

11.49 hrs.

Ministry of Health and Family Planning for which five hours have been allotted.

COMMITTEE ON PETITIONS

TWENTYNINTH REPORT

SHRI JAGANNATH RAO (Chattrapur): I beg to present the Twenty-ninth Report of the Committee on Petitions.

Motion moved:

"That the respective sums not exceeding the amounts on Revenue Account and Capital Account 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, 1977 in respect of the heads of demands entered in the second column thereof against Demands Nos. 46 to 48 relating to the Ministry of Health and Family Planning."

11.50 hrs.

DEMANDS* FOR GRANTS, 1976-77— contd.

MINISTRY OF HEALTH AND FAMILY PLANNING

MR. SPEAKER: The House will now take up discussion and voting on Demands Nos. 46 to 48 relating to the

Demands for Grants, 1976-77 in respect of the Ministry of Health and Family Planning

No. of Demand	Name of Demand	Amount of Demand for Grant on account voted by the House on 23-3-1976		Amount of Demand for Grant submitted to the vote of the House	
		Revenue Rs.	Capital Rs.	Revenue Rs.	Capital Rs.
46.	Ministry of Health and Family Planning	11,54,000	..	57,68,000	..
47.	Medical and Public Health	15,22,01,000	7,22,37,000	73,46,08,000	36,11,83,000
48.	Family Planning	12,70,48,000	1,67,000	63,52,42,000	8,33,000

*Moved with the recommendation of the President.

श्री रामावतार झाएमी (पटना) : कल के समय पर हुवने डिस्कशन की मांग की थी आप ने कहा था कि हम विचार करेंगे। हम लोगों को अभी तक कुछ मालूम नहीं हो सका है।

अध्यक्ष महोदय : मेरे पास कुछ नहीं आया है।

श्री रामावतार झाएमी : नोटिस भी दिया था।

अध्यक्ष महोदय : मेरे पास कुछ नहीं आया है।

Hon. Members present in the House who desire to move 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:

Now, Dr. Saradish Roy—not here.

Dr. Kailas.

जी परिवार नियोजन के साथ साथ आयुर्वेदिक चिकित्सा पद्धति की ओर भी अपना ध्यान केन्द्रित करें। मंत्री जी जानते हैं कि आयुर्वेद संसार में सब से पहले आयुर्वेदिक पद्धति थी, जो एक अनोखी पद्धति कहलाती थी और उस के सहारे ही शायद एलोपैथी या माडर्न मेडीसिन का भी जन्म हुआ, यूनानी पद्धति का जन्म भी उसी के स्रोत से हुआ। मुझे दुःख के साथ कहना पड़ना है कि कुछ दिन पहले जब आप हम मन्त्रालय में मंत्री नहीं थे तब कुछ यूनिट्स बनाये थे और उन का नाम था सी सी आई आर एम, सी तथा एम एम, कोलेकशन आफ सोर्स मेटीरियल जिसे के द्वारा आयुर्वेदिक की पुस्तकों की खोज की जा रही थी लेकिन उन को 31 अगस्त 1973 को बन्द कर दिया गया। यह क्यों फिर शुरू नहीं किया जाय। जो भी जयपुर में या जामनगर में या अन्य क्षेत्रों में आप ने महाविद्यालय खोल रखे हैं वहाँ पर अग्र पाठ्यक्रम की पुस्तकें ही न हो और जो सेंट्रल काउन्सिल बना है आयुर्वेद का अग्र वह पाठ्यक्रम ही न बना सके, उस के लिये पुस्तकें ही प्रकाशित न कर सकें तो किस तरह में पढ़ाई की व्यवस्था हो सकती है और कैसे कोई पढ़ाई कर सकेगा यह मेरी समस्या में नहीं आता। इस मामले में आपको आयुर्वेद की पढ़ाई में यूनिफार्मिटी लानी होगी। हमारे देश में ही नहीं बल्कि सारे संसार में जो एम० बी० बी० एम० का कोर्स है या एम० डी० का है या एम० एम० का है वह सारे संसार में एकसा है। लेकिन दुर्भाग्य यह है कि आयुर्वेद का पाठ्यक्रम महाराष्ट्र में कुछ और, गुजरात में कुछ और है। अलग अलग तरह के पाठ्यक्रम आज देश में चल रहे हैं। एक काउन्सिल बना देने के बाद भी और उस के लिये खपता खर्च कर देने के बाद भी आप आयुर्वेद को प्रागे नहीं बढ़ा सके हैं, क्योंकि कोर्स में

यूनिफार्मिटी नहीं है। अस्पताल नहीं तथा औषधी निर्माण नहीं।

मैं कुछ दिन पहले मंत्री जी से मिला था और उन से मैंने प्रार्थना की थी कि अगर आपको बुद्धिमान बंध बनाने हैं तो उन को फिजियोलोजी भी जाननी होगी, एनेटोमी भी जाननी होगी, पैथोलोजी भी जाननी होगी, एक रेड रेडियोलोजी का ज्ञान भी उन को आपको करना पड़ेगा। आप ने ऐसा नहीं किया तो बेला बंध भले ही बन जायें, चक्र और सुश्रुत के श्लोक कठम्य करणः किसी का इलाज नाडी पकड़ कर भलें ही कर लें लेकिन वे एलोपैथी या माडर्न मेडीसिन पद्धति से इलाज करने वाले डाक्टरों के सामने छाननी नान कर बहस करने खड़े नहीं हो सकेंगे। इस लिये आप को ऐसी व्यवस्था करनी चाहिये जिस में वे सारे सभार के सामने एक वैज्ञानिक की तरह खड़े हो सकें। वे सभार के डाक्टरों से विचार विमर्श भी कर सकें। वह जब ही होगा जब वे हमारे अग्र प्रत्यक्ष किम प्रकार काम करने हैं, हार्ट किम प्रकार काम करता है, मटरनिटी और गाइनाकोलोजी के विषय को जानें। इन वैद्यों को निदान करना होगा कि चीरा फाटी या शल्य चिकित्सा में ठीक होने वाला है तो उसे विषोपसके पास भेज दें तब ही आयुर्वेद की सेवा कर पायेग तथा आयुर्वेद सभार की मध्य में अच्छी चिकित्सा पद्धति हो जायगी।

12.00 hrs.

अध्यक्ष महोदय, आप को ध्यान होगा कि डा० गिल्डर जैसे महान व्यक्ति ने एम० डी० और एम० एम० पास करने के बाद एक इटीग्रेटेड कोर्स की कल्पना की थी कि हमें ऐसे बंध तैयार करने चाहिये जो सारे भारतवर्ष में ही नहीं बल्कि सारे संसार में आयुर्वेद की छाप डाल सकें।

[डा० कैलास]

भारत की पद्धति का माडर्न मेडीसिन्स का जो इलाज है उस से कहीं अच्छा आयुर्वेद का इलाज है और इसलिये आवश्यक हो जाता है कि वैद्य बनने वाले विद्यार्थियों को फ्रिजिडोलोजी, अनाटमी, पैथालोजी, टोकसी-कालोजी आदि विषयों की जानकारी होनी चाहिये उसी कल्पना से राज्य सरकार, केन्द्रीय सरकार, मेडीकल काउंसिल आफ इंडिया और भारत इंडिया मेडीकल एसोसियेशन की छलछाया में उनके आशीर्वाद से यह कोर्स बम्बई यूनिवर्सिटी, पूना यूनिवर्सिटी, नागपुर यूनिवर्सिटी या बनारस हिन्दू विश्वविद्यालय ने शुरू किया हो और उसे केन्द्रीय सरकार ने भी मान्यता दी थी पर भाज सरकार इंटरेटेड कोर्स वाले यह कहे कि आयुर्वेद का भी एक विषय एलोपैथी के पाठ्यक्रम में आवश्यक होना चाहिये तो मंत्री जी को मानना चाहिये। उसके बिना एम० बी० बी० एस० की डिग्री नहीं दी जानी चाहिये। तब ही सच्चे अर्थों में आयुर्वेद को प्रोत्साहन मिलेगा। डिग्री नहीं दी जानी चाहिये। आयुर्वेद के उत्थान का ही प्रश्न नहीं है, बल्कि प्रश्न यह है कि जनता कम खर्च में ठोस तत्व के द्वारा इलाज किये जाने से 100 वर्ष तक स्वस्थ रह सकें। अतः जीवित शरदः को हम तब ही यथायत्न कर सकेंगे।

हम चाहते हैं कि व्यक्ति स्वस्थ रहने हुए बीमार न पड़े और यह सिर्फ आयुर्वेद के द्वारा ही हो सकता है। आयुर्वेद को प्रोत्साहन देने के लिये आपको मेडिकल काउंसिल आफ इंडिया और इंडियन मेडिकल एसोसियेशन से डरना नहीं चाहिये, बल्कि उनको कहना है कि आयुर्वेद का भी एक विषय उनके पाठ्यक्रम में आवश्यक रखा जाना चाहिये। जिन इंटरटेड लोगों ने यह कोर्स पास किया

है, किस बजह से आप उन्हें भारत इंडिया में प्रैक्टिस करने की आज्ञा नहीं देते हैं। क्या आप बम्बई यूनिवर्सिटी और पूना यूनिवर्सिटी को रिकग्नाइज नहीं करना चाहते हैं? मेरी यह प्रार्थना है कि आयुर्वेद को प्रोत्साहन देने के लिये आप बँधों पर भी निर्भर रहें। मेरा सुझाव है कि जिस तरह से आप डायरेक्टर जनरल आफ मेडिकल सर्विसेज की स्थापना कर रची है, उसी तरह से मैं चाहता हूँ कि एक डायरेक्टर जनरल आफ आयुर्वेदिक सर्विसेज भी होना चाहिये। तभी आपकी ठीक प्रकार से सलाह मिल सकेगी। इस प्रकार के बीजे अफसरों को रखना, जो अपनी बात भास से या डिपार्टमेंट के सैक्रटरी से डरकर न कह सकें, पाठ्यक्रम न बना सकें, पुस्तकों का प्रकाशन न कर सकें, सोर्स मैटीरियल को इस्तेमाल करने के लिये तय्या न माँग सकें, इस प्रकारके लोगों से इस देश में आयुर्वेद का भला न हो सकेगा। इसलिये मेरी प्रार्थना है कि मंत्री महोदय अपने विभाग को भी थोड़ा बाट लें। इस मंत्रालय में बीछरी राम सेवक जी राज्य मंत्री हैं उनको आप आयुर्वेद दें, उप मंत्री श्री इसहाक साहब हैं, उन्हें हाम्बापैथ तथा यूनानी दे दे और मंत्री महोदय अपने पास एलोपैथी और फीमेली प्लानिंग रख लें। अगर इस प्रकार काम का बटवारा होगा तो पूरा-पूरा ध्यान एक-एक मंत्री अपनी बुद्धि लगा सकेंगे।

आपने जो नेशनल पापुलेशन पालिसी की घोषणा की, मैंने उसे बड़ा पसंद किया है। आपके विचारों से मैं शत-प्रतिशत सहमत हूँ। इसमें कोई शक नहीं है कि पावर्टी और डिजीज का निकालने के लिये, तथा न्यूट्रीशन और बैल-बीइंग को लाने के लिये यह आवश्यक है कि परिवार नियोजन को अपनायें और उसके लिये हमारे राष्ट्रपति जो ने भी कहा है, प्रधान मंत्री जी भी कह रही हैं और रेडियो तथा टेलीविजन पर भी इस का प्रचार कर रहे हैं। लेकिन कंप्लेक्स की

जात मेरी समझ में नहीं आती है । यद्यपि मैं महाराष्ट्र से आता हूँ और महाराष्ट्र में इस बात की चर्चा चल रही है कि हम कप-लेशन से किसी बात को कर लें, लेकिन हमें बोझ यह भी याद करना चाहिये कि हम ने प्राहिबिशन के बारे में कंफ्लेशन किया लेकिन उसका नतीजा क्या निकला कि लोगों ने ज्यादा शराब पीना शुरू कर दिया । कपलेशन में यह खराबी है । मैं नहीं चाहता कि परिवार नियोजन इस कारण असफल हो ।

हमारे कई मित्र ऐसे हैं जो फ़ैमिली प्लानिंग इन्-टीन बच्चाओं के बाद प्रेक्टिस कर रहे हैं लेकिन अगर एक्सीडेंटली, ध्यान रखने के बाद भी उनके चौथा बच्चा हो गया, ऐसी गलती अनुमान में हो सकती है, तो कपलेशन का कानून रहा तो उस कानून के मताधिक उन्हें दो साल के लिये कारावास में जाना पड़ेगा । अगर इस प्रकार की बातें आप मसलमान भाइयों में कहेंगे तो आप कानून से भी उनको नहीं दबा सकते, क्योंकि 'परसनल-ला' का डंडा दिखा देते हैं । इस ही प्रकार आप ईसाइयों का भी कानून से नहीं दबा सकते क्योंकि वह भी धर्म का डंडा दिखाते हैं कि हमारे बाइबल में, प्राइमेटेंट की भाषा में हमें वह मजूर नहीं । तो आप क्या चाहते हैं ? कपलेशन से कोई काम हमें मसार में नहीं हुआ है यह स्वाभाविक बात है ।

मंत्री जी, आपके प्यार और डुलार ने तो हम सब काम करने को तैयार हो सकते हैं लेकिन जिब दिन आपने डंडा दिखाया, उस दिन शायद हर के मारे कुछ दिन शायद आपका काम खत्म कर सकें । लेकिन जो काम प्रेम से आप कर सकते हैं, तो फिर इस तरह से कानून से या अबरदस्ती की क्या आवश्यकता है ।

मेरा निवेदन है कि वॉन्टीट्यूशन में बंज करने की जो बात कर रहे हैं, जहाँ एन्केशन को कनक्रेट लिमिट में ला रहे हैं, वहाँ मंडिकल रजुकेशन को भी उस कंक्रेट लिमिट में लाने के प्रयत्न करें । उसने यह फायदा हो जायेगा कि आप फिर राज्य सरकारों से ग्रामाणी से बात कर सकेंगे तथा सारे देश में एक ही स्वाम्भ्य मेवाएँ हो सकेंगी । आप नम्र शब्दों में कह रहे हैं कि कुछ राज्य सरकारों कपलेशन की बात कह रही हैं । उनके पास शायद इनने रिभोर्सेज हैं, कैपेसिटी है कि वह इनका स्टैंडर्डेशन कर सकेंगी । पर गलना है कि आपका उन्हें आशीर्वाद प्राप्त है ।

दिल्ली के स्कूलों के अध्यापकों के पास एक संकुलन आया है । उसके बारे में चौधरी राम मेवक जी ने प्रमोशन काल में उत्तर दिया है । लेकिन हमारे पास रोज प्रिन्सिपल और अध्यापकों के इस प्रकार के टेलीफोन आने हैं वे ब्रेचारे डर रहे हैं कि कहीं वल उनकी नॉन्गरी न बनी जाये । क्या यही तरीका है फ़ैमिली प्लानिंग का, कि उनको दबाव दिया जाये और उनकी प्रमोशन और तनख्वाह का रोका जाये और कहा जाये कि इनने कंसेज लाने होंगे ? क्या आप चाहते हैं कि जिम करेशन को हटाने के लिये हमारी प्रधान मंत्री भरनक प्रयत्न कर रही हैं, उम्मी करेशन को आप परिवार नियोजन के द्वारा अध्यापकों में लाना चाहते हैं । वहा पर 18 वर्ष के अविवाहित व्यक्ति का अपरेशन भी हो जायेगा और 70 वर्ष के बूढ़े आदमी का नम्बर भी हममें लग जायेगा, क्योंकि उसको अपनी नोकरी प्यारी है, उसे अपने परिवार का पालन करना है । इस लिये मेरी प्रार्थना है कि आप इस बारे में अवश्य सजग रहें ।

राज्य सरकारें आपको और प्रान्त मंत्री को खुश करने के लिये क्या कर रही हैं । बड़ा-बड़ाकर, जिम प्रकार अर्बन-

[डा. कैलास]

सीलिंग की हवा चली थी उन्होंने तुरन्त तय कर दिया कि 5 लाख की धर्रन मौलिंग कर दो किमी ने 7 लाख की, किसी ने 3 लाख की बात कर दी ले केन आखिर निकला गया कि वे 'स्ट नैड की धर्रन सीला का नम्बर निकला । ठीक उसी प्रकार फीमिली प्लानिंग के बारे में भी है । आप पञ्जाब, हिरयाणा तथा महारष्ट्र राज्यों को देखिये जो कम्पलशन की बात कर रहे हैं । अगर आप कपलशन की बात को नहीं हटायेगे तो मानव की जो सोचने की शक्ति, साइकोलोजी है, उनमें बिच्छू आप नहीं चल पायेंगे, ऐसी मेरी मान्यता है ।

मन्त्री महोदय ने अपने भावग में परिवार नियोजन के बारे में इमेटिव और डिस-इमेटिव की बात कही है वह सब क. मान्य है । मैं इतना कहना चाहना हूँ कि अगर आपने डिस-इसेंटिव और भी बड़ा दिये तो कोई हर्ज नहीं । जिस प्रकार आप एजुकेशन मन्त्रालय से सम्पर्क साधे हुए हैं वे ही आप इन्स्टीट्यूट से भी सम्पर्क साधिये । सेक्टर लीडर्स से भी पूरा सम्पर्क रखिये । उद्योगपतियों को फाइनेन्शियल इन्स्टीट्यूशन से पैसा मन दीजिये । अगर उनका दो-तीन बच्चे से ज्यादा बच्चे हो । जैसे की मार सबसे बड़ी मार है । वह कम्पलशन से भी ज्यादा अच्छा हरियार है । इमनि-प्रमाणन वा प्रमाणन, ज्यादा बच्चे होने से डिमोशन का डर परिवार नियोजन के प्रोत्साहन को अवश्य सकल बना सकगा । तब उन की समझ में आया कि किम तरह कारखाने बनये जाते हैं ।

यूमिसेफ की सहायता मिलने पर भी आज प्राइमरी हेल्थ सेंटरों की जो दुर्बलायी रही है, उस के बारे में मुझे कुछ कहने

की आवश्यकता नहीं है, क्योंकि मन्त्री महोदय को उस की पूरी जानकारी है ।

मन्त्री महोदय को इन्टेग्रेटेड कांसेप्ट पास किये हुए लोगों की सेवाओं से लाभ उठाने की व्यवस्था करनी चाहिए । उन को इस बारे में मेडिकल कौंसिल आफ इंडिया तथा आल-इंडिया मेडिकल एसोसिएशन से नहीं डरना चाहिए । इन्टेग्रेटेड मेडिकल प्रक्टिशनर्स यह नहीं चाहते कि उनका एनर मेडिकल एसोसिएशन से ऊपर हो, लेकिन उनको ऐसे लोगों की श्रेणी में शामिल नहीं किया जा सकता है, जो नान-इस्टीड्यूशनल ट्रेनिंग प्राप्त कर के रजिस्टर्ड कर लिये गये हैं । मन्त्री महोदय को उन का अलग सिड्यूल बनाना पड़ेगा, और बनाना चाहिए । उन लोगों ने इन्टर साइस की परीक्षा पास करके चार, साढ़े चार साल तक अध्ययन कर के यूनिवर्सिटी या स्टेट बोर्ड से परीक्षाएँ पास की हैं और केन्द्रीय सरकार ने उन को मान्यता दी हुई है । अब उन को मारे देस में प्रैक्टिस करने की इजाजत देनी चाहिए । वे लोग हर तरह से सरकार की सेवा करने के लिए आतुर हैं, चाहे फीमिली प्लानिंग के लिए और चाहे गावों प्राइमरी हेल्थ सेंटरों में । इस लिए सरकार का उन की सेवाओं का उपयोग करना चाहिए ।

एलोपैथी वा विज्ञान किन तरह आगे बढ़ा है, मन्त्री महोदय उन इतिहास को दृष्टि में रख कर प्रायुर्वेद का उत्थान करने के लिए प्रयास करें । वह प्रायुर्वेदिक अस्पतालों के सम्बन्ध में प्लानिंग कर के काफी सख्या में उन अस्पतालों की स्थापना करे । आज प्रायुर्वेद सम्बन्धी पाठ्य-युग्मकों नहीं मिल रही हैं । इन लिए मन्त्री महोदय पुस्तकों को लिखवाने और प्रकाशित करवाने की व्यवस्था करें ।

मैं मन्त्री महोदय से यह भी प्रार्थना करता हूँ कि वह एक सेंट्रल प्रायुर्वेदिक कॉमिटी तथा

आधुनिक यंत्रों के लिए टैस्टिंग
लैबोरेटरी की स्थापना भी व्यवस्था करें।

इन व्ययों के साथ ही स्वास्थ्य मंत्रालय
की माँगों का समर्थन करता हूँ।

SHRI RAMAVTAR SHASTRI: I beg
to move:

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

[Cumbersome procedure for indenting
specialist medicines by CGHS
dispensaries resulting in delay in their
supply and avoidable inconvenience to
patients(3)]

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

[Need to permit local purchase of
specialist medicines by CGHS bene-
ficiaries in urgent cases instead of
obtaining them through CGHS by in-
denting to avoid delay(4)]

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

[Need to permit daily indenting of
specialist medicines by CGHS(5)]

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

[Failure to check mosquito menace in
Lodhi Colony, New Delhi (6)]

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

[Need to control the mosquito men-
ace in the new DDA colonies parti-
cularly Janakpuri and Safdarjan En-
clave (7)]

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

[Need to have separate CGHS Dis-
pensaries in Janakpuri to cater to the
needs of residents of A, B and C
blocks in Janakpuri, New Delhi(8)]

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

(Non-availability of medicines in
CGHS dispensaries in New Delhi
(18).]

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

[Failure to start emergency service
on holidays at all CGHS dispensaries
in New Delhi(19)]

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

[Need to post more doctors at CGHS
dispensaries in Delhi to avoid heavy
rush of patients(20)]

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

[Failure to check theft of medicines
by the staff at CGHS dispensaries in
New Delhi(21)]

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

[Failure to prescribe effective
medicines to patients by the doctors
at CGHS dispensaries in New Delhi
(22)]

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

[Failure to start a separate CGHS
dispensary for the residents of Safdar-
jang Enclave-A and B Blocks, Arjun
Nagar, Krishna Nagar and Humayun
Pur, New Delhi (23)]

[Shri Ramavatar Shastri]

"That the demand under the head 'Ministry of Health and Family Planning' be reduced by Re. 1."

[Failure to eradicate the menace of mosquitoes(24)]

"That the demand under the head 'Ministry of Health and Family Planning' be reduced to Re. 1."

[Break-out of smallpox in Patna Town of Bihar (25)]

"That the demand under the head 'Ministry of Health and Family Planning' be reduced to Re. 1."

[Unsatisfactory arrangement for medical treatment in rural areas(26)]

"That the demand under the head 'Ministry of Health and Family Planning' be reduced to Re. 1."

[Need to give up the policy of coercion in the name of family planning(27)]

"That the demand under the head 'Ministry of Health and Family Planning' be reduced to Re. 1."

[Failure to supply cheap medicines to patients(28)]

"That the demand under the head 'Ministry of Health and Family Planning' be reduced to Re. 1"

[Failure to remove acute shortage of medicines in Government hospitals(29)]

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

[Need to open more hospitals in rural areas(30)]

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

[Failure to eradicate Malaria(31)]

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

[Misuse and blackmarketing of medicines in Government hospitals (32)]

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

[Failure to check increasing incidence of blindness(33)]

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

[Failure to invent cure for cancer, leprosy and other dangerous diseases (34)]

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

[Failure to eradicate mosquito-menace in big cities of Bihar like Patna, Gaya and Muzaffarpur(35)]

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

[Need to administer triple injections to children in Government hospitals (36)]

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

[Need to improve administration in Government hospitals(37)]

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

[Need to provide more beds in Government hospitals(38)]

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

[Need to take over private medical colleges my Government (39)]

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

[Failure to check charging of capitation fee by private medical colleges (40)]

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

[Need to provide free food to poor patients by Government(41)]

DR. SARADISH ROY (Bolpur): Mr. Speaker, Sir, this year's debate on Health and Family Planning gets much more important with the statement issued by the hon. Minister on the National Population Policy. So, we will take some time to discuss this point and, as such, I should be provided with some more time so that I could express my opinion on this very important issue.

Sir, even in the city of Delhi, firing and curfew are going on—one of the reasons being the forcible introduction of family planning measures.

At the very outset, I want to speak on the Plan outlay. The total outlay in the Fifth Five Year Plan for the Central Schemes and the Centrally Sponsored Schemes is Rs. 252 crores. Although two years of the Fifth Five Year Plan are over and this is the third year, yet it is said that the Plan is still in the draft stage. May be it is Plan holiday, we do not know. Even during these three years the total allotment will be Rs. 130 crores and for this year the allotment is Rs. 54.4 crores. This is the beginning of the third year and we are left with less than 50 per cent of the total outlay in the Plan. As a result of this what has happened is very alarming. The Report on page 8 says that out of the total outlay of Rs. 46.38 crores for this year Centrally Sponsored Schemes, Rs. 32.46 crores have been allocated for National Malaria Eradication Programme, Rs. 4.10 crores for National Smallpox Eradication Programme and Rs. 2.60 cro-

res for the National Leprosy Control Programme.

No provision has been made for any other national programme; specially for a Central TB control programme, no provision has been made in the plan. Probably because of shortage of money, the Government has already given up that project and left it to the States to implement it. I will discuss regarding tuberculosis later.

The rural health scheme is the most important part of the schemes. This is because 80 per cent of our people live in the villages. What is the condition of the villages. They are not being provided with scientific medical treatment, they cannot purchase medicines. From the report, it is evident that there is a scheme for a primary health centre in each block. But till today there are certain blocks—their number is 113—where there is no primary health centre. Then there is a scheme to provide for doctors. Now there are 73 primary health centres where there is no doctor. Then there are 1096 primary health centres where there is only one doctor. That means if he goes on leave or falls sick, the patients cannot get the help of the doctor. Then there is a proposal to provide a sub-centre for a population of 10,000 according to the 1971 census. On that score also, we find an alarming position. From the report, it seems that on the basis of 10,000 population, the requirement of sub-centres is 43,886. Now the functioning sub-centres, according to that plan, are only 35,274. That is, about 9,000 centres have not been opened. Though these 35,000 centres are functioning, it is not mentioned in the Report whether there is any doctor or not, whether scientific arrangements are there or not. But it seems that the condition of these health centres is very bad because when in the primary health centres there is no doctor, the condition of these sub-centres will be much worse.

Government are now boasting of having succeeded in eradicating small-

[Dr. Saradish Roy]

pox. A few years back, they were also boasting of having eradicated malaria. But malaria has now come back and in a vigorous way. Previously it was prevalent mainly in the eastern part of India, but in the last few years we see that it is prevalent not only in the eastern parts but throughout the country. There has been sufficient warning about it. I have got the figures of the incidence of malaria in Delhi. In 1970; the incidence was 1,056; in 1971 it was 3,852; in 1972 it was 3,582; in 1973 it was 3,462; in 1974 it was 12,196 and in 1975 it was more than 36,000. This alarming position was a sufficient indication and warning to Government to act timely to check the spread of malaria. Now it has engulfed the whole country, not only the capital city but the whole country. As a result of the reappearance of malaria in the country, there is apprehension that there is loss of production not only in the agricultural field but also in the industrial field. If we have not checked the incidence of malaria, it is due to negligence on the part of Government to implement the national malaria eradication programme. With the help of WHO and other organisations in the last 25 years, the country had almost eradicated malaria, but due to the negligence of Government this phenomenon has again spread throughout the whole country. This is a result of Government's inactivity. Now they are saying that the malarial parasite has become resistant. But the NMEP staff has been diverted from malaria eradication work to family planning and other work with the result that in the last few years there has been no spraying of DDT or other insecticides in the countryside or in the towns. As a result, this menace has again appeared in the country. What is the government's solution? From the report it appears to be alarming. Instead of eradication, the government is now thinking of selective containment; this is on page 19 of the report. This is not eradication. Government's strategy is one of selective containment. We find that spraying is not done. Not only that. Anti-malaria

drugs are not available in abundant quantities in market; they are not being distributed to the hospitals. Government should take immediate steps for eradication, and not mere containment of malaria.

In this connection, I should also like to say a few words about smallpox. Just like malaria eradication, they are boasting about smallpox also. In the country itself, may be, during the last few months there may not be instances of smallpox. But in neighbouring countries there is smallpox and since people travel to and fro, any time there may be a case of smallpox in our country also. Government should not act in a leisurely fashion; they should take effective steps, so that work is done properly.

With regard to TB, I have already mentioned that there is no provision in the budget for any central scheme or central assistance. It is left to the State Governments. It is a major health problem in our country. There is talk of domiciliary treatment but domiciliary treatment is not effective and poor people cannot follow it up. They come out in a few months and then they have a relapse. They continue to have the disease and the disease is spreading. Government is having peripheral institutions. It is nothing but distribution of drugs. There is no proper arrangement for diagnosis of the disease in the peripheral institutions. It is good that the government has increased the number of TB beds. An alarming feature is that hundreds of beds in the sanatoria etc., run by voluntary organisations remain vacant because these are paying beds and I suggest to the government that they should subsidise so that those beds are provided free to poor patients so that they could have treatment. The anti-TB drugs distributed from the centre is not sufficient. What about the prevention of TB? They are doing BCG vaccination in a leisurely way. 309 teams are now working in our country and if one team is working in a district, according to calculations it will take 10 years more to cover all

the people. Vigorously steps should be taken so that TB cases could be checked. New born babies should be taken care of by BCG vaccination.

About leprosy, at the time of Independence in our country we had about 1.5 million persons afflicted with leprosy; during these 25 or 30 years, that population has doubled or multiplied. We can boast that one-third of the total leper population in the world is from our country. This requires multi-oriented action so that the disease can be checked; namely mass publicity, better education, proper detection and examination, timely and adequate treatment, rehabilitation of the cured, the problem of infection of persons who work near those places and sufficient precautions in the case of those people. These things should be taken care of and the rehabilitation of the unfortunate people should also be taken care of.

Sir, the last page of the annual report of the ministry contains a statement showing "the financial and physical target and achievements in respect of maternal and child health services and nutrition programme." From this we find that out of the total amount of Rs. 100 lakhs allotted for this scheme, though meagre sum, only 50 per cent has been spent upto 29th February, 1976 and 50 per cent has not been spent. I want to draw the attention of the Minister to this fact.

Coming to the population policy, it is a very big problem. Hon. Minister has conceded this point. I quote from the Minister's statement:

"In the ultimate analysis, it is only when the underlying causes of poverty and disease are eliminated that the nation will be able to move forward to its desired ideal.

....Simply to wait for education and economic development to bring about a drop in fertility is not a practical solution."

We believed that poverty is the cause rather than the result of over popula-

tion. Not only we, but one of the papers which is blind supporter of the government's policies—Blitz—also says the same thing. It says "Ghost of Malthus haunts the West." I would say, not the west, but the Government. The article says:

"He said, population increased by geometric progression while the food production increased by arithmetic progression"—it is the famous malthusian theory— "Therefore, population always outstripped food supply; there could never be much progress in the solution of poverty and the poor would always remain poor... ..50 per cent of the globe's soil can be cultivated but only 10 per cent is being used. Production per acre also could be doubled and trebled by rational and equitable agricultural practices.

What prevents such use by the mass of the people is the political and economic power, which has monopolised land and capital resources for private profit. Therefore, for the solution of poverty and hunger, radical political and economic changes are needed.

....Actually according to some authoritative sources, there is now too much food and too few people who can afford to buy it. The reason is simple. The Green Revolutionaries are not growing food for people; they are producing commodities for profit. The larger farmers find it easier to afford the new methods if thereby they can displace under-employed farmhands and tenants with new machinery; the excess farm population—now many of them in the cities—have no money to buy bread, let them eat cake?"

So, unless we can eradicate poverty, this problem cannot be solved. Because of the failure of this government to implement the family planning programme during the last several years even after spending more than Rs. 1500 million and because it gave no result, now they are going to resort to compulsion.

[Dr. Saradish Roy]

I have got certain papers. There is a telegram addressed to Shri A. K. Gopalan which reads:

"Baidwan Commissioner Sales Tax, Delhi harassing staff forcible sterilisation, complaint to P. M. and Speaker, Lok Sabha."

So, a copy has been sent to you also, Sir.

There is a statement made on 26-4-76 by two of our hon. Members who visited the Turkman Gate area of this city. They say:

"We are told about the compulsory sterilisation of the people of this area during the last few days. Married or unmarried, old and young are subjected to forcible sterilisation. The people who are resisting are being beaten up mercilessly. Rickshaw-pullers, beggars and pavement dwellers became the easy objects for this."

This is what you are doing.

I have got one circular in hand. That is from the New Delhi Municipal Committee. The circular No. is SC/STN/ 332/E dated 21-4-76. What does the circular say:

"The Delhi Administration has launched a massive family planning drive in the Union Territory of Delhi. The municipal employees whose wife's age is less than 45 years, have more than 2 children shall be required to get themselves sterilised and produce sterilisation certificate from the authority prescribed failing which they shall not be entitled to various concessions viz. festival advance, housing loan, conveyance advance, children education allowance/tuition fee, uniform allowance, washing allowance, free medical aid and similar other allowance etc. Those having more than 2 children will not be entitled to municipal accommodation if they do not get themselves sterilised and those in occupation of municipal

accommodation will become dis-entitled as soon as there is a child added to the family beyond 2 children. The family planning aspect would also be kept in view while considering cases for confirmation, promotion and crossing of E. B. and writing of CRs of the municipal employees.

