपरेशन और लूप उन्हीं के लिये होना चाहिये जो परिवार नियोजन करना चाहते हैं।

अब मैं आपसे सफदर जंग हास्पिटल और वहां के सुपरिटेन्डेन्ट कर्नल आयर के सम्बन्ध में कहना चाहता हूं। अभी कुछ दिन हुए वहां की एक नर्स को 10 रु० की झूठी चोरी के आरोप में पुलिस के सुपुर्द कर दिया गया और पुलिस ने उस विवाहित महिला को 24 घन्टे तक जमानत पर भी नहीं छोड़ा। न्यायाधीश ने अपने फैसले में इसकी कड़ी आलोचना की है और उस नर्स को बिना कुसूर के मुक्त कर दिया। फिर भी चार महीने तक कर्नल आयर ने उसको मुअत्तिल रखा और उसके बाद नौकरी पर लिया। नवम्बर 1966 में वहां पर नर्सों की हड़ताल हुई थी लेकिन उसके बावजूद भी सरकार के कानों पर जूं तक नहीं रेंगी। कर्नल आयर बहुत बूढ़े हो चुके हैं। हमारे पूर्वजों ने कहा है—

कौल, काम बस कृपण विमूढ़ा
अति दरिद्री ऐसी अति बूढ़ा।

[श्री शिवचरण लाल]

इनका हमारे यहां मरण में शुमार है, परन्तु पता नहीं वह कैसे सरकार के इतने कृपापात्र बने हुए हैं कि उनको अभी तक रिटायर नहीं किया गया है।

अब मैं आपको जनता के स्वास्थ्य के सम्बन्ध में एक कविता सुनाता हूं—

स्वास्थ्य बिगड़ता जाता जनता का,
भारत के दरमियान देखा,
सब जिम्मेदारी शासन की है,
यह लाख तन्त्र का विधान देखा।
रात दिन मेहनत करता
मजदूर किसान देखा,
इतने पर भी बिन पानी,
बिन अन्न मरा बेजान देखा।
भूख प्यास मरने वाला हा
यू० पी० और बिहार में जमघान देखा,
स्वास्थ्य बनाने वाले साधन
पंजीपति और मंत्रियों पर श्रीमान् देखा।
इनका खानपान आराम देख कर
रावण और इन्द्र भी हैरान देखा
सिर काट, हीरा का हार पहनता
भारत का प्रधान देखा।
लोक सभा में माननीय को
बूढ़ी उमर में मैंने जवान देखा
स्वास्थ्य बिगड़ता जाता जनता का
भारत के दरमियान देखा।

Mr. Speaker: The Minister also has to reply You cannot go on speaking till 6 o'clock We must give the Minister at least 15 minutes He says he wants half an hour One or two of them at least will have to speak I will just give another five or ten minutes, and then I will have to complete it Half a dozen of you are standing In five minutes half a dozen of you cannot speak, I am sure about it. I am calling one of two, and the rest of you will have to forego, because you must hear the Minister also What is the use of your going on speaking

Shri P. Venkatasubbaiah: Will you permit us to put a question

Mr. Speaker: That is allowed Let them put questions Shri Kuchelar Two minutes

Shri G. Kuchelar (Vellore) I am happy to have an opportunity to take part in the discussion on the subject of health and family planning I do not want to take much time

Mr. Speaker: Even if you want, there is no time left now Not more than two minutes

Shri G Kuchelar: I want to put forward some suggestions regarding the administration of hospitals and I shall explain the attitude of the authorities in charge of hospitals and dispensaries towards the patients who go to them When there are serious cases that are to be attended to immediately because they happen to be the result of accidents, the hospital authorities do not give proper attention to these cases There are many such instances and I shall cite only one instance In my constituency at Vellore, there was a case of such instance

Mr. Speaker. The Centre can do nothing about it it is for the State Government

Shri G. Kuchelar: I am citing this only as an example An entire family went for a marriage function and the whole family was involved in an accident and they were taken to the hospital Bowringpet Hospital, Bangalore For more than an hour they were not attended to A lady was struggling for her life but nobody was there to attend on her and no treatment was given If she had been attended to in proper time, she would have been alive—that is the feeling of the public in our place That is why I appeal to the hon Minister to issue proper instructions so that the medical authorities may not be negligent in their duties towards accident cases which require urgent treatment.

