The House stands adjourned till 2.30 P.M.

The House then adjourned for lunch at one of the clock.

The House reassembled after lunch at half-past two of the clock, THE VICE-CHAIRMAN (SHRI M. GOVINDA REDDY) in the Chair.

MOTION *RE* REPORT OF THE HEALTH SURVEY AND PLANNING COMMITTEE

SHRI KRISHNA CHANDRA (Uttar Pradesh): Mr. Vice-Chairman, I move:

> "That the Report of the Health Survey and Planning Committee (August, 1959—October, 1961), laid on the Table of the Rajya Sabha on the 23rd March, 1962, be taken into consideration."

Sir, the problems of health for any country are of vital importance, and this report, a very big report, deals exhaustively and comprehensively with these vital problems. During the time of the British Government, the Bhore Committee was appointed to survey the health problems of the country and to make recommendations for improving the health of the country. The Bhore Committee was appointed in 1943 and it submitted its report in 1946, after three years. It was also a very comprehensive and very exhaustive report; it dealt with all the health problems of the country in a very comprehensive manner, and made recommendations dealing with each problem. The recommendations of this committee were of a very, very far-reaching nature and, I should say, they were beyond the resources of the country at that time. The British Government simply—that is what my feeling is—the British Government simply appointed this Committee in order to dupe the country, during the time the World War was going on and the Congress movement for the emancipation of the country was at its height, to dupe the world and the people of this country that the Government was there to develop the country and to deal with its vital problems and not only to exploit it. But the Government never meant to implement these recommendations. Anyhow the report was submitted in 1946, and in 1947 the country became independent, and our Government, the independent Government of this country took charge—the present Government, and we started planning for the development of this country. And to implement the plans in matters of health we took guidance from the recommendations made by this Bhore Committee. The Government, while implementing these recommendations, soon discovered that the recommendations made by this committee were of a very far-reaching nature and were beyond the resources of the country and so were not practicable. Therefore, the present Committee under the chairmanship of Dr. A. Lakshmanaswami Mudaliar, Vice-Chancellor of the Madras University, was appointed in 1959 to deal with these problems in a practical manner and to make recommendations that were capable of being implemented, and this Committee submitted its report in 1959 and here we are discussing this report.

SHRI M. P. BHARGAVA (Uttar Pradesh): Submitted in 1961.

SHRI KRISHNA CHANDRA: I am sorry; it is 1961. I am now putting before this House one observation of the Bhore Committee and the comparative observation of this committee in order to show that this report was of a practical nature. The Bhore Committee said regarding medical care that medical service should be free to all without distinction and contribution from those who can afford to pay should be through general or local taxation. This was the recommendation made by the Bhore Committee. And the Mudaliar Committee found that it was not

feasible and recommended a system of graded charges for all hospital services except in the case of genuinely indigent people. We have since been advancing far; we have all along been advancing by implementing the recommendations, firstly, of the Bhore Committee, and now of this Committee, and we have gone far enough to improve the health of this country. I may give a few figures to convince the House, the hon. Members here, of the improvement we have made. The birth rate in 1951 was 24.9 per thousand; in 1956 it was 23.3 and in 1959 it was 23.62. From 24.9 we have come to 23.62. It is not a very good improvement, because our population has also increased. Our measures of family planning are going on but then our population has also increased. So these measures of planning have not been found equal enough to deal with this rise in population. The average death rate during the period 1931-41 was 31·2 per thousand; in 1951 it came down to 14.4; in 1956 it came down to 10.9 and in 1959, when this Committee was set up, it came down to 9.9. So there is a vast improvement. Infant mortality during the period 1931-41 was 162 per thousand; in 1951 it was 129.6 in 1956 it was 108.2 and in 1959 it came down to 91.6 from 162 during the period 1931-41. Expectancy of life has risen from 26.7 years during the period 1931—41 to 46 years at present. So this is a vast improvement again, and I should congratulate the Government on achieving this vast progress.

Now, Sir, I would deal first with medical care. This report deals with medical care and public health and also all problems dealing with health. In the matter of hospitals the Bhore Committee suggested that there should be a primary centre for 10 or 15 villages comprising a population of 10,000—20,000, and that there should be 10 beds in it, and that, above it, there should be *taluqa* hospital or *tehsil* hospital, and that above it there should be the district hospital, which will be the key hospital to link all these primary health centres. As to hospital accommodation in our country, in 1946 there were 7400 hospitals and the beds were 1,13,000, that is, 0.24 bed per thousand. In 1950 the hospitals were 8,600 and the beds were 1,15,000. In 1960 the hospitals were 12,000 and the beds were 1,80,000. That comes to .4 per thousand. Now, the Bhore Committee recommended that after ten years we should reach a target of one per thousand and in another ten years we should reach a target of two per thousand. This Committee has suggested that this target is far too high and that it should be enough if we can reach the target of one per thousand.

About doctors the Bhore Committee recommended that per 2,000 of population there should be one doctor. In 1946 the doctors were 47,524. The ratio was one doctor per 6300 of people. In 1960 the number rose to 88,000, that is, one doctor per 4,850 people. The target fixed by the Bhore Committee was one doctor per two thousand. But this Committee has fixed a target of two per thousand which we have almost reached.

Nurses: In 1946 we had 7,000 nurses, that is, one nurse per 43,000 of people. The Bhore Committee recommended one nurse for 500 people. Now we have 30,000 nurses, that is, one nurse per 14,800 people. So, in the matter of nurses we have not made much progress and there remains far more to be done in the training of more and more nurses.

Primary Centres: We have been able to establish 2800 centres up to 1960, the Bhore Committee wanted that these primary centres should be 5,000 that is one per forty thousand.

Medical Colleges: In 1956 there were 25 medical colleges. Now there were 61 in 1960. So we have been making progress all along. Regarding medical care, the observation of the Committee was that there should be one

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primary centre per 40,000 of the population and in the primary centre there should be ten beds. In the *tehsil* hospital, or the *taluk* centre there should be 50 beds and in the district hospital there should be 300 beds.

Regarding these primary centres although we have been able to establish 2,800 primary centres, according to the observations of this Committee these primary centres have not been of the standard wanted. They are not well equipped. There are no competent doctors in each one of these centres. Many of the centres are running without doctors. Medicine is also inadequate. Therefore, the Committee has recommended that instead of trying to increase the number of primary centres we should rather try to establish model primary centres, adequately equipped with doctors and medicines and other necessary accessories.

Regarding district hospitals, this Committee observes that all the district hospitals should be expanded and considerably improved and there should be specialised service there for medicine, surgery, gynaecology, ear, nose, throat and also teeth and the specialist in Medicine, Surgery, and Gynaecology should be given the status of Civil Surgeons. I do not know whether we have been able to do this up till now. In my State of Uttar Pradesh, in none of the district hospitals these specialists enjoy the status of a Civil Surgeon, and all of them are not competent at the same time. In very few of the district hospitals there are these specialists, otherwise all the district hospitals are running with two or three general doctors. Only hospitals which are at the headquarters of a Division or in important towns are well equipped. So there is much to be done here. And this Committee also recommended that these primary centres and other *tehsil* hospitals should be fully linked with the district hospital by a telephone so that any serious case which is beyond the competence of the primary centre or the *tehsil* hospital can be easily shifted to the district hospital on an ambulance car. So this connection of telephone and ambulance should be there. I do not think this has been done in most of the districts.

It is also recommended that our hospitals are overcrowded. It says:

> "over-crowding in hospitals, inadequate staff, non-availability of essential drugs and medicines, mixing of serious cases with minor cases."

These are some of the things that are not desirable according to this report. It has also suggested that the outpatients department in the hospital should be a separate one from the indoor patients department, and there should be separate medical personnel and equipment for that outpatients department. It has also observed that even now in many of the *tehsil* dispensaries that are running there are not competent doctors and there is a general complaint that the doctors do not want to go to the rural areas. The Committee suggested that no confirmation of a doctor should be made unless he or she has put in service for a specified number of years in the rural areas. In order to make good the inadequacy of doctors this Committee has recommended that we should draw upon private medical practitioners. They should be persuaded to serve in the hospitals either honorarily or on a part-time basis. Further the Committee has recommended regarding medical care that our doctors should be interchangeable with the Railway Service doctors. In the Railways they have their own hospitals and their own doctors. Those doctors are sometimes out of practice. So the Committee has suggested that these doctors should interchanged with the doctors in the hospitals.

I will leave this and come to public health. In the matter of water supply, we have been a failure. The

Committee has recommended that wherever water supply arrangements are made, along with that, or parallel to that, there should be drainage schemes. In many of the municipal towns now there are water supply schemes but there are no drainage schemes because they are very costly and so are not very attractive. The Government is not giving any subsidy to the small municipalities in order to encourage them to establish drainage. I would suggest to the Government that this question should be examined in case of some of the towns, at least in pilgrim towns. In the British times for pilgrim towns they used to give subsidies even for water supply and for drainage on the consideration that the pilgrim centres were not towns having very large stable population but the floating population there was very much as the pilgrims come from all parts of the country. So to give drainage to these pilgrim towns is a question of serving the whole country.

THE VICE-CHAIRMAN (SHRI M. GOVINDA REDDY): You have two minutes more.

SHRI KRISHNA CHANDRA: I am just finishing. Regarding water supply, there are many villages that are without water. There is no drinking water fit enough for drinking, what to say of piped water supply. Our Government has prepared a scheme but that scheme is too costly. The scheme demands the expenditure of Rs. 1500 crores. With this scheme it will be possible within twenty years to give water supply to almost all the villages. This Committee has suggested that we should take up a modest scheme. We should try to serve all the towns and villages having a population of 5000 people with water supply in the course of the next Plan, that is, by the end of the Fourth Plan.

In the villages sanitation also suffers very much and there are not even latrines. Disposal of sullage and human excreta is a problem that has still to be solved by the Government and in the villages there are no latrines and people use the open fields for the purpose. We are trying through the Community Development projects to give latrines to the villages but this is going very slowly.

In the matter of communicable diseases—that is the infectious diseases—it should be the responsibility of the Centre, the Committee has suggested. The Centre should take up the responsibility and should not leave it only to the States, and our Government is moving in that direction because I find that in regard to the malaria eradication scheme, it is the Centre which is meeting almost all the expenditure. I should congratulate the present Minister who has taken up the eradication of small-pox and that is vigorously going on. I hope with the speed that we have caught up, we might be able to eradicate the disease of small-pox also. Cholera we have been able to cope with. At the time of great festivals in pilgrim towns cholera used to break out. Now we find it very rare. Malaria has almost been eradicated but the much-dreaded plague is still there. Though it does not come in the form of epidemic it is still prevailing It comes off and on. So measures have to be taken there to eradicate this much dreaded disease.

In the end I would like the Minister to enlighten this House as to what decision the Government has taken in relation to the recommendations of this Committee. We are not yet aware whether the Government has accepted the recommendations and what recommendations they have accepted and what recommendation they have not. As a matter of fact it would have been much better if this long and comprehensive report was discussed fully in this House. It would have been much better if the Minister had brought the motion herself for consideration of this report and more time given to it but still we have been able to consider it and give

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our suggestions in regard to it. That is something. I thank you, Sir.

The question was proposed.

SHRI K. V. RAGHUNATHA REDDY (Andhra Pradesh): Mr. Vice-Chairman, the report that is presented to us by the Committee is a well-drafted report and perhaps one of the very few reports published by the Government of India so well-drafted and neatly analysed.

SHRI M. P. BHARGAVA: The credit goes to the Committee, not to the Government.

SHRI K. V. RAGHUNATHA REDDY: The problem of health in this country is closely associated with economic development and social welfare. Though I am quite aware that any health survey report published by experts may not *per se* deal with economic matters, the matter certainly is related to the problem of economic development and social welfare measures. I may illustrate my point by taking the example of the disease called tuberculosis. A person who is affected by T.B.—the learned doctors who sit here must know—is not one who can be completely cured. Most of us, it is said, have got some germs of T. B. in ourselves. It is only a question that when the human system becomes weak, the bacilli takes the upper hand. When the bacilli takes the upper hand, then the problem arises and then disease which we call tuberculosis will be there. For the purpose of solving this problem, this problem of the constant struggle that is going on between the bacilli and the constitution of the person, the problem of general health will have to be approached from the point of view of social welfare rather than from the purely therapeutic point of view. No doubt, therapeutic measures will have an important role to play also. Mr. Vice-Chairman, in the case of a T.B. patient generally what happens is this. The X-ray picture is clear. The ordinary X-ray picture is clear and the sputum also is negative and so the patient is discharged. But all the same the patient may be suffering from a cavity, because in such a case the ordinary X-ray picture remains clear and it is only a tomogram pitcure that can disclose the trouble. But what generally happens is that the ordinary X-ray picture is taken and it is clear and the sputum also is negative and still the man will be a T.B. patient. But a poor man who has got to earn his own living and who is not able to do so, when he has the misfortune of contracting T. B., if he enters the hospital, as soon as he finds himself slightly better, since the ordinary X-ray picture is clear, either the hospital authorities or on the initiative of the patient himself, he is discharged. But after six months or a year he will come back to the sanatorium. So my point is that invariably the problem of health is closely associated with economic security, apart from general sanitation and health measures. But since this survey report does not necessarily deal with economic problems, I shall confine myself, in the few minutes that are at my disposal, to the problem of medical education.