The contents of the circular may be brought to the notice of all the staff working under you."

This is what is being done. This is how compulsion and coercion are being applied to implement this. If the Minister gets more than three children, he can retain his job, but if the municipal employee is having more than three children, he will lose his privileges. There are certain Ministers who are having more than 5 and 7 children. This order does not apply to them but the poor employees has to lose.

They say that some big countries are doing this and talk of the case of socialist China. They are doing family planning but not in the coercive manner in which you are doing. They are educating the people. And through this method, they have reduced the size of the family to 0.6 per cent in the biggest city of the world—Sanghai.

In the end, I would again request you not to adopt coercive methods. You should adopt some sound methods so that this programme can be successful.

SHRI P. VENKATASUBBAIAH (Nandyal): Mr. Speaker, Sir, I rise to support the Demands moved by the hon. Health Minister. I wholeheartedly welcome the historic pronouncement he has made with regard to the family planning programme.

Sir, the Nation is grateful to the Prime Minister and also the Health Minister for having given a new turn to the concept of family planning for containing the alarming growth of population in our country.

Sir, health is a State subject and also family planning is a State sub-

ject. I know under what constraints the Health Ministry headed by Dr. Karan Singh has to function in order to bring the State Governments to the ideal concept of family planning and also to stem the tide of population.

In his speech, he has listed out certain incentives for the State Governments who implement these programmes sincerely, effectively and expeditiously. The first point is about freezing of the population at the 1971-level. Of course, some State Governments have a grievance that a premium has been placed on those States which did not follow the family planning programmes; whereas they themselves have lost some of their representation in the assemblies and in Parliament. The Health Minister has done well in freezing representation at the 1971-level, i.e., while determining the strength of members both in the Assemblies and in Parliament. The second point is about the 8 per cent additional amount which will be ear-marked for this programme. Various State Governments will take advantage of this incentive. But the most important factor in implementing this programme is the amelioration of the lot of the weaker sections of the society. Family planning, whether it is dictated by Dr. Karan Singh or is preached by others, is now being implemented among the affluent sections of our society. But the weaker sections who suffer from poverty feel that it will be a sort of an impediment in eking out their livelihood. A poor man with more children can put his children in gainful employment and eke out his livelihood. If this family planning programme is implemented successfully, it will help large sections of our population who live below the poverty line. It is essential that the economic programme also goes hand in hand; and the 20-point economic programme now under operation, should be implemented in a vigorous manner, so as to make these weaker sections feel that they are becoming better off, and that they can follow the family planning programme.

The Minister has also raised the age of marriage for girls and boys. Of course, even before the Minister had announced it, it is being implemented, because of the difficulties that the parents are facing in getting their daughters married, due to the pernicious system of dowry. It is all right to have a statutory limit-but to bring in a statute or some statutory changes to implement this programme is not necessary at this moment, as it is being followed already. Again, the Minister wanted to utilize the services of radio and television for propagating the family planning schemes. I may tell you, Sir, and the hon. Minister that in our country, the media of cinema, radio and television are having a tremendous impact on the people's minds, as far as these economic programmes are concerned.

But, unfortunately, there are some films which directly go against the principles and precepts of family planning. At one time I put a supplementary question in this House on this matter. There is a Telugu film which preaches against family planning, and that gets an award of the State Government, and the producer, actor and actress have been awarded Padma Shri. The name of the film is Thathamma Kala.

THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH): When was it released?

SHRI P. VENKATASUBBAIAH: It is still running. I asked the Information and Broadcasting Minister to look into this matter. Even now various articles are being written in the newspapers and journals, opposing the concept of family planning.

Another feeling in the country is that family planning is applied only to one particular section of the population. I am glad that the hon. Minister has made it clear in his statement that family planning will be applied to everyone, irrespective of his caste, creed or community. I hope that this will be implemented, as per the declaration made by the hon. Minister. More than that, I entirely agree with the hon. Minister when he lays emphasis

[Shri P. Venkatasubbaiah]

on the role that has to be played by the voluntary organisations.

The Turkman Gate incident is a clear proof of the lack of publicity, or lack of understanding on the part of the people of the real implications of family planning. Nobody has gone there to explain to the people the real objects of the scheme with the result that all sorts of rumours were allowed to spread, and nobody is there to allay the misapprehension created among the people by anti-social and anti-national elements, which are trying to take every opportunity to create trouble in this country. So, the role of the voluntary organisations and the role of media like television, radio, newspaper and films should be co-ordinated, in order to make this scheme successful.

I know that the health portfolio is being handled in some States by some Ministers who do not have much of a political pull. When Panditji was the Prime Minister, at one time he said that agriculture and social welfare must be handled by the Chief Minister. In this context, I would suggest that it must be impressed on the States by the Prime Minister that priority should be given to the family planning programme.

Another important measure that has been brought out by this Ministry is the amending of the Food Adulteration Act. I congratulate the Health Minister for having enacted this major Act. Much damage was being done to the health of the people by some unscrupulous people indulging in all sorts of adulteration methods, which was telling upon the health of the nation. I hope that under the new Act vigorous steps would be taken to see that food Adulteration does not take place. At the same time, I would say that while selecting the personnel for implementing the Food Adulteration Act, proper care must be taken so that innocent people are not harassed, because what is now happening is that these personnel are taking advantage

of the Act and trying to exploit the situation to their personnel advantage.

Then, there is a paradox or contradiction in this country. We do not have much of medical aid or doctors in the rural areas. But, at the same time, there is growing unemployment among the doctors. I do not know why this phenomenon is prevailing in this country. I want the Minister to find a way out for giving gainful employment to these doctors.

Medical education at present is a long drawn out process, and it takes six or seven years for a person to qualify himself as a doctor. It may be examined whether short-term courses can be introduced in order to implement this idea of bare-footed doctors to mitigate the hardships of the people.

Regarding the primary health centres, there are no facilities available even at taluk headquarters. I know the difficulties of the hon. Minister and I may be told that this should be raised in the State Assembly, but it is an important matter which has to be looked into.

Capitation fee is assuming alarming proportions and anything like Rs. 50,000 to Rs. 1,00,000 is being demanded for admission to the medical colleges. In some States it has become almost a racket because the medical graduates will get a dowry of not less than Rs 2 lakhs. So, it has become a commercial proposition. Hence, this system should be abolished and admission should be based purely on merits.

As there is growing unemployment among doctors, admission to the various medical colleges should be restricted only to those who can get gainful employment in the country. We have also to take vigorous steps to stop this brain drain. We should not allow our doctors to go abroad after having had education at an enormous cost to the exchequer.

With these words, I support the Demands of the Ministry.

DR. V. K. R. VARADARAJA RAO (Bellary): I would like to begin by congratulating the hon. Minister for placing before the country for the first time a statement on population policy. You know yourself, Sir, because you have also been interested in the subject, that for many years we have been asking for the formulation of a population policy, not a policy just for the reduction of births but a more comprehensive policy that would aim at improving the quality and functional diversity of the population, in which, of course, is included the question of the reduction of births. I am very glad that the Minister has at last been able to place a document before the House.

I would also like to congratulate him for having shown a considerable amount of courage in bringing up a resolution on family planning before the plenary session of the Congress Party at Chandigarh. I do not think this has been done by any political party, even the most radical, so far.

SHRI M. RAM GOPAL REDDY (Nizamabad): We are a radical party.

DR. V. K. R. VARADARAJA RAO: We are, but I am sure we would not like to be called the most radical party. Even they have not done this.

From all this, I have a sense of satisfaction, and I would like to congratulate the Minister on having taken initiative in getting this done.

I have carefully read the statement not once, but two or three times. Most of my remarks will be confined to that statement. I do not propose to deal with the other aspects of the health programmes, of which I really do not have any special knowledge.

To begin with, I think there is no question about the fact, and I think now the country is conscious of it, that we are finding ourselves frustrated because even if we take vigorous steps of economic development, the per

capita results of that economic development are enormously less than the effect on the national income and national production because of the increase in population.

And I think, therefore, people are agreed that we cannot go on at the current rate of increasing population to 2.4 per cent, 2.2 per cent and even only 1.4 per cent to which the hon. Minister has made a reference as the rate that will be reached by 1984. I am not too sure because I was just calculating, but 1.4 per cent in 1984 would give an increased population like 8½ or 9 millions. And I do not think we can afford to keep our population rising at the rate of 9-10 millions a year even after successful programmes of population control.

Therefore, it is, I think, important, imperative and essential that the country should recognise that limitation of birth, small family norm and drastic reduction of the growth rate of the population are all essential conditions for improving the quality of life of the people of India. But I would like to say at the same time that reduction in population growth rate will not by itself bring about economic development. I think we must not make the mistake by thinking that by reducing the growth of population or reducing the birth rate or having a small family norm even by itself is going to bring about an economic millennium in this country. In fact, I would go further and say that even having a small family norm, even bringing reduction in birth rate and in the population growth rate itself will be dependent upon what we do by way of development. Therefore, while I accept the thesis that our development efforts are getting somewhat frustrated because of the increase in population, I hope the Minister will also agree with me that we cannot put forward the thesis that reduction in births is a substitute for economic development. In fact, reduction in births itself is possible only with economic development. And that is why, I am glad, in this population policy stress has been laid not so much on

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reduction on births but on the other aspect of social and economic policy that helps to bring about reduction in births.

First, I am very glad that the Minister has suggested that the marriage age should be raised. I do not agree with my friend Mr. Venkatasubbarah who has said that it is already taking place. It is already taking place among the upper and middle classes and among the elite classes. But as far as masses are concerned, this is certainly not taking place and the elite and the upper class forms a negligible minority of the population. In fact, they do not need family planning attention. Most of them are already practising family planning. Therefore, I am glad that the age of marriage is being raised. But I would like to warn the Minister about one aspect. He seems to think that by raising the age of marriage automatically the age of marriage will be raised. He says that it will be made a cognisable offence. Sir, by making it a cognisable offence, it does not mean that the offence will not be committed. I think it is very important for us to realise it. I was still a Graduate student in Bombay when the Sharda Act was passed. If you look up the census figures you will find that a number of girls are married at the age of 5, 6 and 7 and the number is not in terms of thousands; it is in terms of hundreds of thousands and sometimes even millions if you go upto the age of 16. Therefore, in my own opinion, it is not enough merely to raise the age of marriage.

I am a little distressed about one fact. In the same paragraph, the Minister says, "The question of making registration of marriages compulsory is under active consideration." I would say that this is putting the cart before the horse. Unless you make the registration of marriages compulsory, there is no way in which you can enforce the age of marriage to be 18 or 20 or whatever you want. I do not understand why are you fighting shy

of making the registration of marriage's compulsory. We do not want to make money out of the registration. We can be told that only those marriages which are accompanied by registration certificates will be valid marriages. If people still have marriages and not take registration certificates, the children born may not be given unrestricted rights of inheritance out of such marriages will not be treated as the property of those parents. I do not see in any country of the world where marriages are not registered. In our country, we register births and deaths of course with a lot of gap and so on.

So, I would say that if the Minister wants this legislation to have any practical effect then he must accompany it, in fact, I would say precede it, by legislation making the registration of marriages compulsory, then we will know how many marriages are taking place, at what age marriages are taking place, what is the gap between the bridegroom's age and the brides age. There should be a very simple form. We do not need to have a form of 15-16 items; a form of 4-5-6 items will be enough. It should be a simple form and there will be no difficulty in doing that.

If you do not do it, I am prepared to say that we are very unlikely to succeed in implementing the proposed legislation. If we implement it, it will have a definite and distinct impact on birth-rate and, from what we have made out from our studies, on fertility and so on. You cannot implement it without making marriage registration compulsory.

The second thing that I want to talk about is in regard to public finance—you, Mr. Speaker, have been dealing with public finance for a greater part of your political life—which is the most important thing in the statement and which has not been highlighted in the papers. We are going to freeze for purposes not only of seats in the Lok Sabha but much more important is for purposes of Central funds, Plan assistance and all that. According to the

Gadgil formula, if I remember aright, I think, 60 per cent of the Central Plan assistance to the State Governments is based on population. Even devolution of taxes, so many of the Central subventions and grants to the States are based on population. We know that the State Governments receive something like 50 per cent of the capital expenditure through the Centre and something like 30-35 per cent of the recurring expenditure through the Centre. That was the position when I prepared the memorandum for the Sixth Finance Commission. Probably, the position is a little worse today. Therefore, this is a very important instrument. If the Central Government says that 1971 census will determine not only seats in the Lok Sabha which is not so important but also, the amount of money that the States will get for their development and planning programmes, then, automatically, it is the biggest group incentive—he talks of the highest group incentive later on in the statement—that you can give to the States. Every Chief Minister will then know that if he does not implement the family planning programme effectively, the population will increase, he will have more expenditure, and he will not get assistance from the Central Revenues for the purpose.

This, to my mind, is the most important part of the National Population Policy statement. I hope, under no circumstances, under no pressure of any kind, the hon. Minister and the Government of which he is the spokesman will allow themselves to resile from this particular position which has been stated in the National Population Policy statement.

That brings me to the question of sterilisation. Now, the ball is transferred to the court of State Governments. If the State Government permits population to increase, it has got to have more schools, more hospitals and provide more employment and everything. Therefore, the State Gov. effective method for bringing about

from within the States to see that family planning programme is made effective. How do we make it effective? I have been trying to look at the figures. I do not want to bore the august House with statistics. By and large, it appears that statistically, the only programme that seems to be working is sterilisation programme. I do not like it. I do not like some other expression which has been used to describe the same phenomenon. I would like to draw the attention of the hon. Minister to a Weekly called *Mainstream*. This is a weekly which is associated with the Communist Party of India; it represents the views of the Communist Party of India. The latest issue of *Mainstream* contains a very interesting article on the subject of National Population Policy. The word that they have used for sterilisation is castration. An enormous difference is made by a mere change in expressing a particular phenomenon. Apart from that, it refers to a number of practical problems which the Government is bound to face. These days, we do not hear much criticism and much difference of opinion and so on. If somebody expresses a difference of opinion, it is very useful for the Government to see what the difference of opinion is.

13.00 hrs.

To come back to the subject, some kind of sterilisation seems to be a most effective method of population control. If we want to go in for sterilisation, it should not be compulsory. I am very glad that the Government says that there is no idea of having compulsory sterilisation. I want to make it very clear. The Government does not intend to have compulsory sterilisation. As a matter of fact, I read a press release this morning, saying there is no compulsory sterilisation in Delhi, for, all sorts of rumours float around the city. The official statement made it clear that the Government in Delhi is not committed to and is not going in for a policy of compulsory sterilisation. But if we are not to go in for a policy of compulsory sterilisation and if sterilisation is going to be the most effective method, for bringing about

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population control, how do we get people to adopt sterilisation without, at the same time, compelling them to go in for it? This is a big question which, in my opinion, concerns the Minister and the Government of India in implementing their population policy. I don't want to talk about compulsory sterilisation or the consequences it can have or the difficulties or the hurdles and so on, because then we would be really going off the track. We are not yet in the era of compulsory sterilisation. But there is a danger that some States, induced by this big carrot and stick policy—you are now using the carrot and stick method through individuals, families, panchayats or Zilla Parishads and you are using the State Governments—which feel fairly powerful in their own States, might adopt methods to bring about a reduction in their own growth-rate by resorting, if not to open compulsory sterilisation, to sterilisation which is compulsory implicitly or compulsory in brackets or compulsory in an invisible kind of fashion—so far as the wording is concerned—because an incentive has been created by this policy statement.

I would therefore like to ask this of the Minister. The Minister has stated in paragraph 15 of his policy statement that "it is clear that public opinion is now ready to accept much more stringent measures for family planning than before." Then comes the sentence "However, the administrative and medical infrastructure in many parts of the country is still not adequate to cope with the vast implications of nation-wide compulsory sterilisation" (absolutely correct) "We do not therefore intend to bring in Central legislation for this purpose at least for the time being." Then he says—and this is the weakest sentence of the policy statement—that "some States feel that the facilities available with them are adequate to meet the requirements of compulsory sterilisation." Are you going to leave it to the feeling of the States that the facilities are adequate? Is it not the moral responsibility of the Central Government which is now in-

ducing the State Governments by using the carrot and stick method to go in for a policy of population control, which inevitably means a policy of going in for compulsory sterilisation, to induce them not to lightly skip over this essential condition which is laid down, namely administrative and medical infrastructure? This is a very important thing; it is not just an academic matter because, if the medical infrastructure is not there and if some compulsory sterilisations go wrong or if wrong people are sterilised, it is going to have very serious repercussions, not only on the family planning programme but on the whole process of economic, social and cultural development of the country. I would therefore ask this of the Minister, as this Parliament is responsible for the implementation of the national population policy, that when the Minister and the Government feel that we are not yet in a position to adopt a nation-wide policy of compulsory sterilisation, have we got any right to give the States the authority to go in for compulsory sterilisation? If we do that, we must see that the administrative and medical infrastructures in the States concerned are adequate, and not leave that to what is called the 'feeling' of the States that they are. I hope the Minister will answer this particular question as to what is the machinery he is thinking of. If a State Government wants to go in for compulsory sterilisation, is he going to send out a team, is he going to make any enquiry into the administrative and medical infrastructural facilities, is he going to lay down certain minimum primary conditions which must be fulfilled before somebody can go in for compulsory sterilisation? I would suggest that this must be acted upon in line with the very objective of the policy which has been enunciated by the Government. But I agree with the policy statement when it is said:

"Our advice to the States in such cases will be to bring in the limitation after three children and to

make it uniformly applicable to all Indian citizens resident in that State without distinction of caste, creed or community."

That, I think, is a part of the fundamental basic structure of the National Population Policy. I am glad that he has said three children and not two children; I am also glad that it applies to everybody irrespective of any considerations. But before he can do this, he must satisfy himself that the necessary pre-conditions exist. It is no good saying that it is left to the States. We know what the States are. I can assure you as a student of public finance that many of the States are pensioners of the Central Government. We also know how many States are under President's rule. It is no good suddenly treating the States with great respect as if they are big *dadas*.

It is important for us, therefore, not to shirk the responsibility but to take the responsibility in our own hands and lay down specifically and categorically the detailed conditions which must be fulfilled before, for example, my friend, the Chief Minister of Maharashtra, a great enthusiast on this, goes full steam ahead with implementing the policy of compulsory sterilisation in his State.

MR SPEAKER: Please try to conclude.

DR. V. K. R. VARADARAJA RAO: I just wanted to say one thing more. I was referring to the comprehensive character of the Minister's statement. I want to emphasize that because any sterilisation has got to be accompanied by the necessary social economic and cultural background. The Minister has talked about mass media campaign, he has talked about female illiteracy nutrition programmes and so on. In fact, he has placed the population policy in a proper perspective; it is a part of the whole process of deva-

lopment, social, cultural and economic development, with education playing a very important part and nutrition playing a very important part.

I would like, therefore, to suggest, not for his consideration because he may or may not benefit from it, but for the consideration of the Government through him, whether it may not be desirable to combine the Ministries of Education and Health and Family Planning, because so much of family planning depends upon education unless we are identifying it with the use of surgeon's knife. Family planning is not to be identified with the use of surgeon's knife. If family planning is to be treated as family welfare, improvement in the quality of life and as a basic aspect of social and economic development and if education, children's nutrition, female education and population values in education are going to play a very important part in making the atmosphere which will permit of proper implementation of family planning programmes, then I suggest to Government—since we are now changing so many things, including Constitution, etc., etc.—that they may also think of re-structuring the Cabinet, re-structuring the division of functions, they may have a more rational approach in the division of functions; and if any such thing is done, combining Education with Health and Family Planning would be a much more rational way of doing it than to have independent Ministries and one Minister writing to another Minister and expressing in a policy statement the hope that this is going to be done by somebody else. Whether this will mean the Health Ministry getting merged with the Education Ministry or the Education Ministry getting merged with the Health Ministry, is a subject on which I have no opinion, no forecast, no feelings at all.

*SHRIMATI BHARGAVI THAN-KAPPAN (Addor): Sir, the Govern-

*The original speech was delivered in Malayalam.

[Shrimati Bhargavi Thankappan]

ment is paying more attention to the problems of family planning than health in this year. A few days ago the Minister announced the national policy on population in the Parliament. The population of this country is increasing by one million every month. The statistics show that our population has increased by 250 millions during the last 28 years of our independent existence. If the population is allowed to increase at this rate all economic developments will come to a stop in this country. A time will come when the people in the lower echelon of our society won't get even a morsel of food to eat. I am happy that the Government has realised this fact, although belatedly. In the national policy on population, it is stated that it is essential to remove poverty and disease from this country for economic development. By checking population alone can the process of economic progress be quickened? Of course, checking the population rise can be one of the many means for speedier economic development. I don't think that the Government need take any special steps to make the family planning programme acceptable to the people. Because, Sir, take Kerala for example. The standard of education is high, and there is an awareness among the people about the need of family planning. They are marching forward to the sterilisation camps happily. By chalking out comprehensive programme in the educational sector and making the people in the rural areas aware of the importance and the benefits of family planning the Government can make this programme a grand success. The people in the villages should be told the fact that by accepting family planning their social economic and cultural standard will rise. If it is done, then we can achieve tremendous progress in this field. Certainly we can control our population. There is no need of any compulsion on the part of the authorities. Vast million

of our masses are steeped in the mire of superstitions. They are illiterate. 80 per cent of the population lives in the villages. They don't know what is happening in the country. They do not know what laws are being made by the Government. If the compulsory sterilisation is implemented and consequently penal action is taken against the people who do not take to sterilisation, then these poor people will come to know about it only when they are punished. They just don't know the fact such a legislation has been passed in this country and they are being punished for not complying with the law. Therefore, it is very essential to have some arrangement to make these illiterate and ignorant people aware of the problems and the need for practising family planning. I would like to know whether this Ministry is taking any such step. Family Planning squads can organise door to door campaigns in the villages and convince them about the importance and benefits of family planning programme. They should be told that we are on the verge of a explosion and that if the population rises at this rate, by 2000 AD our people won't get drinking water or fresh air to breathe. They won't get enough space even to move about. They should also be told the fact that if their family is planned they can make tremendous progress in the social, economic and cultural fields. If that is done, I am sure that they will accept sterilisation voluntarily. Kerala is an example where we have proved this. Sir, in Kerala they have not only achieved the target but have done about 500 more cases. If proper education is given to the people in other States also and makes them aware of the importance of family planning and convince them that the Government is doing everything to promote their educational and other needs, then I have no doubt in my mind that they will also accept family planning voluntarily. In this connection, I would

like to deal with one other point. The report says that for a population of 10,000 one sub-centre and for every block one primary health centre have been set up in every State. But only if experienced doctors and necessary staff are appointed and if they go from door to door to make the people aware of the importance of family planning it will achieve success. About sub-centres I have to make one point. The Government has set up sub-centres for a population of 10,000 I know what is happening there. When I was touring some villages, I found that most of these sub-centres had only one mid-wife. Everyone knows that it is impossible for one mid-wife to cater to the needs of 10,000 people in the village. Therefore, it is very action will be taken against those who essential to equip these sub-centres and primary health centres with qualified and experienced doctors and staff. Not only this necessary equipment and medicines should also be made available. I have found that people in the villages are even afraid to approach a doctor or take medicines. This attitude has got to be changed. Therefore, it is all the more necessary to provide experienced staff in the sub-centres and primary health centres. I hope the Government will consider this aspect of the problem rather seriously. In my opinion it is the duty of the Government to make the fruits of development available to the poor people who are living in the villages.

Sir, the Central Government is thinking of making sterilization compulsory. Many State Governments are thinking of bringing in legislation to make sterilization compulsory. Penal action will be taken against those who do not undergo sterilization. There is an underlying danger in this proposition. Millions of ignorant people who do not know anything about the law may have to be sent to jail if such legislation is implemented. They just do not know that such a law exists. When such a penal action is taken I am afraid,

the father of the child may even go to the extent of denying that the child is his own. Sir, imagine what a problem will it create for the mother. Therefore, my humble opinion is that such drastic action should not be taken. No body should lose his increment or lose the chance of promotion just because he has not undergone sterilization. Certainly the educated people, whether in the villages or in towns, will accept family planning voluntarily. So far as the uneducated people are concerned we should give them proper education on these lines.

Another point I want to make is about smallpox. Although it has not been completely eradicated, the Government has been successful to a great extent in its fight against this disease. But we could not do much to eradicate TB, leprosy, cancer and such other dreadful diseases. Recently the hon. Minister has been to Trivandrum to inaugurate the Cancer Institute. The State Government is prepared to take all necessary steps to convert it into a Cancer Research Centre. But they don't have sufficient resources. I understand that the State Government has approached the Centre for necessary funds and I hope the Central Government will favourably consider this.

Sir, one more point I have to point out. In Himachal Pradesh there is one Lady Linlithgo TB Sanatorium. About 90 people are working in this Sanatorium. This Sanatorium has a long past. I understand that a decision has been taken to retrench the staff and abolish the sanatorium. I have got a memorandum.

DEPUTY SPEAKER: You can hand it over to the Minister.

SHRIMATI BHARGAVI THANKAPPAN: Sir, it is a very serious problem concerning the lives of 90 members of the staff and their families. These days it is extremely difficult to get a job. In such a situation if peo-

[Shrimati Bhargavi Thankappan]
 ple lose their jobs what will happen to them? When there is need for more and more of such sanitoriums Govern- ment should see to it that this exist- ing sanitoriam continues to function without any hitch. With these words I conclude.

SHRIMATI MUKUL BANERJEE
 (New Delhi): Mr. Deputy Speaker, I would like to congratulate the hon. Health Minister for enunciating for the first time in the history of India a very dynamic and bold policy on Health and Family Planning which worked for health, welfare for the mother and the child and the family as a whole. It helped on the econo- mic side too.

I was present in that Conference in which he enunciated this po- licy. In that Conference all the Health Minister of India includ- ing the Health Ministers of all the States were present. All these mat- ters were discussed over there There was a very great enthusiasm.

Last time, we took half the target of this sterilisation. But we could not achieve that. This year we have taken double that target of sterilization. We have fulfilled that target. Now, we are proceeding further.

This step is very important. We all know that the population is growing at a rapid pace. Within 25 years, 250 million people have added to our population. If the population grows at this pace, there will be no food and our population in time to come will have to eat each other. So, this is a very serious matter and this will have to be looked into and solved with some sort of boldness and strength.

There is a proposal for raising the age of marriage. I do not agree with our friend Shri Venkatasubbaiah that this should not be done. As Dr. V. K. R. V. RAO said, in the upper class marriage age is being observed but among economically backward people who are in a large number, child mar- riages are still going on. I would re-

quest the hon. Minister that proper care should be taken for implementa- tion of the provisions of the law after the law is passed. Hindu Marriage Act, 1955 was passed. Special Marriage Act was also passed raising the age of marriage. But this has not been implemented in those societies who actually need it. That is why I say, that implementation part should be given more emphasis. I have been working in the field of women for the last 30 years. I know women are really not interested in having more children. I contradict and I even disagree with Dr. Kailas. Our women workers have gone among these persons in this walled city. Muslim women with *burqua* came and said this. They said they have taken contraceptives and so on and that they did not want more children. Actually it is men who did not care. It is mostly these unedu- cated people who are there among Muslims or Hindus or Christians who really do not care for these feelings. They are the persons really who do not bother about the implications of pro- ducing more. Those who are doing propaganda saying that Muslims do not want and all that are really speak- ing for the Muslim men, not for Muslim women, I should say. I have been feeling happy that the new youth forces have come out in a big way. The voluntary organisations have all come out in a big way in favour of the work of family planning. Our party and other parties too are coming out in a big way and all of them have realised the importance of this pro- gramme. In this connection I suggest that the hon. Minister should arrange for the proper training of these volun- tary workers. Those who work in this field should be given proper training. As you know, Sir, this is a very deli- cate subject. Therefore, the approach should be very nicely put before the people. I would like to quote what our honourable Prime Minister has said in this regard. She has said that the aim of family planning is to ensure that the size of the family should be

small and compact, safeguarding the welfare both of the individual and of the country. And even in that Conference, Dr. Karan Singh has said that it is not that we do not want any children, we want healthy children, we want educated children, we want well-fed children, we do not want ill-equipped, ill-healthy children, delinquent children. That is why I stress that the training of field workers is a very important aspect in this regard, whether this is on the Government side or on the voluntary organisations side. In that very conference, the Health Ministers of West Bengal and Maharashtra have said about this. If by ill-luck two or three children of some families died, where they had sterilised earlier, they had done successful recanalisation. Therefore, what I feel is that more and more doctors should be trained in this field of recanalisation and this particular point of view should be given wide publicity among the people saying, don't be afraid; if by ill-luck you lose your children, you can have this done, you can have recanalisation, you can again have a child and therefore there is nothing to worry. Therefore, this point may please be looked into and needful should be done. Wide publicity should be done about this aspect especially among the villages.

Maternity benefit should be given to women only for 2 or 3 children and not more. After 2 or 3, this benefit should be stopped. What we find sometimes is this. The work suffers because every year the lady who is working wants maternity leave. Therefore, we must give this for only 2 or 3 only and not more. While working in family planning side sometimes I have been asked the question, what will happen if a person has 3 daughters or 4 daughters and no sons, because in our society, it is the son who looks after parents in their old age. Even the Scripture says:

"Putravrthi Varye"

But, at that time, the status of women was not so high as it is today. Now, there is hardly any difference between a girl and a boy. At the same time, I feel that social security should be linked with this programme of Family Planning so that if anybody has no one to look after him either in his old age or after his retirement, then proper care should be taken to see that he is looked after with proper medical health care; and infirmity houses, that is, homes for the old people, should also be started in our country.

Lastly, I would like to congratulate our Minister for making the Safdarjung Hospital one of the best hospitals in the world in giving free and modern and highly sophisticated medicines to the poor people.

I was happy to note that there is not a single nursing home which has not got the facility to extend special treatment to the people. This hospital is a very big hospital and it is meant for the poor and it is giving them the highly sophisticated medicines and Government is spending about Rs. 1.50 crores on this.

I shall finish my speech by saying something about the propaganda that is going on in Delhi about family planning. I had met so many people and asked them to please bring such cases of unmarried girls or unmarried boys who had been sterilised. Uptil now, no one could bring any such case. I feel that a lot of propaganda is going on here and the reactionary forces who have got some foothold in this, are exploiting this situation. So, we should be careful about that.

I would request the hon. Minister to do one thing. Though the teachers are good in the family planning motivation work, the unmarried lady teachers and male teachers should not be asked to work in this field because our society has got prejudices and superstition, I am afraid if they go

[Shrimati Mukul Bhaserjee]

into this field, the unmarried lady teachers will never get married. So, I request him to exclude the lady teachers, unmarried lady teachers, and unmarried male teachers from this work.

With these words, I support the Demands for Grants relating to the Ministry of Health and Family Planning.