My second point is this. On 19th April, 1967 on a visit to Madras the hon. Minister had occasion to take part in a function in the general hospital and he was kind enough to say that a post-graduate medical institute would be opened shortly at Madras. I would request the Minister to keep his promise and fulfil it early

श्री मोहन स्वरूप (पीलीभीत) : अध्यक्ष महोदय, जब स्वास्थ्य की बात होती है तो उस के दो पहलू है--एक तो यह कि आदमी कैसे स्वस्थ रहे और दूसरे यदि बीमारी आ जाये तो उसका कैसे इलाज हो। जहा तक इसका पहला पहलू है इस मंत्रालय ने स्वास्थ्य को कैसे कायम रखा जा सकता है इस पर कभी जोर नही दिया। स्वास्थ्य रहे भी तो कैसे रहे--न पौष्टिक खाना मिल रहा है न पानी मिल रहा है और न अच्छी चीजे मिल रही है--हर तरफ मिलावट की चीजे मिल रही है। इस पर गम्भीरता से विचार होना चाहिये। इस साल इसका जिक्र यहा पर होता है लेकिन इसमे सुधार करने की तरफ कोई सक्रिय कदम नही उठाया जा रहा है। इसलिये मेरा अनुरोध है कि इस तरफ ध्यान दिया जाना चाहिये।

डाक्टरो की कमी का जिक्र किया गया है। इसमे जो एक परेशानी की बात है वह यह है कि हमारे अच्छे डाक्टर्ज निरन्तर बाहर जा रहे है इग्लैंड चले जाते है अमरीका चले जाते है वहा उनको तनख्वाहे अच्छी मिलती है और यहां तनख्वाह कम मिलती है। इस तरफ भी मंत्रालय का ध्यान जाना चाहिये कि अच्छे डाक्टरो को यहा रहने का अवसर मिले और उनको अच्छी तनख्वाहे अच्छा रिम्यूनरेशन मिल सके।

एक दूसरी चीज जिसकी तरफ मैं मंत्रालय का ध्यान आकर्षित करना चाहता हूं --वह है क्वैक्स का सवाल। हजारो ऐसे लोग है जो डाक्टर नही है जो वैद्य नही है कुछ जानते नहीं है लेकिन उसके बावजूद लोगों के स्वास्थ्य से खिलवाड़ कर रहे है गलत-सलत दवा देते है और उनकी वजह से हजारों लोग हर साल मरते है। इन क्वैक्स को कंट्रोल करने के लिए कोई कानून बनना चाहिये।

अब मै सरकार का ध्यान आयुर्वेद की तरफ दिलाना चाहता हू। मेरे अपने प्रान्त उत्तर प्रदेश मे कई आयुर्वेदिक कालेजेज है। पीलीभीत मे भी एक आयुर्वेदिक कालेज है, जो कि देश का एक माना हुआ कालिज है और जिसे सभी गण्यमान्य व्यक्ति जानते है। पिछली स्वास्थ्य मत्री आयुर्वेद के सख्त खिलाफ थी और यदि कुछ किया तो विशुद्ध आयुर्वेद की तरफ जोर दिया। मेरा निवेदन यह है कि विशुद्ध आयुर्वेद नही चल सकता है। यहा पर आयुर्वेद और ऐलोपैथी दोनो को समानान्तर रूप से कार्य करने का अवसर दिया जाय। तब उसमे सफलता मिल सकती है। इसके साथ साथ उत्तर प्रदेश मे जो आयुर्वेदिक कालिज है उनको किसी यूनिवर्सिटी से सम्बद्ध करने का अवसर दिया जाना चाहिये। वहा के जो लडके है उनकी निरन्तर माग है कि किसी यूनिवर्सिटी से उनको सम्बद्ध किया जाय लेकिन अभी तक नही किया जा रहा है। मै सरकार से निवेदन करना चाहूगा कि उत्तर प्रदेश मे जो आयुर्वेदिक कालिज है उनको किसी यूनिवर्सिटी से सम्बद्ध करने की तरफ ध्यान दे।

अभी यहा पर परिवार नियोजन का जिक्र हुआ। चतुर्थ पचवर्षीय योजना मे 95 करोड रुपये की व्यवस्था की गई है। तृतीय पचवर्षीय योजना मे 27 करोड रुपये की व्यवस्था की गई थी। मैं समझता हू कि सारा रुपया जो व्यय हो रहा है उसका फल जो हमको मिलना चाहिये वह नही मिल रहा है। उससे उतना लाभ नही हुआ है और यह रुपया अधिकाश व्यर्थ खर्च हुआ। मैं चाहता हूं कि जो लोग स्वेच्छा से यह काम करना चाहे करे लेकिन मेरी राय है कि यह कोई लाभप्रद बात नही है। यह जो बात इस तरीके से कही

[श्री मोहन स्वरूप]

जा रही है यह जो चार तरीके अपनाये जा रहे हैं कंट्रैपैप्टिव पिल्स, आई० यू० सी० डी० सी०, स्टरलाइजेशन और चौथा ऐबोरशन, यह जो तरीके अपनाये जा रहे है इससे लोगों को हानि होगी और खास तौर पर यह ऐबोरशन का तरीका बिल्कुल गलत है ।

Mr. Speaker: Please resume your seat We must give the Minister at least 15 minutes I have been ringing the bell several times

श्री मोहन स्वरूप मैं चाहूंगा कि अभी ऐबोरशन की बात होने लगी है और एक कमेटी बैठा दी गई है और गवर्नमेंट का खयाल है कि ऐबोरशन को लीगेलाइज कर दिया जाये मैं समझता हू कि यह गलत चीज होगी ।