3 P.M.

Mr. Vice-Chairman, though I cannot claim to be an expert in the field, with the little knowledge that I have gathered from others like the learned doctors here I should like to express a few things about certain statements made by the Committee in their report, relating to medical education. Regarding medical education there was a conference in 1959. An international medical education conference was held at Chicago and while inaugurating that international conference on medical education Dr. Raymond B. Allen, Chancellor of the University of California, Los Angels, stated as follows:

> "Perhaps it is not too much to say that this is a period of crisis. I refer to the crisis of the adaptation of science and technology to the problem of revolution and the rising expectation of people everywhere. Information on the advances in science and technology is known

world-wide almost as soon as they occur. Never has a challenge been more immediate, never has the demand for the benefits of science and technology been greater; and never have the problems of medical education and medical science been more urgent."

With changing technological development and the developments of science there is also the problem of medicine adapting itself in its methods and development, to pure sciences, whether it be in radiology, X-ray therapy, pharmaceutics or the various other branches. The development of the pure sciences has got its own impact on the general development of the knowledge even in anatomy, physiology and the various other branches of medicine. The Survey Committee has divided medical education into two or three aspects. One relates to undergraduate education, the second to post-graduate education and the third to research.

As far as undergraduate education is concerned, the educational standards of the students who are asking for admission into the medical colleges in my opinion, though the contrary might be the case—should be taken into consideration, and sufficient general education is necessary. That is to say in science, at least a basic degree of B.Sc. is necessary before a student enters the portals of either an engineering college or a medical college. I say this because to understand physiology or anatomy or even pharmacology, the student requires a knowledge of the basic sciences. Otherwise on loose foundations the edifice of medical knowledge would be built up. And to understand even these basic sciences the person must have sufficient knowledge of English and general knowledge so that he may be able to understand the scientific aspects. Unless a person has a thorough grounding in physiology, anatomy and pathology, I do not think any person will be able to make himself a doctor and even if he becomes one without this knowledge, then I don't think he will be better than a quack. The three and a half years course with the internship that is associated with it for the purpose of taking a degree, has affected the basic development of the undergraduate doctor. I am afraid very learned people have taken a view that is contrary to mine. In fact various univerisities and authorities including Dr. Lakshmanaswami Mudaliar, have taken a different view. But I think that the previous five-year course that was there before the present type of course came in, produced better results and gave better training. Now what happens is with a little knowledge of physiology, and an ill-conceived knowledge of anatomy, the person jumps into the theory of medicine the theory of surgery, the theory of obstetrics and the theory of gynaecology and so on, without the necessary basic knowledge and so what happens is that you try to produce a quack doctor who will be only at the mercy of these medical advertisers rather than be a person who understands the basic things of the science. To avoid this I want in all the students who enter the portals of a medical college, a minimum training in basic sciences, like botany, physics, chemistry and other subjects. This point will be appreciated still more when you come to the post-graduate course. For instance, if you take up obstetrics, you should know that to have a proper knowledge of analgesics you should have sufficient knowledge of chemistry. Basic knowledge in chemistry is very necessary. That is also very necessary for the pharmaceutical science and if you do not have that basic knowledge you will not be able to understand the developments in these sciences either.

Then Sir, there is a tendency to say—and this has been rightly deprecated by this Survey Committee—that students of mathematics should be debarred. I do not know about all the States, but I know that in certain States, it is said that students of mathematics have no right to

[Shri K. V. Raghunatha Reddy.]

enter a medical college and they are debarred from being admitted into a medical college. At that level of the intermediate course or the P.U.C. course, if you want to make a differentiation between the mathematics students and the biology students, then I think, it is going to result in great harm. Mathematics is said be the queen of the sciences. I am not myself a student of mathematics but still I do feel that mathematics is the queen of sciences. It helps the student to train his mind. It develops a logical mind if the student knows how to work out some theorems. That being the case, if you want to develop your knowledge of biology, chemistry or physics, knowledge of mathematics is very necessary. Especially in the higher branches of biology, physics and so on, without a knowledge of mathematics you can do nothing.

THE VICE-CHAIRMAN (SHRI M. GOVINDA REDDY): You have to wind up now, Mr. Reddy.

SHRI K. V. RAGHUNATHA REDDY: Yes, Sir. Especially in the case of post-graduate research, knowledge of English and of the basic sciences is very necessary. Suppose a person has got sufficient knowledge of chemistry and is an M.B.B.S., then that knowledge will be very helpful to him, if he wants to conduct research after taking his M.B.B.S. degree.

About the appointment of professors, I would like the hon. Health Minister to consider one suggestion. There are a number of retired doctors who are known for their reputation throughout the world, but who are not properly employed. Though they might have retired, and though I am one of those people who think that they should not be entrusted with powers of administration, there should be no objection to utilising their services for the purpose of training people in the field of research and training candidates at the post-graduate level. If their health is good, if they are in a position to teach, certainly it is a waste of scientific talent which India very much lacks, not to utilise their services but allow them to keep quiet in their houses. Sir, I hope the hon. Ministers would certainly consider some of the points, which I have raised, and try to employ these people usefully for the purpose of training students, especially with all the experience that they have gained over quite a number of years.

DR. M. M. S. SIDDHU (Uttar Pradesh): Mr. Vice-Chairman, I thank you for having given me an opportunity to express my views on the Mudaliar Committee report. At the outset I may say that I beg to differ from the mover of the Resolution when he says that the Bhore Committee was formed to hoodwink public opinion. As a matter of fact, that is one of the works of which any scientist will be proud and that is the basis on which a socialist welfare State can be built up. The object was that no individual shall fail to secure adequate health care, curative and preventive, because of inability to pay for it. Mark the words "inability to pay for it". The second one was, adequate provision should be made to carry out preventive services and active promotion of positive health. The words "positive health" mean everything which an economist, a sociologist and a philosopher would like a man to be. Then again, the health programme should lay emphasis on the preventive work, the creation and maintenance of as healthy an environment as possible. In view of the complexity of the medical practice, health services should provide consultant laboratory institutional care and the last is that these services should be placed as close to the people as possible in order to ensure the maximum use for the community which they are meant to serve. These were the main objectives placed before the country and at that time, the Government and the medical profession in general accepted these objectives. After that, the Mudaliar Committee was appointed

and its terms of reference included an assessment and evaluation of the progress made since then. As far as progress is concerned, the learned speaker has already pointed out that if longevity, birth rate or the death rate were to be taken into consideration, it is a record by itself; but there is something more. We have made a certain outlay in our three Five Year Plans for health services and if we were to study the figures relating to the three Plans, we find that the percentage in respect of this item, as compared to the total outlay, has been decreasing in each Plan. In the First Plan, it was 5·9 per cent.; in the Second Plan it was 5 per cent. and in the Third Plan it is 4·25 per cent. The population has increased, the Plan outlay has increased but the outlay in respect of health becomes smaller and smaller in proportion to the total outlay. The Central Health Council had recommended that at least ten per cent. of the total should be allocated to the Health Plan. The medical profession in general had asked the Government and the Planning Commission to consider fifteen per cent. of the total outlay for this item. If we go through the appraisal of the three Plans, including that of this Plan, we find that most of the schemes sponsored by the Centre, the Union Ministry of Health, for instance, Family Planning, Post-graduate Medical Education, Post-graduate education in the Indigenous Systems of Medicine, provision of water supply, etc., have made good progress but the States have also to put in their share to make this Plan a success. It is found that the general position regarding the finances of the State being what it is, the physical programmes included in the Plan are to be financed out of their own resources and supplemented by the assistance from the Central Government. This is the question which has been creating the greatest difficulty in regard to the fulfilment of targets. The States do not find enough money and if they are able to find money sometimes, due to exigencies or in the name of the emergency, the funds are diverted to something else. Assistance given by the Central Government is also sometimes diverted from the Health Plan to some other items. This is not a good picture and that is why, in spite of the fact that we are in the midst of the Third Plan, the impact that the Health Plan should have made on the people is lacking. Therefore, Sir, I will first of all come to the problems which have been posed by the Bhore Committee report and highlighted by the Mudaliar Committee before this Parliament as well as before the country. First and foremost, the Bhore Committee laid stress on the preventive side, prevention of diseases, and the betterment of environmental conditions, I mean water supply, drainage and environmental health. They said that in twenty years fifty per cent. of the population of India should be served by water supply and the balance fifty per cent. in the next fifteen years. That is, in thirty-five years, the entire population would have good, safe water available. They also recommended that the allocation between rural and urban water supply schemes should be nearly equal and they thought at that time that if fourteen crores of rupees were to be spent for twenty years then we might be able to achieve good results. Sir, I need not go into the details which are given in the report. I would refer to a certain paragraph on page 154:

> "With such a work load ahead it will be clear that an expenditure of Rs. 50 to Rs. 60 crores for one five year plan, it would take us more than half a century before the urban population would have been catered for. If the increase in population during this half a century is also taken into account, as it should be, it would increase the period further by a few more decades. As for the rural phase it may well be a century if not longer before the entire country could be covered at the pace at which works are proceeding at present."

This is the problem. For urban supply we need Rs. 900 to Rs. 1,000 crores

[Dr. M. M. S. Siddhu.]

and for the villages it is from Rs. 300 to Rs. 600 crores. This is the amount of money that we have to invest to make water supply available. At the same time we have to maintain these works which we have created and there is a paragraph which deals with the maintenance of these water works. The maintenance of many of the completed schemes is reported to be going by default because neither in the Plan nor in the State Budgets there are enough funds to keep the repairs going. This is the problem of water supply alone and unless and until we are able to have safe water supply, neither cholera nor typhoid nor certain other diseases, which are waterborne or caused by worms, can ever be banished from our country. We know the know-how—and our men are competent to deal with it—it is for the country to pay for those services and to ensure good health in its place.

The second one is the question of medical relief. As far as medical relief is concerned, we have made some progress. If we take up the curative side, previously the ratio of bed to population was 0·24 and now in 1960 it is 0·4 per thousand. At the rate of one bed per thousand one would need six lakh beds by the year 1976, or in other words 1½ lakh beds being added in each Five Year Plan. If we look at the Third Plan target we find that we will be adding nearly 50,000 beds per Plan. If one bed per thousand is to be achieved by 1976, the cost, capital as well as maintenance, in 15 years will come to Rs. 2,250 crores. So if we are to think in terms of the bed strength being raised to this level and also having safe water supply, the whole thing will come to nearly Rs. 4,000 crores. This is if we want to give a little, not of the standard prevailing in developed countries but some sort of an aid which an underdeveloped country or a developing country can think of.

THE VICE-CHAIRMAN (SHRI M. GOVINDA REDDY): You should conclude, Dr. Siddhu. Your time is up.

DR. M. M. S. SIDDHU: Just two minutes, Sir. Now, I will skip over this problem and come to the primary health centres. As far as primary health centres are concerned, the primary health centres that were envisaged by the Bhore Committee and the primary health centres which we are having, are quite different. The strength of the staff is practically reduced to half and as far as the duties are concerned, they are more than numerous. If one were to recapitulate the work that a medical officer is expected to do, it runs into nearabout 25 articles. He has to look after the curative side. In the morning he must attend the outdoor and the indoor; he must go and give lectures; he must create an atmosphere of health education; he must be ready to come back and do the preventive work. The Mudaliar Committee report has laid stress on this very matter to a great extent. As far as the doctor is concerned, even if a doctor were to work for 48 hours instead of 24 hours, he will not be able to complete the work that is expected of him. And what is the result? The result is, he lays emphasis on the curative side rather than on the preventive and the whole idea of the primary health centre gets vitiated. Secondly, the ambulance or the jeep whichever is provided—mostly these are jeeps—which is meant for primary health work, because of the fact of the doctor being under the Block Development Officer, is mostly found with the Block Development Officer rather than with the doctor. The Block Development Officer bosses over him and the staff also look to the Block Development Officer rather than to the doctor in charge. And the House will be surprised to know that there are Assistant Development Officers—they are Sanitary Inspectors —and some of them have become, in my own State of Uttar Pradesh, Block Development Officers. The Sanitary Inspector whose status was lower, whose emoluments were less,

now becomes the boss and you can imagine what happens then. The co-ordination that was expected between the Block Development Officer and the doctor is lacking. And you will be surprised to know that in some cases—at least in a particular case I can say, the Block Development Office is within the Corporation limit of Lucknow and the doctor and the health staff are at a distance of eight to nine miles. No quarters are there; no amenities are there; the jeep is with the Block Development Officer. In such conditions the co-ordination may be on paper but there is no co-ordination in effect.

In the end, I would say that the report is the best appraisal of conditions prevailing. It has posed a problem and it is for the Parliament and the country to provide the means, the money, and I am sure that the doctors will do their job.

Thank you.

SHRI A. D. MANI (Madhya Pradesh): Vice-Chairman, Sir, in taking part in this debate on the Report of the Health Survey and Planning Committee, I should like to pay a tribute to the Members of the Committee for the substantial work of high quality that they have done in regard to the investigation into the conditions of health in our country. Before I go on to deal with some of the specific recommendations of the Committee, I should like to refer to certain observations made by the mover of this motion regarding the Bhore Committee. He said that the Bhore Committee was appointed by the British Government to hoodwink the country. It is extremely unfair to the Members of the Committee for anyone to make this observation because one of the observations of the Committee was... (*Interruptions*).

THE VICE-CHAIRMAN (SHRI M. GOVINDA REDDY): He has no time. Mr. Mani, you have to conclude in just twelve minutes. So you go on.

SHRI A. D. MANI: Sir, I would like to say that the Bhore Committee had recommended that no individual should fail to secure adequate medical care because of inability to pay for it and this Committee in two volumes has treated the case for not acting upon that recommendation of the Bhore Committee. They say that the Committee is not in a position to accept the main recommendation of the Bhore Committee.