दुसरी क्षतिग्रस्त प्रदेश (साबरकांठ) :

प्रशासन महोदय, फेमिली प्लानिंग का इनका साँ का काम चल रहा है। क्या आपने कभी जाव कराया है कि आपरेषन कराने से महिलाओं की सेहत पर क्या असर पड़ना है, उनकी तबीयत कितनी खराब होती है? क्या आपने यह देखा है कि आपरेषन कराने के बाद उन्हें न ठीक से आराम मिलता है न उनकी ठीक से देखभाल होती है? मैंने मुना है कि पुरुष आपरेषन करते हैं तो उन पर ज्यादा बुरा असर नहीं पड़ता है। आपको इनके बारे में सोचना चाहिये।

दुसरी बात यह है कि हमारे मंत्री महोदय चले गये, वे मंत्रियों के अच्छे पंडित हैं, वे जानते हैं कि हमारे शास्त्रों में इनके बारे में बहुत कुछ है। उनमें लिखा है कि किस तरह से इसका विकास हो सकता है और किस तरह से मेहनत पर भी असर नहीं पड़ सकता है। यह सब हमारे शास्त्रों में है। आज जो प्लानिंग हम चला रहे हैं उससे हमारा नैतिक विकास होगा या अक्षय पतन होगा, यह सोचने की बात है।

आप कहें कि दो बच्चे—होने चाहिये और उसके बाद आपरेषन हो जाना चाहिये तो उस स्थिति में अगर एक या दोनों मर जायें तो क्या होगा? यह भी सोचने वाली बात है। खाली प्रचार कर दिया, लालच दे दिया कि ऐसा करोगे तो यह मिलेगा, बँस करोगे तो यह मिलेगा उसमें तो हमारा

नैतिक स्तर नहीं बढ़ सकता है वह तो निरंता ही आया। मैं समझती हूँ कि इसके बारे में पूरी देखभाल आपकी करनी चाहिये, गम्भीर रूप से सीधे विचार आपकी करवाना चाहिये और ऐसा करने के बाद ही इसका प्रचार करना चाहिये।

मैं समझती हूँ कि जितना लाभ देस की जनता को लयब बरतने से होना इस प्रकार के प्रचार से नहीं हो सकेगा। आपके आज जो सिनेमा हैं उनमें कहीं समय को बात होती है? जो एडवर्टिजमेंट हैं वे बिलान की तरफ ही आदमी को प्रेरित करते हैं, उनमें विकार ही बढ़ते हैं। ऐसी बात नहीं नहीं बनाई जाती है जिससे लोग लयब बरतें, त्याग की भावना उनमें घाये, कुछ उनका धार्मिक विकास हो। यह भी एक चीज है जिसकी ओर आपका ध्यान जाना चाहिये।

आप तो संस्कृत के पंडित हैं, भारतीय संस्कृति से बली भाति परिचित हैं। जो हमारे पुराने रीति रिवाज थे उनसे अगर कुछ रास्ता निकल सके और इसका प्रयत्न आप करने लगीं मैं समझती हूँ कि फायदा ही मकेगा। पहले तो ऐसा होना था कि डिलिबरोके लिए लडकी अपनी माता के घर जाती थी। बच्चा और माँ तीन चार महीने तक बही रहते थे। इसका नतीजा यह होता था कि उन दोनोंकी तबीयत अच्छी रहनी थी, स्वाभाविक तौर पर अच्छी रहती थी। संयम के साथ वह रहती थी। आजकल क्या होता है? स्त्री के बच्चा पैदा होता है और पति आकर वहा उसके पाप बँड जाता है। यह सब सोचने की बात है। पहले ऐसा होता था, पहले रिवाज यह था कि जब तक बच्चा माँ का दूध पीता था तब तक घर में जो बुद्धस्त्री उसके पास रहती थी वह उसकी देखभाल करती थी और इस तरहसे संयम बरता जाता है। आजकल क्या होता है? स्त्रियाँ नौकरी करने जाती हैं, घूमने जाती हैं, सिनेमा में जाती

मंती है और अच्छे का जन्म होता है तो जल्दी से जल्दी उसका पूज्य घुड़का देती है और मांस का पूज्य शुरू कर देती है, ब्रह्म कीर्ति कर कर देती है। इसका मतीया यह होता है कि न माता की तबीयत ठीक रहती है और न ही बच्चा अच्छा रहता है। जब ऐसी बात होती है तो विद्याभिन खिलाने शुरू कर दिए जाते हैं। जो खुराकी खुराक है उससे जितना शरीर बनता है उससे जितना शरीर मजबूत होता है उतना दवाई से नहीं होता है। मैं देखती हूँ कि जो लोग ब्रह्मचरिण खाते हैं, वे विद्याभिन का भी कम्प्लेक्स से हमेशा इनको खाते रहते हैं, इनको खाने की उनकी आदत पड़ जाती है, इनके बिना वे चल नहीं सकते हैं, अगर छोट देते हैं तो उनकी तबीयत गिर जाती है। खानी लोगों को दवाईयों पर निर्भर नहीं रहना चाहिये, यह अच्छा नहीं है। ऐसा बानाबरब आप बनायें नाकि पुराने रिवाज फिर से जन्दा हो, उनका पालन हो, तभी कुछ फायदा हो सकता है।

मैंने यह भी देखा है कि लोगों को यह जो आपरेसन आदि हैं, उससे असन्तोष है। हर काम पर इनको आप लागू नहीं कर सकते हैं। मुसलमानों का धर्म चूँकि इसको इजाजत नहीं देता है इस वास्ते उन पर आप इसको लागू नहीं करते हैं। यह चीज उनको अच्छे नहीं लगती है। मैं तो कहूँगी कि किसी पर भी आपको कम्प्लेक्स नहीं करनी चाहिये। जितने अच्छे परिणाम समय बरतने से, स्वेच्छा से नामने या मरते हैं उतने अच्छे परिणाम कम्प्लेक्स से नहीं आ पायेंगे। अगर आदमी को आपने जिनान में लिप्त कर दिया, बगि-बारी बना दिया तो शरीर तो दूटेगा ही। उसका कुपरिणाम शरीर पर पड़ेगा ही। फिर चाहे बच्चा न भी पैदा हो उसके क्या फर्क पड़ता है। यह सोचने वाली बात है।

बरेलू जो उपचार है उनकी तरफ ही आपको ध्यान देना होगा। पहले घर में डिलीवरी होती थी। मैं चाहती हूँ कि उसका आप जरा सर्वे करायें। अस्पतालों में जब डिलीवरी होती है तो स्त्रियों की तबीयत कैसी रहती है और अगर घर में होती है तो कैसी रहती है, दोनों में क्या फर्क पड़ता है। घर में अगर डिलीवरी होती है तो दवायें साथ साथ नहीं चलती हैं, तब बरेलू उपचार होता है, खुराक ठीक मिलती है, दवायों पर उसको नहीं जाना पड़ता है। यहाँ आप पहले ही दिन से दवाई शुरू कर देते हैं। हमसे स्वयं उममें शक्ति नहीं आ पाती है, दवाई की ही शक्ति रहती है। मैं चाहती हूँ कि इस बारे में भी आप सर्वे करा कर देखें। इसमें आपको काफी जानने को मिलेगा और लोगों को भी उम्में ममझने को मिलेगा। अस्तु, आजकल अस्पतालों में डिलीवरी करने से 10 दिन में छुट्टी मिलने पर मिन्या घर चले जाते हैं और 20 दिन में चलने लगते हैं। तो इस तरह से मिन्यों को कहा आराम मिलता है।

हमारे जो पुराने रिवाज थे, उसमें 30 दिन तक किसी को छूने नहीं दिया जाता था, 2 महीने तक चूल्हा नहीं छूने दिया जाता था। इसमें क्या था? इसमें समय की बात ही थी, इसमें स्त्री को आराम मिलता था चाहे वह किननी भी कमजोर हो, गरीब हो। आज तो 6 दिन में ही छुट्टी हो जाती है, 10 दिन के बाद वह सब काम करने लगती है, तो उनकी तबीयत कैसे ठीक हो सकती है यह सोचने की बात है।

आपके पास हेल्थ विभाग है, इनका मतलब है सफाई और स्वेच्छता न ही चाहिये। जो बड़े बड़े भवन बने हुये हैं, आप तो गाड़ी में गने हैं, पोर्ष में उतरते हैं, चपरासी दरवाजा खोलना है और आठ पन्दर चले जाते हैं, लेकिन इन बड़े बड़े भवनों के पीछे

[कुमारी मणिबेन पटेल]

कितना कचरा और कितनी गंदगी है, क्या आपने कभी देखा है ? मैं तो पैदल जाती हूँ, इसलिये सब देखती हूँ ।

आप अखबार से कितना ही प्रचार करें, दिल्ली में तो अखबार से प्रचार होता है कि कहीं भी गन्दगी हो तो खबर दें । लेकिन खबर देने से क्या फायदा ? आपके कर्मचारी ही बोपहर को वहाँ गन्दगी फैला देते हैं । आप लंच के लिये जाते हैं, आपके लान्स अच्छे हैं, वहाँ जाकर आप बैठने हैं और आपने खाना खा लिया । उसके बाद कभी देखिये कि लान्स में क्या पड़ा रहना है ? कहीं सन्तरे के छिन्के पड़े होंगे, कागज के टुकड़े पड़े होंगे । इस तरह मच्छर नहीं होंगे तो और क्या होगा ?

मव जगह फन बेचें जाते हैं, केले, मन्तरे, के सीजन में सन्तरे, आम के सीजन में आम लेकिन इनके छिन्के कहा पड़ने हैं ? जो बेचने वाला होता है, उनके पाम कचरे की टोकरी नहीं होती है, सब सड़को और लान में पड़े रहने हैं । किन्तु ही लोग गिर जाते हैं, उनकी टांग टूट जाती है, फ्रैक्चर हो जाता है । तो इस बार में भी आपको सोचना चाहिए । खासकर सरकारी मकानों के पास ये लोग बैठते हैं । मैं जब जाती हूँ तो देखती हूँ कि इसर सन्तरे खाते हैं और छिन्का वहीं डाल देते हैं, इसमें मक्खी आदि गन्दगी पैदा होती है । तो मेरा कहना यह है कि सरकारी मकानों के आस पास, जहाँ कि आपके ही सरकारी कर्मचारी हैं, उन्हीं के आस पास सफाई रखवायें तो ठीक बात है ।

बहु भाव कावज के प्रचार में नहीं होगा । आपके आन पास फाई दो, यह देखना चाहिये और आपके कर्मचारी भी सफाई रखें, इसे भी देखना चाहिये ।

SHRIMATI SHEILA KAUL (Lucknow): Mr. Deputy-Speaker, you would have noticed from this morning's speakers that the women members are very much interested in today's subject....

MR. DEPUTY-SPEAKER: Sura.

SHRIMATI SHEILA KAUL: because it concerns them intensely. To bring up healthy children is as much the duty of the parents as it is the duty of the State to build up good citizens. It is true that many diseases have been wiped out or are in the process of being wiped out, but some classical diseases such as typhoid, filaria, small-pox and TB are still there. We had thought that malaria had been wiped out, but it has come back with greater vigour, with a great bang. So we do not know what to do, because we were sure that malaria had gone, but it has come back again.

There are certain ailments and diseases which are not listed. I would like to mention about the one affecting a person's speech.

Suppose a person is unable to speak properly and stammers, his whole personality is thwarted. What we need in such cases is an institute for speech therapy. We had one at Madras some years ago which was opened by the Maharajah of Mysore, the late Mr. Wodeyar when he was Governor of Madras. We should like to have more of such speech therapy institutions in other parts of the country also.

There is growing concern at the illegitimate pregnancies in big cities, the reason being that the amateur has taken the place of prostitutes and issues born out unholy alliances are made to suffer for no reason of their own. In our ancient books the son or daughter always carried the name of the mother; he was called after the mother and not the father. Now-a-days, when one has to fill the name

and other things for jobs or admission to colleges, the name of the father has to be filled in. In other countries, in Sweden, it is the name of the mother that has to be given. In South India also there is matriarchal system and it is the mother's name which has to be given and I think it is the safest method of doing things.... (An Hon. Member: You want the whole of India to adopt it?) Why not? For young people in health centres there should be arrangements for sex education and information should be imparted to them in a scientific manner.

Just now the burning problem is not lack of food or accommodation or even pollution but the growth of our population. India's population, as pointed out time and again is growing very fast and it has nearly touched 60 crores. If it keeps on growing like this, our planned progress which it is the intention of the government to achieve would not be fulfilled. The efforts made so far to arrest the growth has been slipshod and real and serious efforts have now been started against an unjust situation which has arisen. We shall have to see that in this zeal to stop the future deterioration of our economic plans we should not overdo things. People speak of different laws that prevent them from adhering to family planning. Everybody wants to see two or three children in the house, healthy, well-educated and well clothed rather than 7 or 8 children who are neither healthy nor well-fed and who are a source of worry to the family. Who would not like to see two or three healthy children in those circumstances? Why should those children who are brought into the world be made to suffer like this? In a way they suffer because of the lust of the parents. In the shastras, the first born son is named *dharma putra* because he is to do the last rites of the parents when they die; the others who come after him are known as *kamaputras*, children born of the lust of parents. So, even before we have gone for this, our old

scripture, also mentioned that there should not be too many children. When there were a hundred *Kauravas* and five *Pandavas*, what happened? A war took place and the population decreased. We do not want a war to decrease our population. We want to arrest the growth of the population. I have mentioned the old laws; they were made when they were times of plenty and there was not even a need to plan the family because there were plenty of things. Our natural resources such as water, air, or even land are limited and we shall run short of them if we keep on growing.

When we plan our family budget for the month, we see to the income we get and plan it accordingly. But when it comes to planning the family, we just give it a go-by and do not care. So, it is a good thing that we are taking this in a serious manner. For a better utilisation of air, water and land, it is imperative that inroads into these should be made in a thoughtful manner because this affects the whole nation. The future masses of the country will hold us guilty if we consume up their share. I had to explain this to my domestic help only three days ago. She came to me running and said, "Some people have come and they want my son to get sterilised." I asked her how many children he had. She said, five. Then I asked, "Don't you think it is enough?" Surely you do not want to bring children into this world who cannot get water to drink. If there are so many children in the world, we will run short of air and water. When I explained it to her in this manner, it made an impression on her and she went away satisfied.

Time and again it is stressed that more voluntary organisations, particularly of youth and women should be drawn into the promotion of family planning. I would like to stress that the middle-age group man is more liable to produce. It is he who does not involve himself in sportive healthy activities. He does not find

(Shrimati Sheela Kaul)

a vent to the sublimation of his sex. Hobbies and other creative activities would be a help to him. It has been noticed that long gaps nights are more prone to produce babies in the months of August and September. This can be verified from birth graphs of the hospitals. I remember I was sitting in a hospital in Lucknow. The doctor had not come and I was looking at the birth graphs. In September, the graph just shot up. During the electricity black-out in the United States, there was a boom of babies in that country. This clearly brings out that more recreation should be provided to the people.

Most of the Indian population reside in villages and it is here that the growth of the population takes place at geometrical progression. Previously, villagers entertained themselves after working hours with nautankis till late hours. During day time and evenings, they played kabaddi and other village games. But now they have also become sophisticated and they like to see pictures, because we had shown them some pictures. The documentary films going to the villages are not being shown; they lie closely wrapped up in the film library. The commercial pictures have come in a very big way and most of them are very sordid, sexy and suggestive. They play upon the emotions. Only recently, a healthy trend has been set up and it is bound to help in healthy thinking.

Enough information and publicity is not given or provided to the people who would like to take to tubectomy or vasectomy. People hear only in whispers of its after effects which are not correct. They are afraid that they will be physically damaged. Plain and loud talking should be done for giving correct information.

I am happy that a healthy climate has been set up at present. Women who have been the most sufferers

will welcome whatever will be done in this direction as they have to bear most of the burden of not only carrying the babies but also of spending sleepless nights for bringing up the children. Only if our men folk cooperate in this direction, the programme to plan the family is bound to succeed. Further raising of age of marriage for both girls and boys will benefit the health of the two and thus leading the way for better health of the Nation.

I believe, prevention is better than cure. If more attention is given to prevention, cure will take care of itself. Preventive measures will be more conducive to the health of the Nation. I have not suggested allocation of funds for different activities that the Ministry has in hand, but I do feel that funds for preventive measures should be enough.

With these words, I support the demands of the Health Ministry.

SHRI G. VISWANATHAN (Wandiwash): Mr. Deputy-Speaker, Sir, for the first time, Dr. Karan Singh is able to attract the attention of the entire country by announcing his National Population Policy. It is not an easy task to look after the health of 600 million people and yet like a mother of 60 crores of children, he has to take care of the health of the entire country. How best he is able to do it is the main question.

The ratio of doctors compared to our population is quite low as compared to many other countries. As some other Members have pointed out, doctors have no employment in this country and they want to go outside. But at the same time, the ratio is quite low, very very low as compared to many other countries. I think, the Ministry has to take into consideration this aspect and increase the ratio of doctors by getting more hospitals in the rural areas. At present, primary health centres are

there is every Fascist. But that is not enough. Medical facilities in rural areas are completely lacking. But with all this, I am very happy and I would like to compliment the Minister on his announcement that small-pox has completely been wiped out from this country. I would like him to make such statements every year. There are many other diseases in this country like cancer, TB, etc. These are diseases which are very much prevalent all over the country and the hospitals are inadequate. Either we lack hospitals or the bed strength, particularly of TB hospitals in our State and same must be the case in other States also.

We are short of life-saving drugs although we have a number of foreign companies including multi-nationals. When we ask for some medicine, they say that it is not available. Some medicines are not available even in metropolitan cities. I want to know from the Minister as to when we are going to be self-sufficient in the matter of life-saving drugs.

11.00 hrs.

People are totally ignorant about the problem of mal-nutrition and in his report, the Minister has stated that only 16 States have got their own divisions in the Ministry concerning Nutrition. What about other States? Even those States where they have got a particular department to deal with nutrition, I think, are not doing much. We have not even touched the fringe of the problem, so far as mal-nutrition is concerned. We have to tell the people what to eat and how much to eat. It is necessary to do this, to fight mal-nutrition. We talk so much about this. But are we telling the people what vegetables contain what vitamins, and what sort of food we have to take? This will have to be told to the people. Our media should be

utilized more for this purpose, so that whatever vegetables and food are available in our country are made full use of by the people, after knowing the importance of the particular vegetable or food-stuff. There are no two opinions in this country regarding the control of population explosion. As has already been pointed out by the other Members, the elite, educated and upper classes are all already practising family planning, even without the advice of Ministers or legislators. But it is very difficult to carry the people for whom it is meant, with us, in propagating family planning. The main thing is that they do not feel that they have to restrict their families. They have a wrong idea that if they have a large family, those people will work and feed the parents. They have no recreation either. If there is no other recreation, they go in for procreation. That is how the problem of population explosion in this country has come about. We are producing an Australia every year. We cannot afford it. All of us have to welcome those measures included in the announcement on national population policy, like the raising of the age of marriage, freezing the number of seats in assemblies and Parliament based on the 1971 census, as also the stipulation that the Central assistance and grants-in-aid will depend upon the performance—at least 8 per cent of the Central assistance will depend upon the performance in regard to family planning I agree with all this. Sterilization is very much being discussed in this country. We welcome sterilization. There is no doubt about it; but if it is compulsory sterilization, I will say 'No'. If whatever we hear about the implementation of compulsory sterilization in Delhi is true, I think it will create a dangerous precedent. Here, not only teachers and other public servants are to produce people for sterilization; even the police have been asked to do it. You know what the police will do if you entrust them with this

[Shri G. Viswanathan]

task. They will catch hold of anybody and everybody they like and make them undergo vasectomy or tubectomy, whatever it is. Our population policy should be consistent with the overall question of economic development, human dignity and quality of life. After all, the purpose of family planning is to improve the quality of life. A series of measures has been announced by the Minister—incentives as well as disincentives, I think, by this, we will carry the people with us. There is now more awareness among the people; even the illiterate people feel that family planning is a must for the country; and with this multi-media propaganda in this country, which the Minister has announced in his population policy, I think we will carry the people with us; it may take a few more years; that does not matter. But we must carry our people with us, in propagating, especially, our policy in regard to population. The educational curriculum should contain one chapter in every class on the population explosion, the need to control population in this country and on how economic development depends upon the control of population. I think that it should not be left to the States to go in for compulsory sterilization. The policy should be evolved here, in Delhi. I hope Dr. Karan Singh will hold the reins and not leave it to the States to issue whatever directives they like

Ultimately, the country will agree. I am very happy that even the heads of the other religions are welcoming it. The other day I received a pamphlet from some of the catholic bishops, saying that they also agree to family planning projects. I am very happy about it. I hope the other heads of religions will be persuaded and they will agree to family planning. Even they have given their general agreement, but they are against compulsory sterilisation. I think we will have to carry the en-

tire population of India with us, and I think Dr. Karan Singh will be able to achieve this.

SHRI A. K. KISKU (Jhargram):
Mr. Deputy-Speaker, Sir, I take this opportunity of sharing my views with the Minister of Health, with whom I had the privilege of serving the country for some time.

I would congratulate Dr. Karan Singh specifically on three very brilliant achievements. The first is small-pox eradication, which has been the most marvellous achievement. I can say that it was possible only because of the dynamism, determination and leadership that Dr. Karan Singh had shown in the eradication of small-pox, and now the country has the satisfaction that it has been done.

The second is the amendment of the Prevention of Food Adulteration Act, which was long over-due. In the midst of so many obstacles, he has been able to bring forward this amendment in Parliament. But the other side is due still, namely, the amendment on the side of drugs, which also needs his zeal and dynamism

Lastly, as most of the hon. Members have mentioned, he has given us a population policy for the first time. It has been very brilliantly illustrated, very well worded, very well thought out, and now it is for him to implement it as vigorously, intelligently and courageously as possible.

I am glad that on the point of sterilisation Dr. V. K. R. V. Rao has made some very good comments. I do not want to repeat them. I will only say that the Minister may kindly take note of the points he has mentioned.

In my speech I will not cover many points, I will focus my attention only on four points, namely, health services in the tribal blocks, rural water supply, leprosy control and homoeopathy.

On the question of health services, very often a question is asked by Mem.

bers of Parliament as to how many blocks are still uncovered, and the reply that usually came is 196 until last year, out of which about two-thirds were tribal blocks, where there was no health infra-structure done yet. I am putting this very specific question to the Minister to kindly tell the House, when the country is pre-occupied with the 20-point programme whether this point is given top priority, so that within a year or so all the tribal blocks are covered, and these facilities are brought within the reach of every people, specially the poorer sections of the country.

Coming to rural water supply there were about 95 000 villages which did not have a good pure water supply system of any sort whatsoever and it is a very big number. I am sorry to say that we have not laid enough emphasis on the rural water supply scheme because as I go into the country-side I find that there are still so many villages where there is no water supply at all, and where it has been given there are cases where it has gone to the vocal section of the society, and the non-vocal sections have not got it. The other day I was in an Adivasi village and I found that the people were drinking water from a pond in which cattle were being bathed. I immediately referred the matter to the Minister of Health of the West Bengal Government to see that they are given at least some well from where they can take the water.

There is another place which is like a town where there is a railway station and a bus terminal with large crowds where electricity has just now come and where the tap water system has been introduced very recently but I am sorry to say that just about a furlong away in the interior where there is a Harijan colony, there is not a single tap. So, whenever we give money for these benefits, it is necessary to see at the same time that they reach the people for whom they are meant.

I would like to dwell for some time on leprosy control. Of all the national programmes of disease control, leprosy is probably the saddest part. Gandhiji had shown compassion for the leprosy patients. The Prime Minister on very many occasions has shown her concern, and she has made a commitment of about Rs. 10 crores immediately so that a comprehensive programme can be taken up and more money will be available for this purpose. I am glad that the Minister the other day at the Central Council of Health inauguration meeting made a statement that he was going to see to the eradication of leprosy within the next 25 years but 25 years is a very long time. It would be better if the Minister can take up some more radical programme so that the time could be shortened and the programme is made more vigorous.

If we turn to page 23 of the Report, we find a reference to the performance during the last 20 years and certain figures have been given. The endemic population is 372 million and the population covered so far as is 196 million. Thus 372 million living in the highly endemic areas out of a total population of about 600 million is rather on the high side, being more than 50 per cent. The total number of estimated cases is 3.2 million up till today. The total number of cases recorded is 1.42 million and the total number of cases registered under treatment is 1.21 million.

This shows that in the last 20 years our performance is rather very poor, because to cope up with such a gigantic problem up to date there are 308 leprosy control units and 2715 ST centres.

I would like to impress them upon the Ministry of Health through you so that the gravity of the problem may be understood and a more massive effort be made towards this direction. I am sorry to say that in the Report there is no mention whether the public health centres or the health infra-structure has at all been involved which is very necessary.

[Shri A. K. Kisku]

Now, in the Parliament, very often a question is asked whether the number of leprosy patients is increasing, and in fact, it is a question which it is very difficult to give an answer excepting that the number of patients in the health centre is increasing. So, it does not give any clear picture as to whether the number of patient is actually increasing. It is my apprehension that it is at a very high rate. Therefore some kind of a census probably will be necessary to show the number of people affected State-wise, age-wise, sex-wise, income group-wise and urban and rural group-wise. In the field of leprosy, I may say that the world health organisations are involved. But here again I have to raise some question whether these are properly geared in the programme because voluntary organisations have to rely, to a great extent, on the liberal assistance from the Government. I am afraid, before I left the Ministry, I found that 3-4-5 years' grants were due. If the grants of such organisations are due for such a long time, it is very difficult to think how they are doing the work. And therefore I am asking the Minister to kindly look into the matter so that the whole country may be involved in a big way and the question may be tackled.

MR. DEPUTY-SPEAKER: Please conclude now.

SHRI A. K. KISKU: Sir, on the matter of homoeopathy I may say, after the resolution was moved by Shri S. C. Samanta, after 25 years, that this House, by an Act of Parliament, had constituted a council called "The Central Council of Homoeopathy". Ever since then, there has been a great demand for this system of medicine. In fact, some of the universities are coming out for affiliation of this system of medicine in the country. The University of Kanpur has a faculty of homoeopathy. Recently, the University of Calcutta has introduced a degree course and four colleges have been affiliated.

MR. DEPUTY-SPEAKER: Please conclude.

SHRI A. K. KISKU: I am asking for a little indulgence from you. I want five minutes more.

MR. DEPUTY-SPEAKER: No, you have almost taken more than 15 minutes. I have given you more time than to others.

SHRI A. K. KISKU: I am asking for just five minutes more so that I may be able to finish it.

AN HON. MEMBER: He is a former Minister. Please give him special consideration.

SHRI A. K. KISKU: No, Sir, I am not asking for any privilege for being a former Minister.

MR. DEPUTY-SPEAKER: Any special consideration from the Chairman (Interruptions).

SHRI A. K. KISKU: No, I am not asking for any special consideration. I am just asking for your favour. (Interruptions).

MR. DEPUTY-SPEAKER: That is the one thing which the Chair should never do.

SHRI A. K. KISKU: With the introduction of this Act, I may tell you that there had been a great enthusiasm throughout the country and, I find, so many requests are coming for new colleges and new endeavour in this direction. In fact, at least two State Governments, the Government of West Bengal and the Government of Kerala, have already introduced their physicians into the primary health centres. They have been extremely popular there. It shows that there is a tremendous possibility of developing the indigenous system of medicine.....

MR. DEPUTY-SPEAKER: Please separate.

SHRI A. K. KISKU: I always cooperate. Therefore, to cooperate with you, I will sit down after saying just one word although I have so many things to say....

MR. DEPUTY SPEAKER: You mention the last word and conclude.

SHRI A. K. KISKU: I would only say this. I have a feeling that the indigenous system of medicine, like, Ayurveda, Sidha, Unani, Nature-Cure and Homoeopathy are still being neglected and they are getting step-motherly treatment.

The most unfortunate thing is that whenever a question is asked in the Parliament, say, about the number of doctors, about the number of health centres and so on. . .

MR. DEPUTY SPEAKER Why not say, the Government pay more attention to the indigenous system of medicine? Please conclude now

SHRI A. K. KISKU Whenever such questions are asked, the answers should cover all the spheres, all the other systems of indigenous medicine, not only the modern system of medicine, so that the country should know what is the actual picture of indigenous system of medicine.

Finally, I may say, there are many Departments, like public sector undertakings, Defence, Railways, etc, where the doctors are needed and I suggest that doctors from homoeopathy and other indigenous systems of medicine should be posted along with other doctors and new avenues of employment opened for them

SHRIMATI T LAKSHMIKANTHAMMA (Khammam): Mr Deputy-Speaker, Sir, I am glad that most hon. Members have mentioned about eradication of small pox. There is a challenge from the Government that

anybody who shows any case of small pox will be rewarded a thousand rupees. (Interruptions). At the time of floods, may be hundreds or thousands of people died of small pox. Now, I do not know whether there are any cases of small pox. I think, on this score, we should congratulate the Government if they have really succeeded in eradicating small pox.

What about malaria? It has come back with a vengeance. There are mosquitoes everywhere in all the cities as well as small towns. Malaria results in filaria also. Mosquitoes carry filaria disease germs. If you go to any city like Bangalore, you will have as many mosquitoes on your body as there are pores on your body. How are you going to tackle this problem? Why have you stopped the programme for the eradication of mosquitoes and for the eradication of malaria? I say, in all seriousness, there have been many cases of malaria in towns and cities. In a number of houses, there have been patients suffering from malaria. I think, the Government should, once again pay all its attention to this problem and show the same zeal and enthusiasm and come forward in the next session to say that anyone who can show a case of malaria will be rewarded a thousand rupees

It has been said that there are also filaria cases. Naturally, the mosquitoes breed filaria disease germs also. This problem should be tackled on all fronts

Then, recently, there was some discussion about the deterioration in eye sight of children. Some suggestions have been made about that. The eye-sight among children is deteriorating day by day. We must find out in all earnestness the causes of it because it will ultimately result in great disaster for the country. The Government should pay attention to that problem and take proper steps in schools to see that the eye-sight of the children improves and eye diseases are prevented among the children.

[Shrimati T. LakshmiKanthamma]

Most of the Members have spoken about family planning and I think I will take it up last. I think there is near unanimity on this subject and so I will discuss about family planning in the end.

There have been deaths due to over-drugging. There was an article some time back in some paper that Indian doctors prescribe the same dosage of medicines like Mycin and anti-biotics to patients here as elsewhere. Sometimes due to wrong diagnosis and sometimes due to over-drugging, though the diagnosis may be correct, there have been fatal incidents. Why does this happen? I think they are imitating other countries. There, in some countries, the people are well-built, the build of their body is different from what it is in our own country. So, the same dosage to patients here is resulting in fatal disaster. I think we ourselves, or at least most of us, have some relatives who have died due to over-drugging or due to the reaction of the medicines. The doctors should consider this aspect of it and reduce the dosage or even avoid, as far as possible medicines like anti-biotics and Mycin. Mycin can be referred to as 'my sin' because one must have committed a sin to have to take it. Sometimes, if someone gets fever for about ten days, it may be an ordinary fever but it is taken as Typhoid or something and an over-dosage of some anti-biotics is given. There have been deaths due to this.

Pathedrine, I think is one thing which has now become fashionable to take and some take it stealthily. Why should doctors prescribe this drug unnecessarily—so that they might fall into a lull? The patients feel tempted to fall into lull repeatedly and so they take it stealthily. I think the doctors themselves are not exempt from this. In Wellington Hospital there was a case of a doctor who was accustomed to taking this drug.

So, only the minimum dosage of such drugs should be used in extra-

ordinary cases; otherwise the practice of prescribing these drugs should not be in vogue.

So far as medical seats are concerned, there is tall talk about the International Women's Year and all that; so why don't you give half the seats to women? You can make it compulsory. I think this is one profession where most of the girls can go; so you can set apart 50 per cent of the seats for girls.

Then, the donation system should be abolished. It is atrocious that sometimes, especially in a place like Manipal, Rs. 35,000 per seat is collected; the last seat there was given for Rs. 85,000, I was told. If this is the case, how can the poor people of this country go and study? May be it is a good institution where good training is given, but why should others be prevented and only people who have got the money go there to that institution? Moreover, it is wrong to sell education like this. So, you should abolish this donation system I think it has been collected for quite a number of years and it is high time that it is stopped.

I think you agree with most of the women Members as well as the men Members as far as family planning is concerned. Mostly, women are affected more by this and I think they will welcome it because they are the ones who suffer the pangs of birth at the time of the birth of a child. I think there is near unanimity among Members from this side as well as that side. After Emergency I have not seen such unanimity among Members from all the sides as on this subject of family planning. I support it but, at the same time, I oppose this kind of thing that is going on in Delhi. I think everyone knows what is happening in Delhi. There have been reports, as some Anna DMK Member mentioned just now, about the death of an un-married student who was dragged and operated upon.

There was a death of one boy called Tara Chand in Ajmeri Gate; he was student, he was an unmarried boy; he

was dragged an operated upon. We do not have the machinery to collect all such details. You can verify and get the details. It is not that we are opposed to family planning. The status of women will increase, the economic status of the family will increase, and the burden on women will be reduced, by family planning. So, women generally should not be opposed to this. But this kind of forcing will lead to difficulties for you. Ultimately it may help the Opposition because, when they see that something is forced upon the people, they will take every opportunity to exploit it. Ultimately, the Government will suffer and not we on this side. Therefore, you should be very careful when you try to tackle this problem in this manner.

Also it is not a question of being Hindu or Muslim or Christian. Are not the Muslim countries taking to family planning? Are not the Christian countries taking to family planning? In a number of Christian countries, the couples do not want to have more children; it is voluntary they do not want to have more children because they know that it will mar their happiness in the family as well as outside; therefore, they like to have lesser children. Even in a country like Australia where the population is only one crore or one and a half crores—it is a vast country, slightly bigger than ours—and where they can afford to have more children, they have not been encouraging production of more children. It is a Christian country. Therefore, the question of religion comes in handy only for argument's sake.

Shrimati Sheila Kaul spoke about some ancient things. The best ideal is Siva-Parvathi who have only two children...

AN HON. MEMBER: Rama and Sita also.

SHRIMATI T. LAKSHMIKANTH-AMMA: Another thing that I would like to mention is Yoga...

MR. DEPUTY-SPEAKER: Please try to conclude.

SHRIMATI T. LAKSHMIKANTH-AMMA: I will conclude in one or two minutes.

We see and say so much about the obscene carvings in some of the temples. When we enquired about it as to how they chose to have obscene carvings on temples, then somebody explained that, after the spread of Buddhism, people were reluctant to take to family life, they were becoming *sanyasis* and, therefore, the population was reducing; it naturally became a problem because the future generations will not be there; therefore, in order to induce people to have children, these carvings were done. This is what somebody explained when I went to some temples like Konarak. If there was an age when people were reluctant to produce children, why can we not go back to that age for some time? People should be induced to go back to that monastic life. There is nothing wrong in that. It is ultimately a question of mind. Mind is a mysterious organ; when it starts enjoying something higher like Divinity, meditation and so on, matters like this seem very insignificant. I am glad that one Yoga Institute has been started. One Institute will not be enough. More such Yoga Institutes should be established; meditation must become a part of our education. Meditation is a practical science. We do not stand in need of somebody having to come all the way from Hare Krishna movement to tell us about meditation. Yoga is an exact science. In Bhagwat Gita, Lord Krishna says that this is an exact science. It may reduce the practice of some doctors, but we must implement it as persons interested in the health of the people of this country.

Why do people get blood pressure and why do people get heart trouble? May be in a situation like the one Government is following when people cannot express themselves, it reacts on their nerves and most of them become patients. Only when one can express

[Shrimati T. Lakshminathanam]

himself, it makes him a strong man physically as well as mentally and only then we will be real human beings.