Several hon. Members rose—

Mr Speaker: I will allow two or three questions only Shri Kunte

Shri Dattatraya Kunte (Kolaba) While the Government of India and the State Governments are spending thousands of crores of rupees on other plans, I really do not understand why the problem of rural water supply to villages does not get precedence Furthermore, there is one difficulty that I find recently, the State Governments in some cases and especially the Maharashtra Government—the State to which I belong—have returned some money because it has no engineers This is really a painful thing There are young boys, engineers, who do not get jobs On the other side, there are State Governments which make false reports saying that they do not get engineers There have been other States also who have diverted the money According to my impression, the Planning Commission has at one time come to the conclusion that not more than Rs 800 crores will be required for the supply of water to every village in this country Well, if we are spending Rs 20,000 to Rs 25,000 crores on other Plans, village water supply is the first thing because that will keep the health of the towns and the villages and it will lead to development in the region.

श्री अ० सि० सहगल (बिलासपुर) . आयुर्वेदिक, यूनानी और होम्योपैथी के लिए हमारी यहा पर एक कमेटी बनाई गई थी और उस कमेटी ने कुछ निर्णय लिये थे और जिस निर्णय को आज तक अच्छे तरीके से उसकी एक उच्च कमेटी बनाने की व्यवस्था थी वह नही की गई है तो वह कब तक की जायेगी और उस पर सरकार ध्यान देकर कब से उसे अमल मे लाने की कृपा करेगी ?

Shri P. Venkatasubbaiah (Nandyal) In endorsing what Shri Kunte said about rural water supply, I beg to state that it is highly regrettable that even after 20 years of Independence, we are not able to supply even the basic amenity, namely, drinking water, to lakhs and lakhs of our villages In this connection I would like to ask the Minister whether the Alur water supply scheme which covers 30 villages in the Kurnool district of Andhra Pradesh has been sanctioned, because there has been a satyagraha going on, and even now the State Government is supplying water by lorries, that is the deplorable condition I would like to know whether that scheme has been sanctioned and, if that is so, when it is going to be executed

Shri Bal Raj Madhok (South Delhi) The population of Delhi has doubled within the last 10 years, and there is a large population on the periphery of the old city, in west Delhi—the Najafgarh colony—where the population is four lakhs, but there is not a single State hospital there May I know whether there is any proposal to set up a hospital in that area?

श्री कंवर लाल गुप्त (दिल्ली सदर) . आल इंडिया मेडिकल इंस्टीच्यूट मे आप ने एक्सपर्ट डाक्टर्स रखे उसके साथ साथ इंस्ट्रूमेंटस और सारे ऐपैटस वगैरह का भी इतजाम

बहुत अच्छा किया है लेकिन जो शिकायत है अगर आप वहां जाकर देखें तो मालूम होगा कि वहां डाक्टरों ने अपना एक इम्पायर बना रक्खा है और जिसके कारण मरीज को काफी तकलीफ होती है और वहां पर उन की ओर कोई ध्यान नहीं दिया जाता । करोड़ों और लाखों रुपये बर्बाद होते हैं । मैं चाहता हूं कि आप इस बारे में पता लगायें कि क्या वहां डाक्टरों के दो ग्रुप हैं और यह दोनों ग्रुप आपस में लड़ते रहते हैं ? क्या मंत्री महोदय इसके बारे में इनक्वायरी करेंगे ?

यहां दिल्ली में आयुर्वेदिक को गवर्नमेंट सर्वेंटस के लिए केवल दो डिस्पेंसरीज हैं । गवर्नमेंट सर्वेंटस की और अधिक आयुर्वेदिक डिस्पेंसरीज यहां पर खोलने की डिमांड है । दूसरे यह भी उनकी शिकायत है कि वहां पर आयुर्वेदिक डिस्पेंसरीज में महंगी दवाइयां मरीजों को नहीं दी जाती हैं बल्कि सस्ती वाली मामूली, मामूली दवाईयां ही दी जाती हैं तो क्या मंत्री महोदय और अधिक आयुर्वेदिक डिस्पेंसरीज खोलेंगे और साथ ही अच्छी दवाइयां वहां पर मरीजों को दी जाने का आवश्यक व्यवस्था करेंगे ?

Shrimati Lakshmikanthamma (Khammam): My district of Khammam has almost reached the target fixed for family planning. For family planning, Andhra Pradesh Government have budgeted for Rs. 396.01 lakhs, but the Central Government has given only Rs. 164.91 lakhs. For staff programmes, as against a budget of Rs. 133 lakhs, only Rs. 76.06 lakhs have been given. So, I request the Minister to give more funds to Andhra.

Let not the Minister go to the religious heads knowing their views and get a rebuff. Let conscience be the guide.

The Minister of Health and Family Planning (Dr. S Chandrasekhar): Sir, I am most grateful to all the 17 hon. members of this House who have spoken at some length giving me largely their appreciation, their congratulations and their very valuable constructive criticism and lost but not the least some most valuable suggestions. I had originally asked for 1 hour. Later the Deputy-Speaker said 45 minutes. It was whittled down to half an hour and now I have only 12 minutes. If I might follow the advice of my hon. friend, the Education Minister—he said, I must wait for 5 minutes, say that I am most grateful for the suggestions, bow to the House and then sit down—

Mr. Speaker: The other ministers will not get even that opportunity. You are lucky.