Sir, I should like to deal with some of the recommendations of the Committee, particularly their observations in regard to closer co-ordination between the Central Government and the State Governments. The question of making Health a Central subject was discussed in the country's Constituent Assembly and the Members did not accept the suggestion made at that time that Health should be made a Central subject. It is primarily a State subject but it is also in the Concurrent List. But, Sir, we feel that this was reflected this morning in the answers of the Minister of Health to a short notice question on cholera in Orissa, that there is not sufficient co-ordination between the Central Government and the State Governments. Cholera has broken out in Orissa. The Orissa Government has not asked for the help of the Central Government and the Central Government on its own initiative has not offered any help to the Orissa Government. That was brought out in the answers which she gave this morning. Sir, if we have to maintain a fairly high standard of health in our country, it is necessary that there should be a much closer contact between the State Governments and the Central Government and my suggestion in regard to the recommendations of this Committee is that whatever might be the constitutional position, there should be a Central Government Health Adviser at every State capital to advise the State Government, to find out the difficulties of the State Governments and to seek remedial measures if it is within the power

[Shri A. D. Mani.]

of the Central Government. The Committee makes a suggestion about Regional Directorates. That may not be feasible but certainly it is possible for Government to appoint an Adviser to represent it in the State capitals.

The second suggestion that I would like to make in regard to the main recommendations of the Committee is that whatever might be the difficulties, we must make a start with regard to the evolution of a national health scheme on the basis of the scheme which is in force in England. In England any person who makes a contribution of five shillings a week can get all the benefits under the National Health Scheme and those who have been abroad know that for £5 in Harley Street one can get a cardiogram, one can get screening and all pathological tests done. That is not the rate at which we can get comparable services in our Indian hospitals. The question may be raised that a national health scheme on the lines on which it is in force in the United Kingdom may not be financially feasible in India. The Committee has made a recommendation that the Life Insurance Corporation, for example, should periodically check the health of persons who get themselves insured by the Life Insurance Corporation. If this recommendation is accepted, probably life insurance business will lapse because many people are afraid of getting themselves examined by the Life Insurance Corporation. I would like to make a suggestion that on the basis of co-operative health schemes, which are in force in the United States and elsewhere, the Life Insurance Corporation may make a beginning in regard to a national health scheme. It is not difficult. The difficulties are not insuperable. The Employees State Insurance Corporation is going to add about 11 lakhs in the State of Gujarat this year and if the 11 lakhs are added to the number of those who are getting the benefits of the Employees State Insurance scheme, at the end of next year there will be as many as 83 lakhs covered by that scheme. If that is possible under the Employees State Insurance scheme, it is quite in order for one to make a suggestion that the Life Insurance Corporation should make a beginning in this direction. It may not be possible for the Life Insurance Corporation to cover the whole country, but a beginning can be made.

I would like to refer also to the recommendation made by the Committee in regard to the medium of instruction in the medical colleges. The Committee has recommended that English should be the medium of instruction in medical colleges and English should be the medium of instruction for nurses also. I am not in agreement with the Committee's recommendation that the nurses should be taught in English. Nurses have got to deal with people who may not know the English language. As far as doctors are concerned, if this country has to keep itself abreast of other countries in the world of medicine, it is necessary that the English medium should be retained. The House will watch with great interest what the Minister has got to say in reply to this salient recommendation of the Committee because on the stand that the Government of India is going to take on this subject will depend the future of medical education in our country.

I would like to make an observation that somehow doctors feel that the standards of medical education are going down in every State on account of a variety of factors, including wrong appointments, including the forces of nepotism and favouritism being at work in regard to the selection of professors in medical colleges and in regard to the general apathy of students also to receive instructions from teachers who, they know, are not competent to deal with the subjects. If we are to proceed on the basis of a healthy India for the future we have got to exercise some kind of

control over medical education in the States also. It is not possible to do so under the Constitution, but it is possible to do so by friendly agreement among the States concerned. The Central Government may make a suggestion at the State Ministers' Conferences in future that there should be a Central Board of Medical Education which will periodically review the work of medical colleges and make suggestions for improvement.

There is considerable room for specialisation in regard to the various States which are having medical colleges. The Committee recommends that there should be one medical college for every one million inhabitants and it expects that if its scale of expenditure is accepted, in the next fifteen-year period a sum of Rs. 2,260 crores will have to be spent. It may not be possible for us to reach the target set before us by the Committee, but it is possible for the Central Government to see that each State shall specialise in some branch of medicine. I may mention here—thanks to the interest taken by the Central Government—that in the city of Nagpur there is a professor at work—the professor's name is Dr. Balakrishnan—who is one of Asia's experts in plastic surgery. He is regarded as good as anybody in the world. It is on account of the help given by the Central Government to the Nagpur Medical College that this unit is functioning. It is possible for the Central Government to see, for example, that in Bhopal they make a special study of kidney troubles, and give a grant to that medical college for that purpose to maintain a professor. In this way the Central Government can guide and direct medical education in the country.

I am not in favour of the Committee's suggestion that before a degree is granted there should be compulsory service in rural areas. The hon. Minister and her Deputy know very well that in villages they do not have stress diseases. The villagers generally do not suffer from hypertension or cardiac ailments. They do not have fashionable diseases susceptible to allergy. Diseases which are common in the villages are cold, bronchitis, chest ailments and perhaps skin diseases. If the Minister or the State Minister can persuade dermatologists to go and work in villages, they will be rendering a great service to the countryside. I feel, therefore, that urban centres require a special kind of specialisation and it is not proper for us to expect that doctors should go to rural areas to get themselves trained in ailments with which they are already familiar and which will prevent them from specialising in their own field.

I would like to make a reference also to the complete absence of any reference in this report to homeopathy and Ayurveda. On page 74 of this report, a statement is given regarding a sample survey taken of medical practitioners in the country. The figures are revealing. Quacks are in the majority among the medical practitioners in our country. Allopaths are 2.10 per cent. Homeopaths are 2.49 per cent. There are more homeopaths than allopaths. There are 30,000 registered medical practitioners in homeopathy in this country. Ayurvedic practitioners are 4.15 per cent. Among others, that is, quack doctors, who are neither homeopaths nor allopaths and who do not know anything of Ayurveda, the figure is 5.90 per cent. The allopathic system or what is called the scientific system of medicine is a very costly system of medicine. The hon. Minister knows that in the allopathic system for nasal cold the cure is a combination of camphor, eucalyptus and ephedrine. "Endrine", for example, is sold for Rs. 2.80 nP. The contents of "Endrine" are less than 8 annas worth. Unfortunately, no other cheaper remedy has been found than "Endrine". In Ayurveda there are very effective remedies. The late Swami Sivananda gave me personally his own recipe for cold. I tried it and it was extremely more effective than "Endrine". There is no question of psychological reaction to what.

[Shri A. D. Mani.]

Swami Sivananda gave me. In homeopathy also there are effective remedies for cold, like gelsemium. A good part of the sickness and health in this country has, therefore, got to be looked after by people who may not have a protective calorie. I make a suggestion that the Central Government—notwithstanding the fact that this Committee has made no recommendations regarding ayurveda or homeopathy—should set up a Central Homeopathic Hospital and a Central Ayurvedic Hospital where research in these two systems of medicine can be conducted.

Thank you.

SHRI AKBAR ALI KHAN (Andhra Pradesh): Mr. Vice-Chairman, we are grateful to our friend, Shri Krishna Chandra, for bringing this motion for discussion of this report in the House. With your permission, Sir, I would suggest to the Minister to follow the healthy convention of democracy and of our Parliament that whenever such important reports are made, the Minister herself should come to the House with a motion for the discussion of these reports. Perhaps for some reason the able Health Minister and the Deputy Minister did not think of it, but I am sure that in future they will bear this tradition in mind.

Coming to the subject itself, I join with my friends to pay my tribute to the Mudaliar Committee as well as to the Bhore Committee, and we would have been very happy to have the views of our very senior and learned colleague, Dr. Sapru, who was a member of the Bhore Committee; but on our request, because he is not well, he has refrained from speaking, and we are grateful to him and we welcome him most heartily in this House.

Coming to the report itself, the problems and the items are so many and I know also that the time is limited. So I would try to finish my observations within ten or twelve minutes. I would just like to make my remarks without going into facts and figures or statistics, most of which have been supplied by the mover and Dr. Siddhu who could contribute very much better to this subject. I will place before the House and the Minister how I as a layman feel about it.

Before I take up other points, my colleague, Mr. Raghunatha Reddy, has referred to medical education, and so I would start with that. So far as this is concerned, I do not think there is any difference of opinion here or in the report that science study and particularly biology and chemistry should form part of the education of a student who seeks to get admission in a medical college. That aspect should be emphasized so that students can have that background. So far as the question of mathematics is concerned, I know the value of mathematics; but if we force mathematics on these students, I think it will not be right and the idea of having the best education probably will not materialise so far as medical education is concerned. In this connection my submission is this. At present we have seen that so far as the curriculum and all this is concerned, much emphasis is laid on the final examination with the result that we have seen that most of the hard-working and intelligent students have nervous breakdown at the time of the examination. At least in medicine we would like to have healthy and steady students. My suggestion is that in addition to whatever may be the final examination results, the record of the students throughout the year should be given due consideration. If he has been attending the classes properly, answering questions, writing properly whatever is required of him, if his notes and all those things are satisfactory, the mere fact that in some paper or in the oral examination, for some nervous breakdown, he did not answer properly should not be a thing which should make him suffer and increase the period of his education. No doubt the way in which they would implement this I would like the Min- -- to consider, but this is

a point which I would like the Minister to take into consideration.

Now, Sir, I really feel very sorry and I consider myself also equally responsible as any other, and of course the Home Ministry, that in our planning Health has been neglected. As has been pointed out, although the amount has been increasing—in the Third Plan we have allotted about Rs. 342 crores—considering the whole outlay the ratio has decreased, as Dr. Siddhu pointed out. Either let the planners and the Planning Commission say that Health is a matter which does not deserve consideration, or if it has its own value, then it is the duty of the Planning Commission to provide effectively sufficient and adequate funds to the Health Ministry so that the very. very necessary things are done. I should say that things that require to be completed within four or five years, on account of paucity of funds we are not able to complete even within fifteen or twenty years. I give the example of rural water supply. We talk of big steel plants, we talk of the Nagarjunasagar project, the Bakra Nangal project and so on. When we see that in rural areas quite a large population of our country does not get pure drinking water, I feel ashamed and I feel that there is something wrong either in planning or in the allotment of priorities. After air, the second necessity is pure drinking water. If we cannot supply even that to our people, then I think there is something seriously wrong with us. So I would very much like the Health Minister to take up and give top priority to the question of supplying pure drinking water to the rural population.

Connected with it is of course drainage, but I think that is not so much of a problem in the rural areas, but certainly it is a problem of the thickly populated areas and the slums that are being created. I would not go into these questions because everybody feels that these are the blackspots in our society and that they should be tackled and tackled at an early occasion and effectively.

Now, in the same connection I would submit a third point. When our people assemble for pilgrimage, whether it is Hardwar or whether it is Ajmer or whichever place in the North or South, I feel that each one of these places should be provided with sanitary arrangements in an effective measure. Sir, I had been to Ajmer during the annual celebrations a fortnight back, and we were told that cholera had broken out there and that there were about two dozen cases. There were over two lakhs of people. You can well imagine what would have been the condition if this epidemic had spread. What I would submit is that in places like that some good sanitary arrangements should be made and arrangements for drinking water should be made. If only these things are done, I am sure the tragedies that we have had at these pilgrim centres in the previous years will be effectively controlled, and I do hope that this matter will receive the consideration of the Health Minister.

In the same connection I was really surprised when I listened to the answers given by the Minister regarding the cholera epidemic in Orissa. I am glad and I congratulate the Minister that so far as the epidemics are concerned we have controlled them and controlled them with some effectiveness. But it passes my understanding that even in 1963 there should be a cholera epidemic and it should go to the length of costing us 1000 or 2000 lives. I think that perhaps there is no co-ordination because cholera is not a thing which cannot be controlled if immediate and effective steps are taken. So, I would say that so far as these epidemics are concerned, whether it is cholera or whether it is plague, at least in the modern world these epidemics cannot be tolerated. Apart from Cuttack, there have been some cases in Bihar West Bengal, etc., and all that is due to two things—want of pure drinking water and want of sanitation. These

[Shri Akbar Ali Khan.]

two things should be looked into very seriously.

I wish, Sir, that whatever amount has been sanctioned is spent properly and completely. I would like the Minister to tell us whether the grants sanctioned—whatever be the amounts —have been spent for those specific purposes for which they have been allotted either by the Centre or by the States, because I feel that there are quite a number of States—at least my State, I think, has been fortunate, we have been spending the money and doing something—where the amounts have not been spent. So, I would like the Ministry to see to it because that will be a case for the Planning Commission to consider the increase of the grants.

Now, Sir, the other thing I would like to mention and which my learned colleague, Shri P. N. Sapru, has told me about, is that there is great paucity of medical men, and it is necessary that we increase the age of retirement from 55 to 60. And I want the Central Government to take some measures and advise the States also to take certain measures to increase the age of retirement from 55 to 60.

My friend, Shri Mani, referred to *ayurveda*, homoeopathy and *unani*. But Sir, as a question of principle, I would like modern medicine to reach each corner, each village, of my country. I consider that to be more necessary and in the best interests of the patient. There is no doubt about it. But I very well know that I cannot do it. And so long as we are not able to have a sufficient amount of money and a sufficient number of personnel to give health to the farthest corners of our country, to the villages, it is right and proper that we should encourage, in the villages, the right type of ayurvedic *vaids* and unani *hakims*, and whatever they can do according to their education and their knowledge, should be properly done.