There are some people who can demonstrate not as a cheap publicity, but they can just cure some incurable diseases; they are some highly realised saints. It is possible and the diseases can be dispelled. The minister being somewhat interested in the science of Yoga had taken some interest in organizing a seminar. I would request him to take it in right earnest and do something in this respect.

SHRI SHYAM SUNDER MOHAPATRA (Balasore): Mr. Deputy-Speaker, Sir, although I am very weak after coming from the hospital only seventy-two hours before, I thought, I should speak on this subject because I was first attacked by malaria. This malaria has become almost a dreadful disease not only to me, but probably to everybody in this metropolitan city like Delhi

MR. DEPUTY-SPEAKER. And also the wrong diagnosis.

SHRI SHYAM SUNDER MOHAPATRA: Yes, because later on they said, it was virus fever and again they thought, it could be filariasis also. But they took blood and urine and it did not come out.

Sir, as I am concerned with malaria, probably many of you are also concerned with this dreadful disease which is surging from one part of the country to the other. Our hon. Minister for Health, the learned Doctor said in 1975 that the anopheles mosquitoes had become impotent they have lost the power of recreation. I thought, there would be no more malaria, they cannot carry it from one man to the other. But from the seminars and conferences, we have come to know that they have become vigorous, they have become virulent and more powerful and have become resistant to quinine,

arsvoquine, DDT etc. Then what is the alternative? Probably in 1975, we had a sense of complacency, but in mid-1976, it is a horror, like probably London had a few centuries ago. London had the horror of plague; London had the horror of fire; similarly probably today we have the honour of malaria. As a student of history, I read in the Bengal gazetteer that the entire district of Burdwan in Bengal was almost finished; 75 per cent people died of malaria. I come from Orissa, a district of Balasore which was notorious for malaria. Any Government officer, who was very bad, obdurate and eccentric was transferred to Balasore, because he will suffer from malaria. There is another district in Orissa called Korapet. If anybody was transferred to Korapet, he will take it as a punishment, as any officer transferred to Andamans and Nicobar today will take it as a punishment. This district was infested with malaria and mosquitoes were horror for Government officers. I say, I am now, as many of you are, in the midst of horror of malaria. Let our learned doctor, the Minister for Health, take immediate steps—almost army measures—to do something so that malaria is completely eradicated.

There is a brain drain of doctors. I am giving a plan to our learned Minister. We say that we cannot employ our doctors here, we have seen advertisements from the Government and they want to enlist in the roster the medical graduates who want appointment in Middle-East countries, in African countries, in Latin American countries and all over the world.

On the one side you say there is a brain-drain and we would not allow our doctors, engineers, academicians and technocrats to go out of the country. But on the other side you advertise in newspapers and say, 'Here is an opportunity in the Middle East or in Latin American countries.' Why do you not appoint medical graduates who are just out of the college and who are feeling frustrated

because they do not get employment and ask them to go from door to door and give the people quinine or other drugs, ask them to examine the blood to see whether any persons is suffering from Malaria and fight this disease on a war footing? As you know, Sir, 20 years ago DDT was spread all over the country in the jungles in the streets and everywhere and India was completely safe from Malaria. For the last 30 years there was no case of Malaria. Why not utilise the services of these fresh Medical graduates in this task?

There is another disease filaria. I would request the hon. Minister to join these two diseases together and attack them on a national scale so that the country can be aroused to this danger and the whole country and the people participate in the programme.

I will now come to another aspect which is family planning. Family planning has become a national issue now. It has become very important for the first time. Here I must give the entire credit to one particular youth leader, Mr. Sanjay Gandhi, who has made it a live issue and a national issue. For the last 20 years we were speaking about family planning. In 1950 Mrs. Robinson came to India for the first time and she addressed a meeting at the Calcutta University and I after passing the MA examination was then thinking that family planning was not required for India because we had enough natural resources and our economists were also telling us that India has enough natural resources and there was no necessity for family planning. But now it has become such a live issue that the Government is giving incentives—Rs 75 to the male, Rs 75 to the female and Rs 10 to the man who brings them. Here is an element of coercion by the State Governments. They want to impose it on the people. That is not good. We have to take the people with us. For the Hindus begetting a male child is a must. Who will give my *pinda* if I die without a male issue? The Government is not going to give the *pinda*. It is said:

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पुत्रार्थे त्रियेत भार्या ।

I have a life beyond death and unless my son does the *kriya* ceremony and offers the *pinda*, there is no salvation for me. Who is going to be responsible for this? (Interruptions) You have to tell the people that even for the sake of the country and country's economy, one has to sacrifice.

What is happening in China? China has a regimented society. It is a communist society. China has a population of 90 crores to-day. In the *National Herald* an article appeared on 5th September 1975. It is a sort of question and answer series by Smt. Hansuyin, a Family Planning expert. The technique followed by the Chinese is almost a Gandhian method. There is no coercion in China. There are women in China who have produced more than 8 children and who will still be happy to produce more. She says that the people are practising self-abstinence, self-control. My wife is a doctor and we have three children and the last child is 10 years old. . .

MR DEPUTY SPEAKER: No sterilisation I suppose.

SHRI SHYAM SUNDER MOHAPATRA: No No sterilisation. Only self-abstinence. Our government was distributing 5 paise contraceptives and now it is gone and coercion has come. If a man is educated he should know how to control himself. The best thing is the Gandhian way. That is reflected in the Chinese society.

Then, as the hon. Minister has suggested, an increase in the marriageable age can be of much help. She says in China no girl marries before 24 years of age because in the revolutionary struggle they are doing something for the country either in the Army or in the schools or colleges or in the Voluntary Cadet Corps. Why not make our youth busy in nation-building programmes, at least till they attain the age of 25 years so that they may not feel like marrying and no young man may think of becoming a road-side Romeo and all such urges may be kept in check.

[Shri Shyam Sunder Mohapatra]

Another thing that I would like to impress on our learned Minister is once we tell our people—young couple, old couple, even if you have been sterilised, you can be de-sterilised, it will have a soothing effect. You know this system spermatic cord is ligated and then divided. After going in for sterilisation, children can die and only the parents can imagine what will happen to the minds of those childless parents. Doctors can say that there will be de-sterilisation.

Why do you not get experts? I read in an American journal—

“Two surgeons watched by hundreds of doctors from all over the United States over the T.V. circuit performed an operation using a new technique to reverse vasectomy—sterilisation of the male”.

Dr. Sherman Silver of San Francisco developed the technique in Australia with Dr. Earl Owen. Why do you not get such experts from outside? You get our doctors trained in this reversible operation. There should be no difficulty in introducing family planning system then.

I will try to impress last thing on our learned Minister and then I conclude my speech. What is the role of the rural women in this national project? Unless women participate in this programme, this programme will never be successful. There was a seminar in Bangalore organised by the Central Directorate of Extension. They said—

“creation of an organisational set up from Taluka to National level for formation and implementation of the scheme”

I will request the hon. Minister to employ voluntary organisations, private doctors, economists, research scholars and also party cadres to make it a national issue.

I had tabled a question and the hon. Deputy Minister replied—“In the ex-

isting pattern there is already a provision for involvement of voluntary organisations for motivational work and services.” I think it is not perfectly true. We have not been taking active support of the voluntary organisations, women organisations, mahila samities, All India Women Conference and some such organisations. Unless the rural women are awakened to the need of the family planning, the problem will not be solved.

SHRIMATI M. GODFREY (Nominated Anglo-Indians): Mr. Deputy Speaker, I thank you for giving me this opportunity for saying a few words.

I must first say about the conditions in our Government hospitals. The conditions that prevail in Government hospitals need improvement. In the hospitals dirty blood stained cotton and rags are lying here and there. They teach us to observe hygienic methods but they themselves are spreading more disease than that comes from streets and other places.

Ventilation is also bad. There is no air passing through the rooms. Patients feel suffocated. One patient breathes the germs of another patient.

These conditions must be improved if we have to bring up healthy people

We have emergency wards. But I must say that these emergency wards do not cater to the needs of the emergency cases. There have been so many cases where the patients had been taken to emergency ward, but no attention was paid even though the patient was on the threshold of death. This has happened on many occasions. I had taken two or three cases which were very bad cases, but, by the time the doctors come even in the emergency ward or they call somebody else, the patient breathes his last. What I would like to stress is that these emergency wards must give immediate attention and immediate care to all the patients who are brought in there. They should not waste any time at all. We find unstaffed hospi-

ials, we find long wards, with many beds, but with very few nurses. The patients do not get enough care; they are crying for medicines, they are crying for care, but they cannot get these things. Of course, I do not blame the nurses alone because they cannot attend to all the patients at the same time. So, I request the hon. Minister to see to it that enough staff is provided for in these Government hospitals. I have often visited the hospitals and I have seen patients really languishing there. But as I have said you cannot blame the nurses because they are understaffed.

Regarding the supply of drugs many of our friends have spoken on this. Certain instances have come to the notice of our hospital authorities that certain drugs have proved to be fatal in their administration. Certain drugs have been found to be defective. Those persons or agencies who supplied the drugs should be immediately taken to task. Instead of having another try, instead of repeating the same drug, one instance is enough; it is enough opportunity for taking the concerned company to task at once. We find certain drugs reacting very badly in certain cases and the people concerned in this regard should be immediately taken to task so that the people who supply will have a little fear in their minds. Strong action should be taken on those who supply these kinds of drugs.

I now wish to say a few words on family planning. I think those who have spoken already have touched on family planning. We do agree that the population explosion is going to completely overthrow our economy. The only way to achieve our aim is to educate our rural masses. If we give proper education to our people in this regard I am sure they will themselves realise the need for this and they will not go in for more than two or three children. But the coercion and force being put in on our uneducated peo-

ple gives them a feeling of frustration, a psychological feeling of backwardness, a psychological feeling of fear and so on and so this thing should be avoided. The other day one of my workers came to me and said about this. He has 8 children. I told him, this is criminal to have 8 children, why don't you get sterilised. He said, I will run away to the village, I can't do it, I am a person who has been doing very hard work, I have to lift heavy things and to heavy work. If I get sterilised, I will not be able to do heavy work like this. Therefore, this sort of fear is there in people's minds. I found that in respect of women also there is this fear. They said they had to go back to their work after sterilisation; they had to do hard work. There have been cases where tubectomy had proved fatal. So, in our towns and villages some of our people are having a sort of fear complex about this method of sterilisation. So, we should give them proper education in this regard, we should tell them that they can use not only this, but there are other ways of doing it, of preventing child birth and we need not force them to get sterilised.

Sir, this kind of coercion, this kind of force is really going to bring forth only frustrated people and psychologically backward set of human beings.

I believe certain circulars are being issued in the States like Maharashtra and Punjab—I am afraid, maybe in Andhra Pradesh and U.P. also—that those who do not produce sterilisation certificates would not be getting any promotions and their increments would be stopped and things of that sort. Everybody is so frightened and is telling us 'what is it that this human right also you are not allowing us to enjoy'. Let us try to preach them some sort of way by which they could fully be convinced that whatever measures Government wants to bring in will only benefit them, we want our people to benefit but we do not want them to be afraid of the Government; we do not want them to feel that Government is pushing on

[Shrimati M. Godfrey]

them some thing against their own will, we want our people to cooperate with Government and they should feel that Government is doing something for their own good.

A certain man came to me and said that if he did not produce a sterilisation certificate he is not going to get any promotion. If, in the early age, there is this fear in them that they will not get any promotion or their increments will be stopped, I think this is only going to spoil our own generations. So, I request you to provide the masses with the proper education. I feel that quite a lot of money which is being earmarked for family planning is being wasted. I have found lists of people who had undergone sterilisation operations and whose names have been repeated three or four times. Certain doctors have to get a certain number of cases of sterilisation. It is possible that they may have a list which contains the same names being repeated. There is no one to check that up. I have myself found a case of two men of seventy years of age being brought for sterilisation. Is there any need for a man of seventy to be sterilised?

Then, in another camp, a lady was telling me this. The other day when we went to the Guild, a boy of 24 was brought back after sterilisation. In this way, the whole future is going to be spoiled. I must tell you that even a rural poor lady feels that if a man is sterilised, then the whole family is going to suffer. The man has also got that complexion. This is going to cause a lot of family breaking and it is going to cause a psychological fear and this is going to cause unhappiness in the family. I request that instead of this coercion we should see that the educated people go round and teach the uneducated people in the villages and also the educated people as to how they should really control their family and how to lead a happy family life

with two or three children and how to help in the economic life of our country. We must try to bring this to their notice that this is what the Government wants to do for the future. Let us impress on them that Government is trying to do good for the people and so they must co-operate with them. If we do not put in this fear on them and if we do not put in this feeling of frustration on them, I am sure everyone of our people will cooperate and I am also sure that the family planning programme which the Government is trying to put through will go through with ease and bring happiness among our people. They are really to be educated to the need for having a small family so that they may themselves lead a happier and more healthy life.

I would request the Minister to set out on the family planning with a little more thought of the future generation so that we do not have psychologically affected people and we do not have the frustrated people.

15.00 hrs.

THE DEPUTY MINISTER IN THE MINISTRY OF HEALTH AND FAMILY PLANNING (SHRI A. K. M. ISHAQUE): I thank all the hon. members who have participated in the discussion on the Demands for Grants.

Some of the members felt concerned about the come-back of malaria. My hon friend, Shri Mohapatra, was directly involved in it. As a matter of fact, when I heard the other day that Shri Mohapatra was in hospital, I went to see him. Somebody had told me that he had been suffering from malaria, therefore, I went to see him personally. But he was so much overawed by malaria that I did not see him in his own room. He was loitering elsewhere, just taking a stroll outside the hospital compound. I had to see him there.

The point really is that Government share the concern of hon. members that malaria may not come back to the country. It was a dreadful disease. It used to be the Number One killer of the country. Before the Control programme of 1953 and the National Eradication Programme of 1958 was taken up, about 75 million people used to suffer from this disease annually and about 8 lakhs of people used to die of it. Therefore, it was the concern of the nation how to get rid of this malaria menace. That concern ultimately found a way out when we adopted in 1953 the National Malaria Control Programme. When the result of the National Malaria Control Programme was encouraging, we adopted the National Malaria Eradication Programme in 1958. The result was tremendous. While the number of deaths was 8 lakhs and the number of cases of attack was 75 million previously, the latter came down to as low as 49,151 cases in 1961, and there was no case of death. From 1961 onwards upto 1973, we had no death at all. But unfortunately, from 1961 onwards the number of cases was increasing. The increase was not that perceptible at the beginning, but it has recently been appreciably heavy.

Previously what happened under the National Control Programme of 1953 was this. We covered areas with high incidence of malaria by DDT spraying. The country was divided into 230 units and those areas were sprayed. We got results. Then in 1958, we adopted this National Eradication programme. Under this programme, the entire country, except areas 5,000 ft above the sea-level was covered. The country was divided into 393.25 units each having one million population. The entire area was sprayed with DDT twice a year during the transmission period. After two years, a surveillance team was formed. A surveillance worker was appointed for every 10,000 population. He used to go and visit the area once a fortnight, he used to enquire about the disease at indi-

vidual houses and if he found some cases he used to treat them first presumptively and then radically. The result was that it almost came to nil—the menace became totally nil.

Now what was happened? We adopted a strategy of dividing the programme into three phases which were the attack phase, the consolidation phase and the maintenance phase.

During the attack phase it was the total responsibility of the central government, during the maintenance phase the responsibility was passed on to the state government. During the attack phase DDT was sprayed at the rate of 100 mg. per sq. feet during the malaria transmission period. After two years surveillance was introduced and surveillance workers did surveillance. In the consolidation phase, spraying was done around areas where positive cases were found and surveillance continued. The result was that there was no death due to malaria and the incidence was coming down.

When we reached the maintenance phase there was some complacency in the administration and elsewhere also. Members have expressed their concern about the come-back of malaria. There are so many reasons why it has come back. One reason is that during 1965 when the Suez canal was closed DDT which we used to spray could not be brought in time. Secondly there was a big price hike in the price of insecticides. All the insecticides are petroleum based and with the rise in the price of petroleum the price of insecticides had gone very high and with the money available with us we could buy only half the quantity which we used to buy. Then, as some hon. Members said mosquitoes have also developed some sort of resistance to DDT. It is a natural process that if something is applied to kill a creature, the victim tries in course of time to develop resistance and to overcome the ill effects of that thing so that it could survive. When they developed resistance to DDT, people began using BIC and when they developed resistance even to that we used Malathion. All these are expensive and most of BIC

[Shri A. K. M. Ishaque]

and Malathion we have to import. For some time there was also shortage of drugs and that was also another reason why the incidence went high. The operational costs have also gone up because emoluments of staff etc., were increasing in every state. When the disease which was killing eight lakh persons a year stopped appearing in some years, there was some complacency in the administration. All the reasons that I have adduced had led to some set back and that has resulted in the coming back of Malaria.

This is not an isolated event in India. It is a global phenomenon. The other countries in this region were also having problems of malaria: Indonesia, Malaysia, Burma, Thailand, Sri Lanka, Maldives. All those countries are also having problems due to malaria just as we are also having in this country and like us they also largely got rid of the malaria menace though they had not totally eradicated. The incidence was very low in those countries. Even though they adopted some methods malaria has staged a come back in these countries.

Unfortunately in this country also malaria is staging a come back. Government is not at all complacent in dealing with this problem. Government is very anxious and it has adopted set up a new strategy to deal with it. Mosquitoes are very cunning and intelligent. With our adoption of new strategies, they are also constantly changing their strategies and adopting new ones. Previously if DDT was sprayed in a particular room, the mosquitoes were supposed to be killed. But now if somebody comes to spray DDT, the mosquitoes run away and come back only after four or five hours. Previously in cities where there was no breeding ground in the form of stagnant water, there was no mosquito. People suffering in rural areas used to come to the cities to get rid of it. Now the ornamental pools and water coolers have become breeding grounds in cities. In Calcutta there is a rumour that mosquitoes live

only in the posh areas, not in slums. The new strategy we have adopted is, if there are two cases per 1000 population, the area will be sprayed with DDT and drugs will be made available to the people in abundance. Government is attaching the utmost importance to this menace. It has adopted a resolution during the third joint meeting of the Central Council of Health recently concluded and expressed its resolute determination that we should deal with malaria effectively. We have the infrastructure to deal with it effectively, but the money available is not sufficient to eradicate it completely. Short of that, whatever measures are needed to deal with the menace effectively, we will adopt those measures, and I hope the nation will be able to keep malaria under check effectively.

श्री जगन्नाथ विश्व (मधुबनी)

सभापति महोदय, मैं मंत्री महोदय को केवल इसलिये बधाई नहीं देना चाहता हूँ कि वह बड़े दिग्गज और कुशल हैं, बल्कि उनकी प्रशंसा का कारण यह है कि उन्होंने जिस विभाग को सम्भाला है, उसमें उन्होंने बहुत रुचि ली है, जिससे लोगों को यह विश्वास हो गया है कि उनके कार्य-कलाप में इस विभाग का अग्र्युदय और सुधार होगा।

मैंने यहाँ कहते हुए बड़ा दुःख हो रहा है कि जहाँ एक ओर हम हमने बैचक के प्रसार को नियंत्रित किया है, वहाँ दूसरी ओर मलेरिया एक विप्लव के रूप में, एक भयंकर रूप में, हमारे देश में छा गया है। खास तौर से हमारे देश के पूर्वी और पश्चिमी भाग उससे ज्यादा एफेक्टिव हैं।

मलेरिया चार किस्म का होता है, जिनमें फाल्सीपारम सबसे ज्यादा भयंकर होता है। इस समय जेनेवा में इस विषय के एक्सपर्ट्स की जो बैठक हो रही है, उसमें विश्व स्वास्थ्य संगठन के सहायक निदेशक, श्री घाईबानी, ने यह जानकारी दी है। इस देश में फाल्सीपारम के प्रसार से सभी लोग बहुत

भाषित हो गये हैं। इतिव्य संसार को इस बारे में धींच करानी चाहिए और यह देखना चाहिये कि किन उपायों से उसके प्रसार को रोका जा सकता है। इसका इंतजाम करना है। मुझे विश्वास है मंत्री महोदय में, उन्होंने गत वर्ष बिहार में और अन्य जगहों पर चिकित्सक का प्रकोप हुआ उनका बड़ी बड़ा दुखी से लाभना किया और अब चिकित्सक का नाम भी कहीं नहीं सुना जाता है। वह बिल्कुल खरम हो गया है। लेकिन उसकी जगह भरकरिया घा गया है। मंत्री महोदय को चुनौती के रूप में उसको स्वीकार करना होगा।

हम लोग अग्रेजी दवाओं के दिन प्रति दिन हाथी होते जा रहे हैं। अग्रेजी दवा कराने से तत्काल फायदा चाहे भले ही हो जाये लेकिन बाद में उसका प्रभाव अच्छा नहीं होता है और वह खर्चा भी है। इमनिये मेरा सुझाव है कि अगर सरकारी स्तर में आयुर्वेदिक और यूनानी चिकित्सा पद्धति के विकास को बल दिया जाता है तो मेरा विश्वास है कि दवा पर कम खर्चा पड़ेगा। इलाज तो चिकित्सा का होता है। जैसे किमी को मर्दा हुई। एक तो इलाज हुआ—खर्चा को कैसे दबायेगे। दूसरा तरीका है कि मर्दा क्या हुई, पत्ने क्यों हुई की दवा हो जानी है तब मर्दा को रोका जाना है। यह आयुर्वेदिक और यूनानी पद्धति में होता है। लेकिन प्रफेसर्स है कि इसे हम बढावा नहीं देने हैं। बहुत पुरानी चीज समझ कर इसकी उभोधा करने हैं जिसमें अग्रेजी दवाओं का प्रयोग बढ रहा है और अग्रेजी दवा कराना प्रत्येक के लिये सम्भव नहीं होता।

बहरहाल माननीय मंत्री जी के समक्ष जो बात रखना चाहता हूँ वह यह है कि प्रतिष्ठा का पलायन हमारे यहाँ हो रहा है। आपको आश्चर्य होगा यह सुन कर कि एक भारतीय डाक्टर अब अमरीका चला जाता है तो अपने देश को 33000 डॉलर रुपये का

घाटा होता है और अमरीका को 51 लाख 75 हजार रुपये का नफा होता है। यह तथ्य मैं नहीं कह रहा हूँ। ये तथ्य हैं राष्ट्र सब व्यापार और विवास आयोग के। अब आप इस बात को समझें कि 1970 में दो हजार डाक्टर अमरीका चले गये और वहाँ जा कर बस गये तो उससे हमारे देश को कितनी हानि हुई होगी इसकी तो हम कल्पना भी नहीं कर सकते हैं। केवल डाक्टरों के क्षेत्र में ही ऐसी बात नहीं है, विज्ञान के क्षेत्र में भी इन प्रकार का पलायन हो रहा है जिस पर सरकार का ध्यान जाना चाहिये और सरकार को इसे नियंत्रित करना चाहिये। लेकिन इस समय क्योंकि स्वास्थ्य विभाग की चर्चा चल रही है इमनिये मैं स्वास्थ्य मंत्री का ध्यान डाक्टरों की ओर दिलाऊंगा कि वे क्यों भाग रहे हैं। मुझे कुछ डाक्टरों से मिलने का और बात करने का अवसर मिला है। उनकी दो शिकायतें मुझे सुनने को मिलीं एक तो उन्हें उचित पोषण नहीं दिया जाता है जिनका उनको दिया जाना चाहिये जितने में उनका निर्वाह हो सके उसका भी प्रभाव होता है और दूसरी बात है कि उनकी कुछ उपेक्षा भी की जाती है। ये दोनों बातें हैं जिनके कारण वे यहाँ न रह कर बाहर जाना चाहते हैं। अपने स्वास्थ्य मंत्री के बारे में मुझे पूरी जानकारी है, वे बहुत हमसे अभिरुचि दे रहे हैं, बहुत हमको विकास देना चाहते हैं, देश को बीमारियों से छुटकारा दिलाना चाहते हैं, लेकिन डाक्टर ही नहीं रहेगा तो बीमारियों से छुटकारा कैसे दिलायेगा? इमनिये मुझे आशा है कि माननीय मंत्री जी इस पर प्रतिबन्ध लगावेगे।

एक नयी राष्ट्रीय नीति उन्होंने घोषित की है जिसमें उन्होंने सुझाव दिया है कि विवाह की उम्र बढ़ायी जाय—18 वर्ष लड़कियों के लिये और 21 वर्ष लड़कों के लिये। लेकिन एक दूसरी शक्ति इससे लोगों के मन में उत्पन्न हो गई है कि संसद में सीट बर्से जायेंगी। तो इसके लिये आपने कहा है कि

[श्री जगन्नाथ मिश्र]

2001 ईस्वी तक 1971 की जो जनगणना है उसी के आधार पर मेम्बरों का चुनाव होता रहेगा। इसे देण में तमन्वी आई है और मेम्बरों के मन में अनन्तोष दूर हो गया है।

आपने कहा है कि राज्यों को जो अनुदान दिया जाएगा उसमें से छोट प्रतिशत उनको परिवार नियोजन पर खर्च करना होगा। यह इफलिये किया गया है कि नाकि परिवार नियोजन के काम को करना और उसमें सफलता प्राप्त करना यह एकले केन्द्रीय सरकार का काम नहीं है इसमें राज्यों को भी भागे भाकर हाथ बंटाना होगा। इनका ही नहीं बल्कि व्यक्ति व्याक्ति को इसमें भागे आना होगा और युद्ध स्तर पर इसको स्वीकार करना होगा। युद्ध स्तर पर इसके लिये काम करना होगा तभी हम फामलो प्लानिंग पर नियंत्रण कर सकते हैं और उनमें सफलता प्राप्त कर सकते हैं। मंत्री जी इसके लिये बहुत धानुर हैं और परेशान है। वह चाहते हैं कि जैसे जैसे इस पर प्रतिबन्ध लगे और इस पर काबू पा सके।

इसलिये इन्होंने निर्णय किया है कि एक मई से एनकरेजमेंट के नाम पर दो जीवन बच्चे होने पर 150 रुपये, तीन बच्चे होने पर 100 रुपये और चार बच्चों के होने पर 70 रुपये दिये जायेंगे। इस सम्बन्ध में मेरा निवेदन है कि सरकार अपना भाग ध्यान शहरों में ही केन्द्रित करनी है, दूर दूर तक गांवों में नहीं जानी है जब कि हिन्दुस्तान गांवों में बसा हुआ है। इसलिये गांवों में केन्द्र खोले जाने चाहियें, वहाँ पर डाक्टर दिये जायें, आवश्यक उपकरण दिये जायें और अन्य माधन उपलब्ध कराये जायें जिससे कि वहाँ के लोगों के दुखों का निपटारा हो सके। इस सम्बन्ध में मैं मुझसे दंगा कि स्वयंसेवी संस्थाओं का भ्रयोग लिया जाये। यदि ऐसा नहीं हुआ तो चूकि बंशुमार जनसंख्या का सीधा परा क हमारे आधिक डाचे से है,

यह आधिक डांचा बिगड़ जाएगा। अभी तक जो कुछ भी सुधार हमारे डाचे में आया है वह भी बला जायेगा।

केन्द्रीय सरकार के स्वास्थ्य सेवा प्रीव-घालकों द्वारा उवाइया मंगाने के लिये अपनाई गई जटिल प्रक्रिया के कारण उसकी पूर्ति में बड़ा बिलम्ब होता है जिससे रोगियों को बड़ी असुविधा होती है। इस बिलम्ब के निवारण के लिये कारगर कदम उठाने की व्यवस्था होनी चाहिये। इसके साथ ही राष्ट्रीय स्वास्थ्य बीमा योजना को लागू करने की बड़ी आवश्यकता है। गांवों में प्रशिक्षित डाक्टरों को भेजा जाना चाहिये और वहाँ पर रोगियों की बिकित्सा मुस्तीवी से होनी चाहिये। जो डाक्टर पाठ होकर निकलते हैं उनको दो वर्ष के लिये गांवों में भेजा जाना चाहिये।

एक बान और बहुत महत्वपूर्ण है जिसकी ओर ध्यान नहीं दिया जाता है। स्वच्छता का हमारे स्वास्थ्य में क्या सम्बन्ध है इसकी जानकारी होनी चाहिये। स्वच्छ रहने से मस्कार जगून होते हैं, भावनात्मक एकता का उत्थान होता है। इमोलिये श्री मंजय गांधी ने अपने भाषणों में जहा तहा और सर्वत्र इस बान को रोहराया है और इस बान पर जोर दिया है कि लोग भफाई पर अधिक ध्यान दें और छोटे परिवार अपनायें। उनका यह कहना बिल्कुल जायज है और इस देश की जनता के हिन में है। इस समय हमारे देश की जनसंख्या मंभार की कुल जनसंख्या का 15 प्रतिशत है और प्रति मास 10 लाख की गति से बढ़ रही है। आजादे के बाद से हमने अपनी जनसंख्या में 25 करोड की वृद्धि कर ली है जो कि सांविगत रूप की कुल जनसंख्या है जब कि उम देश का क्षेत्रफल हमने 6 गुना अधिक है। प्रति वर्ष हमारे देश की जनसंख्या में जो वृद्धि होती है वह आस्ट्रेलिया की कुल जनसंख्या के बराबर होती है। इसलिये इस गम्भीर समस्या की ओर इस देश के लोगों का, बुद्धिजीवियों का

ध्यान जाना चाहिये और इसके निवारण का प्रयत्न होना चाहिये। लोगों का ध्यान स्वास्थ्य और परिवार नियोजन की ओर केन्द्रित होना चाहिये। डाक्टरी शिक्षा को अनुकूल बनाना चाहिये और उनकी सेवा सुदूर गाँवों तक पहुँचानी चाहिये।

मंजी महोदय का जनसंख्या को नियंत्रित करने का जो प्रयास है वह भराहूनीय है और मैं उसकी प्रशंसा करना हूँ और अपना सहयोग प्रदान करना चाहूँगा। साथ ही मैं चाहूँगा हूँ कि इस काम में वे जनता का तथा समाजसेवी संस्थाओं का सहयोग लें। मुझे आशा है कि उनको सफलता अवश्य मिलेगी। इसी विश्वास के साथ मैं अपना भाषण समाप्त करना हूँ और इस विभाग की बाँगी का भमर्शन करता हूँ।

श्री राधाबतार शास्त्री (पटना) - सभापति जी, पटना बान में परिवार नियोजन के भ्रमण से कहना चाहूँगा हूँ। परिवार नियोजन के नाम पर पूरे देश में जित तरह की धीमासुम्नी चल रही है अगर वह चलनी रही तो यह परिवार नियोजन भ्रमण के लिए भ्रमामुग्ध नाबिन होगा। मैं बड़ा दुखी होकर कह रहा हूँ कि जित तरह के संकुलर जारी किए जा रहे हैं जगह-जगह—मेरे प्राय में दिल्ली म्यनिभिपल कार्पोरेशन का संकुलर है जिसे उन्होंने तमाम भ्रमणारी विभागों में भेजा है। इसमें आठ सूत्री प्रोग्राम है। अभी तक देश केवल 20 सूत्री प्रोग्राम को जानता था लेकिन 20 सूत्री प्रोग्राम के बाद श्री संजय गांधी ने 4 सूत्री प्रोग्राम भ्रमण से प्रभावित किया और अब दिल्ली कार्पोरेशन ने 8 सूत्री प्रोग्राम भ्रमण से प्रभावित किया है। इसमें मुख्यतः जो तीन प्रोग्राम हैं उनको मैं पहलूर मुनाना चाहूँगा क्योंकि अधिक समय है नहीं।

श्री जगन्नाथ मिश्र : यदि भरी कार्य-क्रमों को एक भाष पढ़ें तो वह 20-सूत्री कार्यक्रम में ही आ जाते हैं।

श्री राधाबतार शास्त्री : तो फिर भ्रमण सूत्र बनाने की क्या जरूरत है। संजय गांधी के सूत्र धाप कठस्थ कीजिए, मुझे कोई एत-गज नहीं है लेकिन वह देश के सूत्र नहीं बन सकते हैं।

श्री जगन्नाथ मिश्र : वह देश के हित में हैं।

श्री राधाबतार शास्त्री : जिस समय धाप भाषण दे रहे थे, मैंने धाप को नहीं टोका, अब धाप मेरी बान को सुनिए, टोकिये नहीं। देश प्रधान सूत्री के बीच सूत्री कार्यक्रम का भमर्शन करना है और हम भी भमर्शन करने हैं। यह भ्रमण भवान है कि उस का कार्यान्वयन कैसे होगा।

मैं आठ सूत्री की बान बना रहा था—
उस में लिखा है—

'No recruitment or promotion, efficiency bar increment or confirmation for any staff member of any category be done till he/she has produced a sterilisation certificate, if he/she has more than two children. No loans or advances from the provident fund etc be sanctioned to any employee till sterilisation certificate is produced if he/she has more than two children. No reimbursement of the cost of medicine be allowed till sterilisation certificate is produced if he/she has more than two children.'