Dr. S. Chandrasekhar: I have taken detailed notes of every suggestion made by every member who spoke. I have got an enormous amount of statistical matter and relevant data to give to satisfy them, but now I must beg of the hon. members through you that I cannot do it. I have got only 10 minutes left.

The whole health programme of the Government and the family planning programme can be called death control and birth control. Death control is one of health development, alleviation of human suffering, removal of disease and morbidity, raising the expectation of life at birth and prolonging the normal longevity of the average citizen of this country. This is health development and this can be done through a series of measures. The strategy adopted by the Health Ministry all these years is a sound one and we are continuing it, i.e. to go into the baic, root causes of the subject. Within the very limited and stringent financial resources—it became stringent after the 1962 emergency and it has become very stringent from 1963-64 onwards—we have been doing our very best by seeing whether we can give adequate water. 36 per cent of the morbidity in our country and even mortality can be traced to the lack of pure, potable and portable water-supply not only our 3000 and odd cities

[Dr. S. Chandrasekhar]

and towns, but in our 566,000 and odd villages. My anguish and agony are there to be shared with the hon. Members, though I shall be more scientific and not defend anything, that we have not succeeded in providing water supply to the villages, particularly to inaccessible and remote areas, particularly in the summer months when people are hard put to get it. We knew of the places in Andhra Pradesh, in Kurnool, not to speak of Bihar and Eastern Uttar Pradesh. We are trying to do our best. There is concern, there is great anxiety. But, unfortunately, I must point out to the House, the strategy cannot be worked out because we just do not have the resources For water supply in the cities we give 100 per cent loans. In rural areas we give 50 per cent assistance and 50 per cent loan. So the initiative is by and large left to the areas. If they have money to give we give matching grants and they do it. If they cannot do it, I am very sorry to say that the Centre is largely helpless. As you know health is a State subject and we cannot do very much about it.

Secondly, we would like to increase the number of hospitals—somebody suggested it at the very end of the debate. In 1918 there were eight hospitals. There were 16 universities in August 1947 when we became free Twenty years later, today, we have 66 or 67 universities and 90 medical colleges. The number of seats has increased enormously. Today, if I may take the House into confidence, I am spending sleepless nights because a number of students with deserving academic excellent qualifications from all parts of the country including the centrally administered areas are crying for seats for whom we cannot provide seats at all. We are trying our very best We have 90 medical colleges and 2000 odd seats. A large number of them are under the State control and we cannot impose on them. Even those candidates who came from areas like Nagalands, NEFA, Bhutan or Sikkim where there are no medical colleges whatsoever cannot be imposed on them. Right in this Delhi City if I have the resources tomorrow I would like to start a new medical college and put it under the auspices of the University of Delhi, put it directly under the Vice Chancellor's care and use Rao's hospital as a working clinic attached to it. We just have not the resources. Everything you talk about is absolutely right, carefully thought out and must be done and is needed. There is no question whatsoever about it. But it is a question of priorities, of targets, of what can be done, at what time, of a phased programme and all that. I am glad that both the Prime Minister and the Deputy Prime Minister are here. So we are not hiding anything *We have all the data to give* you, I wish I had the time to tell you all that.

The second strategy is to see what can be done about the communicable diseases. In one foreign affluent country there is a huge public health department and there it is written in golden letters "every community and country can buy the death rate it wants". If you have the resources you can have the doctors, sanitation, water supply, drugs, hospitals, beds, air conditioning and all that and we can reduce the death rate to 10 or 9—the figure in the Soviet Union, Switzerland Sweden, Australia, New Zealand or United States of America. But we cannot, Not because we do not know the tricks of the trade, not because we do not have the technological know-how—our people are just as competent as anybody else in any part of the world—but because we do not have the resources Yet we are doing the malaria programme which has won worldwide admiration as the proceedings of the World Health Organisation will satisfy you if you look into it. They have paid such a high tribute to the programme, that where there were one hundred million malaria cases 15 or 20 years ago, today it is a matter of less than a million. This is a programme of the Government of India on which any thoughtful sane citizen ought to congratulate himself that the

Government of India has done this significant remarkable feat of almost eliminating malaria. We are trying to do it with small-pox, goitre, philariasis etc If we have the resources technical experts are ready to come and do it I can go on giving instances like this We are trying to increase medical education, para medican personnel, more nurses colleges, more midwives, trying ever to train the dais so that we can rope them into the regular channel, trying to develop communication to the villages, impart medical knowledge to the people in the villages and all that But, unfortunately, here, when we go to the Finance Mmistry, when we go to the States, it must be a part, an integral part of the annual State Plan If that cannot provide for it, we cannot do anything about it Therefore, if I may say so, in spite of all this, in spite of the limitations, there is one great significant fact—in fact two—the death rate in this country has come down from 26 in 1941-51 to 16 in 1966 If you are a statistician or a mathematician you will know what a tremendous fall it is a fall for which we should really congratulate the Government of India, the State Government and all offices of the Ministry of Health, all the doctors from the very top, from the DGHS down to, shall we say, the harmless vaids in the remote village We have done this trick The expectation of life after birth has been raised from 30 in 1930s to 50 today and I assure you, in another 10 years, if we have the resources, we shall bring it to 65 and bring it to the level of European countries and in another 10 or 20 years to 75, on the lines of the Soviet Union, Sweden, New Zealand and the United States of America We can do it and since we are doing all this, the population is increasing