The great difficulty that the cities are also experiencing is the high cost of medicines. Previously, even the doctors used to write out prescriptions which would have cost Re. 1 or Rs. 2 and so on. At present, even the best doctors write out only prescriptions for patent medicines. Probably, they are considered to be the best. I do not know, they know what is best. But the result is that even people in the higher middle-income group do not find it possible to get the medicines because on occasions they have to spend Rs. 30 or Rs. 40 for these medicines. Regarding that, I will suggest two things. Of course, in the rural areas, you can take our native medicine. We must have more manufacturing centres in collaboration with foreign countries and see that we produce medicines as best and effective as possible and that the cost of those medicines comes within the scope of our middle class and common man.

I think the recommendations of this Committee will be fully borne in mind and implemented and this House will be informed of how this implementation is going on.

श्री विमलकुमार मन्नालालजी चौरड़िया (मध्य प्रदेश) : उपसभाध्यक्ष महोदय, जो हेल्थ सर्वे एंड प्लानिंग कमेटी की रिपोर्ट प्रस्तुत है वह जैसा अन्य सदस्यों ने कहा है अच्छी है। पहले भी भोर कमेटी बैठी थी और अभी यह मुदालियर कमेटी बैठी और उसकी रिपोर्ट हमारे यहां पर प्रस्तुत हुई है, मगर रिपोर्ट के अनुसार हम कितना कर पायेंगे यह जरा विचारणीय है ।

[THE VICE-CHAIRMAN (SHRI AKBAR ALI KHAN) in the Chair].

आज की स्थिति को देखा जाय । भोर कमेटी की रिपोर्ट काफी अर्से पहले आ चुकी है और उसमें से बहुत कम हिस्सा अपने यहां इम्प्लीमेंट कर पाये हैं और उसका कारण मुख्यतया यह है कि हमारे यहां साधनों की कमी है और इस रिपोर्ट के आधार पर भी हम कितना कर पायेंगे यह जरा विचारणीय

है । जब तक हम इस रिपोर्ट का थोड़ा सा हिस्सा भी पूरा कर पायेंगे तब तक हम को और कमेटी बैठानी पड़ेगी, ऐसा मुझे लगता है ।

अगर इस रिपोर्ट को एक तरफ रख भी दिया जाय और आज की स्थिति देखी जाय तो ऐसा लगता है कि हमारे कई क्षेत्रों में अभी तक अस्पतालों की कमी है; कई जगह जनता के सहयोग से और अन्य संस्थाओं द्वारा अस्पताल खुल भी गये हैं तो कई स्थानों पर डाक्टरों की कमी है, नर्सेज की व्यवस्था नही है, औषधियों की व्यवस्था नही है । कुछ बातें ऐसी है कि सारी व्यवस्था होने के बाद भी, सारे प्रयत्न होने के बाद भी, ऐसा लगता है कि लोगों की चिकित्सा सम्बन्धी जो मूलभूत आवश्यकता है उसे पूरा नही कर पाते हैं, कई औषधालयों में बिस्तरों की व्यवस्था नहीं है और इस तरह की व्यवस्था चलती है । तो इस दिशा में हमें जरा व्यापक रूप से कार्य करना पड़ेगा और जैसा कि हम पहले भी कहते रहे हैं कि केवल शासन के स्तर पर ही काम चले इससे विशेष लाभ नहीं होगा बल्कि शासकीय और अशासकीय दोनों माध्यम से इस काम को चलाया जाय और जनता का इस दिशा मे जितना सहयोग प्राप्त कर सकें वह प्राप्त किया जाय, यह अत्यन्त आवश्यक है ।

जहां तक मुदालियर कमेटी की रिपोर्ट का सम्बन्ध है मेरी यह अपेक्षा थी कि यह भोर कमेटी की रिपोर्ट से कुछ और ज्यादा अच्छी रिपोर्ट देगी । वैसे कई क्षेत्रों के सम्बन्ध में इसने अच्छी रिपोर्ट दी मगर एक हिस्से को पढ़ कर तो मुझे बड़ा आश्चर्य हुआ । भोर कमेटी ने जब अपनी रिपोर्ट में यह बताया था कि एक हजार जनसंख्या के पीछे दस बिस्तरों की व्यवस्था होनी चाहिये तब मुदालियर कमेटी अपनी रिपोर्ट में कहती है कि एक हजार के पीछे एक बिस्तर की व्यवस्था होनी चाहिये । क्या यही हमारी प्रगति है और यही हमारी प्रगति की दिशा में जाने का मार्ग है ? अगर ऐसा ही है तो मुझे कुछ कहना नहीं है मगर मैं इससे सहमत नहीं हूं । पुराने ज़माने मे आज से काफी अर्से पहले भोर कमेटी ने अपनी रिपोर्ट में कहा कि हमारे देश की आवश्यकताओं को देखते हुए, हमारे देश की स्वास्थ्य सम्बन्धी व्यवस्थाओं को देखते हुए यह अत्यन्त आवश्यक है कि एक हजार के पीछे दस बिस्तरों की व्यवस्था हो मगर इतने वर्षों के बाद आज मुदालियर कमेटी यह रिपोर्ट देती है कि एक हजार के पीछे एक बिस्तर की व्यवस्था हो, यह कुछ ठीक नहीं लगता है ।

SHRI M. P. BHARGAVA: They are more practical.

श्री विमलकुमार मन्नालालजी चौरड़िया: और ज्यादा प्रैक्टिकल तो यह होगा कि हम कुछ भी नहीं रखें । वैसे मैं भार्गव साहब को बहुत धन्यवाद दूंगा और उनका बड़ा शुक्रगुज़ार हूंगा अगर वह पांच साल के पीरियड में इस मुदालियर कमेटी की रिपोर्ट का आधा हिस्सा भी इम्प्लीमेंट करवायेंगे, उस दशा में मैं उनको बहुत धन्यवाद दूंगा । मगर वह इम्पासिबिलिटी है । ऐसा भी है कि कई अस्पतालों में एक हजार के पीछे दस बिस्तरकी व्यवस्था हो गई है । खैर, इस दिशा में कुछ करना ज़रूरी था और है ।

अब, आज के युग में अगर मरीज़ चिकित्सक के अभाव में या औषधि के अभाव में मर जाय तो वह ठीक नहीं लगता है, मगर यह देखने में आता है कि कई लोग चिकित्सक के अभाव में और चिकित्सा के अभाव में मर जाते हैं और उनकी कोई सुनवाई नहीं हो पाती है, उनके लिये कोई व्यवस्था नहीं हो पाती है और इसके लिये न कोई हमारे पास साधन है । मगर उपसभाध्यक्ष महोदय, दुःख तब होता है जब कि हमारे पास चिकित्सक भी हैं और मर्ज की डाइगनोसिस भी हो गई है मगर उसके पास औषधि के लिये पैसा न होने की वजह से उसे औषधि मिल नही पाती है और उसके अभाव में वह मृत्यु को प्राप्त करता है । तो यह हमारे लिये, सोशल वेलफेयर का नारा लगाने वालों के लिये,

[श्री विमलकुमार मन्नालाल जी चौरडिया]

समाजवादी रचना का नारा लगाने वालो के लिये और सारे समाज की व्यवस्था को ठीक करने का नारा लगाने वालो के लिये एक कलक की बात होती है । मुझे कई उदाहरण मालम हैं कि डाक्टर कहता है कि यह दवा तुमको चाहिये और इससे तुम ठीक हो सकते हो मगर मरीज के पास पैसा न होने के कारण, अर्थाभाव के कारण वह उस दवा को प्राप्त नही कर पाता है । ऐसी स्थिति मे ऐसे लोगो की जो मृत्यु हो जाती है वह उचित नही है । और हम दवाइयो का पूरा प्रबध कर सके, जितना अधिक हम कर सके उतना अच्छा है । मैं यह नही कहता कि हमारी मत्राणी महोदया के पास कोई जादू की छडी है जिसको घुमा कर सब कुछ ठीक कर देगी, मगर इस दिशा मे जरूर प्रयत्न किया जा सकता है । अगर वे आज बडी कीमती दवाइया नही दे सके तो कम कीमती दवाओ से भी काम चल सके ऐसी खोज की जानी चाहिये और उसकी व्यवस्था करके इलाज करवा सके तो बहत अच्छा हो । हमारे यहा फारेन एक्सचेन्ज की कमी की वजह से विदेशी दवाइयो के आने मे कमी हो गई है और कमी तो कर दी है मगर उनका निर्माण हम अपने यहा पूरी तरह कर नही पा रहे हैं और यह अत्यन्त आवश्यक है कि हम इस दिशा मे कोई ठोस कदम उठाये जिससे हमारे यहा जो विदेशी दवाओ का आना बद होता जा रहा है, उन दवाओ का निर्माण हम अपने देश मे कर सके जिससे कि दवाइयो के अभाव मे हमारे यहा मरीज मर न जाये ।

4 P M.

एक और खास बात जो हम देखते हैं वह यह है उपसभाध्यक्ष महोदय, कि अपवादस्वरूप कुछ अच्छे डाक्टरो को छोडकर, अधिकतर डाक्टर्स और नसज का यह व्यवहार होता है कि जितना ज्यादा पैसा मरीज से मिलने की सभावना होती है उतना अच्छा इलाज और व्यवहार होता है और मानवीय व्यवहार के अभाव के कारण हमारे कई मरीज जो इलाज कराने के लिये आते हैं उनका दु ख और बढ जाता है । मैं तो एक लेमैन हू लेकिन मैं यह जानता हू कि अगर किसी मरीज के साथ अच्छा व्यवहार किया जाय, उसको कोई अच्छा डाक्टर मिलता है तो उसकी आधी बीमारी उस डाक्टर के व्यवहार से ठीक हो जाती है । मैं नही कहता कि हमारे यहा अच्छे डाक्टर्स नही है जो मरीज के साथ ठीक व्यवहार करते है । मैं कई डाक्टर्स के नाम गिना सकता हू जिनको तीन, तीन बजे तक मरीज के साथ बैठना पडता है, जो बडा अच्छा व्यवहार करते है, मगर ऐसे निकम्मे डाक्टर भी है कि इधर तो उनका आपरेशन का चाकू चलता है और उधर पैसे की बात तय हो रही है । तो वैसे भी लोग है । हमे स्पेशल कोर्सेज ह्यूमन रिलेशन्स के बारे मे कन्डक्ट करवाने चाहिये जिससे उन लोगो के मन मे मानवीय भावना जागे और मरीजो के साथ मानवीय व्यवहार हो सके । इस दिशा मे भी कुछ किया जाय तो ज्यादा अच्छा होगा ।

इसी प्रकार जैसे हमारे यहा पर मलेरिया उन्मूलन के लिए कार्यक्रम चला और हमे बहुत कुछ सफलता मिली, चेचक उन्मलन के लिए कार्यक्रम चला उसमे भी सफलता मिली, वैसे ही मेरी यह प्रार्थना है कि जो हमारा राजरोग है टी० बी०, उसके बारे मे भी व्यवस्था करे । मै मानता हू उसकी व्यवस्था तो है मगर उसका उपयुक्त लाभ दिलाने का प्रबन्ध ठीक नही हो पाया है और ऐसा लगता है कि केन्द्र से प्रान्तो को जो डाइरेक्शन जाते हैं उसमे केन्द्र और प्रान्त के बीच कोआर्डिनेशन नही होने की वजह से वे डाइरेक्शन वहा जा कर रद्दी की टोकरी मे पड जाते है या लाली फीते से बद हो कर दराज मे रख दिये जाते है । कुछ समझ मे नही आता है । कई उदाहरण ऐसे है जिनमे हमारे

यहां से डाइरेक्शन्स इश्यू किये जाते हैं किन्तु प्रान्तीय सरकार उन पर ध्यान नहीं देती । कई लोगों को टी० बी० का इलाज करने के लिए विशेष ट्रेनिंग दी जाती है किन्तु उनको दूसरे काम पर लगा दिया जाता है । तो इस सम्बन्ध में भी कुछ करना चाहिये दूसरे, हमारे यहां एक्सरे करने की मशीन केन्द्रों पर स्थापित हैं लेकिन वहां पर लोग जांच करवाने के लिए जा सकें, ऐसा संभव नहीं होता । मेरी यह प्रार्थना है कि अगर हम इस टी० बी० के रोग को अपने देश से निर्मूल करना चाहते हैं तो यह अत्यन्त आवश्यक है कि हम मोबाइल एक्सरे यूनिट्स प्रारम्भ करें और वे गांव, गांव का दौरा करें और जहां कहीं टी० बी० के मरीज को देखें वहां जांच करके उसके लिए एन्टी टी० बी० ड्रग का मुफ्त में वितरण करें । अगर हमारे देश में टी० बी० की बीमारी को हमेशा के लिए दफना देने के वास्ते कोई कदम नहीं उठता तो यह हमारे लिये कोई अच्छी बात नहीं है ।