इस तरह से और भी बहुत सी बातें हैं। इनका ही नहीं, दिल्ली में तो पुलिस वालों का इस्तेमाल किया जा रहा है, वे लोगों को पकड़ कर ले जा रहे हैं। मैं एक उदाहरण देना हूँ—यह 24 नारीख की बान है—गवर्नमेंट हायर सेकेण्ड्री स्कूल, मादीपुर, पश्चिमपुरी के 11 लड़कों को पुलिस पकड़

[श्री रामावतार शास्त्री]

कर थाने में ले गई, जिन में कुछ लड़के हमारे यहाँ के कर्मचारियों के भी हैं जो लोक सभा में काम करते हैं। रात तक उन को वहाँ रखा। अगर किसी की मां छुड़वाने के लिये थाने में गई तो उस को कहा गया कि तुम बन्ध्याकरण करवाओ, अगर किसी का बाप गया तो उस को कहा—तुम बंधिया बन जाओ। इस तरह की बात आप चलायेंगे तो आप की सरकार इस भस्मासुर को बरदायत कर सकेगी। यह ठीक है कि फ़ैमिली प्लानिंग होना चाहिए, परिवार नियोजन का हर आदमी समर्थन करता है, लेकिन इस तरह की ज्यादती या जबरदस्ती नहीं चलेगी, पागलों की तरह से सरकारी अधिकारी लोगों के साथ व्यवहार कर रहे हैं। अगर यह बात चलती रही तो आपकी जो मंशा है, वह खत्म हो जायगी। पटना में रिकशा वाले को मैंने कहा तो कहने लगा— बाबू, हम नहीं जायेंगे, वे तो पकड़ कर बंधिया बना देते हैं। पूरे हिन्दुस्तान में स्कैगर फीला हुआ है। मैं आप में निवेदन करना चाहता हूँ—आपका उद्देश्य जरूर सही है, नेक उद्देश्य है, लेकिन इसको अमल में लाने के लिये आपके अधिकारी जिस तरह से काम कर रहे हैं, बहुत ही गलत हैं। आपकी हम तरह की कार्यवाहियों में लोग खिलाफ़ हो रहे हैं, सरकार के खिलाफ़ जो हो ही रहे हैं, साथ-साथ आपकी नीतियों के खिलाफ़ भी हो रहे हैं। इसलिये मेरा निवेदन है—आप लोगों के साथ इस तरह का व्यवहार न कीजिये, उनको पसुंएड कीजिये, समझा-बुझा कर फ़ैमिली प्लानिंग की तरफ़ साइये, जबरिया कानून बनाने की बात मत कहिये।

श्री अणनाथ मिश्र : शास्त्री जी कहने हैं कि जबरदस्ती स्कूली लड़कों को पकड़ कर ले गये, स्कूल के शिक्षकों के बारे में भी कहा गया था, लेकिन मैं उनसे कहना चाहता हूँ— सरकार एक प्रश्न के जवाब में कह चुकी है कि ऐसी बात नहीं है।

श्री रामावतार शास्त्री : मैंने तो आपको अभी ता० 24 अप्रैल की बात बतलाई है, आप मासूम कर लीजिये कि पुलिस 11 लड़कों को पकड़ कर ले गई थी या नहीं। आप ऐसे गलत काम का समर्थन मत कीजिये, बरना सबके लिये विषकत हो जायगी।

प्रश्न में चैचक के सम्बन्ध में कुछ बानें कहना चाहता हूँ—यहाँ कहा जा रहा है कि चैचक खत्म हो गई है। मैंने पटना की बात बतलाई थी

श्री० कृष्ण सिंह : वह चैचक नहीं थी, मीषखण्ड थे।

श्री रामावतार शास्त्री : क्या आपने अधिकारियों ने एन्कवायरी की थी ?

श्री० कृष्ण सिंह : जी हाँ।

श्री रामावतार शास्त्री : वह इण्डियन-नेशन का कर्मचारी था। मैं एक दूसरा उदाहरण देता हूँ—पटना में एक मित्रा हाई स्कूल है, वहाँ की एक महिला अध्यापिका को चैचक हुई। अगर आप किसी को मेरे साथ भेज सकें तो जरूर भेजिये, उनका चैचक बिलकुल बिगड़ गया, बड़े-बड़े दाग उनके चहरे पर पड़ गये हैं, जो चैचक में पड़ते हैं। वह महिला अभी भी वहाँ पड़ा रही है, मैं उनका नाम भी बतला सकना हूँ। मेरी पत्नी भी वही टीचर हैं, उन्होंने मुझे बतलाया था। सिर हिलाने से चैचक खत्म नहीं हो जायगी, आप हम विभाग के अधिकारी हैं, मैं आपको बतला रहा हूँ—आप इसको अपने विभाग में रखिये। मच्छरों के उत्पात की बात सब ने बतलाई है। जब नीर्थ एवेन्यू में मच्छर हो सकते हैं तो दिल्ली के मदे इलाकों की क्या हालत होगी इसका अंदाजा आप आसानी से लगा सकते हैं। और पटना में तो आप रूढ़ नहीं सकते। बिहार में कोई शहर ऐसा नहीं है जहाँ मच्छरों का उत्पात

नहीं है। 27 वर्ष में 20 लाख मन्दर भी नहीं मर सके तो और क्या करेंगे।

प्राखिरी बात यह है कि अस्पतालों के कर्मचारियों के बारे में किसी ने कुछ नहीं कहा। कर्मचारी अगर सन्तुष्ट नहीं रहेंगे उनकी भांगों की तरफ आपका ध्यान नहीं जायगा तो उनका असंतोष कभी भी उग्र रूप धारण कर सकता है। नर्स नाराज रहती है, दूसरे कर्मचारी नाराज रहते हैं, डाक्टर भी नाराज रहते हैं, इन तमाम लोगों की तरफ आपका ध्यान जाना चाहिए ताकि उन्हें फिर हड़ताल या एजीटेशन करने का मौका न मिले। हाँ सकारा है कि अभी इमरजेंसी के समय में वे कुछ न बोलते हैं, लेकिन जब उनमें असंतोष रहेगा तो वह किसी भी दिन फूट सकता है। इसलिये इन बातों की तरफ सरकार का ध्यान जाना चाहिए।

और नब से प्राखिरी बात यह है कि परिवार नियोजन के प्रमामुर को कंट्रोल कीजिये नियंत्रित कीजिये। वही तो सबसे पहले वह सरकार को भी खायेगा।

SHRI P. GANGA REDDY (Adilabad) I rise to support the Demands of the Ministry of Health presided over by the great and eminent Dr Karan Singh

It is a matter of pride for us that trachoma and small pox have been completely eliminated from our country, but it requires an adequate follow-up as otherwise they may stage a comeback like malaria.

I want to draw the attention of the hon. Minister to the need of controlling dangerous diseases like flu, typhoid, cholera, whooping cough, T. B. and V.D. The topmost attention of the Government should be given to the prevention of blindness. Without eyes life is miserable, but half the blind population of the world lives in India. If it goes on like this,

by 2,000 A.D. we will have 20 million blind people in India. Every year we are adding 30,000 blind children to our population, but 75 per cent of them are curable. One of the main reasons of their blindness is malnutrition and negligence.

More schools for the blind children should be opened as also for the deaf and dumb. Eye camps for the operation of the blind should be held in the rural areas in a big way.

I want to pay my tribute to the very eminent and devoted doctors of the All India Medical Institute who are taking up heart and brain operations in a very successful manner. Even the world renowned experts of thoracic surgery like Dr Coole and Dr Bernard have paid rich tributes to them. But this Institute is starving for funds. Even the allotted money is not released up to the 31st March and the Institute authorities have to run after Deputy and Under Secretaries for its release, and on 31st March only a part is released. I request the hon. Minister to see that this does not happen in future. They should be provided with the necessary facilities and money. I am sure they are second to none in the world, and they will work miracles in the field of medicine, surgery and research.

It is a matter of concern that there has been a big rise in the customs duties in the case of life saving drugs which we are importing. This has been brought to the notice of the Finance Minister, and I request that the Health Ministry should also take up this matter. At the moment, there is only one agent who imports these drugs and supplies them to the Institute. I want that the Institute should be provided with a revolving fund and allowed to import these drugs, so that 20 to 30 per cent can be saved by them. More than 80 per cent of the patients who come to the Institute for treatment are earning below Rs. 500 per month and they will be greatly benefited.

[Shri P. Ganga Reddy]

Regarding handicapped, I say, there are 20 million handicapped people in the country. For them, rehabilitation centres at district level should be established.

The nutritional programme should be taken to every nook and corner of the country. Every child should get at least two glasses of milk a day. This must be our goal.

In regard to food adulteration, much has been said. I do not want to say more about it.

Regarding prohibition of intoxicant drinks, a policy has been formulated. But strict implementation of it is required. Otherwise, it will remain on paper only.

I want that compulsory health insurance schemes should be taken up. No free treatment should be provided to rich people. For this, the Government should take immediate steps.

I want that beggar homes and homes for the disabled and aged people who do not have anybody to care for them should be opened.

About brain drain, much has been said. I want to ask: What opportunities and amenities are we providing to those doctors? You may be knowing that even after 20 years of service as Assistant Medical Officer, he remains the same without any promotion. But his counter-part who is much inferior in intelligence and who has been selected in a competitive examination becomes a Secretary of the same Department. This requires sympathetic consideration of the Government.

Regarding family planning, I am reminded of those days when priests and elders used to say, let God bless you hundred children. What did Savitri ask Yama Dharamraja? What did Gandhari ask? How many children Lord Krishna had? I know, in my school days, the people used to

go for pilgrimages to temples to ask for children. They used to have so many ceremonies, *vratas*, to get children. Now, we do not want children. This is a blessing of our modernisation and of our Western culture. Let us go back to our eastern culture. As one lady Member was saying, a woman who delivers remains at her parent's house for three or four months. They used to observe so many things. That was one of the natural ways of family planning. We have now become more civilised, more modernised and more Westernised.

Family planning should be given a serious thought. It is already too late. If you want to do it, do it now or never. Otherwise, you will repent. The country will be crushed by the population explosion. It is not only a question of population explosion. It will become a dragon which will swallow the country. So many people have opposed it. They say, it is curbing of their freedom. One Catholic priest has circulated a pamphlet saying that it is basically a personal and family problem and that the parents should not be forced to decide by undue pressures and threats of penal sanctions.

About abortion, they say, it is mainly a destruction of human life and no right is more fundamental than the right to life itself. I want to ask them: Do you want to produce and put the burden on the nation? Do you want to create hungry mouths to put a burden on the State to care for their food, clothing and shelter? Do you want to produce and burden others?

They talk in the name of religion. No religion bars family planning. Most of the Muslim countries are adopting family planning more vigorously and successfully than India. What is our neighbour Pakistan doing? No Muslim goes against family planning there. They do not object to that. If you want to do it in India, they raise a hue and cry and talk about perso-

nal law. What happened when the land ceiling was there? Where there is an advantage for them, the personal law does not come in the picture. What is religion? It is a relation between man and God. It is not a relation between man and State. No question of religion and other things should come into the picture. Our Government should be bold enough to do it now. If you cannot do it now, during Emergency, when are you going to do it? About 80 per cent of population is of Hindus. Don't Hindus have a personal law? When you can change our personal law, why can't you touch others' personal law? You are not doing it with any *mala fide* intention. When it is in the interest of the nation, if they have patriotic feelings, let them come forward and say, "We are also with the nation." It is not a question of religion alone. It is a question of our survival, whether we survive or perish.

I want to say that 20 million couples who are in the reproductive age group have been covered, but more are coming into this reproductive age group. So, now the Prime Minister's attention has been drawn to this and the Youth Congress is also doing something but I want to say that the plea that God is giving children and you should not interfere has no value now. We should achieve a zero rate of birth rate; that means that the birth rate should not be more than the death rate. It would be a very good thing if there is no birth next year. We have to look at family planning not only from the angle of population but from the angle of the health of the mothers and also the nutrition of the family and also our economic, cultural and other aspects.

With these words, I support the Demands, while congratulating the Minister once more.

My only submission is that the All India Medical Institute badly requires attention and, drawing attention to it, I conclude.

SHRI ARAVINDA BALA PAJANOR (Pondicherry): I begin where my friend ended; and a lot of emotion was given vent to by him!

When we speak about population in this country, everybody congratulates the Minister. I congratulate him for the simple reason that he has put it as the 'national' population policy—it is not a Party's policy. It is the policy of everybody in this country, so I think all the Parties can take it as their manifesto for the elections!

I would have been happier if the Hon Members who have spoken had given their own statistics as to how many kids they have in their house, that would have been a nice thing. But I will begin now. I have only two, a girl and a boy. I would say that many are very eloquent in their speeches, but they fail to practice what they preach in their house for reasons best known to them.

I do not know how many have read the book 'Brahmachari' by Gandhiji. There, he has given vent to this feeling and one will know his attitude towards compulsory sterilisation or towards contraceptives, or things like that. This may be his personal view but Congressmen who have faith in Bapuji cannot be opposed to it.

At the same time I cannot help saying that, when Dr Karan Singh says that the population of this country is 600 million this year, I want to congratulate him that this country has progressed at least in one sphere! We are attempting to advance in other spheres, but it is in the reverse gear while we are attempting to reduce population. We have gone up by 25 crores in a matter of 27 years. So, I congratulate him, at least for giving the statistics—though I think these statistics may not be correct.

To relate a personal experience, when I was a student of Economics, the ex-Minister Dr Chandrasekhar used to come and give inter-college lectures—in the year 1954-55. In his speech, Dr. Chandrasekhar used to say: 'young men, you must all adopt a con-

[Shri Aravinda Bala Pajanon]

trolled family system in your future days'. He also used to say that in India population is growing in geometrical proportions. But the real reason for the population growth in this country—of course he used to put it in a humorous manner—is this. He said that in America the workers used to return from their factories at about 6 O'clock, then go to a club and, after that, return home at about 12 O'clock, have a good rest and then get up in the morning and go to work again. But in India the workers return at about 6 O'clock and they have no other work except indoor games. Of course, he used to put this in a satirical and humorous way. I admit. But the main reason for not being able to arrest population growth in this country is this: it is not a question of conviction or faith or religion as my friend has put it but it is a question of the environment that we create for these people. They have no other entertainment. 'Procreation is the ultimate end of marriage' may be the spiritual value of religion, but that is not the case. Whenever they have an additional issue, it is not their intention to have an additional issue. It is only a question of the environment that is being given to them.

My friend also referred to the health of the family and the nation. What is the health of the nation? For controlling the population of the country if you adopt a method by which you are going to make this a sick nation after 20 or 30 years, it is a dangerous policy. You must act with foresight. Not only have we to control the population, but we must also see in the process that we have a healthy nation. That is the reason, I think, why it is called Health and Family Planning. We are going to plan the family in such a manner that the family will be a healthy family and that will make the nation a healthy nation..

MR. CHAIRMAN: Please address the Chair.

SHRI ARAVINDA BALA PAJANON.

The Chairman is particular about procedure. I am a person who is against procedure in the court, against procedure in Parliament, against anything that comes only for procedure. We have not been able to make progress in the Plan because we have been a slave to procedure. I will give an example. The Minister has said in his statement that a considerable amount has been spent and a lot of efforts have been made but the progress is very limited. It is because the statistics that are supplied to you are not the correct statistics. In a small town like ours, when you make compulsory sterilisation or compulsory birth control by operation or things like that, what you do is that you ask the teachers or government servants to procure people, and if they do not procure people, their increment will be stopped or they will not be granted leave or they will be transferred. This is the sort of coercion that is being adopted in our side. I do not want to name the institution. In the last year there were about five cases. The first person who was operated upon was aged 64 years; the second person who was operated upon was aged 59 years; and the third person who was operated upon was aged 17 years. This is how the statistics goes. It is a fact. You can check it. When I asked the last boy who was only 17 years old, he said that he had been given money. They were clever enough to give him Rs. 30. I asked him as to what he did with the money, and he replied that he went for a picture. The idea is good, the motive is good. That is why I said that it is the mind that counts, it is the method that counts, it is the real spirit that counts. So many of us are Members of this House. We are all interested in controlling the population of this country. That is why, I said that to begin with, we should be held enough to say that we have only that much children and that we will not have any more children. That would be a better gesture. I congratulate and congratulate have said that it is a problem which the women Members who spoke: they

concerns their health. We should make up our mind that we will not have children for some more years. That is the reason why I referred to Gandhi. If your moral values say that you are not supposed to use contraceptives, you may not; or, if your spiritual values say that you may use contraceptives, you may use. But the will must be there for you to say that you will not have children for some more years. 50 per cent of the country's population are women, and if they take a decision that, for ten years, they will not have children, the population will be controlled. There is no need to spend crores of rupees on this. It is the mind the will power, that is very much required. That is what I expected when Emergency was proclaimed, and when we talked of discipline and all that, I thought it was there. But, once again, we seem to have gone back. I think, the Minister will agree with me in this. But, as far as our Party is concerned, we have been very sincere. In Anna DMK whenever we go for marriages, we make speeches, and in the marriage junction itself when so many people are there, we speak about family planning. We have been doing this, not recently, but even before the split. We were doing this even when we were in the DMK Party before the split. Even now, in the present Anna DMK Party we have been doing this. We propagate the family planning system and tell the people the advantage of having a controlled family. We try to convince them. But this is not enough. We know that the rural population will not be moved by this kind of speaking. We have to do something more than that. I am in agreement with some of the Members when they say that compulsorily it should not be done by making use of the Police. I would only make this suggestion. You call the scientists and ask them to invent something special mix that in the drinking water that you supply to people. By that way, we can control the population increase. But we should not compel any one and have a sick nation in the future.

I should not stop with family planning; I should say something about

Health also. I would here, refer to the Institute in Pondicherry, the JIPMER. We have 65 seats there, and out of the 65 seats, according to the agreement of 1954, 18 seats have to be given to the people of Pondicherry. And out of 18, three are given to the members of the French community or to those who have studied in French medium. So, how many of our people are getting admission in that College? You have not admitted even four. In the last year it was not even two. There is a lot of proxy work there. Leaving aside that, this institution has been in existence in Pondicherry from 1956 onwards.

But out of these doctors who are produced by the institution many are unemployed; you are not able to give employment for them in the Pondicherry State. This kind of policy, I do not think, will help us. We must be sincere in our policies.

The next thing that I want to say is with regard to promotions in pay. I take for example something which is visible, which is very near to me, in Pondicherry where I live and which I represent. In the JIPMER at Pondicherry, you have a radiologist or a laboratory assistant. If I compare their pay with that of their counterparts in Willingdon Hospital or Saldarjung Hospital or any other centrally administered similar institution there is a lot of difference. Why? I cannot understand it. Whenever we go there, they represent to us with regard to this matter. When they represent to us this matter, how can I tell them to go and teach family planning. They say first remove this disparity. You are not sincere, you are not honest and don't preach us this family planning. When I tell them that this is for the good of the country, they repeat you better see that these disparities are removed first.

I just bring this to your notice. I know Dr Karan Singh, he is very much appreciated in our area; he is very welcome there. He is a person who can solve problems. So, I present this problem also to him.

[Shri Aravinda Bala Pajanon]

This family planning is not a matter that can be done by scientific methods or by statistical calculations. It is a thing that has to be moved with the will of the people and the will of the people can be moved not by wishing, but by willingness.

SHRI S. M. SIDDAYYA (Chumarajapagar): Mr. Chairman, Sir, I support the Demands for Grant of the Ministry of Health and Family Planning and I want to make a few observations.

I will take up the medical education first. Many hon. Members have referred to the capitation fee being levied by the private medical colleges in this country. This question has been discussed so many times in this House also. The medical education conference held in 1970 resolved that this system should be abandoned and the Government of India and the State Governments should find out ways for stopping the levy of this capitation fee and in case it is not possible, they should take over these institutions. I want to know, first of all, what action has been taken by the Government of India in this matter and whether they have decided to take over those colleges which have refused to abide by the decision of the medical education conference held in 1970.

In my own State, Karnataka, there are more than five medical colleges which are even today collecting this capitation fee and consequently only well-to-do section of the people can get admission there. The weaker sections and the children of the scheduled castes and scheduled tribes people cannot get admission in those colleges. I do not know, why the Government of India is keeping quiet over this matter.

Now, I come to the question of reservation of seats in these medical colleges. There are 106 medical colleges in this country and there are 25 such colleges which are managed by the private institutions. Most of these private colleges are not making reser-

vation of seats for scheduled castes and scheduled tribes, even though the Ministry of Education some years ago had sent a circular to all the departments of the Government of India concerned with these medical colleges as also the State Governments and the Universities. The most unfortunate thing is that even in the case of Central Universities which are directly financed by the Government of India, I find that there are some colleges which are not making reservation for scheduled castes and scheduled tribes. In answer to my Starred Question No. 351 on 1-4-1976, the Minister replied that they had made reservation in the M.B.B.S course in all the medical colleges under the Central Government except the J. N. Medical College at Aligarh. I want to know from the Minister, how they can make an exception in the case of Medical College, Aligarh. It is a centrally-financed medical college; it is getting cent per cent grant from the Government of India. How is it that this very circular issued by the Ministry of Education has not been followed in this case?

Then, with regard to the post-graduate classes I find there is no reservation at all for Scheduled Castes and Scheduled Tribes. Recently the Government of India have decided that the post graduate course examinations hereafter will be on all-India basis and they have a proposal to have a Central Service in medicine. When that is the case, if there is no reservation for Scheduled Castes and Scheduled Tribes in the post-graduate classes, particularly in the colleges which are under the Central Government I think it will cause immense harm to the cause of the Scheduled Castes and Scheduled Tribes.

With regard to higher education, in answer to one of my questions as to how many senior SC/ST students are there in the colleges, the reply given is only one or two in the All India Institute of Medical Sciences or in the Irwin Hospital. That means that there is no reservation made for Scheduled Castes and Scheduled Tribes. I re-

quest the Minister to consider this matter particularly in view of the fact that they are going to have an all-India examination in post-graduate courses.

The Government have recently announced a national population policy. I welcome it. But so far as the increase in the minimum age for marriage is concerned, I think it is not controversial. Similarly, those States which have actually implemented the family planning programme were handicapped in a way that the number of seats in the Lok Sabha was actually reduced last time. But now the Government have realised the mistake and have rectified it by freezing the representation according to the census of 1971. Similarly, central assistance and subsidies given by the government are not based on the present population but based on the population figures of 1971 census. It is a good thing.

So far as the education of the females is concerned, it is admitted that increase in the population will vary according to the education of the females. Therefore, I want to stress that special measures should be taken to increase the literacy of the females in the country. At present it is very very low. They must spend more money for all these things and see that the fertility rate is reduced.

Lastly, I would like to state that in case of sterilisation so far it was considered to be voluntary and some success has been achieved so far in this behalf. But to have compulsory sterilisation, I think, the government should be very cautious, and in leaving it to the State Governments to have it compulsory or not, my own feeling is that the Government of India is actually shifting the responsibility to the State Governments. It is not proper. In the States there is no proper administrative and medical infra-structure necessary for compulsory sterilisation. Why not ask the State Governments to have more propaganda among the people? My own feeling is that sufficient propaganda has not been made.

16.00 hrs.

This compulsion will not have good result. Therefore, I would request the Minister to consider this aspect and spend more money on the education of the girls and also on the propaganda throughout the country in this behalf.

*SHRI R. N. BARMAN (Balurghat):
Mr. Chairman, Sir, while rising to speak on the demands for grants of the Ministry of Health and Family Planning, I will say, at the very outset that there are two major problems facing the country today. One is the ever rising growth of population and the other is providing food for them. It is a matter of gratification that the food production in the country this year has been very satisfactory and unless we are faced with some natural calamity like failure of rains etc then we will be self-sufficient in food in the coming few years. But all our efforts in this direction will prove fruitless if we are not able to check the growth of population. In this House Dr. V. V. Giri has himself said that 'we are adding one Australia every year' That means we are adding a number equal to the entire population of Australia to our population every year. An early solution of this problem is of paramount importance. Efforts are on for the last ten years to meet this situation but we have not been able to make much headway. Why have we failed? That is the main question. I will request the hon. Minister to state in his reply the reasons for which our family planning programmes have not met with success. His Ministry must have gone into this problem in depth and he will surely be able to enumerate the reasons for its lack of success. Where is the flaw in our approach? My personal view for the failure of this programme is that we have concentrated our attention and efforts on the urban areas alone and the rural areas have escaped our attention and efforts regarding family planning programmes. That is why there has not been any appreciable impact on the overall situation. Since I have a short time at my disposal I

*The Speech was originally delivered in Bengali.

[Shri R. N. Barman]

will confine my suggestion regarding family planning to the following points:

We should shift our attention from the cities to the villages for implementation of family planning programmes. Restricting our efforts to the cities alone will not suffice whether we like it or not.

It is good that we are thinking about bare-foot doctors. But these bare-foot doctors should be trained in family planning methods right from now.

There are many superstitions in vogue regarding practice of family planning, specially in the rural areas. Efforts should be made to dispel them.

An atmosphere of terror has been created in practically every State as it is being heard that family planning will be made compulsory for every body. Will such steps be taken in the urban areas alone or they will be extended in the rural areas also? If so, what will be the method of its implementation?

In some areas, in Delhi also, the teachers are being asked to sponsor at least five cases for sterilisation. Failing which their pay etc. will be stopped. I feel that this is a negative approach. If at all it is to be done, people should be persuaded and convinced about the necessity of such actions. The teachers should not be made responsible for procuring these cases. This will result in the teachers' neglecting their real job of teaching and they will further lose their respect and dignity in the eyes of the students. This is not desirable. There will neither be proper teaching in schools nor there will be proper family planning.

Even in cities after cubectomy operations women undergo so much of bleeding that in most cases they become anaemic and fall a prey to various diseases afterwards. Why are we not able to find a solution to this problem? There are some people in the country

even now who are inciting the people against practising family planning in the name of religion. Such people should be sternly dealt with.

Family planning is very necessary for the progress of the nation, therefore, the responsibility for implementation of these programmes should be entrusted to the Chief Ministers of the States.

We are depending on the allopathic system of medicine alone for this purpose. But encouraging results may be obtained from other systems like homoeopathy, ayurveda, unani etc. This may also be explored.

As stated by Dr. Karan Singh in the National Population Policy, raising of the minimum age of marriage will also prove successful in this regard.

Sir, we pay scant attention to the health problems of the people living in the villages. A large portion of the budget allocation of the Centre and the States is spent in the urban areas. The rural areas are more or less neglected. I will like the hon. Minister to tell us how much is being spent for the health of the rural people every year.

In the West Dmajpur district of West Bengal there are several public health centres and sub-health centres. But at almost all the centres, the post of medical officer is lying vacant. The hon. Minister very well knows what purpose can a doctorless health centre serve. Moreover, at all these health centres 4/6 beds were earmarked but it has not been possible to provide those beds till today. The Central Government says that the State Government should provide the beds and the State Government says that they have no funds. In between them the poor village farmers are suffering and no succour is in sight for them. Beds must be provided at these health centres immediately. What to speak of village areas, Sir, the medical facilities available even at district levels is also very deplorable and disappointing. Here I will point out the medical

facilities available at Ballurghat which is the district headquarter of West Dinajpur district.

There is a General Hospital at Ballurghat. Originally 136 beds were provided for this hospital. At present a provision of 300 beds have been made, even this is not adequate compared to the demand. A provision of at least 550 beds is absolutely necessary for that hospital. There is no separate building for the TB patients. It is necessary to provide a separate building for the TB patients. Work for the expansion of this hospital is not progressing for paucity of funds. There is a blood bank but it is not serving much purpose for want of trained doctors. You know, Sir, that blood is needed for any operation to be performed. But since the blood bank of this hospital is as good as non-existent, the people of the area have to travel to Calcutta for any major operation as it cannot be undertaken here. The poor people of the area find it impossible to go to Calcutta for such operations on account of the huge expenses involved. Kindly see that a trained doctor is posted at the blood bank here. There is also a family planning clinic but no lady medical officer is posted. This may also be looked into. I find it necessary to mention that there is a nursing training centre at this hospital. A motor vehicle is urgently required for the training programme of the nurses. The Central Government said in their letter No. 10-1/75-N dt. 28-6-75 that a UNICEF motor vehicle has been sanctioned for this Ballurghat hospital but this promised vehicle has not yet been made available to the hospital. I do not know what hitch has developed and where. I request the hon. Minister to enquire into this affair personally and to see that this vehicle is handed over to the hospital authorities urgently. As the time is very short I will deal with two more points very briefly. First is about malaria. The World Health Organisation has cautioned that malaria is coming back in big way and the incidence of malaria now will be of fearful proportions. The

new incidence of malaria may affect the brains of the people also. I will like to tell the hon. Minister that this type of malaria has perhaps made its appearance in North Bengal. I will therefore want to know what steps are being contemplated to face the challenge of this menace. Secondly Sir, the drinking water supply in Calcutta is getting constantly polluted. Why this pollution is not being checked in spite of repeated assurances. Not at Calcutta alone, the water of the river Ganges is very and large polluted. The bacteria of several diseases have been found in the river at Allahabad. I hope the hon. Minister will throw some light on how these bacteria are finding their place in the river water. Before I conclude, I will like to tell the hon. Minister that the problems before us are really gigantic. But he may not kindly lose heart. He must know that behind his every effort to tackle these problems he has got our good wishes and it is also backed by the good wishes of every citizen of this country. Sir I support the demands of this Ministry and with that I conclude my speech.

SHRI D. BASUMATARI (Kokrajhar): Mr. Chairman, Sir, I rise to support the Demands for Grants of the Ministry of Health and Family Planning. Family Planning is the most important problem which is facing this nation. But the way in which we are taking family planning, to my mind, it seems to me some sort of a play and we are not taking this seriously at all. When you see the population explosion after independence, you will see that our population has increased by 250 millions.

Sir, Dr. Karan Singh was speaking everywhere—I have read the report also—that every year the population is going up by 13 million or so. It is a dangerous trend and so we should seriously think about it.

You know that recently—it appeared in the press—that the Maharashtra Government has introduced a Bill for the compulsory sterilisation. That

[Shri D. Basumatari]

created a havoc in the country. The other day I had met some fathers of the Roman Catholics asking me not to support this Bill. I told them that they had not come to the right person since I am a supporter of the Family Planning measure. I have found that in my village many women have been sterilised. I have got my sisters-in-law sterilised as also many of my friends' wives,

Sir, we should take it as a national measure. We must do something about checking up the growth of population. I have also a sad experience to tell you here. There is a Bill on Adoption of Children which was introduced in Parliament. It is now in the Select Committee and is pending for over 3½ years. When we took evidence going over from State to State and place to place, we found that—I should not be misunderstood here—some sections of the people, in the name of religion, do not want this Bill. I told them that 'when you adopt the children you should also look to the interests or welfare of the children. Adoption is not compulsory. If you do not want to share your property you need not adopt any children.' Although the Bill is pending in the Select Committee, nothing is known whether it will at all be passed by this House. Anyway, what I want is this. You should bring forward a uniform Bill applicable throughout the country. That Bill is pending in the Select Committee for over 3½ years. The same will be the case with the family planning measure too. When we talk about 20-Point Economic Programme, we cannot develop the country economically if the population goes up and up. What is the meaning of economic development in the country. It is not at all possible to develop the country unless and until you take the population problems seriously. I am sure that Dr. Karan Singh has taken it a little more seriously. He has addressed many public meetings

that he is going to implement this family planning measure. The other day, that is, on the 17th and 18th of this month, I had been to my constituency and I met number of people. A number of people in my constituency had met me—Christian people particularly. I told them that this was a national policy and no one should think about it in a communal way. Even my Muslim friends were telling me that I should not support this Bill if it is taken up in the House.

I told them that it was for the good of the family and also of the country and hence I will have to support that. Whenever I went to my constituency I used to speak to number of people. I know that in a family there are people having four or five wives with five to ten children each. You can imagine the fate of the children. I happened to meet one family who has five wives having 35 children. Of these five, three have died and the rest of them are living.

I told them as to what he was going to do with so many children. He could not even send all of them to school. Most of them will be going to be ploughmen. What is the use of keeping these children as ploughmen? If they accepted the family planning and if they started using the contraceptives, that would be good for them. Later on I found that they were convinced and said that they would not produce any more. You know the youngest wife is 24 years old while the husband of that lady is 65 years old.

So I have been advising them; 'not to invite trouble for yourself. There is no land available after ceiling Act. There is a land ceiling; and there are other restrictions. What is the use of having a big family?' I have been advising them like this.

Dr. Karan Singh is back here. I was saying that this family planning should be taken very seriously and

not taken lightly. I have read your article and I was very much impressed with it. You take it up as you have felt about it and the country will support you, the nation will support you and the people will bless you.

Another point is about malaria. You know that malaria was confined only to the tribal areas. I was talking to my friends here that God has become socialist and He has distributed it throughout the country, as rains nowadays are also distributed throughout the country. I come from an area which was full of malaria. Now with so many dispensaries treating people, and with the National Malaria Eradication Programme on, malaria has been eradicated from the tribal areas. We do not find any malaria in the tribal areas. But I do not know how it has spread to a city like Delhi. As for myself, I am immune to it. We cannot be attacked by malaria. At no time have I been attacked by malaria, nor do I take so much care because we are immune to it. I do not know how people like Shri Mohapatra were attacked by malaria. I do not know whether it was malaria or not. I would ask Dr. Karan Singh to find out from the doctor whether it was malaria or not.

Now about leprosy. The tribal areas are full of leprosy.