Now that we have taken death control steps what is happening to our country is, and I now come to birth control, our population is increasing at a fast rate Because, any purposeful control of mortality, unless it is accompanied by a purposeful social control of birth or fecundity, there will be nothing but disastrous consequences for the people of India. Government is aware of it Long ago, Pandit Jawaharlal Nehru wrote about it in the most eloquent terms We have progressively and courageously followed a policy of birth control, subject to the limitations of the purse. What is the picture here? We are performing a miracle in this field There are today 20 million births a year and about 8 million deaths a year, of all age groups, adding a net total of 12 million to 13 million people equivalent to the population of Australia, every year to our existing population At this rate, in 1928 years we shall exactly double the population of India, it will become from the present 510 million to nearly a billion or a thousand million by 1998 It took about almost a half million years to become 500 million and in less than 30 years we shall double it

There is nothing wrong in having increased population People can be an asset, happiness and joy, so long as every man woman and child is provided with the basic irreducible minimum decencies of civilised existence We have to provide them with some food, some clothing, housing, some water some education some medical facilities and some leisure for pursuit of cultural values and nothing more And this we are not able to do, despite three or four five year plans, although we have made improvements We have made tremendous improvements whether you like it or not, but all this has been swallowed by the tremendous annual addition to the population Just imagine for a moment that since 1947 no baby was born in this country In 20 years there will be houses going begging, we do not have to have *Bhiksham dehi* begging for food all over the world we would be exporting food But since our birth rate is going up, and our death rate has become stationery or is going down, we are having this gulf We are trying to reduce it

Though much criticism has been made about this Ministry, I am most

[Dr S Chandrasekhar]

grateful to the House that not a single member has opposed family planning I am most grateful for it, because it is not a party programme, it is a national programme Irrespective of political ideologies, we have taken upon ourselves the task of giving a healthy life and economic betterment to the millions of our country Nobody disputes it But the question is of methodology Shri Anthony, like a good Catholic, said that we must follow the rhythm method I would like to point out here that we are the first non Catholic country to practise rhythm method for 10 years since the days of Rajkumari Amrit Kaur but we found that it does not work I told the Pope about it So we are using other methods Some hon Member said that we are constantly changing the methods I hope there is nothing wrong in changing methods because science is changing If tomorrow a much better method comes we shall drop the bad and obsolescent method and take up the new method

I think it was Shrimati Gopalan who said that IUCD is not a success because the same people get it inserted and remove it and again get it inserted I do not think that our women are so depraved that for the sake of Rs 2 will put an IUCD from a clinic next morning go to another clinic and get it removed and come back the third day for another insertion so that they will get just Rs 2 I have heard people talk about it But I may tell you honestly that I have met many doctors and other people in the villages in many States and though many people have made that charge I have not come across anybody who could substantiate it because I think the women of India would not like to have their modesty outraged by having something taken out just for the sake of Rs 2 I assure you that it does not happen Only people talk about it and it has cumulative effect

About sterilisation you know what we are doing We have done 1 million cases all of them purely voluntary, only a small incentive is given, not really an incentive, a bonus to cover the loss of wages not salary, to provide hospitalisation and taxi-fare

Shri Vasudevan Nair (Peermade) Is it going to be made compulsory?

Dr S Chandrasekhar No, we have not done it We are trying to do it. But even that is not enough So the Maharashtra Government said may be we ought to do it compulsorily Now that the hon Member of the opposition has raised this question, I will answer it though I had not planned to answer it You tell the citizen which way to drive whether the right or the left you ask him to stop at the traffic light you ask him to get vaccinated you ask him not to take a particular liquor you ask him not to eat a particular food like beef, you ask him not to do this or not to do that you tell him whom he can marry and when he can marry, you have the law of consanguinity So is there anything extraordinary or illegal in terms of national or international law if the State comes and tells anybody, in the interest of the nation perhaps an element of coercion or compulsion should be used in this field? Perhaps it is much better I am just contemplating it We have not decided about it We have asked the State Governments and all of them agreed, except two States The Law Ministry here is examining it, also the law Departments of the various States are examining it It is a very unique thing We are not trying to do it to please ourselves Here our effort is to see whether we can do something for the betterment of our people and nothing more If tomorrow something else comes which will solve all these problems and difficulties we will take to it

18 hrs

Then about the question of legalisation it is not legalisation but as somebody said it is liberalisation Even here we are not rushing We had an expert committee and an hon. Member of this House, Shri Shantilal Shah,

was a member of that He had all the evidance collected.