वाटर सप्लाई की बाबत भी मुझे यह कहना है कि हमारे यहां नारू नाम की बीमारी इतनी भयंकर होती है कि कहने में तो वह नारू कहलाती है मगर उसका दुःख इतना भयंकर होता है मरीज को कि उसका वर्णन नहीं किया जा सकता । यह बीमारी मुख्यतः मध्य प्रदेश, राजस्थान, मद्रास और बंगाल में पायी जाती है और उसके इलाज के लिए हम कई बार प्रयत्न करते हैं और सीढ़ी वाले कुओं को बंद करके यह बीमारी रोकी जा सकती है । उसके लिये प्रिवेन्टिव मेजर्स ही ज्यादा अच्छे हैं बजाय क्यूरेटिव मेजर्स के, वैसे तो उसके १०१ इलाज हैं । तो ऐसी स्थिति में यह जो बीमारी इन तीन, चार प्रान्तों में ही फैली हुई है, उसके बारे में अगर हमारी केन्द्रीय सरकार लक्ष्य दे जिससे उस बीमारी का उन्मूलन कर सकें तो बहुत, बहुत लोग देश के दुआएं देंगे । इस बीमारी से पीड़ित लोगों को भयंकर दर्द होता है, जब बादल गरजते हैं तो नारू का कीड़ा भी तड़पता है ; उसी के साथ मरीज भी तड़पता है । एक एक महीने नहीं, तीन तीन महीने मरीज तड़पते हैं और बादलों की गड़गडाहट के साथ उनकी तकलीफ भी इतनी बढ़ती है कि आंखों से देखी नहीं जाती । तो वह नरक सा कष्ट उनको होता है । ऐसी बीमारियों की तरफ सरकार ध्यान देगी तो ज्यादा अच्छा होगा । आपने जो समय दिया उसके लिये धन्यवाद ।

डा० जवाहरलाल रोहतगी (उत्तर प्रदेश) : उपसभाध्यक्ष जी, मैं आपका मशकूर हूं कि आपने मुझे थोड़ा सा वक्त दिया । ये जो दो रिपोर्ट हैं, भोर कमेटी की रिपोर्ट और मुदालियर कमेटी की रिपोर्ट, मैं समझता हूं कि ये बहुत ही मेहनत से, बहुत इल्म से, बहुत अच्छे डाक्टर्स के द्वारा और हमारी तकलीफों की देखभाल के बाद बनाई गई हैं और हम लोगों को दरअसल उनके जो मेम्बरान हैं, जो खास, खास आदमी हैं, जो हमारे मुल्क में खास इज्जत से देखे जाते हैं और जो उनमें से चले गए हैं, उनका खास तौर से हवाला देकर उनको धन्यवाद देना चाहिये कि उन्होंने इतनी मेहनत की ।

इसके साथ साथ मैं यह भी कहता हूं कि जितना हम लोगों ने खर्च किया है, जो हम खर्च करते है और जैसा कि डा० सिद्धू साहब ने बतलाया कि हमारे पास गवर्नमेंट से जितना रुपया मिलता है वह बहुत कम है । हमारे जिन डाक्टरों ने रिपोर्ट लिखी है उन्होंने बताया है कि कम से कम टेन परसेन्ट टोटल आमदनी का होना चाहिये, लेकिन वह टेन परसेन्ट भी नहीं है । मर्ज बढ़ता गया ज्यो ज्यो दवा की । पहले फर्स्ट प्लान में तो ज्यादा मिला फिर उसमे सेकन्ड प्लान में कम हो गया और तीसरे प्लान में और भी कम,

[डा० जवाहरलाल रोहतगी]

४.२५ रह गया, यानी जहा से हमने शुरू किया था ५ ५९ से, उससे भी कम हो गया और कम होता जाता है। लेकिन उसके साथ साथ जो दूसरे मुल्को की संस्थाए हैं, हमको उनका मशकूर होना चाहिये कि उन सबने हमको बहुत कुछ मदद दी है, हमारे हैल्थ के बारे मे। यह ठीक है कि जो यह समझा जाता है कि हेल्थ का जहा तक सम्बन्ध है, वह किसी एक मुल्क के लिए नही है। हैल्थ का असर सब मुल्को मे होता है। अगर एक मुल्क की हैल्थ खराब है तो वहा की बीमारी दूसरी जगह चली जाती है, जैसे कि लदन से प्लेग यहां आ गया, इसी तरह से बीमारियो की दूसरे मुल्कों से अदला-बदली होती रहती है और सब मुल्कों के लिए जरूरी है कि जहां जहां ऐसी बीमारिया जाये, वहा के लोगों की मदद की जाये। वर्ल्ड हैल्थ आर्गनाइजेशन, यू० एन० आई० सी० ई० एफ०, कोलम्बो प्लान, राकफेलर फाउण्डेशन, फोर्ड फाउण्डेशन, एफ० ए० ओ०, रशियन एड, नारवेजियन एड के जरिये बड़े बडे मुल्कों ने हमको काफी मदद दी है और हमको उनका भी मशकूर होना चाहिये।

पहले जो हैल्थ सरवे हुई थी, वह सन् १९४३ मे शुरू हुई थी और सन् १९४६ मे उसकी रिपोर्ट निकली थी, उसके बारह तेरह वर्ष के बाद दूसरी हुई। इस बीच में बहुत फर्क हुआ। जब वह सरवे हुआ था, तो हमारे देश की हालत कुछ और थी, हम गुलाम थे, हमारा बंटवारा नही हुआ था। हमारे ये जितने स्टेट्स हमारे साथ आ गए हैं वे नही थे और उन्होने जो हिसाब लगाया था वह ब्रिटिश इण्डिया की पापुलेशन के मुताबिक लगाया था। अब इस वक्त सब चीजें बदल गई हैं और इसलिए उसके हिसाब में थोड़ा फर्क हो ही जायेगा। अब हमको यह करना है कि हम किस तरह से अपने मरीजों के लिए बेड्स प्रोवाईड कर। जितना उन्होने पहले हमें बताया था, बजट के हिसाब से, कि कितने बेड्स होने चाहिये कितनी शय्या होनी चाहियें वह, इसमें शक नही कि जितना रूपया हमारे पास है, जो हम सर्फ कर सकते है, उसमे करना बहुत मुश्किल है। लेकिन जो कुछ भी हमारी गवर्नमेंट ने किया है, उसने भोर कमेटी के बाद, मै समझता हू बहुत कुछ किया है; क्योकि उस वक्त जो हालत थी उससे हालत बहुत बेटर है। उस वक्त तो हमारा जनरल डैथ रेट २२ ४ था, इनफेंट मार्टेलिटी ६२ थी और हमारी एक्सपेक्टेंसी आफ लाइफ २६ ९१ थी, जो अब ४१ २ हो गई है। पहले बड़े बडे मेलो मे बवाई बीमारिया, जैसे कालरा है, फैल जाती थी। उसके बाद लोग जहा जहा जाते थे, वहा, खास कर गावो में, एक बडी आफत रहती थी। अब आप देखते है कि वह बात नही है। आपने देखा कि आजकल दवाइया ऐसी बन गई है, जो जल्द असर करती है, जैसे आज सुबह ही हैल्थ मिनिस्टर साहिबा ने बताया कि कालरा की दवा ऐसी निकली है कि अगर एक मरीज को दे दी जाये तो वह मरने नही पाता है। अगर मरने ही वाला है, तो दूसरी बात है। पहले टाइफाइड का मरीज ४ हफ्ते तक बराबर बीमार रहता था और उस बेचारे को पानी भी मुश्किल से मिलता था। वैद्य भी जरा जरा पानी देने की इजाजत देते थे। अब इसका बुखार तीन, चार दिन मे कम हो जाता है और उतनी कमजोरी नही होने पाती, जितनी पहले हो जाती थी। तो यह सब उस कमेटी की रिपोर्ट में इसका जिक्र हुआ।

मैं डैथ रेट के बारे मे नही कहना चाहता हूं क्योंकि इसके बारे में प्राफेसर साहब और डा० सिद्धू साहब ने बतला दिया है। लेकिन सिर्फ इतना बतला देना चाहता हू कि जो हमारे अस्पताल है, उनमें जो हमारे सिटी के

अस्पताल है, उनमे इस समय बहुत कमिया है। जितने अस्पताल है उनमे बहुत सी जगह सुधार करने की कोशिश की जा रही है, लेकिन जो डिस्ट्रिक्ट्स के अस्पताल है उनमे हर मर्ज के स्पेशलिस्ट रहने चाहिये। उनमे सर्जरी, ईयर, नोज, थ्रोट और पैथालौजी के स्पेशलिस्ट रखे जाने चाहियें और वहा पर एक्सरे का भी प्रबन्ध होना चाहिये। लेकिन मैं देखता हू कि ये चीजे अभी बहुत कम है और उनकी बहुत सख्त जरूरत है। इसके साथ ही साथ एक जरूरत यह भी है कि शहर मे जो अस्पताल होते है उनमे आउट-डोर और इन-डोर मरीजो को पास पास रखा जाता है। जिसकी वजह से इन-डोर के मरीजो को बहुत तकलीफ होती है। वहा पर इतनी कम जगह होती है कि एक मामूली मर्ज के आदमी को सीरियस मर्ज के मरीज के साथ रख दिया जाता है जिससे वह भी घबरा जाता है और उसके आराम मे फर्क आ जाता है। तो हमे इस बात का ध्यान रखना चाहिये कि इस तरह के मरीजो को अलग अलग रखा जाये।

दूसरी तकलीफ यह है, जैसा और साहबान ने कहा कि वहा पर जो मरीज जाता है, वहा पर कायदा ऐसा हो गया है कि पेटेंट दवाव लिख दी जाती है। ज्यादातर पेटेंट दवाओ मे फायदा यह होता है कि एक पेटेंट दवा बहुत से सिम्पटम को कवर कर लेती है और उसके लिखने मे भी आसानी होती है। उन दवाओ का रोज एडवरटाइजमेंट होता है जिन्हे डाक्टर पढते है। दवा बेचने वाले डाक्टरो के पास आते है और उन्हे दवाओ के सैम्पुलस दे जाते है जिन्हे डाक्टर इस्तेमाल करके देख लेते है। ठीक है। जो बडे बडे लोग वहा जाते है या अमीर लोग जाते है, उनके लिए नुसखा लिख दिया जाये, लेकिन जो गरीब बेचारे है, वे इस तरह की दवा नही खरीद सकते है। मेरी यह राय है कि अगर कोई छोटा सा फारमाकोपिया हो जैसा कि मेडिकल कालेजो मे और अस्पतालो मे बनता है, वैसा बनना चाहिये। वह फारमाकोपिया ड्रग्स का हो और वह हर एक अस्पताल मे दिया जाये। यह देख लिया जाये कि वे दवाए सब जगह होनी चाहिये और वे दवाए मरीज को दी जानी चाहिये। अगर किसी खास दवा की जरूरत हो तो उसका भी इन्तजाम किया जाना चाहिये। मैंने देखा है कि कभी कभी खास-खास दवाओ की अस्पतालो मे कमी हो जाती है। पहले जब मलेरिया होता था तो कुनैन नही मिलती थी। हमारे पडोस मे एक बडे भले डाक्टर थे और वे रात को नीम की पत्ती उबाल लिया करते थे, और उसका पानी बोतलो मे भर दिया करते थे और लोगो को दिया करते थे। क्या करते, कुछ न कुछ देना है और वे इस तरह से पानी दिया करते थे। यह तो शहर की चीज हुई और अब मै रूरल की तरफ आता हू।

गाव मे पानी की, सैनिटेशन की और वेस्ट के डिस्पोजल की बहुत जरूरत है। ये सब चीजे गाव मे है और वहा पर खास तौर पर इस बात की जरूरत है कि जो हमारे हैल्थ के आदमी है, वे वहा जाये और न सब दिक्कतो को दूर करे। अब तो पानी बहुत सी जगह बिजली के जरिये पहुचाया जा सकता है। मै हैड पम्प्स के खिलाफ हू। मै ने देखा है कि बहुत जगह हैड पम्प्स खराब हो जाते है और उनका इस्तेमाल नही होता। इन हैड पम्प्स को बडे बडे आदमी लगा रखते है और जब वे खराब हो जाते है, तो उनके मिस्तरी सुधार लेते है। हैंड पम्प्स काफी काम नही करते। इसलिए इन हैड पम्प्स को न देकर आयल इन्जन लगा दिया

[डा० जवाहरलाल रोहतगी]

जाये तो बहुत अच्छा है । ऐसी चीज हो जिसका बिजली के द्वारा प्रयोग किया जा सके । अगर बिजली से काम लिया जा सकता है तो ओवर हैड टैंक बना दिया जाये और खाली पीने के पानी का स्तेमाल हो जाये । अगर इस तरह का प्रबन्ध कर दिया गया, तो बहुत कुछ हो सकता है । सैनिटेशन की बहुत सख्त जरूरत है । सैनिटेशन गावो मे इतना खराब है कि उन लोगों को समझाने और बताने की जरूरत है कि सैनिटेशन किस तरह से ठीक हो सकता है । हमें किस तरह से रहना चाहिये, किस तरह से सफाई अपते घरों मे और गांव में रखनी चाहिये । आजकल देखने में यह आता है कि वे लोग जहा पर सोते हैं वही पर गोबर के उपले पाथते हैं । उनके बच्चे वही पर पाखाना करते हैं और सब काम वही पर किया जाता है । गलियों में पानी भर जाता है और उसके निकलने के लिये कोई रास्ता नही बना रहता है । जब कभी और कोई शहर का आदमी वहा जाता है तो उसे वहा की हालत देख कर घृणा आ जाती है । लेकिन वे बेचारे वहा पर पड़े रहते हैं और उनकी तन्दरुस्ती का क्या हाल होगा, यह आप लोग अच्छी तरह समझ सकते है । इसलिये इस बात की सख्त जरूरत है कि गाव वालों को यह बतलाया जाये कि किस तरह से सैनिटेशन रखा जा सकता है ।