I want to say this for the information of Dr. Karan Singh. There is a leprosarium in my constituency in Assam at Shantipur. It is run by missionaries. The missionary leprosy colony is so nice that it is better than your Willingdon Hospital, it is so neat and clean. The doctors and the attendants there do not consider it such a foul disease; they consider it as any other disease and treat it as human service. But I only want to say this. There should be segregation, compulsory segregation, of the leprosy patients, because now they move about like anything; they go to the villages; they sleep with their wives. The wives may not be suffering from it, but the children suffer. I have been

told this by the doctors there. I have been asked also to see that there is a segregation law passed so that they may be segregated and do not mix with the general population.

Finally, I would request Dr. Karan Singh to pay some attention to treatment of some fatal diseases in the tribal areas, e.g. filaria, cancer, TB and VD. I do not know how these could be eradicated. But special attention should be paid to the tribal and backward areas where pure water is not available and they cannot have proper treatment. I would request the Minister to see that these fatal diseases are eradicated.

SHRIMATI PARVATHI KRISHNAN (Coimbatore): Mr. Chairman, I would like to deal very briefly, within the limited time available to me, with the question of the position of the health services in this country. I know that the Minister has been given a large number of bouquets and I hope he will not, therefore, become complacent as a result of it. When one makes a tour of the country, one sees the deplorable state in which the health services are and continue to be. It is not only a question of what you have done, but of what you have not done.

Today particularly, I feel very anxious about the "reorientation" in your medical education. Here in our country we have a pretty sound system of medical education out of which brilliant doctors have been produced and those doctors are enticed by other countries, and that is the brain drain. Because they have got a sound foundation already. For heaven's sake, do not play around with that foundation. We have played enough ducks and drakes with education in this country without your now going in for diluting our medical education also. This is one point.

Secondly, the extra services that are necessary for the practice of modern medicine in this country are

[Shrimati Parvathi Krishnan]

important and could also help your ayurvedic and other systems. They are the laboratory services. Private laboratories are mushrooming all over the country and they are manned by unqualified people who send reports which are incorrect. Why is there no law to prevent this kind of laboratory? Why have you got a law to ensure that those private laboratories that are being run should be manned by fully qualified people? You have not. That is why you have a whole crop of such private laboratories throughout the country which today are a menace to the country, because you find incorrect blood reports, incorrect urine reports and all kinds of wrong reports. Similarly with your radiology also. Therefore, one of the first things the Ministry has to attend to is that when you are allowing all this private practice in the private sector, at least guarantee that standards are kept by ensuring that qualified personnel are there, and that you have regular inspection of such laboratories. Do you have now? No. I know that you may get a brief on this, but may I tell you that what you are being fed is most indigestible and I do not want to share your indigestion. I appeal to you to take up this matter seriously and see that there is some method whereby you prevent the laboratories functioning in this country in such a way that they are a menace. This is also partly responsible for driving away your qualified medical practitioners, out of the country. They are to rely on those laboratories, having come from abroad, from other countries where medical practice is more advanced. With that training they come back and they find that the wherewithal is not available here to apply the added knowledge and experience that they have acquired.

Then there is the question of adulterated medicines. I have once spoken to the hon. Minister that there should be very stringent punishment

when he finds a case of adulteration of medicine. It is no doubt difficult but he has got the means. Why is it that you cannot have a government analyst whose word should be law as far as the composition of medicine is concerned? Unless and until stringent action is taken on this very vital field in the sphere of adulteration, I think we are not going to handle this problem properly. It is not a question of what you have achieved, I should like to repeat; it is a question of what you have to achieve.

What about the shortage of medicines in the hospitals? When the emergency came, you said that you were going to have the OPD extended to evening also. What is the good of having the OPD extended if you do not have medicines? It is not that doctors want to take leave and they are unwilling to face patients; it is not that they do not love their job or they do not want to do their work. They have to run away from seeing the face of suffering patients because time and again the patient comes back from the dispensary and says: this drug is not there, give me an alternative. When is this going to change? It is there that we want something compulsory; it is there that we want the spirit of emergency.

We also want a policy of synthesis between ayurvedic and other indigenous systems of medicine and modern system of medicine. In spite of all that, you may say you have still got an antipathy. They are working on parallel lines and you do not have that co-operation and that synthesis which is extremely necessary. At the personal level, where individual doctors are concerned it may be there but as a matter of policy I do not see any sign of it at all. On the other hand I see that the Health Minister is totally unaware of the fact and not worried about it that the ayurvedic medicine is charged 30 paise sales tax while modern medicine is charged less. A discrimination against what is your own cultural heritage, discrimination

against—what is to be developed in this country and taken forward. It is not of Savitri and Satyawati that we have to be talking about in the year 1976. In the year of atomic energy, we have to talk about our cultural heritage, our medical heritage and see how we can take it forward and how it is to be integrated and where we take it forward. Therefore it is a policy matter of synthesis between the homeopathic, ayurvedic and modern medicine and not a matter of your coming forward and saying: I am giving so much more money to ayurveda and so much more money to homeopathy and so on. Something more fundamental is necessary.

Coming to the question of family planning, those of us who have been in the political and social welfare movement for a very long time know that family planning is extremely important. It is not to be played around with, it is not something that should give any room for any distortion whatsoever. How is it that you talk about compulsory sterilisation? What is the meaning of it? It is nothing but distortion. I was amazed to hear even women Members of Parliament saying that no maternity benefits should be given after the third child. Do they know what they are talking about? Let them read the legislation on the subject. Maternity benefit means protection of the wages of the woman when the baby is being born. Do they want that the woman should starve or that the baby should starve? For family planning, you have to bring about a change in the attitude of the people. As Mrs. Godfrey pointed out, you have to take the people along with you and should not give room for a diseased generation to come into being.

We heard the incident referred to by Shri Ramavatar Shastri of the police storming into a school, arresting the children and blackmailing the poor parents to get them sterilised. Can you imagine children being used for this purpose? What would hap-

pen to the child who is taken to the police station, who does not know what is happening and who is bewildered when the parents come and weep and the police show their brutal strength in front of the child? Is this the generation you are going to develop? Those youngsters today who have no experience of either family or anything else in the country, who have been divorced from the common stream of our country, indulge in platform talk about the four-point programme and compulsory sterilisation. But you, Sir, and the minister have come up from the people. Let us not forget that people are human beings. They are not machines. It is not like a spinning machine or a weaving machine in a factory where you remove one frame and modernise it. The people are delicate human beings and you have to approach them in that way. Whatever results you have achieved in family planning have come through persuasion, not through compulsion. Compulsion only means distortion. You may say, "Please tell me the incidents and I will look into them." That is not the point. You have got to issue instructions that if one more incident of that sort occurs, the officer responsible will be out on his ears. It is emergency and compulsion has to come there. Therefore, the question of sterilisation and family planning have got to be approached in a cultured way, in keeping with our cultural heritage, of which the minister is very proud and from which he may quote very often. I would have no quarrel with you if you say, nobody can stand for election to the Parliament or Assembly or become a minister if he or she has more than two children.

MR. CHAIRMAN: That will be stoutly opposed!

SHRIMATI PARVATHI KRISHNAN: Have you got the courage to do that? Instead, it is the poor people who are caught and handed over to quacks and distortions come up.

[Shrimati Parvathi Krishnan]

I would, therefore, appeal that family planning be taken up as a national programme in a spirit of dedication and zeal, but not with compulsion. I would like to warn you that compulsion will only lead to such distortions, such difficulties and such dangers from which there may be no journey back, whereas persuasion will take us forward; we will never turn back but look forward to a very healthy and prosperous India.

श्री नारायणर द्विवेदी (मछलीमहर) & सभापति महोदय मैं स्वास्थ्य तथा परिवार नियोजन मंत्रालय के अनुदानों की भांगों का समर्थन करता हूँ।

हमारे यहाँ चिकित्सा की पुरानी पद्धति आयुर्वेद थी और उसका गांव गांव में प्रचार था। स्वतंत्रता के बाद एलोपैथिक पद्धति का तो बहुत जोरों से प्रसार और विकास हुआ है लेकिन आयुर्वेदिक चिकित्सा पद्धति में बहुत क्षीणता आई है अब उस पद्धति की शिक्षा दीक्षा की कोई व्यवस्था नहीं हो रही है और आयुर्वेदिक चिकित्सा करने वाले धीरे धीरे एलोपैथिक चिकित्सा का व्यवहार करने लगे हैं।

एलोपैथिक चिकित्सा पद्धति में एक बड़ा दोष यह है कि उस की दवाये तो महुगी मिनती ही हैं लेकिन साथ ही अगर कोई दवा एक रोग को दूर करती है तो कई दूसरी बीमारियों को पैदा भी कर देती है। आयुर्वेदिक चिकित्सा पद्धति में यह दोष नहीं है। उस से रोग का मूलतः नाश होता है स्वास्थ्य में सुधार होता है और उस की दवाये कोई दूसरी बीमारियों पैदा नहीं करती हैं। इसलिये हमारी पुगनी चिकित्सा पद्धति की जो अपेक्षा हो रही है उस की ओर हमें गम्भीरता से ध्यान देना चाहिए। केवल एलोपैथिक पद्धति को प्रोत्साहन देने से खर्चा तो जरूर बढ़ सकता है, राष्ट्र

पर अधिक बोझ तो जरूर पड़ सकता है, लेकिन लोगों के स्वास्थ्य में सुधार की दिशा में कोई विशेष प्रगति नहीं हो सकती है। आयुर्वेदिक पद्धति में रोग का उपचार करने के साथ साथ स्वास्थ्य रहने के उपाय भी बताये जाते हैं लेकिन एलोपैथिक पद्धति में इस की कोई व्यवस्था नहीं है।

इस के प्रतिरिक्त आयुर्वेदिक पद्धति का व्यवहार करने वाले बूढ़ रोगी का रोग भी पहचानता है और साथ ही दवा बनाना भी जानता है। लेकिन एलोपैथिक पद्धति के क्षेत्र में दवा कड़ी बननी है और दवा देने वाले कोई अन्य लोग हैं। आवश्यकता इस बात की है कि हमारी पुरानी चिकित्सा पद्धति की विशेषताओं की संरक्षण होने पाये।

जहां तक परिवार नियोजन का सम्बन्ध है, इस बारे में दो मत नहीं हो सकते हैं कि आज जिस तेजी से जनसंख्या बढ़ रही है, और जिस तरह से स्वास्थ्य सम्बन्धी सुविधायें उपलब्ध होने के कारण मरने वालों की संख्या दिनों दिन कम हो रही है उस से यह भय पैदा हो गया है कि अगर हमारे देश में जनसंख्या इसी गति से बढ़नी गई, तो खाने पीने और आवास आदि के संबंध में बहुत गम्भीर समस्याये पैदा हो जायेंगी। इसलिये जनसंख्या पर नियंत्रण करना और उस की वृद्धि की दर को कम करने का प्रयास करना आवश्यक हो गया है।

परिवार नियोजन के सम्बन्ध में कहीं कहीं जो जोर जरूर देती की जाती है, उसका बड़ा असर पड़ता है। आज परिवार नियोजन के पक्ष से जन मानस तैयार हो रहा है। घर घर में लोग इस बात पर विचार कर रहे हैं कि जनसंख्या पर नियंत्रण हो और बच्चे कम पैदा हों। लेकिन कभी कभी इस बारे में जो जबरदस्ती की जाती है उस का परिणाम यह होता है कि लोगों में भय और आतंक

उन बात हैं। लोगों के भावस और विचारों की बदलने का प्रयास करना चाहिए, ताकि यह इस व्यवस्था की सम्पूर्णता को बर्बादी तरह से सवाल न करें।

16.24 hrs.

[[SHRI BHAGWAT JHA AZAD in the Chair]]

हमारी प्राचीन जीवन पद्धति आश्रम व्यवस्था पर आधारित थी। पञ्चीस बरस तक लोग ब्रह्मचर्यपूर्वक रहते थे उस के बाद पचास बरस की आयु तक लोग बृहस्प आश्रम में रहते थे और उस के बाद वे वानप्रस्थ आश्रम धारण कर लेते थे इस व्यवस्था के अनुसार जो लोग पञ्चीस वर्ष तक ब्रह्मचर्य आश्रम में रहते थे, वही शिक्षा ग्रहण करते थे। आज हम देखते हैं कि लोगों ने कई कई बच्चे पैदा किये हुए हैं, लेकिन कालेजों में नाम लिखा कर वहाँ पढ़ने जाते हैं। क्या यह व्यवस्था नहीं की जा सकती है कि जिन व्यक्तियों के बच्चे हो जायें, उन के लिये स्कूल कालेजों में पढ़ने का रास्ता बन्द हो जायें, वे प्राइवेट रूप में भले हो पड़ें ?

वानप्रस्थ आश्रम में जो जाते थे गृहस्थाश्रम छोड़ कर वे संतान नहीं पैदा करते थे। लेकिन इस तरह का वातावरण खड़ा कर दिया गया है कि मात्र साठ साठ वर्ष की उम्र में जो बच्चे पैदा हो रहे हैं, 15 15 और 16 16 साल की उम्र में भी बच्चे पैदा हो रहे हैं। हमारी सामाजिक मान्यताओं में ऐसा एक वातावरण पैदा हो गया है। इनके लिये हम को एक इसी स्तर पर सामान्य रूप से जन मानस को तैयार करने के लिये व्यवस्था करनी चाहिये। इनको यही हसी मजाक में नहीं उड़ा देना चाहिये। हमें कुछ ऐसा लगता है कि जनसंख्या की वृद्धि का बहुत कुछ संबंध गरीबी से भी है। गरीब लोगों की ज्यादा बच्चे होते हैं। जो लोग खाने पीने में सम्पन्न हैं उन के बच्चे कम पैदा

होते हैं। तो गरीबी दैव की लोभी से निटार्द जाय। लोग कौं खाने पीने की सुविधा होगी तो इस का असर पड़ेगा और हमारे देश की जनसंख्या में जो लोभी से वृद्धि हो रही है उस में कमी आयेगी।

जहाँ तक भाषा का सम्बन्ध है स्वास्थ्य विभाग में परिवार नियोजन में हिन्दी का प्रचलन जो हमारी राष्ट्रीय भाषा का स्थान रखती है और मन्त्र की भाषा का रूप रखती है, कुछ दुःसा है। इस दिशा में कुछ प्रयास हुआ है लेकिन हम मात्र भी देखते हैं कि साधारण तौर से अस्पतालों में गैर पढ़े लिखे लोग या जो अंग्रेजी नहीं जानते हैं। उन लोगों के लिए भी जो परचे लिखे जाते हैं वे सब अंग्रेजी में लिखे जाते हैं। देहगत के अस्पताल हों या गृह के अस्पताल हों सभी जगह परचे अंग्रेजी में लिखे जाते हैं जिस से रोगी जन नहीं मकना कि क्या दवा लिखी गई है और कब इनका इस्तेमाल करना है यद्यपि उस में हिंसायतें होती हैं लेकिन अंग्रेजी में हूनि में उस को पता नहीं लगता। तो मैं चाहूंगा कि दवाओं के लिये जो परचे लिखे जायें वे हिन्दी भाषा में या क्षेत्रीय भाषा में लिखे जायें।

खाद्य अपभ्रंश की बात कहीं गई इस के लिये अभी पिछली बार इस किस्म के संशोधन कानून में हुए हैं। उस तरह चयन गया है। लेकिन इस में दो स्थितिया बड़ी खराब हैं। एक तो जो छंटे-छंटे दुकानदार हैं उन्हीं के ऊपर आभार से कोस किया जाता है। वह भागमान जिन बड़ी बड़ी फर्मों से या जिन बड़ी बड़ी दुकानों से आता है उन लोगों के ऊपर इस तरह के केस नहीं चलते हैं। नतीजा यह होता है कि वे लोग तो बचे रहते हैं और छोटे दुकानदार इस से परेशान किये जाते हैं। साथ ही जो सैनिटरी इंजियर्स हैं वे लोग इसी को अपनी आनदनी का एक जरिया बना लेते हैं। हर दुकान से शय पिछला कर कुछ न कुछ पैसा वे लेते रहते हैं।

[श्री नाचेश्वर द्विवेदी]

इस तरह सावधानी बरतने की आवश्यकता है। यह जो कानून बनाया गया है इसका दुरुपयोग पैसा कमाने के लिये न हो। वास्तव में अपमिश्रण को रोकने के लिये ठीक तरीके से व्यवस्था हो।.. व्यवधान

सभापति महोदय : द्विवेदी जी, आप घंटी सुन रहे हैं या नहीं? दो बार मैं ने घंटी बजायी। यह बात ठीक नहीं है कि मैं घंटी बजाता रहूँ और आप बोलते रहें। पांच मिनट के बाद मैं घंटी बजाऊँगा, उस के बाद छठे मिनट पर फिर बजाऊँगा, तब आप को बैठना पड़ेगा, यह आप मत सोचिये कि मैं घंटी बजाता रहूँ और आप बोलते रहें। अब आप बैठ जायें।

श्री डागा

SHRI B. V. NAIK: May I request that the time be extended, for the purpose of our participating even for short periods of time?

MR. CHAIRMAN: You must know that there are only 6 minutes for each member of the Party. For getting extension, you must ask the Party. I can give 6 minutes now. Up till now, 7 minutes were given. Now it is only 6 minutes. There are 11 Members on the list, to speak. The Deputy Minister also wants to intervene. So, what do you want to do?

SHRI PARIPOORNANAND PAI-NULI (Tehri-Garhwal): What can a man speak in 6 minutes? I can build my points in 6 minutes; but to speak, it takes 10 to 12 minutes.

MR. CHAIRMAN: There are 12 Congress members to speak. If I give 6 minutes each, it comes to 72 minutes. How many minutes are needed for the Deputy Minister? I am told that he will take 10 minutes. It comes to 82 minutes. It should be 1 hr. 20 minutes. I can finish by 6 p.m. and call the Minister, if you adhere to only 6 minutes each. The bell

will be given at 5 minutes; and after 6 minutes, please sit down.

श्री भूष ऋषि डागा : (पाली) : अध्यक्ष महोदय, हिन्दुस्तान के दो विद्वान जहाँ पर बैठे हैं श्री कमलापति त्रिपाठी और दूसरे डा० कर्ण सिंह। अब डा० कर्ण सिंह जी का बड़ा सुन्दर भाषण होगा, वे यहाँ पर राष्ट्रीय नीति पर बातें कहेंगे लेकिन उस पर प्रमल कौन करायेगा? इतना सुन्दर भाषण यहाँ पर किया जायेगा। इतना साहित्य उन्होंने लिख दिया है लेकिन इस राष्ट्रीय नीति को लागू कौन करता है? यह स्टेट सब्जेक्ट है या कानकरेन्ट सब्जेक्ट है, यह विद्वान लोग यहाँ पर इतना सुन्दर भाषण देते हैं लेकिन सवाल है इसको इम्प्लीमेंट कौन करे। यह राष्ट्रीय नीति है फिर यह स्टेट सब्जेक्ट हो या कानकरेन्ट सब्जेक्ट हो। यह जो हमारे बड़े मिनिस्टर्स हैं वे मेहरबानी करके अपना रूप बदल कर उन हारिपटसन में जायु जहाँ पर गरीबों को उतराया जाता है लोग बाहर खड़े रहते हैं। सारे प्लावन पर प्राइमरी हेल्थ सेंटरों को देने के लिये है जिन पर 30000 मालाना का खर्चा जिसमें 5000 की दवाई होती है। पर आपका प्रशासनिक खर्चा जाता है और दवाइयाँ हैं नहीं। अगर दवाइयाँ हैं भी तो वह एम पीज के लिये है एस एस एज के लिये है, गांवों के जाने पहचाने लोगों के लिये हैं पुलिस एजेन्सी के लिये हैं, कलक्टर और थानेदार के लिये हैं।

मुझे एक बात बतलायें, इतने महापुरुष यहाँ पर बैठे हैं, उन की जो वाणी निकलती है उन्होंने इतनी बड़ी बड़ी किताबें लिखी है, मैं डा० कर्ण सिंह की किताबें पढ़ूँगा लेकिन सवाल बही है कि इम्प्लीमेंटेशन कौन करता है। यहाँ पर कहा जायेगा कि यह तो राष्ट्रों का विषय है। मैं तो समझता हूँ कि एक एकेडेमिक डिस्कशन के लिये यह एक बहुत अच्छी

जगह है, हम सभी मिलकर बड़ी बड़ी बातें करें जिनको हम इम्प्लीमेंट न क सके क्या ऐसी ही बातें यहाँ पर हम को करनी चाहिये? मैं कहता हूँ कि आज भी हिन्दुस्तान में लाखों करोड़ों गरीब लोग हैं जिनको दवा नहीं मिलती है, करोड़ों बच्चे अंधे हैं लेकिन दूसरी तरफ साहित्यकार और आर्टिस्ट जिनकी सुन्दर जिन्दगी, अच्छा दिमाग है उन को देखिये क्या कहते हैं। यह किताब है "आपुनेशन पावर्टी ऐंड फ्यूचर आफ इंडिया" जिसमें एक जगह लिखते हैं:

"It is all very fine for us to sit in Delhi in air-conditioned offices and talk freely about population. But, what does it all mean to a person who loses his eye-sight because of the lack of nutrition inputs?"

यह भागी बातें प्रबुद्धों और रेडियों में प्रचार के लिये हम बोलते हैं लेकिन राहत गरीबों तक पहुँचती है या नहीं—तब आप मुझे बनाने की कृपा करें। इनका सारा पैसा खर्च होता है ई एन आई स्कीम जो मजदूरों के लिये चलाई गयी है उस स्कीम के फाय्नाटल्स में दवाइया नही होती है—यह स्वयं भाषण में आप कहते हैं कि दवाइयो की कमी है। क्या कोई भी ऐसा क्षेत्र है जिन के लिये आप कह सकते हैं कि हम ने अच्छा काम किया है। अब मैं आपको बताना चाहता हूँ आपकी क्या कमी है। यह पब्लिक एकाउंट्स कमिटी की रीसेन्ट रिपोर्ट है जिस में सारी बातें बताई गई है कि गवर्नमेंट क्या काम करती है ऊपर बैठ कर:

"The picture that emerges from the statement furnished to the Committee by the Ministry, containing the details of proposals for procurement of different insecti-

cides, issue of sanctions and delivery schedules is depressing. For instance, in respect of procurement of Malathion for the 1974-75 season, the Committee find that while the proposal had been sent on 30th April, 1973, the sanction had been received only on 19th March, 1974 and even though the supplies were to be completed by 31st May, 1974... the orders had been placed only in July and August, 1974."

हमारे यहाँ रहा जाता है कि ब्रेन ड्रेन होता है, टेलेन्ट्स बाहर चले जाते हैं, ऐसी स्थिति में क्यों नहीं आयेगे यहाँ रह कर क्या करेंगे। हम के लिये आप स्वयं जिम्मेदार है। फार्म को सबरेशन कर के लोगों को यहाँ बुलाते हैं, याँ के टेलेन्ट्स को पूरा मौका नही देने हैं। मैं इस कमिटी की रिकमण्डेशन के लान्ट सैंटेंस को ही पढ़ूँगा -

"The Committee also note with interest the view expressed by Shri Raghavan that even after 28 years of independence, 'any person with a brown or black skin gets nowhere', but 'a white skin has an automatic entry'. If this is true, it is indeed a sad comment. The Committee are also surprised to find that while there had been a refusal to discuss the project with the Indian press, the Director General of the Indian Council of Medical Research had all the same talked to a correspondent of the 'Washington Post'. The Committee hope that all authorities concerned would extend proper co-operation to the Fourth Estate in such vital issues in future."

अंत में मुझे यही कहना है कि आप इस पर गम्भीरता से विचार करें और देश के हित में सही कदम उठायें।

की निम्नलिखित विधि (संयुक्त) : सभापति जी, स्वास्थ्य और चिकित्सा मंत्रालय के पिछले 25 सालों में काफी बड़े एकीकृत कार्यक्रम रहे हैं। इसी जनता के स्वास्थ्य में बढ़ोतरी हुई है, जीवन आय बढ़ी है और बीमारियों के इलाज में काफी सफलता प्राप्त की है। ऐसा इस लिये दिखाई देना है कि 25 साल पहले हम काफी नीचे थे, उस समय जो हमारी स्थिति थी, उन में काफी सुधार हुआ है। लेकिन अभी भी हमें बहुत काम करना है। देश को जनता अभी भी उन्नत है, वहाँ चिकित्सा के साधन अभी भी पूरी तरह से उपलब्ध नहीं हैं। आप ने प्राइमरी हेल्थ सेंटर्स खोल दिये हैं, वरन फैमिली प्लानिंग सेंटर्स खोल दिये हैं लेकिन इन सेंटर्स की स्थिति ठीक नहीं है। सब से पहले तो इन में डाक्टर नहीं हैं अगर डाक्टर है तो वे बैठे रहते हैं। मोटिवेशन का कार्य करने हैं, वहाँ दवाइयाँ नहीं हैं। इन लिये मैं सब से पहले तो यह निवेदन करना है कि इन सेंटर्स की स्थिति को सुधरिये।

इस के बाद डाक्टर और जनता का जो रिश्ता है, उन को देखिये। आप ने शहरों में त्रिस तरह से इन्जाम किया है, उस तरह की व्यवस्था देशों में नहीं है। देशों में मीलों तक न कोई डाक्टर मिलना है, न कोई डिस्पेंसरी है, उन क्षेत्र की तरफ ध्यान दीजिये ताकि आप का फैमिली प्लानिंग का कार्यक्रम सफल हो सके और जनता के स्वास्थ्य में सुधार हो।

डाक्टरों की हानन यह है कि जो डाक्टर कानिजो में निकलते हैं उन को आप देशों में भेज देते हैं और कहा जाता है कि इन डाक्टरों को देशों से ट्रेनिंग दी जायेगी। देशों का आदमी पहले

ही देशों के बारे में बिलेव जा-कारी नहीं रखता कुछ आबासिकस किस्म का आदमी होता है, उस के बाद जब आप इन इनएक्स्पीरिएन्स डाक्टरों को भेज देते हैं तो इसका परिणाम उल्टा ही निकलना है। होना तो यह चाहिये कि जो डाक्टर कानिजो में निकलते हैं, सब से पहले ट्रेनिंग के लिये आप उन्हें बड़े बड़े शहरों में भेजिये जहाँ पर हर तरह के भाषन उपलब्ध है और जो एक्स्पीरिएन्स डाक्टर हैं उन को देशों में भेजिये। इस तरह में आप को अपनी नीति में परिवर्तन करना चाहिये।

पिछले कुछ सालों से मलेरिया के भयंकर में कहा जाना रहा है कि हम ने उन पर नियन्त्रण कर लिया है, लेकिन आज मलेरिया सब जगह फैला हुआ है। पिछले साल बरनात के महीनों में मलेरिया का बहुत बड़ा प्रकोप था। ऐसा एक भी परिवार नहीं था जहाँ इस का प्रकोप न हुआ हो। इन लिये मेरा निवेदन है कि डी० डी० टी० और दूसरी दवाइयाँ की प्रयाप्त व्यवस्था कीजिये और मलेरिया पर कन्ट्रोल करने के लिये मच्छरों पर कन्ट्रोल कीजिये।

इसी तरह में आँखों की बीमारियाँ टी० बी० टाइफाइड, हैजा जैसे आतक बीमारियों पर भी काब पाना है, आप इन के लिये जो भी प्रीवेंटिव तरीके हैं, टीके या दूसरी चीजों की जरूरत होती है, उन का इन्जाम कीजिये।

फैमिली प्लानिंग का एक ही आम्बेक्ट यहाँ पर रखा गया है, जबकि इन के दो आम्बेक्टम हैं। जिन के बच्चे नहीं होते हैं, उन के यहाँ बच्चे पैदा करवाये जाये, यह भी फैमिली प्लानिंग का एक आम्बेक्ट होना चाहिये। देश में बहुत से ऐसे जोड़े हैं जिन के कोई बच्चा नहीं है, वे चारे परेशान रहते हैं।

इससे वैज्ञानिकों को और डॉक्टरों को कोन करनी चाहिये कि उन के बच्चे किस प्रकार से पैदा हिये जायें। दूसरी ओर जहाँ अधिक बच्चे पैदा होते हैं उन पर कंट्रोल रिया जाये। माननीय सदस्यों ने कहा है कि इसको कम्पन्यरी न कीजिये, लेकिन मेरा कहना है कि कोई भी सामाजिक सुधार बिना किसी कानून के नहीं हुआ है। नाभजित गुर्गई बिना डड के जोर से दर नहीं हो। वाली है धान को स्टैट्स की शरकेतन देने चाहिये कि दो, तीन बच्चे होने के बाद कम्पन्यरी स्टे-रिलाइजेशन किया जाये। तभी यह योजना सफल हो सकेगी। जहाँ कौमिली प्लानिंग में बच्चों को सभ्य नियंत्रित करनी है वहाँ उन के पीछे इकोनॉमिक स्टेटन और शिक्षा का होना भी बहुत जरूरी है। हम देखते हैं जो खाने पीने शिक्षा परिवार हैं उन पर कमिली प्लानिंग का अच्छा धरन हुआ है, लेकिन गरीब परिवारों में बहुत बढोतरा होना है। इसलिए तेम परिवारों में शिक्षा के माध्यम में इनका अधिक प्रचार कीजिये ताकि परिवार भी नियोजित हो और साथ ही उन की आर्थिक स्थिति भी सुधरे। खानपीर में पिछड़े इनको में इनकी शिक्षा का अधिक प्रचार कीजिये। लेकिन मानून अवश्य बनाना चाहिये, परमुएषा से काम नही चलेगा। इनका शिक्षा बर्ग पर हो धरन हुआ है बाकी लोगों पर धरन नहीं हुआ है और मेरी राय है कि कानून में इसको कम्पन्यरी बनाये।

हम ने मिलावट को रोकने के लिये बहुत सख्त कानून बनाया। दूध में पानी मिला दिया या ची में छाल निकल गई, जिनका कि होना स्वाभाविक है, ऐसे ही लोगो का खालान होना है। लेकिन जो और चीजों में मिलावट करते हैं जिन में मिलावट होना स्वाभाविक नहीं है, ऐसे लोगों का बहुत कम खालान होना है। इस लिये बेखला पडेगा कि कीन ती चीज कहाँ

से धानी है। दूध में पानी अवश्य होना है बाहे कहीं से धाने, लेकिन सोमेट धानि में जो लॉग मिलावट करते हैं उन की तरफ कोई ध्यान नहीं देना। इसलिये धान को बडे बडे मिलावट करने वालों की तरफ ध्यान देना चाहिये।

पेय जन के बारे में मेरा निवेदन है कि राजस्थान में 30, 40 मील तक पीने के पानी की कोई व्यवस्था नहीं है। आंधरा के बाद भी हम अनुष्य को स्वच्छ पाना नहीं दे सके। इस ओर धान को अवश्य ध्यान देना चाहिये।

MR CHAIRMAN The debate will close at 1 minute to 6 O'clock, when the Minister will be called to reply That means, he will continue his reply tomorrow

Shri Ranabahadur Singh

SHRI RANABAHADUR SINGH (Sidhu) Mr Chairman, Sir, I rise to support the Demands of the Ministry of Health and Family Planning It appears there is now a consensus in the House regarding the paramount importance of the subject of family planning At the same time, I stand witness to a serious effort even at the district level But I would say that the atmosphere that has been created should take into account the experience that has come before us in this regard when the methods that were used for family planning were rather rough-shod and the results far poorer than what they are today when the methods have changed

The family planning is already becoming a matter of discussion for most of the upper class people in this country But it has yet to touch that strata of society which produces the maximum number of people This strata of society is that for which finances have become so difficult that they have ceased to be of importance.

[Shri Rana Bahadur Singh]

But there is one particular aspect by which this stratum of society too can be involved in family planning—and this is a suggestion which I have to offer. Would it be possible to organise lotteries, which are very, very popular at this moment, for people to take to vasectomy or any other method of family planning? I am sure this stratum of society, given the proper propaganda, would be very willing to take part in these lotteries.

I have been on a 'padayatra' in my area, and there is an Adivasi in that region who has been preparing some pills for the last ten to twelve years. On taking one of these pills, a lady ceases to bear children for the whole of or life-time. Two of these pills now rest in the safe custody of my Collector's office safe. I would plead that these pills should be studied for what they are worth. This medicine is an Ayurvedic concoction he made and the people of that area stand witness to the efficacy of that treatment. I must mention that when this Adivasi was approached to give one of these pills to the Collector's nominee, he said: 'if I do so, what will happen to *Srishti*'? An illiterate person, he still had the conception that he held in his hands a pill which could be a danger to '*Srishti*'. I would say that here was a person who was an 'udarcharitanama'. This much for family planning.

I have just three points to make as regards Health Services. I have been asking questions in Parliament about the parity of pay scales in different State services. It appears there is a tremendous difference. States which are comparatively poorer like ours, i.e. Madhya Pradesh, who cannot afford to pay the high pay-scales that are usually given in advanced States, suffer tremendously by not having the quality of education or medical and health services that advanced States have. I plead that a study of the parity of pay-scales should be an

exercise to be carried out by this Department and some methodology should be evolved whereby these backward States do not suffer because they cannot afford the high pay-scales.