Mr. Speaker: He should conclude now

Dr. S. Chandrasekhar: One minute, Sir

On this he had suggested some proposals which we have referred to the Law Ministry

On the raising of the age of consent, everybody is agreed except, I think, some orthodox ladies from Uttar Pradesh and Rajasthan

Mr. Speaker. You cannot extend it by one or two minutes

Dr S. Chandrasekhar. I thank you very much and I hope my Demands will be accepted

Mr Speaker I shall put all the cut motions together to the vote of the House

All the cut motions were put and negatived

Mr Speaker The question is

"That the respective sums not exceeding the amounts shown in the fourth column of the order paper, be granted to the President, to complete the sums necessary to defray the charges that will come in course of payment during the year ending the 31st day of March 1968, in respect of the heads of demands entered in the second column thereof against Demands Nos 38 to 40 and 123 relating to the Ministry of Health and Family Planning"

The motion was adopted

Mr Speaker: Now I will put all other Demands to the vote of the House The question is

"That the respective sums not exceeding the amounts shown in the fourth column of the order paper, be granted to the President, to complete the sums necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1968, in respect of the heads of demands entered in the second column thereof against—

(i) Demands Nos 9 to 14 and 112 relating to the Ministry of Education,

(ii) Demands Nos 17 to 31 and 113 to 120 relating to the Ministry of Finance

(iii) Demands Nos 60 to 62 and 127 relating to the Ministry of Information and Broadcasting

(iv) Demands Nos 71 and 72 relating to the Ministry of Law,

(v) Demands Nos 73 74 and 131 relating to the Ministry of Petroleum and Chemicals,

(vi) Demands Nos 75 to 77 and 132 relating to the Ministry of Steel, Mines and Metals,

(vii) Demands Nos 78 to 81 133 and 134 relating to the Ministry of Tourism and Civil Aviation,

(viii) Demands Nos 82 to 86 and 135 to 137 relating to the Ministry of Transport and Shipping

(ix) Demands Nos 91 92 and 141 relating to the Department of Atomic Energy,

(x) Demand No 100 relating to the Department of Parliamentary Affairs,

(xi) Demands Nos 101 and 102 relating to the Department of Social Welfare,

(xii) Demand No 106 relating to Planning Commission,

(xiii) Demand No 107 relating to Lok Sabha;

(xiv) Demand No 108 relating to Rajya Sabha; and

(xv) Demand No 109 relating to the Secretariat of the Vice-President"

The motion was adopted

[*The motions for Demands for Grants which were adopted by the Lok Sabha, are reproduced below—Ed.*]

DEMAND NO. 9—MINISTRY OF EDUCATION

"That a sum not exceeding Rs 62,76,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Ministry of Education'"

DEMAND NO 10—EDUCATION

"That a sum not exceeding Rs 35,84 82 000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Education'"

DEMAND NO 11—ARCHAEOLOGY

"That a sum not exceeding Rs 79,13,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March 1968 in respect of 'Archaeology'"

DEMAND NO 12—SURVEY OF INDIA

"That a sum not exceeding Rs 3,36,20,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March 1968, in respect of Survey of India'"

DEMAND NO. 13—GRANTS TO COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH

"That a sum not exceeding Rs 11,82,51 000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968 in respect of 'Grants to Counil of Scientific and Industrial Research'"

DEMAND NO. 14—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF EDUCATION

"That a sum not exceeding Rs 2 17,01,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Revenue Expenditure of the Ministry of Education'"

DEMAND NO 112—CAPITAL OUTLAY OF THE MINISTRY OF EDUCATION

"That a sum not exceeding Rs 47,71,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay of the Ministry of Education'"

DEMAND NO 17—MINISTRY OF FINANCE

"That a sum not exceeding Rs 1,78,30,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Ministry of Finance'."

DEMAND NO. 18—CUSTOMS

"That a sum not exceeding Rs. 3,97,26,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Customs'."

DEMAND NO 19—UNION EXCISE DUTIES

"That a sum not exceeding Rs 9,90,35,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March 1968, in respect of 'Union Excise Duties' "

DEMAND NO 20—TAXES ON INCOME INCLUDING CORPORATION TAX, ETC

"That a sum not exceeding Rs 7,37,03,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Taxes on Income including Corporation Tax, etc.' "

DEMAND NO. 21—STAMPS

"That a sum not exceeding Rs. 2,85,05,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Stamps' "

DEMAND NO. 22—AUDIT

"That a sum not exceeding Rs 13,63,20,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Audit'."

DEMAND NO 23—CURRENCY AND COINAGE

"That a sum not exceeding Rs. 8,79,55,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Currency and Coinage' "

DEMAND NO 24—MINT

"That a sum not exceeding Rs 2,30,10,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Mint'."