अब मुझे स्कूल के बारे मे कुछ कहना है । आपने पढ़ा होगा कि दिल्ली के कुछ स्कूलों में तहकीकात हुई थी तो मालूम हुआ था कि उसमें २५ परसेंट टीचर्स टी०बी० के मरीज है । अब जरूरत इस बात की है कि हर साल स्कूलो में लड़को और टीचर्स की हेल्थ की जाच होनी चाहिये । यह बहुत ज्यादा कीमती नही है । अगर हम प्राइवेट प्रैक्टिशनर से प्रति लड़के के बारे में तय कर लेते है, तो वह उनको टैस्ट कर सकता है और टेस्ट करके बतला सकता है । अगर उन लड़को या टीचरों में कोई खास बीमारी होगी तो स्पेशलिस्ट के लिए वह पर्चा दे सकता है । इस तरह से आख का डाक्टर, या ईयर, नोज और थ्रोट का डाक्टर उनकी जांच कर सकता है और जो कमी है उसके बारे में बतला सकता है । आजकल आंखों की इस कदर बीमारी है कि ६० परसेंट लड़के आंख के इलाज के काबिल हैं । इस तरह के लड़कों के लिए यह जरूरी है कि या तो वे आंख का इलाज करायें या चश्मा लगायें । आज हम देखते है कि स्कूलो में बच्चों से फीस ली जाती है, डाक्टर की फीस ली जाती है, हैल्थ के बारे में फीस ली जाती है लेकिन उनका किस तरह से इस्तेमाल होता है । जितनी फीस ली जाती है उतनी फीस से डाक्टरी का इन्तजाम किया जा सकता है । अगर हम प्राइवेट प्रैक्टिशनर एम्प्लाय करे और उनको थोड़ा थोड़ा दे तो यह काम आसानी से कराया जा सकता है ।

एक चीज मुझ सिर्फ यह कहनी है कि हमने एलोपैथी के जो प्राइमरी सेटर्स बनाये हैं वे छोटी छोटी जगहों में हैं । उन्हे बड़े बडे कस्बों और तहसीलों में होना चाहिये जहा ४० हजार की आबादी हो या इससे ज्यादा आबादी हो । इस सेण्टरों में दो-तीन डाक्टर रहने चाहियें और अच्छे डाक्टर होने चाहियें । बाकी जो सिस्टम्स है जिन्हे गवर्नमेंट एप्रूव करती है, चाहे वे होम्योपैथी के हो, वैद्यक के हों या कोई दूसरे सिस्टम के हो, वे खोल दिये जाने चाहियें ताकि वहा पर मरीजो को इलाज कराने का फायदा हो । यह चीज भी आप कर सकते हैं तो अच्छा होगा । मैं आपका मशकूर हूं कि आपने मुझे बोलने का मौका दिया ।

श्री चन्द्र शेखर (उत्तर प्रदेश) : उप-सभाध्यक्ष महोदय, मैं केवल एक मिनट में उत्तर प्रदेश की एक समस्या की ओर माननीया स्वास्थ्य मंत्री जी का ध्यान दिलाना चाहत

हूं । तृतीय पंचवर्षीय योजना में यह निश्चित किया गया था कि उत्तर प्रदेश में कुल ४२ टी० बी० के क्लीनिक्स खोले जायें और जिनमें लगभग २८ टी० बी० के क्लीनिक्स आज उत्तर प्रदेश में चल रहे हैं । लेकिन यह आश्चर्य और दुःख की बात है कि २८ टी० बी० क्लीनिक्स में से २ क्लीनिक्स ऐसे हैं, जिनमें एक्सरे और लेबोरेटरीज की फैसिलिटीज जो हैं वे प्राप्य हैं । बाकी २६ टी० बी० क्लीनिक्स में डाक्टर हैं, वहां पर सरकार की ओर से दवा है, लेकिन न वहां पर एक्सरे की कोई सुविधा है और न वहां पर लेबोरेटरीज की कोई फसिलिटी है । मुझे इस बीच में दो एक ऐसे क्लीनिक्स को देखने का मौका मिला । मैंने वहां के डाक्टरों से पूछा कि यहां पर आप क्या करते हैं ? सरकार की मदद से टी० बी० क्लीनिक्स खोलने के लिए पैसा खर्च होता है, उस पर डाक्टर को तनख्वाह दी जाती है, दवा जिस तरह से डाक्टर चाहता है उस तरह से बांटता है, एक्सरे करने की उनको कोई सुविधा नहीं है क्योंकि वहां पर लेबोरेटरीज की भी सुविधा नही है । जब मैंने उनसे पूछा कि दिक्कत क्या है तो मुझे बतलाया गया—और मैं समझता हूं कि जिन लोगों ने बतलाया सही बताया होगा—कि केन्द्रीय सरकार ने ऐसे नियम बना रखे है कि वहीं पर एक्सरे देंगे, जहां कि पर्सोनल हों, डाक्टर हों और दूसरा जो स्टाफ हो, वह बंगलौर टी० बी० क्लीनिक इन्स्टीट्यूट में ट्रेनिंग पाया हो । मुझे आश्चर्य यह जान कर हुआ कि यहां पर सरदार पटेल चैस्ट इन्स्टीट्यूट में जो लोग ट्रेनिंग पाये हैं, वही लोग जाकर बंगलौर में शिक्षण का काम करते हैं, शिक्षा देते है और इस सरदार पटेल चैस्ट इन्स्टीट्यूट से शिक्षा पाये हुए, ट्रेनिंग पाये डाक्टर जा करके यू० पी० में इन टी० बी० क्लीनिक्स के डाक्टर हैं, इन्चार्ज हैं और उन डाक्टरों से कहा जाता है कि फिर जाकर बंगलौर ट्रेनिंग लीजिये । यह भी ठीक है और वे लेने को तैयार है । तो फिर यूनियन गवर्नमेंट की ओर से कहा गया कि यू० पी० के क्लीनिक्स में जो आदमी है वे कम्पलीट टीम नही हैं; क्योंकि वहा पर बी० सी० जी० के टैक्नीशियन्स नही है और उत्तर प्रदेश में बी० सी० जी० की स्कीम जो है वह अलग स्कीम है । अब एक ऐसा पचडा पडा हुआ है कि उत्तर प्रदेश के टी० बी० क्लीनिक्स में बी० सी० जी० के टैक्नीशियन्स नही हैं इसलिए वे कम्पलीट टीम नही है । कम्पलीट टीम नही हैं, इसलिए वहां की टीम को बंगलौर के टी० बी० इन्स्टीट्यूट में नही भेजा जा सकता कि वे ट्रेनिंग ले सकें । अगर वे ट्रेनिंग नही ले सकते तो उन्हें एक्सरे और लेबोरेटरीज की फैसिलिटीज नहीं दी जा सकती हैं । तो वहा पर डाक्टर बेकार पड़े हुए है; वहां पर जो दवा दी जाती है, पैसा जो खर्च किया जाता है, वह सब व्यर्थ खर्च किया जाता है ।

मैंने स्वास्थ्य मंत्री जी का ध्यान इस ओर एक खत लिख कर खीचा था और मै उम्मीद करता हूं कि इस मामले में तुरत कार्यवाही होगी क्योंकि वर्षों से यह काम चल रहा है । इस तरह से या तो मैं समझता हूं क्लीनिक्स बंद कर दिये जायें, ताकि वे लोग दूसरे कामों में लगाये जाय । अगर टी० बी० क्लीनिक्स खोलना ही है, तो तुरंत बिना किसी देरी के इन टी० बी० क्लीनिक्स में एक्सरे और लेबोरेटरीज की फैसिलिटी मिलनी चाहिये अन्यथा उन टी० बी० क्लीनिक्स के डाक्टरों का कोई महत्व नही और उन टी० बी० क्लीनिक्स के चलाने का कोई मतलब नही ।

मैं आपकी कृपा से केवल एक समस्या की ओर स्वास्थ्य मंत्री जी का ध्यान खीचना चाहता था । धन्यवाद ।

SHRI M. M. MEHTA (Gujarat): Mr. Vice-Chairman, Sir, I would like to join the former speakers in congratulating the Mudaliar Committee but, at the same time, I congratulate very

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heartily the Bhore Committee for putting up such beautiful recommendations as to-day also they stand to be attended to more vigorously perhaps. The then Union Minister, Shri Karmarkar, when he inaugurated this Committee, rightly said:

> "These recommendations stand to-day after 12 years."

He said:

> "I feel that twelve years of development necessitate to-day a resurvey of the whole field of health including its preventive and social aspects—medical relief, preventive health care, water supply, environmental sanitation, medical education, etc."

This recommendation stands to-day even. While looking through all these recommendations that the Bhore Committee had made, I see that the very first recommendation—that is, of the recommendations that my friend referred to—should be the ideal goal of a socialist State as we all want to achieve it, and that is:

> "No individual should fail to secure adequate medical care because of inability to pay for it."

This should be our goal because according to me, health is a socio-economic problem. As a medical man, I should say that if the social conditions and the economic conditions are being improved upon looked after more vigorously, health problems get gradually solved by themselves. To-day you will see, people will shout about asking the people to go and settle in the villages but let me tell you that it is the mere village that is being neglected, it is the real India that is being neglected. Just now we were talking about drinking water. It is a primary necessity of life. It is not a luxurious thing, it is not a question of raising the standard of living. I come from a district where nearly 25 per cent. of the villages have no source of water supply at all. Fifty per cent. of the villagers and the cattle take water together and there is not a single protected water supply for the whole district. In spite of having independence for sixteen years, if these primary necessities of the people are not provided for and at the same time if you ask the people to go and settle in the villages, do you think you are asking feasible things of the people? It is not possible. We have not looked after their primary things. Let me tell you that the Plan has remained absolutely silent or rather it has not paid proper attention to health as it should have done. My friend, Mr. Shah, was the Minister at that time and I asked him: 'What have you provided for the Kutch District except Kandla, for drinking water in the Third Plan'? And he had to say: 'Not a single pie'. I am very sorry to say that health, in spite of being such an important and primary thing, has been neglected. What a beautiful definition the Bhore Committee has given—I simply love the definition that it has given and it is a very beautiful definition—in Volume I of their report! It says:

> "The term health implies more than an absence of sickness in the individual and indicates a state of harmonious functioning of the body and mind in relation to his physical and social environment, so as to enable him to enjoy life to the fullest possible extent and to reach his maximum level of productive capacity."

What a definition! If we really understand every word that is being used in this definition, we shall feel the absence of our progress towards health. The statistics that are being shown here, there and everywhere are mere jugglery of figures. Do you think we are living healthily? I will agree that infant mortality rate has been reduced. Maternity mortality rate has been reduced. Our longevity, thanks to the present science and antibiotics, is there and we are

a bit living long but are we living healthier? I will say 'no'. Before ten years how we were living, to-day we are not living so. We are deteriorating in health, physical as well as mental. I know that we are living on nerves to-day. Everybody is like that. You know we have lost endurance towards each other. We have lost the understanding towards each other. This is the mental state, this is the health of the mind.

Similarly in regard to health also, I will tell you one thing. There is one beautiful part of land, pastoral land, where six-feet people used to live and they live even to-day. It is a land called Banni in Kutch where people live on meat and milk only. They are all six-feet, very healthy, and are on the border. They had no disease at all. I am a general practitioner. I knew the state before 10 or 15 years and what the condition then was. To-day I am sorry that if you take a survey of that healthiest part of Kutch—there is beautiful climate in that part—you will find T.B. is rampant. Not a single house is there without T.B. being there. As I told you, this is a socio-economic disease but what is a doctor, according to the Bhore Committee expected to do? I say it is a beautiful recommendation. It has recommended that the training of basic doctors should be designed to equip him for social duties. A doctor of the future should be a social physician protecting the people and guiding them to healthier and happier lives. On the contrary to-day even the Civil Surgeons that are being put there, as my friend Mr. Chordia said, are most corrupt. There are plenty of them, not a few. There are very few good doctors to-day in the Government hospitals. The patients are asked to pay on the operation table. With the prohibition and all this, they are given permits and the patients pay the fees. It is a routine work of Government hospitals and no patient is admitted unless and until he goes to the Specialist Consultant, pays him his fees and comes to the hospital as the patient of that particular doctor.

THE VICE-CHAIRMAN (SHRI AKBAR ALI KHAN): Dr. Mehta, you should report such cases to the concerned authorities.

SHRI M. M. MEHTA: I am reporting . . .

SHRI V. M. CHORDIA: There are plenty of these.

SHRI M. M. MEHTA: It is not that. This is the state of inadequacy and most inefficient we have grown to-day, with the progress of these. I will narrate you one thing. To-day we in India do not require highly qualified doctors it is advantageous as well as disadvantageous. We have lost the sense of the clinical eye. To-day the best consultant, if you go to him, he will ask for ten reports and ask you, 'Bring the blood report, bring the urine report, bring half a dozen reports, and other mechanical things' and then he will read all these and then say, 'Suffering from a particular disease and he should be given this patent, highly costly drug and these injections'. Any layman can do it. I will not name here but the most eminent physician of India I have seen, examining a patient. He will just go round the bed of the patient, he will not touch him, see the report and he will prescribe. This is the state. We do not want that type of doctors in India. We want the people who can smell the disease as soon as they enter the room. A clinical eye is being lost and the art of prescription-writing is absolutely gone to-day and you get the sub-standard and adulterated drug being prepared in India. A few days before you must have seen in Gujarat some people dying due to the glucose saline injections being spurious and absolutely adulterated. I do not want

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to take much of the time of the House. The only solution in a country like India, with a vast growing population, with inadequate or few doctors, is to nationalise the whole profession. We have no other go. No middle steps anyway will be useful to you. Not only the profession but the whole of the manufacturing line of the drugs and chemicals requires to be nationalised if you really want to protect the health. If you want only to give a patch here or a few lakhs here and there, they are of no use, if really India wants to do some progress and do some solid work in this. And health is the main thing, whatever economic progress you make. We have deteriorated as a nation even mentally and physically. A few dams here and there are not the things that will bring India forward. To-day we require vigorous steps. As I told you, the only step is the nationalisation of the whole profession, and all the products and chemicals should be immediately included.