At the same time, another difficulty that the backward regions face is regarding the non-practising allowance. I had asked a question in Parliament and I have been receiving 'compliance reports' on this question for the last one year. They are coming from all over the States. It appears that there is no uniformity of policy in this regard: many States have stopped giving non-practising allowance and many States continue to give it. But this much we know, that people are reluctant to go over to backward areas like ours because they do not receive any non-practising allowance. I am told that the non-practising allowance, which was a common thing some time back, has been sabotaged by the higher echelon medical practitioners who are wanting to go to larger towns and have a roaring practise.

lastly, I had written a letter to the Ministry about four years back—in 1972 to be exact—drawing the attention of the Ministry to the fact that in a village like Lamsarai in my constituency, there is an incidence of 50 per cent of the leprosy cases. I was given to understand that the matter is engaging the attention of the Ministry. I had also been told, in answer to a question, that a Leprosarium will be started around that region, but now, in the year 1976, this matter is still hanging fire. I would plead that urgent action be taken in this regard.

I thank you for the time given to me.

07.00 hrs.

स्वास्थ्य और परिवार नियोजन मंत्रालय
के राज्य मंत्री (बीवरी राम सेवक) :
सभापति महोदय, हम सदन के माननीय
सदस्य श्री वर्मन, श्रीमती लक्ष्मीकान्तम्मा जी,

डा० कैलास, प्रो० किस्कु द्विवेदी जी यदि बहुत से भारतीय सचिवों ने इस बात की व्यासंकाशाका की है कि भारतीय चिकित्सा पद्धति में हमारा देश बहुत पीछे है और उस की ओर हमारे देश के लोग और यह विभाग उपेक्षित नहीं दे रहा हैं। मैं सदन की सुझाव यह निवेदन करना चाहता हूँ कि देशी चिकित्सा पद्धति के सन्तानों में हमारे देश में प्रथम पंचवर्षीय योजना में आसीन लाख रुपये खर्च हुए थे। द्वितीय योजना में चार करोड़ रुपये खर्च हुए। तृतीय योजना में 9 करोड़ 80 लाख रुपये जिसमें 6 करोड़ 80 लाख स्टेट सैक्टर, के शामिल हैं, खर्च हुए। चौथी योजना में 11 करोड़ 98 लाख जिसमें 8 करोड़ राज्य सरकारों द्वारा खर्च हुए। पाचवी योजना में 28 करोड़ 25 लाख रुपये जि। में 15 करोड़ 50 लाख रुपये राज्य सरकारों द्वारा खर्च किये जाने हैं खर्च होने का अनुमान है। इस वास्ते यह कहना है कि भारतीय चिकित्सा पद्धति की ओर सरकार का ध्यान नहीं, मुझे ठीक प्रतीत नहीं होता है।

जहा तक स्नानकोत्तर शिला, अनुसन्धान और केन्द्रीय फार्मसी खोलने का प्रश्न है उस के लिये केन्द्रीय योजनाओं के लिये पाचवी योजना में 6 करोड़ 35 लाख रुपये की धनराशि रखी गई है। इसके अतिरिक्त दो करोड़ 20 लाख रुपये की राशी मौजूदा देशी चिकित्सा के स्नानकोत्तर विभागों के विस्तार के लिये रखी गई है साथ ही फार्मेशियाँ और औषधि उद्यान बनाने के लिये भी दो करोड़ तीस लाख रुपये की व्यवस्था की गई है।

शिला, चिकित्सीय सहायता और फार्मेशियाँ सम्बन्धी भारतीय चिकित्सा पद्धति की योजनाओं के लिये राज्य क्षेत्र में

15 करोड़ 50 लाख 7 हजार रुपये की रकम की व्यवस्था की गई है। हमारे देश में देशी चिकित्सा पद्धति के लगभग 4 लाख चिकित्सक हैं जिन में 1 लाख 56 हजार व्यक्ति देशी चिकित्सा के राज्य बीहों में आयुर्वेदिक चिकित्सकों के रूप में पंजीकृत हैं इन के अलावा इसी प्रकार निम्न और यूनानी पद्धतियों के क्रमश 15,500 और 25,000 व्यक्ति राज्य बांटे में पंजीकृत हैं। निम्न के 700 और यूनानी के 7000 चिकित्सकों को विभिन्न सन्धियों में प्रशिक्षण दिया गया है।

जहा तक होम्योपैथी का प्रश्न है 1 लाख 17 हजार 92 होम्योपैथिक चिकित्सक अभी तक रजिस्टर किये गये हैं और वे चिकित्सा कार्य में लीन है जहा तक दिल्ली का सम्बन्ध है केन्द्रीय सरकार की स्वास्थ्य योजना के अर्धान यह पाच आयुर्वेदिक और एक यूनानी डिम्पे रशिया खुली हुई हैं जो सी जी एच एस के अन्तर्गत आती है। इस के अलावा दिल्ली में बेटक आयुर्वेदिक अस्पताल और इलाहाबाद कानपुर कलकत्ता, मद्रास, नागपुर बम्बई और मेरठ में केन्द्रीय सरकार स्वास्थ्य योजना के अन्तर्गत आयुर्वेदिक टिन्पेसिरिया खोलने का निर्णय हम ने किया है और वे भी भविष्य में खोली जाने वाली है। कोयला खान विकास प्राधिकरण और कर्मचारी राज्य बीमा योजना के अन्तर्गत भी आयुर्वेदिक डिस्पेसिरिया चल रही हैं। एलोपैथिक चिकित्सा से भिन्न पद्धतियों से अपना और अपने परिवार के सदस्यों का इलाज आदि करने पर केन्द्रीय सरकारी कर्मचारी जो रकम खर्च करते हैं उस की प्रतिभूति का लाभ देने के लिये भारत सरकार ने केन्द्रीय सरकार के चिकित्सा परिवर्धन नियमों में भी संशोधन कर दिया है।

[चौधरी राम सेवक]

इस समय देश में आर्युर्वेदिक के लगभग 89 कालेज हैं सिद्ध का 1 और यूनानी के 12 कालेज हैं। अधिकांश आर्युर्वेदिक कालेज अपने अपने राज्यों के विभिन्न विश्वविद्यालयों से संबन्धित हैं। इन कालेजों से प्रति वर्ष लगभग 2,000 स्नातक निकल रहे हैं। जो स्वेच्छिक मंगठन देशी चिकित्सा पद्धतियों के पूर्व-स्नातक कालेज बना रहे हैं, उन्हें भारत सरकार प्राथमिक सहायता दे रही है। यह सहायता कालेजों के लिये इमारतें बनाने और उपकरण खरीदने के लिये दी जाती है। यह धनराशि अधिक से अधिक 5 लाख तक दी जाती है। अभी 16 कालेजों को 36 लाख रुपये अनुदान के रूप में प्राथमिक सहायता दी जा चुकी है।

पूर्व स्नातक कालेजों के लिये भारतीय चिकित्सा की केन्द्रीय परिषद् ने एक जैसी पाठ्यपुस्तकें रखने की सिफारिश की है और इसे यथाशीघ्र लागू करने के लिये कदम उठाये जा रहे हैं।

जहाँ तक पोस्ट ग्रेजुएट शिक्षा का सम्बन्ध है, भारतस हिन्दू विश्वविद्यालय वागणभी और गुजरात आर्युर्वेद विश्वविद्यालय जामनगर में आर्युर्वेद के 2 पोस्ट ग्रेजुएट संस्थान काम कर रहे हैं। भारत सरकार ने आन्ध्रप्रदेश, कर्नाटक, मध्यप्रदेश महाराष्ट्र, पंजाब, राजस्थान, तमिलनाडु, उत्तर प्रदेश, और पश्चिम बंगाल में आर्युर्वेद के 14 यूनानी के 2 तथा सिद्ध के 2 पोस्ट ग्रेजुएट विभाग खोले हैं। इन संस्थानों और विभागों में प्रतिवर्ष लगभग 150 स्नातकोत्तर छात्र परीक्षाएं पास कर के निकलने हैं।

जहाँ तक भारतीय चिकित्सा की केन्द्रीय परिषद् का प्रश्न है, मुख्यतः आर्युर्वेद, यूनानी और सिद्ध चिकित्सा प्रणालियों का एक जैसा स्तर बनाने तथा इन प्रणालियों का एक केन्द्रीय

एजिस्टर रखने के उद्देश्य से संसद् के एक अधिनियम द्वारा भारत सरकार ने भारतीय चिकित्सा की एक केन्द्रीय परिषद् स्थापित की है 15 अगस्त 1971 से भारतीय चिकित्सा केन्द्रीय परिषद् अधिनियम की धारा 2,13,32 से 36 तक के उपबन्धों को सम्पूर्ण भारत में लागू कर दिया गया है। इन के अलावा धारा 3,5 से 12 और 14 से 16 (दोनों सम्मिलित हैं), नागालैंड राज्य को छोड़कर सभी राज्यों में तथा केन्द्र शासित दिल्ली में 15 अगस्त 1971 से लागू हो गई है। धारा 18 से 22 की 1 अनुसूची, 1974 से लागू कर दी गई है। राज्य सरकारों से परामर्श करने के बाद इस परिषद् ने आर्युर्वेद, सिद्ध और यूनानी शिक्षा के निम्नतम स्तर पहले ही तय कर लिये हैं।

लगभग सभी राज्य सरकारों ने अपने शोधशालाओं और अस्पतालों की शोधसि संबंधी आवश्यकताओं को पूरा करने के लिये अपनी ही स्वदेशी दवाईयों की फार्मिसियों खोली हुई हैं। इन के अलावा देश में लगभग 620 से अधिक ऐसी फार्मिसी भी है जो निजी संस्थाओं द्वारा चलाई जाती है।

यह फैसला किया गया है कि राज्य फार्मिसियों और जड़ी बूटी उद्यानों के विकास के लिये राज्य सरकारों को प्रति फार्मिसी 8 लाख रुपये तक की केन्द्रीय सहायता दी जाये।

जहाँ तक प्राकृतिक चिकित्सा का प्रश्न है : पांचवी पंचवर्षीय योजना में प्राकृतिक चिकित्सा पद्धति के लिये 20 लाख रुपये का नियतन किया गया है। सहायता के स्वीकृत पैटर्न के अन्तर्गत प्राकृतिक चिकित्सा

संस्थानों को इन कार्यों के निम्न सशक्तता दी जाती है -

- (1) अग्रगत पत्रों का रख-रखाव,
- (2) प्राकृतिक चिकित्सा का एक वर्षीय प्रशिक्षण पाठ्यक्रम चलाने के लिये,
- (3) प्राकृतिक चिकित्सा का चार-वर्षीय प्रशिक्षण पाठ्यक्रम चलाने के लिये,
- (4) प्राकृतिक चिकित्सा सम्बन्धी स्वास्थ्य शिक्षा सामग्री तैयार करने के लिये,
- (5) चलने फिरने शिबिर (तदर्श आधार पर), और
- (6) रोग विज्ञान सम्बन्धी उपकरणों के लिये।

1975-76 के दौरान प्राकृतिक चिकित्सा संस्थानों को 450 लाख रुपये का अनुदान स्वीकृत किया गया था। 1976-77 में प्राकृतिक चिकित्सा संस्थानों को अनुदान देने के लिये 4.5 लाख रुपये का प्रावधान किया गया है। 1976-77 में पूना में प्राकृतिक चिकित्सा का राष्ट्रीय संस्थान खोलने का निर्णय किया गया है जिस के लिये दो लाख रुपये का प्रावधान किया गया है।

प्राकृतिक चिकित्सा महासंघार समिति को पुनर्गठित किया जा रहा है।

श्री परिपूर्णाबाई पेंसुली (टिहरी गढ़वाल) महापति महोदय, मैं स्वास्थ्य मंत्रालय की मांगों का समर्थन करता हूँ। मैं अपने सुयोग्य मंत्री, डा० कर्णसिंह को, जो बहुपक्षी प्रतिभा के धनी हैं, इसलिये भी बधाई देना चाहता हूँ कि उन्होंने एक नई विधा का

सूत्रपात किया है। हाल ही में उन्होंने जो नोंति घोषित की है, उन के अनुसार प्रत्येक मेडिकल कालेज को तीन इनाक्स को अपनाना होगा और उम क्षेत्र के प्राइमरी हेल्थ सेंटरों उम कालेज की देख-रेख में काम करेंगे। इस के अलावा बड़े डॉक्टर और सर्जन गांवों में जा कर जनता की सेवा करेंगे। बजाये इस के कि मरीज उन के पास आयें, वे स्वयं मरीजों के पास जायेंगे। देखना यह है कि सरकार हमारे में कौन सा स्वरूप तैयार करना चाहती है, जिसे मेडिकल कालेज, और उम में काम करने वाले प्रोफेसर और डॉक्टर गांवों की गरीब जनता की सेवा में अपना इनवाल्वमेंट कर पायेंगे।

आज हमारे देश में स्थिति यह है—मैं नहीं जानता कि हमारे देशों में क्या स्थिति होगी—कि मेडिकल एजुकेशन इतनी महगी हो गई है कि उम में ऐसे वर्ग के लोग आते हैं, जिस का सम्बन्ध जन-साधारण से टूटा सा रहना है। जब वे लोग अपनी पढ़ाई पर खूब खर्च करते हैं, तो बाद में वे उम को सूद समेत बमूल करते हैं। जब तक शिक्षा पद्धति में अभूत-भूल परिवर्तन नहीं किया जायेगा, तब तक इस प्रकार के व्यक्तियों से पहाड़ो, ट्राइबल एरियाज तथा अन्य सुदूर क्षेत्रों में जा कर सेवा करने की बहुत अधिक मांग नहीं की जा सकती है।

मैं उत्तर प्रदेश की बात जानता हूँ। मेडिकल कालेजों में पहाड़ के लड़कों के लिये प्रतिशत निर्धारित है, लेकिन शिक्षा ग्रहण करने के बाद वे लड़के वापस पहाड़ में जाना पसन्द नहीं करते हैं। यह स्थिति देख कर कभी कभी तो हम सोचते हैं कि सरकार से कहें कि वह इन रिजर्वेशन को ही खत्म कर दे, क्योंकि जनरल क्षेत्रों के योग्य लड़के इन्सेन्टिव दिने जाने पर पहाड़ में जा

[श्री परिपूर्णानन्द वैन्गुली]

कर काम करेंगे। मंत्री महोदय जानते होंगे कि इंजीनियर तो रिजर्वत दे कर पहाड़ में जाना चाहते हैं, क्योंकि वहाँ सड़कों के निर्माण में उन को प्रतिरिक्त आमदनी हो जाती है, लेकिन डाक्टर वहाँ नहीं जाना चाहते हैं, क्योंकि एक तो वे वहाँ पर सब सीखा हुआ भी भूल जाते हैं और दूसरे वहाँ उन की प्राइवेट प्रैक्टिस नहीं चलती है और बेचारे बोर हो जाते हैं इस लिये उनको कोई इन्सेन्टिव देने का तरीका निकालना चाहिए, ताकि वे लोग पहाड़ों में जा कर काम कर सकें।

मेरा सुझाव है कि मेडिकल कालेज में पांच साल तक शिक्षा प्राप्त करने के बाद किसी भी छात्र को तब तक डिग्री न दी जाये, जब तक कि वह तीन साल तक पहाड़ या जन-जातिये क्षेत्र में सेवा न कर लें; और वहाँ के कलेक्टर या चीफ मेडिकल आफिसर से इव बात का प्रमाणपत्र न ले ले कि उस ने वहाँ कैसा काम किया है। युद्ध के समय इमर्जेंसी कमीशन चालू किया गया था। उसी प्रकार अब इमर्जेंसी के समय भी इमर्जेंसी कमीशन शुरू किया जाये, जिस के अन्तर्गत गांवों के सड़कों को चुन कर उन को विशेष प्रकार की मेडिकल शिक्षा दी जाये, रिफ्रेजर कोर्स की व्यवस्था की जाये, और जो लोग रिटायर हो गये हैं, उनको भी शामिल किया जा सकता है। उन लोगों को सुदूर क्षेत्रों की जनता की सेवा करने के लिये तैयार किया जा सकता है।

पैरा-मेडिकल वर्कर्स की टीम भी तैयार की जा सकती है। बताया जाता है कि काशमीर में स्कूल मास्टर्स और पोस्ट मास्टर्स को भी हेल्थ मास्टर बना दिया

गया है और उन को इस बात की ट्रेनिंग दी जा रही है।

मैं आप से कहता हूँ कि बी०एल०डब्ल्यू० हूँ . . . (व्यवधान) . . . मंत्री महोदय की क्या कोई गुफेतगू हो रही है ?

सहायति महोदय : मंत्री महोदय जरा उन की बात पर ध्यान दें।

श्री परिपूर्णानन्द वैन्गुली : मैं आप ही दो व्यक्तियों को सुनाने के लिए बड़ा हुआ हूँ, वरना मुझे कोई आवश्यकता नहीं थी। मैं पार्वती कृष्णन की तरह सार्वजनिक भाषण तो यहाँ करने नहीं आया।

मैं निवेदन कर रहा था कि एमरजेंसी की तरह कोई चीज आप इस वक्त कायम कर सकते हैं। बेयर फुट डाक्टर्स की जो बान है उसके लिए इस प्रकार की स्कीम आप बना सकते हैं जिसमें बी०एल०डब्ल्यू० के स्तर का श्रावमी या दूसरे व्यक्ति श्रथवा बहुत से प्राइवेट प्रैक्टिशनर्स ऐसे है जो किसी से कम नहीं हैं, उनको आप इन तरह का प्रशिक्षण दे सकते है, दाइया है और दूसरे हैं, जिन को मान छः महीने का प्रशिक्षण दे कर गांवों में काम करा सकते हैं।

उत्तर प्रदेश के पहाड़ों में मीलों मील तक डाक्टर, अस्पताल आदि कुछ नहीं हैं, डाक्टर है तो ब्रिडिंग नहीं है, बिन्डिंग है तो दवाइयां नहीं है। दाई और लेडी डाक्टर का तो सवाल ही नहीं है। प्रभव के समय जितनी ही स्त्रिया वहाँ अपना जीवन छोड़ देती हैं। इन वास्ते आप एक बेयर फुट डाक्टरों की टीम तैयार करें, महिलाओं और पुरुषों दोनों की, जिन को ऐसे क्षेत्रों में भेज कर काम करवा सकें। पिछड़े क्षेत्रों में, पहाड़ी क्षेत्रों में और ऐसे इलाकों में आपकी हेल्थ सर्विस बिल्कुल सन्तोषजनक नहीं है। इस में आप आमूल-मूल परिवर्तन करें। जो आप स्टेट सबजेक्ट की बात करते हैं उस में

भी आप सीमान्त क्षेत्रों में, पिछड़े और पहाड़ी क्षेत्रों में विशेष इंसिस्टेंस देने के लिए सेंटर से कुछ सबसिडी उनको दें ताकि वे वहां पर इसका इंतजाम कर सकें। वना जो कुछ भी पैसा आप दे रहे हैं उससे कुछ सुधार नहीं हो रहा है।

पिछले सप्ताह में उत्तर काशी के एक इलाके में गया था। वहां एक अस्पताल में कुल पाच मरीज थे जो ब्राउटडीर पेण्ट थे। उन में से चार तो जंगल दे-डें-वे-दारी के मजदूर थे। लोकल ब्राह्मणी केवल एक होगा।

परिवार नियोजन के सम्बन्ध में मैं निवेदन करूंगा कि मोटिवेशन का काम डाक्टर का नहीं है। यह काम सार्वजनिक संस्थानों और सार्वजनिक व्यक्तियों को करना चाहिये। आम जनता को हमें बताना चाहिये कि राम, मुहम्मद और जैसम क्राइस्ट आदि जितने महापुरुष जनता को हुए हैं उन्होंने हमेशा फैमिली प्लानिंग किया है। यह जो आने 1971 की जगनणना के आधार पर चुनाव की बात कही है यह बिल्कुल ठीक है। राजनीतिक चक्करवाजी में पड़ कर जनसंख्या के आधार पर जो उसको बढ़ाने जा रहे थे वह होने वाला नहीं है। आने जो गया है बिल्कुल ठीक किया है। दूसरी बात जैसम राशन है, पडा, मिटटी का तेल, फर्टिलाइजर मिमेंट आदि है इन पर आप रुकावट कीजिये जिन के तीन बच्चों में ज्यादा हो जाने है।

मैल-अप्टिशन के कारण बहुत सी बीमारियां होती हैं वरुंड हेल्थ आगोनोजेशन की रिपोर्ट है और हमारी ई सी की भी 69वीं रिपोर्ट में कहा गया है कि बहुत सी बीमारियां इसकी वजह से होती हैं जिन के आंकड़े मुझसे ज्यादा आप के पास हैं। टी बी लेप्रोसी आदि को छोड़िये, आंखों के अंधापन में ही 2 करोड़ 80 लाख लोग है। बी डी मलेरिया फाइनेरिया आदि की बात नहीं करता। आंखों का अंधापन बिटामिन

ए और प्रोटीन की कमी के कारण होता है। इस और आप ध्यान दें।

बल्ड बैंक आप के बहुत अस्तोषजनक चल रहे हैं। प्राइवेट हाथों में उनको नहीं होना चाहिये, सरकारी हाथ में होना चाहिये।

सरदार स्वर्ण सिंह सोखी (जयशेवपुर): सभापति महोदय, मैं हेल्थ मिनिस्ट्री की डिमांड्स को सपोर्ट करने के लिए उठा हूँ। इस के अंदर जो नेशनल पापुलेशन पॉलिसी का स्टेटमेंट मंत्री महोदय ने दिया है वह तो हम लोगों को करीब करीब ऐसा लगता है कि उन्होंने हमें उस का ड्राफ्ट बिल ही दे दिया है जो वह नाने वाले हैं। इन्होंने पैरा 15 में यह कहा है, मैं उद्धृत करता हूँ :

"15. * * * * * Our advice to the States in such cases will be to bring in the limitation after three children, and to make it uniformly applicable to all Indian citizens resident in that State without distinction of caste, creed or community"

जब यह चीज सामने आती है तो यह सब के ऊपर लागू होती है। इस में किसी के परमनल ला का तो सवाल आता ही नहीं है। मैं फिर पैरा 6 पढ़ कर मुनाता हूँ। इस में इन्होंने बताया है :

"It has been represented by some States that while on the one hand we are urging them to limit their population, those States which do well in this field face reduction of representation in Parliament while those with weak performance in family planning tend to get increasing representation. It is obviously necessary to remedy this situation. It has, therefore, been decided that the representation in the Lok Sabha /and the State Legislatures will be frozen on the basis of the 1971 census until the year 2001."

[सरदार स्वर्ण सिंह सोझी]

। हुना चाहता हूँ कि आप से उन 2001 तक के लिये कह दिया, लेकिन उस के बाद क्या इस को बन्द कर देंगे ? बीस साल में जो पराईश होयी उन को आप क्या करेंगे ? उस के बाद के लिये भी आप ने कुछ सोचा है या नहीं ? पहले बीस साल में जिन कम्यूनिटीज की आबादी बढ जायगी, उन को क्या आप अमेम्बलो या पालियामेंट में खड़े होने से रोक देंगे ? इसी तरह मैंने कहा कि आप ने 2001 साल, यानी बहुत धीमे की बात सोच ली है और मुझे शक है कि हम में आप पूरे नहीं उतरेंगे ।

तीसरी बात यह है कि—आप ने कहा—फैमिली प्लानिंग पर इतना खर्च कर रहे हैं, लेकिन बिक्रम रखा खर्च करने का क्या फायदा है ? मैं आप को बतलाऊँ—हमरविहार स्टेट में बिहभूम जिने में पैसा दे कर आप ने गरीब आदिवासियों का स्टेडिडेशन कर दिया, जिनकी उम्र 60 साल या 70 साल में उपर थी । लोगों ने वहाँ पर रोज़गार बनाया हुआ है, 100 आदिमियों को इकट्ठा करके ले आये और पैसा बसूल कर लिया । फिर वे चाहे मरें या जीये । इसलिये मैं कहना चाहता हूँ कि बिक्रम रखा खर्च कर देने से ही फैमिली प्लानिंग हो जायगी, सही बात सही नहीं है । आप स्टेट गवर्नमेंट में भी कहिये, वे देखें कि क्या हो रहा है । गरीब आदिवासीयों और गरीब जनता के साथ जो हो रहा है उस का क्या नतीजा निकलेगा ।

अब मैं मास्कीटोज के बारे में कहना चाहूँगा । अभी हाल में अख अम्बुल्ला साहब ने कहा है कि पाकिस्तान के मास्कीटोज हिन्दुस्तान में आ रहे हैं । उन का कोट करता हूँ—

“One of the major reasons for the prevalence of malaria in Jammu and Kashmir is infiltration by mosquitoes from across the border.

To deal with the menace, he said, the Pakistan government should intensify the malaria eradication programme. The Union Health Minister, the Sheikh said, has been trying to arrange a conference with the Pakistan authorities. But the response so far has not been encouraging.”

समावृत्ति बहोदय : यह तो अन्तर्राष्ट्रीय प्रश्न है ।

सरदार स्वर्ण सिंह सोझी : मैं इस लिये कह रहा हूँ कि अभी हमारे डेलीनेशन पाकिस्तान जा रहा है, उस से कहिये कि वे वहाँ जाकर कहे कि कम से कम मच्छरों को तो रोकें । हालांकि वे छोटी छोटी बातें हैं, लेकिन वे धीरे धीरे चल कर बढ़ी हो जाती हैं ।

एक चीज मैं और कहना चाहता हूँ—बड़े अफसोस की बात है कि इस मिनिस्ट्री का कोई भी कन्ट्रोल प्राइवेट अस्पतालों के ऊपर नहीं है । जमशेदपुर में जो टाटा का अस्पताल है, उस पर इन का कोई कन्ट्रोल नहीं है । इस सम्बन्ध में कई दफा कहा गया है, कई बिटिठियाँ गई हैं, मैंने खुद डिपार्टमेंट को लिखा है कि आपकी मिनिस्ट्री का कोई कन्ट्रोल न होने की वजह से आदमी मर जाते हैं, लेकिन उन का इलाज नहीं हुआ । पाना अगरे आप के अन्दर में मरे अस्पताल हुआ तो जो प्राइवेट अस्पताल है वे मनमानी नहीं कर सकेंगे । मैं चाहूँगा—मेहरबानी कर के आप इन पर ध्यान दें । जमशेदपुर में 12 जून को एक केप हुआ, जिस में दो लड़के मारे गये, अब हम किम मूह से वहाँ पर जा कर बतायें कि मिनिस्ट्री बल्ल क्या कहते हैं ।

दूसरी बात यह है कि स्नान पाक तो आप में खत्म कर दिया, लेकिन बिक्रम पाक के लिये आप क्या कर रहे हैं । हमारे विहार में 27 फरवरी के इन्डियन नेशन में निकला है—उस का मैं कोट करता हूँ—

“At the DM's Press Conference here this afternoon the Civil Sur-

geon said: Inoculation was not required for the prevention of chicken pox which was far less serious than the small-pox. He said that the Civil Surgeon was not responsible for the prevention of the epidemics in Patna. It was the responsibility of the Patna Municipal Corporation. The Civil Surgeon could come into picture only when the situation got out of grip of the Corporation."

जब यह कार्पोरेशन के हाथ से निकल जायगा, तब फिर डाक्टर क्या करेंगे, इस के बारे में तो पहले से कार्यवाही करनी चाहिये। मैं चाहता हूँ कि धाय इस तरफ़ ध्यान दें। इन प्रलक.उ के साथ मैं इन मार्गों को सपोर्ट करता हूँ।

SHRI B. V. NAIK (Kanara): Sir, I rise to support the Statement by the Minister on the National Population Policy except item No. 15 whereunder the Minister has washed himself free of the responsibility. The most operative part of his policy statement is this:

"We are of the view that where a State Legislature, in the exercise of its own powers, decides that the time is ripe and it is necessary to pass legislation for compulsory sterilisation, it may do so."

I think, Sir, with due apologies to our Defence Minister who should defend me also, that he should see to it that this Minister is able to pay his kind attention to his. This is a policy in which you have neither stood by the policies undertaken including that of the ex-Chief Minister of Haryana as well as that of the Chief Minister of Maharashtra nor have you given them a clear-cut direction in the opposite direction.

One of the causes that have been laid down for not accepting the steps taken by a few States as acceptable to the Centre is that in the nation as a whole, we do not have the adequate infrastructure.

The hon. Minister is quite aware that at the time when we adopted this Constitution in 1950, one of the Directive Principles of State Policy was that free and compulsory education for all children until they complete the age of fourteen years should be provided by the State. At that time, in the year 1950, it was not a policy decision but it was a Directive Principle of State Policy, with regret, I have to say that it has remained not fully implemented. At the time when we incorporated it in our Constitution, did we have enough number of teachers, colleges and schools and buildings? But, still, it was our goal and it was the aim of the whole society.

Under the circumstances, I think the hon. Minister's statement falls short of the ideals which he wants to pursue. The solution for this would not be immediate imposition unless there is that kind of confidence in the State Government for the immediate imposition of a family of three or procreation to the extent of three. But, let us, like the ceiling on urban property or like the ceiling on land, except the principle of compulsion. You accept compulsion by the State—you can have 10 children, nine, eight or seven or six, but accept the principle of compulsion. We have accepted it in respect of education; we have accepted it in respect of property. Why not in respect of this also we accept the compulsion in the number of issues? I hope he will give a second thought and, if possible, before long, he will come forward with an amendment. One of the things that bother me very much is this. Some members talked about this sterilisation. I do not hold any brief for that. So many things have happened. There are some administrative lapses or bureaucratic overactions. But, when we talk of sterilisation, I wonder, whether some of us think that sterilisation is castration. Sexual power of male or female is going to remain unhampered. Since I am myself not sterilised I cannot tell you beyond

[Shri B. V. Naik]

that. But, I am told that it has absolutely no impact on the normal life or the sexual behaviour of the human being. (Interruptions) I am trying to be objective. This is a very very delicate subject. I have also raised a question whether the right of reproduction is there in our fundamental rights. As far as I know, I do not see it.

Sir, for the purpose of reproduction, it is not an individual right because it needs two people and, to the extent when all our individual rights could be justifiable in a court of Law under the writ of *mandamus* under Art. 226, it cannot be a joint right. I think it is a non-fundamental right.

I would only like to make one more point. The directive principles will have to have population control of population. We have been talking recently about the fundamental duties of citizens. I would read only one article, article 58, of the Constitution of the Socialist Federal Republic of Yugoslavia in which the freedom rights and duties of citizens have been spelt out.

"It shall be the right and to educate their children".

There is contained the basic, fundamental or the directive principle or fundamental duty of every citizen. If a citizen, wherever he may belong, does not take up the responsibility of raising his children and educating his children, he has no right to exercise his rights as a citizen. I think a very good resolution or policy needs to be given support not in regard to the quantitative aspect but in spirit. I hope the Minister will make a statement before the rise of this House or at least tomorrow accepting in principle, in theory the theory of compulsion.