DEMAND NO 25—KOLAR GOLD MINES

"That a sum not exceeding Rs 3,33,81,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Kolar Gold Mines' "

DEMAND NO 26—PENSIONS AND OTHER RETIREMENT BENEFITS

"That a sum not exceeding Rs. 3,07,60,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Pensions and other Retirement Benefits' "

DEMAND No. 27—OPIUM

"That a sum not exceeding Rs 42,57,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of Opium' "

DEMAND No. 28—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF FINANCE

'That a sum not exceeding Rs 26 30,49 000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March 1968, in respect of 'Other Revenue Expenditure of the Ministry of Finance' "

DEMAND No 29—GRANT-IN-AID TO STATE AND UNION TERRITOY GOVERNMENTS

'That a sum not exceeding Rs 2 11 07 27 000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Grants-in-aid to State and Union Territory Governments' "

DEMAND No 30—MISCELLANEOUS ADJUSTMENTS BETWEEN THE CENTRAL AND STATE AND UNION TERRITORY GOVERNMENTS

'That a sum not exceeding Rs 23,15,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Miscellaneous Adjustments between the Central and State and Union Territory Governments' "

DEMAND No 31—PRE-PARTITION PAYMENTS

"That a sum not exceeding Rs. 1,25,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Pre-partition Payments' "

DEMAND No 113—CAPITAL OUTLAY ON THE INDIA SECURITY PRESS

"That a sum not exceeding Rs 15,33 000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay on the India Security Press' "

DEMAND No 114—CAPITAL OUTLAY ON CURRENCY AND COINAGE

'That a sum not exceeding Rs 15,08 97,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay on Currency and Coinage' "

DEMAND No 115—CAPITAL OUTLAY ON MINTS

"That a sum not exceeding Rs 28,42 000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay on Mints' "

DEMAND No 116—CAPITAL OUTLAY ON KOLAR GOLD MINES

"That a sum not exceeding Rs 59,69,000 be granted to the President to complete the

sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay on Kolar Gold Mines'"

DEMAND No 117—COMMUTED VALUE OF PENSIONS

"That a sum not exceeding Rs 2,38,65,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Commuted Value of Pensions'"

DEMAND No 118—OTHER CAPITAL OUTLAY OF THE MINISTRY OF FINANCE

"That a sum not exceeding Rs 1,01,73,00,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Capital Outlay of the Ministry of Finance'"

DEMAND No 119—CAPITAL OUTLAY ON GRANTS TO STATE AND UNION TERRITORY GOVERNMENTS FOR DEVELOPMENT

"That a sum not exceeding Rs 35,11,21,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay on Grants to State and Union Territory Governments for Development'."

DEMAND No. 120—LOANS AND ADVANCES BY THE CENTRAL GOVERNMENT

"That a sum not exceeding Rs. 2,78,59,00,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Loans and Advances by the Central Government'"

DEMAND No. 60—MINISTRY OF INFORMATION AND BROADCASTING

"That a sum not exceeding Rs 12,15,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Ministry of Information and Broadcasting'"

DEMAND No 61—BROADCASTING

"That a sum not exceeding Rs 5,53,69,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Broadcasting'"

DEMAND No 62—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF INFORMATION AND BROADCASTING

"That a sum not exceeding Rs 4,14,34,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Revenue Expenditure of the Ministry of Information and Broadcasting'"

DEMAND No 127—CAPITAL OUTLAY OF THE MINISTRY OF INFORMATION AND BROADCASTING

"That a sum not exceeding Rs 3,38,37,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of

March, 1968, in respect of 'Capital Outlay of the Ministry of Information and Broadcasting'."

DEMAND NO 71—MINISTRY OF LAW

"That a sum not exceeding Rs 41,56,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Ministry of Law'"

DEMAND NO 72—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF LAW

"That a sum not exceeding Rs 1,44,16,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Revenue Expenditure of the Ministry of Law'"

DEMAND NO 73—MINISTRY OF PETROLEUM AND CHEMICALS

"That a sum not exceeding Rs 17,43,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Ministry of Petroleum and Chemicals'"

DEMAND NO 74—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF PETROLEUM AND CHEMICALS

"That a sum not exceeding Rs 2,04,73,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Revenue Expenditure of the Ministry of Petroleum and Chemicals'"

DEMAND NO 131—CAPITAL OUTLAY OF THE MINISTRY OF PETROLEUM AND CHEMICALS

"That a sum not exceeding Rs 13,69,30,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay of the Ministry of Petroleum and Chemicals'"

DEMAND NO 75—MINISTRY OF STEEL, MINES AND METALS

"That a sum not exceeding Rs 28,92,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968 in respect of Ministry of Steel' Mines and Metals'"

DEMAND NO 76—GEOLOGICAL SURVEY

"That a sum not exceeding Rs 6,81,84,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Geological Survey'."

DEMAND NO 77—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF STEEL, MINES AND METALS

"That a sum not exceeding Rs 12,66,71,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Revenue Expenditure of the Ministry of Steel, Mines and Metals'"

DEMAND NO 132—CAPITAL OUTLAY OF THE MINISTRY OF STEEL, MINES AND METALS

"That a sum not exceeding Rs 74,81,84,000 be granted to the

President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay of the Ministry of Steel, Mines and Metals'."