I will request our Union Health Minister to do this. She has been all the while associated with Mahatmaji. I expect from her that the village would be looked after. At least she must give drinking water to the people. There are still—and I gave the figures last time—in Gujarat some 1,000 villages without water. This year there was a famine in Kutch and more than 300 villages did not have water and water was brought by tankers. And these tankers do not go to the village even daily. You know what dirty water the tanker contains. It has to be distributed to the people for drinking purposes, for washing and for everything. There are at present some 300 more villages where water is being supplied through tankers. And let me tell you —I am very sorry having to say it— the number of tankers is also not sufficient. Not only that, in the remaining villages, whatever water they get is so much polluted. And in the whole of India—I am not talking only of Kutch—that is the reason why intestinal diseases are rampant. Fortunately our Minister and our Deputy Minister of Health are both medical persons and in spite of what is being reported, they must be knowing that more than 90 per cent. of the people of India suffer from intestinal diseases, from dysentery, both amoebic and bacillary dysentery. These intestinal diseases are increasing in India just like T.B. and you have to put them down, stop them and check them by proper sanitation and water supply. It is no use having only beautiful reports, reports laboriously prepared. We had the Bhore Committee's Report in 1946. Even in British days, they recommended these things, but we have not been able to implement even 50 per cent. of those recommendations. As regards water supply I would request the hon. Minister to first of all look after the villages. Make the villages prosperous, the villages where the real India lives. And then doctors will automatically go to our villages. Now in the villages there are no amenities even for the people who live there.

THE MINISTER OF HEALTH (DR. SUSHILA NAYAR): Mr. Vice-Chairman, Sir, I am most grateful to this House for the discussion that was brought up on the report of the Mudaliar Committee and for the interest that hon. Members have shown in that report as well as in the working of the Health Ministry. I am grateful, Sir, for the compliments that they have paid for the work done and I have also taken very careful note of the suggestions that have been made by several hon. Members.

I may say, taking the last point first, that the question of rural water supply and urban water supply, is a very important question and it has been engaging the attention of the Health Ministry for some time. Apart from the paucity of funds, there are a number of other bottle-necks and

these bottle-necks are, for instance, difficulties in the way of getting necessary materials like pipes, pumps, filters, etc. So far as the digging of wells is concerned, places where wells could be easily dug have generally been covered by wells during the first two Plans and the earlier part of the Third Plan. The Community Development Ministry, the Home Ministry under the welfare schemes for the Scheduled Castes and the Scheduled Tribes, and the Planning Commission under the Local Works Scheme, have been giving thought to this matter. So far as protected water supply and pipe water supply is concerned, I am sorry to say that we have been able to supply water to not more than 15,000 villages so far. The limited resources for water supply have not been fully utilised in any of the Plans, for the simple reason that there have been several difficulties. The work does not concern only one Ministry. There are inter-ministerial difficulties, because of which the supply of some of these materials necessary has not been forthcoming. It was to overcome these difficulties that the Health Ministry appointed a Drinking Water Supply Board under the chairmanship of Shri Balwantrai Mehta who during the six months or so that he was the chairman of this Board, did a yeoman service by going round practically to all the States along with the other members of the Board and he has given us an interim report. The new Chairman of this Board—Shri Ajit Prasad Jain—I am hopeful, will proceed further and resolve some of the difficulties that we have been experiencing.

Apart from that, another difficulty that we found was, that while we are all very anxious to have protected water supply, good adequate water supply for all our rural areas, the data was completely lacking. We found that we did not even have the exact figures as to how many villages had wells dug during these different Plans and in how many villages water supply was still not available. All the figures that we could get were that so many lakhs or so many thousands of wells had been sunk or repaired in different Plan periods. We therefore took the second step and appointed Investigation Divisions in all the States. The Centre is bearing 100 per cent. cost of all these Investigation Divisions. They will, on the one hand, give us exact information about the existing position and on the other, formulate schemes for those areas which are yet to be served and study how water can be found for these difficult areas, whether deep tube wells can be sunk or water has to be brought from a distance, processed and then served to the villages, and so on and so forth. All the States have now got these Investigation Divisions in position and we hope we will have their reports within the next six months or so, so that we could proceed on a realistic basis and use whatever money we have and try for better provision in the Fourth Plan.

Sir, I am very grateful to the hon. Members who have pleaded for better allocations for the health projects. I am in entire agreement with them in thinking that health forms the very basis of productivity on the one hand, of efficiency on the other and also of our defence potential. Therefore, I am hopeful that our planners will see the force of the arguments advanced by hon. Members on the floor of the House and we may hope for a better allocation of funds in the coming Plan. In the meantime, we are doing our best to utilise what we have and utilise it wisely and well.

Another point was raised about tuberculosis. The hon. Member opposite made a very eloquent speech and asked how ridiculous it was that the Government of India should have insisted upon the training of the teams in Uttar Pradesh before they

[Dr. Sushila Nayar.]

could be given some special equipment in the form of X-ray, laboratory facilities, etc. I shall explain to him, Sir, through you, that it is not some whim on the part of the Government of India. What we aimed at, at the present moment, is not a haphazard treatment of occasional cases here or there. What we want is a systematic coverage of all the cases through domiciliary treatment of the tuberculosis patients. This domiciliary treatment can be effective if it is done in a systematic manner.

SHRI CHANDRA SHEKHAR: I may give one information. I did not question the giving of training to the doctors. But my point was that doctors who had been trained at the Sardar Patel Chest Institute, qualified people, were employed, and these doctors were again asked to go to the T.B. National Institute at Bangalore. Why was that?

DR. SUSHILA NAYAR: I had understood my hon. friend's point. He should have a little patience and hear me. The doctors who are trained at the Sardar Patel Chest Institute, are trained in tuberculosis and other chest diseases. These doctors with diplomas in tuberculosis and chest diseases are taken to the National Institute at Bangalore where we have an extensive set-up for the treatment of tuberculosis on a domiciliary basis. For the domiciliary treatment, a number of requirements are there. The doctors not only should know how to treat the patients but they should also be in a position to link up with some of the primary health centres, clinics and other agencies. Scientific epitomological investigation has to be carried out to check the spread of infection. In this and other scientific and important subjects, they are trained for three months. They are not trained for a year or two years. Further, the practice of medicine is no longer an individual discipline. It is a team work that has assumed importance. Therefore, the National Tuberculosis Institute insists on the team consisting of a doctor, a public health nurse, a laboratory technician, an X-ray technician and a B.C.G. technician for training purposes. Very often it happens that the State Government wants to send only the doctor. We do not think that is enough. The doctor alone has been trained at the Patel Chest Institute or elsewhere but the team together has to be trained as to how they should take up the domiciliary treatment and control.

Further, Sir, it is not as if we are doing this as a whim of our own. We are getting some of the apparatus through the UNICEF and they are absolutely positive that unless we have a trained team and proper buildings in which to house the equipment, we cannot get the equipment. It is in view of this that we have been emphasising on the State Governments to do the needful. This has become necessary because in the First and the Second Plans equipment was supplied to some of the State Governments and after five years in some cases and in some cases for more or less period, the equipment was found lying unopened. I have seen this with my own eyes. Costly bottles meant for the laboratory and for culture work were found to be lying idle along with the rubbish heap in the store room, being kicked about by the people passing through. It is not proper, it is not good that we should fail to utilise these facilities in this manner. This is abuse of facilities. Therefore, it has been considered to be of utmost importance that when we supply these facilities, we should at the same time make sure that people who are going to use the facilities are competent to do so, have the background, the knowledge, the training and capacity to organise this type of campaign which we hope will check the further spread or

tuberculosis. I know what a big problem tuberculosis is particularly now when malaria is almost eradicated and smallpox is on the way to being eradicated. We have to do something about tuberculosis in a comprehensive manner. To do that, Sir, we have been supplying the X-ray and laboratory facilities and the States were to supply the drugs and the buildings. We have now gone further and we have said that we should also give help for medicines because we find that many patients were not treated for the full period. A patient, if he himself has to buy the medicines, will use the medicine only so long as he feels very ill and then he stops even though he is not cured. The bacilli will develop drug resistance as a result of inadequate treatment which becomes a very serious public health hazard. All those who are infected by this man have drug resistance which makes it very difficult to treat these patients. Therefore, we feel that it is very important that every patient is treated in these clinics fully and for this we are trying to get some more allocations for medicines so that we may be able to help the State Governments with medicines as well.

Then, Sir, the question of B.C.G. teams being separate from the clinics is important. We must understand what the role of B.C.G. is. B.C.G. is to give some kind of protection to those who are not infected. In the course of tuberculin testing they may come across cases where the reaction is so marked that the inference may be drawn that the patient is already infected with tuberculosis. It is most important that this patient is taken to the clinic, examined and if he is a sick man, is put under treatment. Otherwise, B.C.G by itself cannot achieve the objective which we have in mind.

Much was said about the primary health centres. Sir, the Mudaliar Commitee has no doubt said that we should consolidate the primary health centres, that we have, instead of expanding their numbers . But we have come to the conclusion after very careful consideration, and Dr. Lakshmanaswamy Mudaliar has agreed with us that it is most important to have at least one primary health centre in every Block without delay. The reason is, Sir, that the malaria eradication programme is soon going to be completed and as it is completed, we have to withdraw the special staff from these areas but somebody has got to keep a watch, somebody has to take up vigilance and do the work of the maintenance phase. This means that anybody who gets fever has got to have his blood slide taken, the blood slide will have to be examined. Otherwise, somebody may bring malaria from some place outside as we have quite a lot of traffic between ourselves and Nepal, between ourselves and Pakistan and between ourselves and Burma. Therefore, the work of the maintenance phase is very important and if we do not keep proper vigilance, we may have the disease coming back to us and all the hundreds of crores of rupees that we have spent in malaria eradication may go waste. It is considered absolutely necessary that we must have one primary health centre in each Block as early as possible. Further, Sir, we are now proposing to have three sub-centres—this pattern is already decided—under the primary health centre and now a further decision has been taken that we will have three more through which we will carry on family planning work on the one hand and the maintenance and vigilance for malaria, small pox on the other and also carry on health education and nutrition, education etc.

SHRI M. M MEHTA: The birth-rate, I should like to say, is increasing instead of falling.

DR. SUSHILA NAYAR: I wish to tell the hon. Member that the birth-rate is not increasing. The recording has improved. The figures given by my hon. friend, Shri Krishna Chandra,

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about birth-rate were probably recorded figures which are not accurate.

SHRI M. M. MEHTA: It is given in Government statistics that the birth-rate has increased by 2.1 per cent.

DR. SUSHILA NAYAR: The hon. Member is mixing up. What the statistics have said is that the population has increased by 2.1 per cent. It is not that the birth-rate has increased by 2.1 per cent.

SHRI M. M. MEHTA: No; it clearly says that the birth-rate has increased.

DR. SUSHILA NAYAR: No, the birth-rate has not increased and where family planning has been systematically carried out we have got some statistics which definitely show that there is a downward trend. That is why we are trying to intensify the family planning programme throughout the country so that we can put some kind of check on the increase of population and ensure better spacing of children and thus improve the health of the mother and the happiness of the family.

Then, Sir, the question of doctors in the primary health centres was raised. It is not quite correct to say that there are absolutely no buildings, no water supply etc. in the villages. In most of the places where primary health centres are located, there is water supply and some kind of residential accommodation—it may not be for everybody, it may not be of as good a standard as one would like it to be—is there. Efforts are being made to supply accommodation, etc. of good standard for everybody. We have not said, Sir, that every graduate should go and work in the rural areas for one year before a degree is given, but we have asked every graduate to go through a year of rotating housemanship before he or she goes out to work on their own. Three months in medicine, three months in surgery, three months in gynaecology and obstetrics and three months in social and preventive medicine will give him some practical knowledge, so that they go out with confidence to work on their own. We have suggested another thing to the State Governments and several of them have implemented it also and that is that every doctor should work for, say, a couple of years in the rural areas within the first five years of service and then be confirmed; and for five years or so during the first fifteen years before they cross the Efficiency Bar, so that everybody gets a turn to work in the rural areas. The heartburning will not be as bad then as it is now, when some people are always posted in the rural areas while the others are always in the cities.

Sir, I was surprised and pained to hear from some of the hon. speakers very irresponsible remarks about corruption and demand of fees while the patient is on the operation table, by the doctors. Sir, I must pay my wholehearted tribute to the medical profession as a whole, who in spite of some ignorant criticism and abuses, have gone on performing their duties with the spirit of a mission and some kind of a real zeal. Sir, I do not say that all doctors are angels. None of us in any sphere are. There may be a black sheep here and there but by and large it is a well known fact that the doctors work day and night and nobody thinks that they too need rest. If the doctor has worked the whole day and if he is called in the middle of the night, he has to get up and attend to the call. Statitics show how many of them die of coronary disease in their 40's and 50's and that shows the strain that they are carrying.

I entirely agree with my hon. friend, Mr. Mehta, that we are putting too much burden on the primary health centre doctor but I do not agree with him that he cannot attend to preventive and curative duties. In fact, in some places they are doing a very excellent job. They have divided their time accordingly and

they are doing the work very well but the burden is great; there is no doubt about it. We want to have two doctors in each primary health centre as early as possible and we are hopeful that as our malaria eradication programme is concluded and the staff is released from that side, we will be able to have more doctors for the primary health centres.