श्री रामकृष्ण (टोक) : समापति महोदय, मैं अनुदानों की मांगों पर कुछ निवेदन करने के लिये खड़ा हुआ हूँ। 27 सान की प्राचादी के बाद भी गांवों के गरीब

लोग जो पहाड़ों में या ऐसे क्षेत्रों में रहते हैं जहाँ यातायात के साधन नहीं हैं, बीमारी का शिकार होने पर मर जाते हैं क्योंकि उन को चिकित्सा सरकार की होनी चाहिये। जिनके पास भाज का कोई साधन नहीं है उन की जिम्मेदारी सरकार को लेनी चाहिये। इन ज की। हमारा व्यक्तिगत अनुभव है कि कितने ही लोगों को हम ने स्वयं जा कर के अस्पतालों में भर्ती कराया। लेकिन दवायें महंगी होने के कारण और इलाज का खर्चा बढ़ाव न करने के कारण वह बेचारे बीच में ही इलाज छोड़ कर भाग जाते हैं और मृत्यु के शिकार होते हैं। मुझे माननीय पंजूसी साहब से पता चला है कि आप ने कहा है कि चलते फिरते अस्पताल कायम किये जायें। मेरा निवेदन है कि गांवों में इस की व्यवस्था होनी चाहिये और उन का स्थान समय निर्धारित होना चाहिये ताकि निर्धारित समय पर गांवों के जो भी गरीब लोग मरीज हों उन को दवादारु की व्यवस्था बर्त पर हो सके। गांवों के लंग छोटी मोटी बाजारिया पर तो ध्यान नहीं देते हैं। हमारे जितने भी अधिकारी, एम०पी०जी० और एम० ल० एज० हैं वह जरा सा सर दर्द होने पर ही 10/15 रु० की दवाएं खा लेते हैं। लेकिन गरीबों को कोई दवा उपलब्ध नहीं होती है जिन के कारण वह मौत के शिकार होने हैं। इसलिये मेरी मांग है कि अस्पतालों में दवायें न मिलने पर दवायें गरीबों को सरकार की तरफ से मिलनी चाहिये।

परिवार नियोजन के जितने भी कर्मचारी और अधिकारी हैं, इन्होंने पंचायत समितियों में देखा है, वह सरकारी मोटर पर सिवाय सैर करने के और कुछ नहीं करते हैं। अगर वह कुछ काम करते तो भाज यह बड़ा भारी बाज्र हमारे सामने न होता। अपनी गलतियों को दूर करने के लिये अब कर्मचारी क्षेत्रों के भाषण बरदस्ती कर रहे हैं। 25 तारीख को जयपुर में राजस्थान रोडवेज के बफर में मुझ खबर मिली कि दिल्ली खण्डी नदी

में राजस्थान के जो काफ़ी पत्तेदार लोग ! वह जबरदस्ती नमबन्दी के डर से यहाँ से दूरकों में बैठ बैठ कर राजस्थान वापस चले गये हैं। इसलिये परिवार नियोजन के कर्मचारियों को हिदायत दी जाय कि किसी को भी मजबूर न किया जाय। कम से कम भालूम तो कर लिया जाय कि उस के कितने बच्चे हैं और इस की शादी हुई है कि नहीं। और उन की पोजीशन ऐसी है कि नमबन्दी होगी चाहिए या नहीं। आप ने जो बीन सूची कार्यक्रम बनाया है उस के लिए कमेटी भी बनाई है और पदात्रा भी हो रही है, लेकिन मेरा सुझाव यह है कि जहाँ तक परिवार नियोजन का सम्बन्ध है यह पालियामेंट के मेम्बर से शुरू होना चाहिये और जिस के तीन बच्चे हों वह अपने आप या कर नमबन्दी कराए। इसलिये मेरा कहना यह है कि एम०एल०ए०, एम० पी० और जितने भी सरपंच और प्रधान हैं उन को भ्रम में पहले इन काम के लिए आगे आना चाहिए।

अन में मैं यह कहना चाहता हूँ कि आप गांव के गरीब लोगों के लिए ऐसा इनाम कीजिए कि वहाँ पर अस्पताल हों और उन लोगों को जगह से जगहा फायदा आप के बीस सूची कार्यक्रम से पहुंच सके। आप गांव के लोगों के इजाज के लिए गांवों में ही अस्पताल की व्यवस्था करें, यह मेरा आप से निवेदन है।

इन शब्दों के साथ मैं समाप्त करता हूँ।

श्री एन० राम मोराल देवूरी (निजामाबाद):
महापति जी, मैं ज्यादा डिटेल्स में न जा कर घरना भाषण एक शेर में शुरू करता हूँ:

ज्यों ज्यों दश की मजं बढ़ा ही गयी।

हमारे ६० करण सिद्ध बहुत कोशिश कर रहे हैं परिवार नियोजन के बास्ते, मगर हमारी जनसंख्या बढ़ती ही जा रही है। आज हमारे देश की आबादी बहुत बढ़ती चली गई है और जिस वकत देश आजाद हुआ था उस वकत बहुत सारे लोग पाकिस्तान

से यहाँ पर आए थे और उस के बाद हमारी आबादी इतनी बढ़ी है कि वह उस समय से दुपुनी हो गई है। उस समय हमारी आबादी 30 करोड़ थी और अब वह 60 करोड़ हो गई है। इसलिये मैं मंत्री जी से यह कर्गगा कि अगर इस बीमारी का इलाज करना है तो फौरन करो। जब तक परिवार नियोजन पर इफेक्टिवली अमल नहीं होगा, तब तक कुछ नहीं होने वाला है। एक आदमी के दो बच्चे हों या तीन बच्चे हों, मैं इन में ही जाना चाहता हूँ। मैं तो यह कहना चाहता हूँ कि जितने हर साल मरते हैं उतने ही बच्चे पैदा होने चाहिए तब नहीं जा कर हमारा आबादी जो आज है वही रहेगी और ऐसी व्यवस्था 30 साल तक रहनी चाहिए।

अब कुछ दूसरे देशों का हवाला देते हुए मैं कहना हूँ कि जर्मनी में, फ्रांस में और इंग्लैंड में भी इन बाजे में कदम उठाए गये थे और जर्मनी में तो ऐसा हुआ कि जब वहाँ को जनसंख्या कम होनी थी, तो वहाँ पर बच्चे ज्यादा पैदा करने के लिए लोगों को इन्सेटिव दिये गये। यहाँ पर हमें वैसा तो नहीं करना है लेकिन मैं मंत्री जी से यह जरूर कहना चाहता हूँ कि वे ऐसे कदम उठाएं कि हमारी आबादी स्टेडिब रहे, हमारी जनसंख्या स्टेडिक रहे। तब कही जा कर देश को कुछ फायदा होगा क्योंकि अगर आबादी इसी तरह से बढ़ती रही, तो कितने स्कूल, कितने हस्पताल कितने बसें और कितने कामकाज सरकार दे सकती है। जब हमारा देश आजाद हुआ था, उस वकत खेती की जमीन एक एकड़ में 30 गुन्टे थी लेकिन आज वह घट कर एक एकड़ में 28 गुन्टे रह गई है। आज बीकर संवर्धन को, हरिजनों को हाउस-साइट्स देने का इन्तजाम हो रहा है इस तरह से भारतवर्ष में और बहुत सारी जमीन खेती से निकल कर हाउस साइट्स और प्रोबयांड्स में चली जायगी, मन्जिर्बे बनाने में चली जायगी और फिर आप देखेंगे कि खेती करने के लिए जमीन ही

[श्री एम० रामबोधल रेड्डी]

बाकी नहीं रहेगी। इयलैंड में पहले केबोलिक लोग अपने मृदों को जलाते नहीं थे और इस तरह से इयलैंड में हर साल 1600 एकड़ क्षेत्रों में जनाने में चली जाती थी। अब पोप ने डेक्लेयर कर दिया है कि जितने लोग मरने के इन्फेक्टिविटी से जलाए जायेंगे और उन को जमीन में दफनाया नहीं जाएगा।

The dead will occupy more space than the living.

तो यह सब चीज हो रही है। इसलिए मैं मंत्री महोदय से कहता हूँ कि वे पोलिटीकल व्यूज का ख्याल किसे बिना, रिजिजस समूज का ख्याल किए बिना इस मामले में मे इन्फेक्टर स्टेप्स उठाए क्योंकि यहाँ पर मजहब की बात खड़ी कर दी जाती है जोकि ठीक नहीं है। क्या मजहब में यह है कि हम जितने बच्चे चाहें पैदा करते चले जाएँ। उन को पालने की जिम्मेदारी भी हमारी है और यह बात नहीं है कि उन को बाजार में छोड़ दिया, हवा में छोड़ दिया और वे आचारा बन कर चोरी करे और डाकें डालें और बैंकेफ बने रहें। इसलिये इस बारे में आप को कदम उठाने पड़ेंगे।

दूसरी बात मैं यह कहना चाहता हूँ कि आज हम देखते हैं कि लीप्डम जो कृष्ट रोग से पीड़ित है, वे बाजारों में फिर रहे हैं और जो फारेनस आते हैं वे भी उन को देखते हैं। यह देखने में बहुत बुरा लभता है।

मैं माग करता हूँ कि अगर मंत्री महोदय चाहें तो म्युनिसिपल्लिटिया और पंचायतों को कह सकते हैं कि भ्रमण से टैक्स लगा कर जितने कृष्ट रोगी हैं उनको भ्रमण रखने की व्यवस्था वे करे और एक भी ऐसा आदमी बाजार में दिखाई नहीं देना चाहिए। कम से कम यह तो आप करें। यह एक कम्बु-

निकल विषय है। इस वाले भी इस तरह का प्रवचन करना बहुत जरूरी है।

आपने मिलावट रोकने के बारे में कानून बना रखा है। उस पर आपको सक्ती से पालन करता चाहिए बावजूद स्टेट गवर्नमेंट भी कल्परिट हैं डिप्ट्स जो सप्लाय होते हैं उसमें हाईड्रोक्लोराइट मिल रहा है हाईड्रोजेन फ्लोरीड की मिलावट हुई रहती है। हर तरह से जो मिलावट होती है उसकी बजट से हर सप्ताह एक एक सिटी से दस दस और पंद्रह पंद्रह लोग मर जाते हैं। सेंथी और शराब में जो मिलावट हो रही है, उसके विरुद्ध सेंट्रल गवर्नमेंट को कोई सख्त कदम उठाना चाहिए।

वे जो तीन चीजें मैंने आपके सामने रखी हैं, मैं प्रार्थना करता हूँ कि इन पर आप ज्यादा ध्यान दें।

SHRI Y. S. MAHAJAN (Buldana):
Sir, it is a great pity that the scourge of malaria has come back. It has been one of the great killers of mankind. Our efforts to eradicate it were crowned with success and that generate an atmosphere of complacency. Unfortunately, the mosquito has become resistant to DDT. The WHO has made a projection according to which by 1980 it is estimated that about 12 million people will suffer from malaria and there will be about 4 lakhs of fatal cases. To avoid this calamity, I hope our government will see that proper research takes place and pesticides are found to deal with this problem effectively. Other measures like personal and public hygiene, filling up pits containing stagnant or dirty water, provision of clean drinking water, etc. are remedies which are in our hands. These should be followed along with research on pesticides. I had the opportunity to live in Andhra Pradesh for some years. It is a State in which many people suffer from filaria. It is an associated disease carried from one person to another by the mosquito. We have not been able to deal effectively with this disease all

these years. There are certain people suffering from elephantiasis—with huge legs and arms—sitting by the roadside. I am surprised there is nothing in this report about filaria.

Coming to medical arrangements, we have declared that there will be a three tier system, but government should take particular care of primary health centres. In Maharashtra we have well-equipped primary health centres with two doctors, nurses and medicines, but they are inefficient. Unless the primary health centres are strengthened and made efficient, it is not possible to have an efficient three tier system for dealing effectively with the problems of health in our country.

I welcome the ministers statement on population policy. It is the result of careful thinking, based on the experience of the last 20 years, which takes into account the experience of other countries also. We have made a lot of efforts in the last 20 years to control the rate of growth of population, but we have not been able to reduce it. It has been accelerating. There are many aspects of it but I cannot deal with any of them for want of time. Some members have expressed themselves against compulsory sterilisation and a controversy has been raised. No citizen has the natural and fundamental right to have as big a family as he pleases.

That is the way many people are behaving in this country. We have done everything possible to limit the size of the family. We have given them monetary inducements. But we are now up against an almost unscalable wall of prejudice, ignorance and superstition. We have announced some incentives and dis-incentives. But the only way to get out of this situation is to resort to some sort of compulsion. There is no reason why the States should not resort to compulsory sterilisation. I congratulate the Governments of Maharashtra, Punjab and Haryana for adopting compulsory measures in this regard. As our

Prime Minister has said the nation has a right to exist and prosper and our personal rights should be subordinated to the rights of the nation,

With these words, I support the Demands.

श्री राजवेश सिंह (जीनपुर) : सभापति महोदय, स्वास्थ्य तथा परिवार नियोजन मंत्रालय की मांगों का समर्थन करने हुए मैं कहना चाहता हूँ कि हमारे देश में 6 प्रकार की चिकित्सा पद्धतियाँ चली आ रही हैं।

एलोपैथिक, आयुर्वेदिक, यूनानी, होमियोपैथिक, नैचुरोपैथी तथा योग। कुछ लोग किसी में यकीन करने हैं और कुछ किसी में। सरकार को चाहिये कि इन सभी को एनकरेज करे, क्योंकि भ्रमण-भ्रमण लोग भ्रमण-भ्रमण पद्धतियों को कबूल करते हैं। एक सिस्टम के अलावा दूसरी पद्धति को कबूल नहीं करते हैं।

एक टारगेट रखा गया था कि एक मरीज को अस्पताल पहुँचने के लिये 5 मील से ज्यादा नहीं चलना पड़ेगा, लेकिन उस टारगेट तक हम अभी नहीं पहुँच पाये हैं। सरकार को कोशिश करनी चाहिये कि उस टारगेट तक पहुँचे।

कम्प्युनिटी ब्लॉक में एक-एक प्राइमरी हेल्थ सेंटर बनाया गया है। सर्वेमेंट ने प्रपोज किया है कि 10, 10 हजार पर एक-एक सब प्राइमरी सेंटर बनाया जाये और उसमें 10 और 6 के बीच बँडूत रखे गये हैं। एक लाख पापुलेशन पर जो कम्प्युनिटी डेवलपमेंट ब्लॉक होता है, उसके लिये 6 बँडूत और बहुत कम हैं, उन्हें और बढ़ाया जाये।

देश में एक तिहाई जिले ऐसे हैं, जहाँ पीने के पानी का ठीक इंतजाम नहीं है। यह भी हेल्थ से संबंध रखता है। सरकार को चाहिए कि 20 और 25 साल का एक प्रोग्राम बनाकर हर साल कुछ जिलों को जाये और वहाँ पर पीने के पानी का इंतजाम किया जाय।

[श्री राजेंद्र सिंह]

हमारे देश में विदेशियों के नाम पर बहुत सी संस्थाएँ थीं। उनमें से बहुतों के नाम बदले जा चुके हैं बाकी जो रह गई हैं, उनके नाम भी बदल दिये जायेंगे। चूकी यहाँ पर स्वास्थ्य मंत्रालय की मांगों पर बहल हो रही है, मैं कहना चाहता हूँ कि दिल्ली में 4 संस्थान हैं, बिना नाम आज सो अंग्रेजी के नाम पर हैं। उन्हें भी बदलना चाहिए। इबिन अस्पताल, बिनिगडन अस्पताल, लेडी हाथिअ अस्पताल आदि नाम, जितने भी यहाँ बायसराय थे, उनके और उनकी औरतों के नाम से बन रहे हैं। हमें उनसे क्या प्रेम है? दिल्ली जैसी हमारी राष्ट्रीय राजधानी है, यहाँ अभी इस तरह की चीजें बन रही हैं, इन्हें, जल्द-से-जल्द खत्म करना चाहिए।

प्रोविजन आफ प्रडक्ट्रेशन आफ फूड की बात मैं भी करना चाहता हूँ। हर इनकम-ग्रुप के लोगों के लिये सरकार को खासतौर का पोष्टिक आहार का मेन तैयार करना चाहिए। उसका पैम्फलेट तैयार करके रिडियो के जरिए उसका प्रचार करना चाहिए। जो लोग खेव नहीं खा सकते हैं, वह अमरुद, पपीता और बेर बगैरा खा सकते हैं उनमें भी विटामिन्स होते हैं। सरकार यह कर सकती है कि हरेक इनकम ग्रुप के लिये पोष्टिक आहार का मेन तैयार कर के उनके पैम्फलेट बनाकर उनका ज्यादा-से-ज्यादा प्रचार कर सकती है, इसका हेल्थ पर अच्छा असर पड़ेगा।

सब जानते हैं कि आबकल स्पोर्ट्स मेडिसिन, नकली दवाएँ, बहुत तैयार हो रही हैं। अगर बाजार में एक-तिहाई अगली दवाएँ बिकती हैं, तो दो-तिहाई नकली दवाएँ बेची जाती हैं। यह काम बड़े-बड़े

में अधिक होता है और छोटे-छोटे शहरों में कम होती है। इसके अलावा इस काम को अमीर लोग ही करते हैं, गरीब लोग कम करते हैं, क्योंकि अमीर लोग समझते हैं कि वे रुपये के बल पर सुप्रीम कोर्ट तक लड़कर छूट जायेंगे। सरकार को नकली दवाओं और अन्य चीजों में मिलावट के बारे में पता लगाने के लिए एक इंटेलीजेंस एजेंसी कायम करनी चाहिए, भले ही वह बहुत सस्ती चीज़ी न हो। इस काम को जिले के स्टाफ पर छोड़ देने से कोई लाभ नहीं होने वाला है। मंत्री महोदय कबूल करेंगे कि इतनी घर-घरकड़ के बाद भी खुद दिल्ली में नकली दवाओं का बनना और बिकना कम नहीं हुआ है। इसलिये उनको इस ओर विशेष ध्यान देना चाहिये।

कहा जाता है कि हमारे देश के बहुत से लोग डाक्टर बनाने के बाद इंग्लैंड या अमेरिका चले जाते हैं और हमारे देश के अस्पतालों को मैन करने के लिए पर्याप्त डाक्टर नहीं हैं। मेरा सुझाव है कि जो व्यक्ति अमेरिका जाना चाहता है, वह जाये, लेकिन देश ने उसकी मैडिकल एजुकेशन पर जितना पैसा खर्च किया है, वह उससे बसूल करके ही उसको पासपोर्ट दिया जाये।

इसी तरह जो लोग प्राइवेट प्रैक्टिस करना चाहते हैं, स्टेट ने उनकी शिक्षा पर जितना पैसा खर्च किया है, उससे आधातर कपया उनसे ले लेना चाहिए और उनको इजाजत देनी चाहिए। जो डाक्टर गवर्नमेंट सर्विसेज में हैं, उनके लिये यह निश्चित कर देना चाहिये कि वे इतने वर्ष गांव या पहाड़ में काम करेंगे और इतने वर्ष घरबन एरियाज में काम करेंगे। आब स्थिति यह है कि कोई डाक्टर गांव और पहाड़ों में जाने के लिए तैयार नहीं होता है। इसलिये इस प्रकार की कोई व्यवस्था करना आवश्यक है।

यहाँ तक करके हेल्वे स्क्रीम का सम्बन्ध है, मेरा मुझाव है कि फार्मैसिटिक्स पाठि को रिक्त कर के उनको 2 साल की इंटेन्सिव मैडिकल ट्रेनिंग दी जावे और उन्हें प्रच्छी तरह इन्सिप कर के गांव में भेज दिया जाये। बेयर फुट डाक्टरी की घ्योरी को हमारे देश में कार्यन्वित नहीं किया जा सकता है, क्योंकि हमारे देश में आचरण का स्तर इतना ऊंचा नहीं है। अगर प्राइमरी टीचर्स को यद् काम सौंपा जायेगा, तो वहाँ बाजार में बेच दी जायेंगी और उनका नाजायज इस्तेमाल होगा।

यहाँ तक फेमिनी प्लानिंग का सम्बन्ध है, मैं कुछ मुझाव देना चाहता हूँ। यह कबूल किया गया है कि पावर्टी इन दी रीयल एनीमी—पावर्टी हमारी असली दुश्मन है। इसलिए गरीबी को दूर करने की कोशिश करनी चाहिए, लेकिन वह एक दिन में नहीं जायेगी।

सडकियों की एजुकेशन को बढ़ाना चाहिए और कालेजों में सैक्स एजुकेशन भी देनी चाहिए। ज्यादातर किम और फिल्मो गाने अश्लीली फैंनाते है। ऐसी फिल्मों पर रोक लगाने की आवश्यकता है। सरकार को फिल्म प्रोड्यूसर्स से कहना चाहिए कि वे ऐसी फिल्में नैगार करें, जो फेमिली प्लानिंग को एनकूज करें। ऐसी फिल्मों का सम्मोडाडज भी करना चाहिए।

“कृपे दर्शन” के कार्यक्रम की तरह टेलेविजन और रेडियो पर फेमिली-प्लानिंग के लिए 5 मिनट का कार्यक्रम रखा जाना चाहिए, जिसमें फौडस और किमर्न के साथ प्रच्छी तरह से तैयार की गई वार्ताएं छादि दी जायें, ताकि लोग फेमिली प्लानिंग की भावना को ग्रहण कर सकें।

अधतराव अनहर (अंजनीर) :
समापति महोदय, इस अवसर में धाधिर में

बोलने वाले की स्थिति पिछड़े हुए क्षेत्र की सी होती है, जिन् की चर्चा तो बहुत होती है, लेकिन जिन् को कोई सुविधा या अवसर नहीं मिलता है। अधिकांश चर्चाओं ने पिछड़े हुए क्षेत्रों और हरिजन-आदिवासी क्षेत्रों की चर्चा की है। लेकिन अगर वहाँ पर काम को देखें, तो मानेंगे जैसे रेवड़ी बांटते बांटते पिछड़े हुए क्षेत्रों में जाकर खरम हो जाती है। अस्मान और मैडिकल का नज शहरों में ही खुलने हैं और पिछड़े क्षेत्रों की बहुत उपेक्षा होती है। लेकिन चर्चा ऐसे करते हैं कि जैसे सब काम वहीं हुआ है, गहरों में कुछ भी नहीं हुआ है। यहाँ मैडिकल इंस्टीट्यूट्स बहुत मे हैं। मैडिकल कॉलेज है। इन सब चीजों का आप अवलोकन करें तो देखेंगे कि ये सब शहरों में हैं, देहातों में कही नहीं है।

हम कहने हैं कि डाक्टर देहातों में जायें। लेकिन जब आप के मैडिकल इंस्टीट्यूट्स देहातों में नहीं जाना चाहते तो हम यह कैसे कह सकते हैं कि डाक्टर देहातों में जाकर काम करें। वहा उन को क्या तकलीफ है यह जब तक मैडिकल कॉलेज और मैडिकल इंस्टीट्यूट के लोग या दूसरे बड़े बड़े लोग जो यहाँ एय' कडीमंड कमरों में बैठकर योजनाएं बनाने है वे लोग जब तक देहाती एरिया में जा कर वहाँ की वस्तु-स्थिति को नहीं देखेंगे कि वहाँ डाक्टर की क्या परिस्थिति है, उन को वहा कौन सी तकलीफ का सामना करना पड़ना है तब तक डाक्टर वहाँ भना कैसे जा सकते हैं और उन क्षेत्रों में इतना इतना नहीं हो सकता है। आप वहाँ न सडक है, न बिजली है, न पानी है, न दवा है, ऐसी स्थिति में जब तक आप देहाती क्षेत्र में मैडिकल कालेज नहीं खोलेंगे ताकि वहाँ की परिस्थितियों से वे लोग बाकि हो जायें तब तक आप की कोई भी स्क्रीम देहाती क्षेत्र के लिए सफल नहीं होगी।

[श्री भगतराम मनहर]

मैडिकल इंस्टीट्यूट का मैं बोझा सा उदाहरण आप को देना चाहूंगा। हमारे यहाँ के एक एम एल ए आए हैं जिन को एलर्जी की शिकायत थी। मैडिकल इंस्टीट्यूट में दिखाने के लिए ले गए तो कहा कि आप को कौन सी बीज में एलर्जी है? अगर उन को मालूम हो जाता कि उस को किस बीज की एलर्जी है तो वे अपना इलाज ही नहीं कर लेते? फिर इतना बड़ा इंस्टीट्यूट, नफेद हाथी, पालने की क्या आवश्यकता है जिन को यह नहीं मालूम हो सकता कि किस बीज की एलर्जी है। बजाय टेस्ट करने के उन्होंने उन से इस प्रकार कहा और वे बेचारे बैसे ही वापस चले गए।

प्लेगिया और मच्छरों के बारे में कुछ चर्चाओं की गई। नवी महोदय ने भी कहा कि दवाइयां बहुत महंगी हैं जिन कारण हम लोग प्रायः छिड़काव नहीं कर पा रहे हैं। मेरी समझ में दवाइयों से ज्यादा कीमत आदमियों की है और उस के लिए जिनका भी खर्च करना पड़े वह आप को करना चाहिए?

आजकल परिवार नियोजन की काफी चर्चा है। शासन भी चाहता है कि परिवार नियोजन हो और कांग्रेस पार्टी की भी इच्छा है। उसी के अनुरूप हमारे युवक नेता श्री संजय गांधी से भी चार-सूत्री कार्यक्रम देज के नवयुवकों के नामने रखा है। उन में उन्होंने परिवार नियोजन को प्राथमिकता दी है। उन में लोगों में काफी उत्साह है। परिवार नियोजन की कार्यण्डनी के बारे में मैं कुछ करना चाहूंगा। वहाँ क्या होता है कि मैडिकल और नान-मैडिकल स्टाफ के बीच में लड़ाई चल रही है। नान-मैडिकल स्टाफ मेजॉरिटी में है और मैडिकल स्टाफ कम है। इस का पूरा जो काम है मेरी समझ से वह सामाजिक काम है और

सोशियल वर्क की देखरेख में यह होना चाहिए। डाक्टर को तो यह देखना चाहिए कि जो भी प्रायोजन करना पड़े उस को यह करें या टेकिनकल ऐडवाइस उन के जिम्मे होनी चाहिए। लेकिन इस के विपरीत हो रहा है। डाक्टर बात बात में अड़नेबाजी करते हैं। प्रायोजन की स्थिति यह है कि अगर एक भी प्रायोजन देता तो खेल में धनफव हो गया तो उस का बहुत दुष्परिणाम होता है। उस का बुरा प्रभाव लोगों के बीच में होता है जिसे से परिवार नियोजन कार्यक्रम पर उलटा असर हो रहा है।

आप को बहु पत्नी प्रथा को बन्द करना चाहिए। जब तक इन के लिए भी प्रायोजन नहीं लायेंगे तो कब आप परिवार नियोजन को कंट्रोल कर सकते हैं अंतर्भव रहेंगे। दूसरा भंग मुझाव है जिस के ऊपर किसी का भी ध्यान नहीं गया है, वह है अविवाहि युवक और युवतियों की बात, बैचलर्स की बात, उन को भी प्रोत्साहन देना चाहिए। जैसे जो अविवाहि आप के परिवार नियोजन में आना है उन को कुछ धन या और प्रोत्साहन आप देने हैं उसी तरह बैचलर्स को सामाजिक दृष्टि से प्रोत्साहन देने की आवश्यकता है ताकि अधिक से अधिक वे अपने को बैचलर बनाने की कोशिश करें। इन के लिए उन के नागरिक अभि-नंदन की भी व्यग्रता होनी चाहिए ताकि नमाज उन का आदर कर सके। इन्हीं शब्दों के साथ स्वास्थ्य एवं परिवार नियोजन मंत्रालय की अनुदान मांगों का मैं समर्थन करता हूँ।

श्री नरेश्वराम अहिरवार (टीकमगढ़) :
समापति महोदय, स्वास्थ्य विभाग की मांगों का समर्थन करते हुए मैं अपने कुछ विचार प्रस्तुत करना चाहता हूँ। पिछले वर्षों में मैं समझता हूँ सरकार ने स्वास्थ्य के क्षेत्र में काफी काम किया है, अस्पतालों में वृद्धि की है। लेकिन अस्पतालों को जहाँ तक ध्यान

जनता तक पहुंचाने की बात भी वह नहीं पहुंचा पाए हैं। देहाती क्षेत्र में एक तो ऐसे ही अस्पताल कम हैं और जो अस्पताल हैं भी वहां दवाइयां नहीं मिलतीं। वहां पर डाक्टर जाते ही नहीं हैं क्योंकि वे शहरी क्षेत्रों से पास कर के जाते हैं और वे शहरों में ही रहना चाहते हैं। इन डाक्टरों के लिये पहले तय हुआ था कि उन को ग्रामीण एलाउन्स दिया जाय। इसी तरह से कोई व्यक्तियां हीनी चाहिये जिस से कि उन को लालच हो और वे वहां जा कर काम कर सकें। इस साल हम ने देखा—मलेरिया के फैलने के सिलसिले में—डाक्टर और दवाई कूड़े नहीं मिली। देहातों में जो लोग इंजेक्शन लगाना सीख गये हैं उन्होंने जनता से काफी पैसा कमाया है, मैं यह कह नहीं सकता। मामूली से मामूली धावमी भी एक गांव से दो-दो तीन-तीन हजार रुपये कसूल कर ले गया। इन नाममस इलाज करने वालों से धावमी भी भरे हैं। हमारे वहां राज्य सरकारों द्वारा ऐसा नियम बनाया गया है कि जिन को इंजेक्शन वगैरह लगाना आ जाता है, तथा चिकित्सा का मामूली ज्ञान हो जाता है उन का रजिस्ट्रेशन कर दिया जाता है और वे इलाज करते रहते हैं। इसी तरह से देहातों में जो छोटे-छोटे दुकानदार दवाइयां रखते हैं, उन के वहां भी इंजेक्शन होते हैं, वे ट इन-थोर्ड होते जाते हैं, फिर भी वे इंजेक्शन लगाये जाते हैं। जो इंस्पेक्टर देहातों में काम करने वाले होते हैं उन का उन दुकानदारों से महावारी रुपया बंधा रहता है। इन बातों की ओर भी स्वास्थ्य विभाग को ध्यान देना चाहिए।

18.00 hrs:

परिवार नियोजन के सम्बन्ध में आप की जो स्कीम है उसका मैं समर्थन करता हूँ। वह बहुत जरूरी है और उस को पूरी तरह से लागू करना चाहिये। जब हम कहते हैं कि दवा-बाक का प्रबन्ध हो, हमारे

बच्चों को खाना चाहिये, बिना चाहिये, लेकिन दूसरी तरफ जनसंख्या इसी तरह से बढ़ती जावगी तो सरकार चाहे बितना प्रबन्ध करे इस समस्या का समाधान नहीं हो सकता है। मैं समझता हूँ—परिवार नियोजन के सम्बन्ध से देहातों में जो प्रचार होना चाहिये, वह नहीं हो रहा है। आप स्वास्थ्य विभाग के कर्मचारियों को टारगेट दे देते हैं, कि इस इलाके में दो सौ अपरेशन होने चाहिये तो आप के कर्मचारी किसी भी तरह से लोगों को पकड़ कर से आने हैं और उन का अपरेशन करवा देते हैं, जबकि उन में से बहुत से धावमी ऐसे होते हैं जिन की आयु ज्यादा होती है या उन के अपरेशन की जरूरत नहीं होती है। मैं समझता हूँ—बजाय इसके आप को चाहिये कि मोटिव करे और लोगों को समझाये, तब उन का अच्छा परिणाम निकलेगा। मैं आप को बनलाऊ—एक गांव में एक डाक्टर गये, वे मुझ से बोले कि वहां चल कर लोगों को समझा दीजिये, लोग मानने नहीं हैं। जो वहां मरपंच थे, वे बोले कि ऐसी बात नहीं है, 20 ठाया फो-प्रारेमन में देते हैं, जिसमें 10 ठाया किसी को देकर नाम लिख लेते हैं, जब कि अपरेशन होता ही नहीं है। नतीजा यह है कि उस गांव में इनने अपरेमन हो चुके हैं, जिनको वहां आबादी भी नहीं है। यह मेरी ही कास्टीबूएन्सी का किस्सा है। वहां के बारे में आप को बतला रहा हूँ। इन प्रकार के झूठे फांफड़े देने का कोई लाभ नहीं है। जब आप इन काम के लिये इनको दया दे रहे हैं तो यह काम सही रूप से होना चाहिये।

दूसरी बात यह है कि जो डाक्टर अस्पतालों में काम करते हैं, जब आप उन्हें फंभिली प्लानिंग में ट्रांसफर कर देते हैं, तो उनमें आपस में द्वेष पैदा हो जाता है। जैसे किसी सब-इंस्पेक्टर पुलिस को बाना न देकर सी० आई० डी में भेज दिया जाये तो वह बड़ा दुःखी होता है, क्योंकि उसका पब्लिक से

(श्री न.बू. राम अहिरवार)

कांटेन्ट समाप्त हो जाता है और उनकी आमदनी खत्म हो जाती है। इसी तरह से फॉर्मिडी प्लानिंग में उनको पैसा कमाने के लिये नहीं मिलता है। मैं समझता हूँ कि डाक्टरों को हर दो तीन साल में बदलते रहना चाहिये।

अब मैं यहां दिल्ली के बिलिंगडन अस्पताल के बारे में भी कुछ कहना चाहता हूँ। जो मरीज यहां भरती होते हैं—उनको कमीशन पर प्राइवेट नर्सिंग दी जाती है, उसके लिये उनको डेली पैसा देना पड़ता है। वहां पर जो नर्सिंग का स्टाफ है, वह इतना कम है कि वे मरीजों की ठीक सेवा नहीं कर पाती हैं। उनको तनख्वाह भी बहुत कम मिलती है, इसलिये वे यहां की नौकरी छोड़ कर जहां अच्छी तनख्वाह मिलती है, वहां चली जाती हैं। मैं कहता हूँ—जब लोग पैसा देते हैं और कमीशन पर नर्स रखते हैं तो आप उनकी तनख्वाह क्यों नहीं बढ़ा देते तथा ज्यादा स्टाफ क्यों नहीं रखते, ताकि वे स्थाई रूप से काम करे और मरीजों की सेवा हो सके। वहां पर एक डाक्टर 30-40 बैड्स को देखता है—उनको आप यहां पर मकान भी नहीं देते जो कि आपको देना चाहिए, ताकि वे मरीजों की अच्छी तरह देखभाल कर सकें। इन शब्दों के साथ मैं इन मांगों का समर्थन करता हूँ।

THE MINISTER OF HEALTH AND FAMILY PLANNING (DR. KARAN SINGH): Mr. Chairman, Sir, it is a matter of very great satisfaction to me personally that the Ministry of Health and Family Planning has evoked the interest and participation of such a large number of Members.

सभापति महोदय : आप अपना प्रापण कल जारी रखेंगे।

अब आध घंटे की चर्चा प्रारम्भ होती है। श्री भोगेन्द्र झा।

18.45 hrs.

HALF-AN-HOUR DISCUSSION

CIA LINKS OF VARIOUS ORGANIZATIONS AND FUNDS RECEIVED BY A CHARITABLE SOCIETY FROM ABROAD

SHRI BHOGENDRA JHA (Jainagar): Mr. Chairman, Sir, this Half-An-Hour Discussion arises out of the two Starred Questions asked earlier and incomplete and unsatisfactory answers given thereto in regard to the foreign finances, particularly, used by the CIA in many developing countries and our own country.

I would like to draw the attention of the House to the report submitted by the Senate select committee on intelligence activities headed by Senator Frank Church which has come out in our papers today. Among the committee's findings are—I quote:

"The CIA's 900 major covert actions from 1961 to 1975 were marginally controlled and their value was open to question.

The CIA conducted business ventures intended to cover its operations. These included an airline charter concern, a security agency and an insurance company that invested in American securities and returned a \$ 500,000 profit.

The agency maintained ties with the academic community and now has covert ties with hundreds of scholars, dozens of them unaware that they are working for the CIA.

The CIA was involved in several efforts to assassinate foreign leaders."

Then, the committee said:

"There were 14 covert arrangements involving the 'use' of 21