DEMAND NO 78—MINISTRY OF TOURISM AND CIVIL AVIATION

"That a sum not exceeding Rs 11,28,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Ministry of Tourism and Civil Aviation'"

DEMAND NO 79—METEOROLOGY

"That a sum not exceeding Rs 2,23,33,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Meteorology'"

DEMAND NO 80—AVIATION

"That a sum not exceeding Rs 7,64,83 000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Aviation'"

DEMAND NO 81—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF TOURISM AND CIVIL AVIATION

"That a sum not exceeding Rs 1,26,13,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Revenue Expenditure of the Ministry of Tourism and Civil Aviation'"

DEMAND NO 133—CAPITAL OUTLAY ON AVIATION

"That a sum not exceeding Rs 3,31,61,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay on Aviation'"

DEMAND NO 134—OTHER CAPITAL OUTLAY OF THE MINISTRY OF TOURISM AND CIVIL AVIATION

"That a sum not exceeding Rs 1,48,00,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Capital Outlay of the Ministry of Tourism and Civil Aviation'"

DEMAND NO 82—MINISTRY OF TRANSPORT AND SHIPPING

"That a sum not exceeding Rs 85,01,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Ministry of Transport and Shipping'"

DEMAND NO 83—ROADS

"That a sum not exceeding Rs 9,73,67,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Roads'"

DEMAND NO 84—MERCANTILE MARINE

"That a sum not exceeding Rs 1,27,23,000 be granted to the President to complete the sum necessary to defray the charges

which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Mercantile Marine'."

DEMAND No 85—LIGHTHOUSES AND LIGHTSHIPS

"That a sum not exceeding Rs 89,19,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Lighthouses and Lightships'."

DEMAND No 86—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF TRANSPORT AND SHIPPING

"That a sum not exceeding Rs. 2,16,29,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Revenue Expenditure of the Ministry of Transport and Shipping'."

DEMAND No 135—CAPITAL OUTLAY ON ROADS

"That a sum not exceeding Rs. 25,00,68,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay on Roads'."

DEMAND No 136—CAPITAL OUTLAY ON PORTS

"That a sum not exceeding Rs. 1,80,47,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay on Ports'."

DEMAND No. 137—OTHER CAPITAL OUTLAY OF THE MINISTRY OF TRANSPORT AND SHIPPING

"That a sum not exceeding Rs. 1,83,99,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Capital Outlay of the Ministry of Transport and Shipping'."

DEMAND No. 91—DEPARTMENT OF ATOMIC ENERGY

"That a sum not exceeding Rs 17,79,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Department of Atomic Energy'."

DEMAND No. 92—OTHER REVENUE EXPENDITURE OF THE DEPARTMENT OF ATOMIC ENERGY

"That a sum not exceeding Rs 10,72,67,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Revenue Expenditure of the Department of Atomic Energy'."

DEMAND No 141—CAPITAL OUTLAY OF THE DEPARTMENT OF ATOMIC ENERGY

"That a sum not exceeding Rs 39,37,00,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Capital Outlay of the Department of Atomic Energy'."

DEMAND No. 100—DEPARTMENT OF PARLIAMENTARY AFFAIRS

"That a sum not exceeding Rs. 4,00,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Department of Parliamentary Affairs'."

DEMAND No. 101—DEPARTMENT OF SOCIAL WELFARE

"That a sum not exceeding Rs. 10,52,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Department of Social Welfare'."

DEMAND No. 102—OTHER REVENUE EXPENDITURE OF THE DEPARTMENT OF SOCIAL WELFARE

"That a sum not exceeding Rs. 2,28,44,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Other Revenue Expenditure of the Department of Social Welfare'."

DEMAND No. 106—PLANNING COMMISSION

"That a sum not exceeding Rs. 1,16,25,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Planning Commission'."

DEMAND No. 107—LOK SABHA

"That a sum not exceeding Rs. 1,00,92,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Lok Sabha'."

DEMAND No. 108—RAJYA SABHA

"That a sum not exceeding Rs. 37,41,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Rajya Sabha'."

DEMAND No. 109—SECRETARIAT OF THE VICE-PRESIDENT

"That a sum not exceeding Rs. 1,75,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1968, in respect of 'Secretariat of the Vice-President'."

18.04 hrs.

APPROPRIATION (No. 2) BILL,* 1967

The Deputy Prime Minister and Minister of Finance (Shri Morarji Desai): Sir, I beg to move for leave to introduce a Bill to authorise payment and appropriation of certain sums from and out of the Consolidated Fund of India for the services of the financial year 1967-68.

Mr. Speaker: Motion moved:

"That leave be granted to introduce a Bill to authorise payment and appropriation of certain sums from and out of the Consolidated Fund of India for the services of the financial year 1967-68."

श्री मधु लिमये (मुंगेर) : अध्यक्ष महोदय नियम 72 के अन्दर मैंने आपको सूचना दी है । मैं इस पर बोलना चाहता हूं ।

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