So far as the work of the doctors is concerned, somebody said that in Uttar Pradesh the specialists are not of a high order at the district level. I humbly beg to disagree. In several district hospital that I have visited in Uttar Pradesh, there are excellent specialists, very good specialists. They may not be so good in some other districts, but we are hoping, and aiming, that in the Fourth Plan every district hospital will have a minimum contingent of specialists, such as a physician, a surgeon, a gynaecologist and obstetrician, ENT specialist and a paediatrician. And of course, the anaesthetist and the pathologist will be necessary.

Then it was said that there should be a telephone and ambulance connection between the primary health centre and the district hospital. I agree entirely that these things are necessary. I was very sorry to learn from the hon. Dr. Siddhu that the jeep at the disposal of the primary health centre doctor is not made available to him but is taken away by the Block Development Officer and his Assistant Development Officers. I think, Sir, this is a matter which Dr. Siddhu, who is a very influential member in his own State, should take up with the State Government and we shall also write to the State Government and enquire about it. There should be no question of the doctors being under the Block Development Officers and throughout India, so far as I know, this is not the pattern at present. If that is the pattern in Uttar Pradesh I hope it will be rectified before long. Now that the Panchayat Samitis are coming into being everywhere, the Block Development Officer and the doctor should all be under the Chairman of the Panchayat Samiti. Of course, some difficulties might come up later on, but when they come we shall look into them. We hope that there may not be much difficulty.

Then, Sir, an hon. Member said something about a nucleus of plague still remaining in India. It is true that there is a small nucleus in the south of India—one taluk of Mysore, one taluk of Andhra Pradesh and one taluk of Madras State where the 3 States join,—and this little nucleus has had cases of plague from time to time. We have sent special teams and they have taken up work in the area with the help of the State Governments concerned and I hope that this nucleus will be eradicated before too long.

With regard to cholera I quite appreciate the concern of the House that we should intensify the fight against cholera. As I said in my answer to the short notice question, there are two endemic areas in Bengal and in Orissa from where cholera spreads and to deal with these two endemic areas is not easy. All the same we have to find a solution for this difficult problem and we have put many specialists to work on the master plan for Calcutta and we hope we will be able to get the money which runs into more than a hundred crores to implement it. If we are to deal with this problem and get rid of these two endemic centres of cholera, we have to ensure safe water supply; proper drainage and sanitation in the two endemic areas.

Sir, I was sorry to hear from hon. Members that co-ordination between the Centre and the States is not effective. The truth of the matter is that without legal sanctions at the present moment we are having very good co-ordination, and as a rule the States are willing and ready to fall in line with such programmes and policies as we formulate in the Central Health Council. However, I must admit that the diversion of funds is something that does take

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place. You were good enough to say, Sir, that in your State you have been able to spend money on health and achieve something, but I am sorry to have to say to you that your State is perhaps the worst in the matter of diversion of funds. Just now, out of the limited funds they have for health, they have diverted Rs. 2 crores to power, irrigation, industries and other things and I am in correspondence with the Chief Minister and I hope we can get some of it at any rate restored.

THE VICE-CHAIRMAN (SHRI AKBAR ALI KHAN): You should give more funds.

DR. SUSHILA NAYAR: The point is, I can go and ask the Planning Commission for more funds if the funds that have been allotted for health are used by the States for health purposes, but if the States are going to divert those funds, with what face am I going to ask them for more funds? It becomes a very difficult question.

Then, Sir, quite a number of hon. Members expressed interest in medical education. There is nothing to get worried about the course being reduced to 4-1|2 years as against five years, for the simple reason that we have not reduced the course in any way. All that we have done is that over these five years we have cut down a little bit of the holidays. Everybody knows how much time is spent in vacations and holidays. If over the five years we reduce these holidays a little bit we can easily make up six months and that is all that we have done. We have not in any way diluted or decreased the course.

An hon. Member suggested that the students should be B.Scs before they go in for medical education. Sir, medical education is a long course and if they have done Intermediate, F.Sc. or the Pre-University as it is called now, generally they are fit enough to take up the medical course. Further, we are keeping the door open to the B.Scs also if they wish to come; we are not saying no to them. Further, if a mathematics student wants to join the medical college we do not say no to him also but we do say that the student must have knowledge of biology, that is botany and zoology, chemistry and physics which we think are essential for medical studies. Mathematics, we do not think, can be a substitute for training in these subjects.

5 P.M.

I appreciate the concern of hon. Members that the standards of medical education must not be allowed to come down. It is for this reason that we have asked the State Governments now not to expand and increase the number of medical colleges during the remaining part of the Third Plan but to concentrate all efforts at consolidating the ones we have already, so that we can have a good standard of education and a higher pass rate. A suggestion was made that it should not be merely performance in the examination but also some assessment of the day to day work which should be taken into consideration at the final examination. You will be glad to know that a decision has already been taken in a conference that we called of all the deans of medical colleges, and several universities have started giving anything from 10 to 25 per cent marks on the basis of the day to day assessment of the students' work. Well, Sir, there are a few more points . . .

THE VICE-CHAIRMAN (SHRI AKBAR ALI KHAN): If the House approves, we can sit ten minutes more. Let the Minister finish her speech.

HON. MEMBERS: Yes.

THE VICE-CHAIRMAN (SHRI AKBAR ALI KHAN): Yes, you go on.

DR. SUSHILA NAYAR: I shall try to finish in less time than that. Shri A. D. Mani was very eloquent about some remedies that he has found for cold in homeopathy and ayurveda. There is no difficulty in his passing on any remedies that he

may have found anywhere and we shall be glad to get them tested. He wanted us to have some Central Hospitals for carrying out research in these subjects. What we have done is we have sanctioned beds at different institutions in different parts of the country for research in these subjects. Over and above that, we have two research institutions; one is in Gujarat at Jamnagar where we are spending a good deal of money on research in ayurveda and unani. As a matter of fact, till recently it was a Research Institute completely under the Central Government. Only last year at the instance of some of our hon. colleagues, we have entrusted it to a local society so that they can integrate under-graduate and post-graduate education and research in ayurveda at that place.

THE VICE-CHAIRMAN: (SHRI AKBAR ALI KHAN): But it is under your supervision.

DR. SUSHILA NAYAR: Our representatives are also on that society.

Then, Sir, the Benaras Hindu University which had an Ayurvedic College for a long time had converted it into a medical college some time ago. We have given money to set up a high grade research institute at that place and the post-graduate training and research institute in ayurveda has started functioning. I think in unani also research is being carried out there. So far as homeopathy is concerned, there are a number of institutions where we are financing a number of research beds and they can carry out research on anything. If proved to be of value, we shall certainly be glad to use these remedies elsewhere.

Then, Sir, the question of the needs of pilgrim centres is very important. We shall discuss it in the next Central Health Council meeting and take the views of the State Governments.

A suggestion was made that we should have a Central Adviser with each State Government. I do not know what the Central Adviser in each State will do. Unless the State Governments want the advice it would not be proper for us to put a person there. Further, the State Governments have also to face the question of resources. In several cases I know they want to do a number of things, but they have their problems and difficulties regarding resources. So, unless and until the question of greater allocation of funds for health is decided, it is not possible really to do what we want to do and achieve what we want to achieve.

I was recently in the Soviet Union and there in one of their Republics, the Azerbaijan Republic, I was talking to the Deputy Chairman who happened to be a woman. She was in charge of health, education and social welfare. I was agreeably surprised to learn that 50 per cent. of the Budget of that State was being spent on these three items—health, education and social welfare. Therefore, if in this country the Central Health Council has asked for 10 per cent. for health, and the medical profession has asked for 15 per cent for health, it is not an unreasonable demand. I hope with the help of the House it would be possible for us to have a better allocation than what we have been having, so that we can do a better job in the Fourth Five Year Plan.

Something was said about drugs and the adulteration of drugs. This is a well-known fact and the Government of India has taken very serious note of adulteration. Legislation for amending the Drugs Act is before this House. The Report of the Joint Select Committee has been laid on the Table of the House. I do not know if we are going to get time to discuss it during this Session, but as soon as we get the opportunity we will do so. That legislation should put God's fear into the hearts of adulterators. Apart from that we are trying to improve the machinery for the implementation of the Drugs Act as well.

A suggestion was made that drug production should be nationalised and the medical profession should be

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nationalised Well, Sir, at the present moment I do not know if it is possible for us to do so, even if we wanted to nationalise the profession If we nationalise the profession, we will have to give them adequate salaries and if we have to give them adequate salaries it will mean a good deal of expenditure on our part Apart from that, so far as drugs are concerned, when the three factories for drug production in the public sector go into production—and Pimpri is already producing—we should have a good deal of drugs within the public sector Originally when we were to have four factories in the public sector—one of them, the phyto-chemicals factory has for the time being not been started—it was estimated that 80 per cent of the drugs would be produced in the public sector

SHRI BHUPESH GUPTA (West Bengal) May I ask you a question? In this connection, according to the report in the "Statesman" some time back you seem to have said that the Government wanted to consider amending the patents law, the drugs patent law in the country, and you complained that there were some very powerful pressures of the vested interests, both foreign and Indian, preventing the changes in the law May I know where we stand now, whether you are taking any steps in regard to this matter and the report is correct?

DR SUSHILA NAYAR Well Sir, I think it was in the papers that a decision was taken by the Cabinet that the patents law should be amended so that there should be no more patents in respect of drugs and foods In fact, under the Defence of India Rules the giving of patents has been suspended since April this year The law to put this into practice has to be enacted There were certain other proposals with regard to the existing patents, namely, instead of 16 years, their life may be for 10 years and there should be facilities for other people to exploit those patents by paying certain royalties to the patent holders All those ideas were to be put into law by the Commerce and Industry Ministry The Health Ministry does not deal with these subjects The legislation has to be brought forward by the Commerce and Industry Ministry I asked my colleague, Shri Kanungo, the other day and he told me that they have to get somebody to draft the legislation, etc It will take them some time It is true that there are people who would like us not to implement that decision I cannot say any more as to what the fate of this legislation will be

SHRI BHUPESH GUPTA But the Development Board which you have got is precisely filled with people who are opposed to your policies and they are making recommendations which run contrary to what you want to achieve

THE VICE-CHAIRMAN (SHRI AKBAR ALI KHAN) She said that the Cabinet has taken a decision to modify the present patent law Of course, to bring forward legislation, as the Health Minister has explained, it will take a little time

SHRI BHUPESH GUPTA No, no This is what I am asking She would understand my position I want this legislation to be brought forward as quickly as possible

DR SUSHILA NAYAR· As I have explained to my hon friend, the legislation has to be prepared by my hon colleague, Shri Kanungo He will prepare it He will bring it before the House I asked him how far it had progressed, and he told me that they had not drafted the legislation as yet I hope they will do it soon I cannot say anything more I think I have done

THE VICE-CHAIRMAN (SHRI AKBAR ALI KHAN) You were saying something about the production of the two factories When will they go into production?

DR SUSHILA NAYAR The antibiotic factory at Hardwar is expected

to go into production in 1965. The factory for surgical instruments at Madras and the third foctory for other drugs should also go into production within the remaining two years of the Third Plan, as I understand it. This, Sir, should ease the situation very considerably, and if along with that, the other decision regarding the patents is also implemented, it should bring down the cost of the drugs and make the availability of the drugs easier. I thank you, Sir, and I thank the House.

DR. M. M. S. SIDDHU: One question. The Mudaliar Committee has recommended that a certain surcharge be made on the patients who visit the indoor or outdoor departments of the hospitals. What is the opinion of the Government on such a proposal?

DR. SUSHILA NAYAR: We had passed on this recommendation to the State Governments who are running most of the hospitals, and several of them are implementing this idea in some form or another I was told the other day by the Director of Medical Services of Madras that they are charging those patients who are losing their tickets 6 nP., and even that is coming to a substantial sum. If, say, 10 nP. or something like that is charged from everybody attending the Outpatients Department of the different hospitals, it can make a substantial sum.

SHRI BHUPESH GUPTA: I would like to know whether the hon. Minister's attention has been drawn to the fact that the post-graduate medical students in Calcutta and West Bengal do not have proper opportunities for post-graduate studies in West Bengal, in Calcutta colleges, because the places are filled by the favourites of some people there, with the result that most of them have to come to Delhi today. It is a good thing that Delhi at least is taking them. I congratulate the Minister if Delhi is taking them, and a large number of them are here, whereas it should have been easier for them to study in Calcutta I want to know whether the matter has been brought to her notice that facilities or amenities for higher studies are not being given to them, to the deserving students in Calcutta because of certain nepotism in the matter.

DR. SUSHILA NAYAR: No, Sir. I have not heard anything of the kind. But I do not know that students from Calcutta and from all over India like to come to Delhi for post graduate training because the teaching and the standards in Delhi are better than in some of the other places.

DR. M. M. S. SIDDHU: One question Sir.

THE VICE-CHAIRMAN (SHRI AKBAR ALI KHAN): That should be your last question.

DR. M. M. S. SIDDHU: The Mudaliar Committee has recommended that in view of the large number of formulations or drugs that are being used, the Government should consider reducing the number of drugs and the formulations which should be universal throughout India as has been done in Norway or as it being considered by the Government of the United Kingdom. Have they considered this?

DR. SUSHILA NAYAR: Sir, we have given that suggestion also to the Ministry of Industry who control the drugs industry.

THE VICE-CHAIRMAN (SHRI AKBAR ALI KHAN): The House stands adjourned till 11 A.M. tomorrow.

The House then adjourned at fifteen minutes past five of the clock till eleven of the clock on Thursday, the 5th December 1963..

GMGIPND—RS—828 RSD—23-1-64—550