[Mr. Speaker]

1966 be referred back to the Committee."

*The motion was adopted.*

**Mr. Speaker:** The Report is referred back to the Committee. Dr. Sushila Nayar.

**Shri S. M. Banerjee:** The Chairman should have resigned.

**श्री बागड़ी** (हिसार) : इस तरह के गलत फैसले करने से पहले सदन को . . .

**अध्यक्ष महोदय** : बड़े अफसोस की बात है । वहां मेरे साथ लीडर्स आफ ग्रुप्स बैठे थे और वह यहां भी बैठे हुए हैं . . .

**श्री मधु लिमये** (मुंगेर) : फैसला ठीक है . . .

**अध्यक्ष महोदय** : फैसला ठीक है तो ठीक है . . . । डा० नायर ।

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**13.11 hrs.**

## *DEMANDS FOR GRANTS—contd.

### MINISTRY OF HEALTH AND FAMILY PLANNING—contd.

**Mr. Speaker:** Further discussion and voting on the Demands for Grants under the control of the Ministry of Health nd Family Planning together with the cut motions moved.

The hon. Minister might continue.

**The Minister of Health and Family Planning (Dr. Sushila Nayar):** Mr. Speaker, I was yesterday, in the course of my reply to the debate on the Demands of the Health Ministry, referring to the question of family planning. I will add one or two points to what I had stated yesterday and then go on to the general health side.

It was stated by Dr. Chandrabhan Singh that IUCD was not a panacea. We agree that no one method is a panacea. That is why the Government is using all possible methods available so that we can see results in the form of reduction of the birth-rate in the shortest possible time. IUCD has only one advantage over some of the other method. It is a reversible process unlike sterilisation. We are recommending IUCD for those cases where there is one child or two and the couple may wish to have another, a third child. When couples have three or more children, we advise them on sterilisation vasectomy. If they do not want sterilisation, they can use any of the other methods; and the conventional contraceptives are being used.

I would like to take this opportunity to express the point of view of Government on the controversy regarding I.U.C.D. *vs.* the contraceptives pill which has been appearing in the newspapers from time to time So far as the pill is concerned, Government has not accepted it for mass use. The reasons are: firstly, the pill has to be used every day regularly for 21 to 22 or 23 days in the month, and if the woman forgets it for three days, in the month, the effect of the pill disappears. To expect our woman to take a pill every day regularly every month for three weeks throughout the reproductive period of one's life is a little bit too much; our people are not used to taking pills in that manner.

The second reason why we have not accepted it on a mass scale is that there are certain side effects that have been reported in the western countries where they have used these pills for some time. There were originally cases of thrombophlebitis of the leg vein, called the white leg, but of late there have been some eye complications. The fear is that thrombosis of the eye vein has in these cases resulted in loss of eye-

*Moved with the recommendation of the President.

sight. There are some suggestions in the western countries to the effect that the pill should have a caption that 'you are taking it at your own risk'. Under these circumstances, we feel it is not good for us to use the pill on a mass scale in India.

**13.14 hrs.**

[MR. DEPUTY-SPEAKER *in the Chair*]

Then the cost of the pill is also quite substantial. Even western countries are finding it a bit expensive, I am told, 7 or 8 dollars a month. Here it may be Rs. 8—10 per month; I believe they are willing to lower the cost of it. But even if it is Rs. 5 and even if we give it to a hundred million women, it means an expenditure of something like many crores of rupees every month. My arithmetic is not so strong; whether it is Rs. 5 crores or Rs. 50 crores, I would not be able to say immediately . . .

**Dr. Chandrabhan Singh** (Bilaspur): Rs. 50 crores.

**Dr. Sushila Nayar:** Rs. 50 crores is a very big sum and we cannot indulge in this large expenditure. Of course, if we believe that this is the only effective method, we should be prepared to spend the money. If there was nothing else and if this was the very best method available, we might consider it. But there are other methods available.

The fourth reason against the mass use of the pill is that those who recommend the pill themselves say that it should not be used if there is thyroid disease, if there is heart disease, liver disease, kidney disease, diabetes, if there is endocrine imbalance and so on. This means that there should be a very thorough medical examination before the patient can be prescribed the contraceptive pill. If we could have a thorough medical examination of our women, we might as well use the opportunity for giving them the loop which is taken once and then there is nothing more to be done, instead of leaving it to the chance that she takes the pill every day and does not forget about it. It is a well-known phenomenon that when the pill is stopped, fertility is at the very peak.

All these are reasons which have led us to the conclusion that the pill on the mass scale is not for us. On the doctor's prescription, any woman who wishes to use it can do so. Some of the women are using it in India. But we are not taking it as a mass scale. Loop is given once, and whenever the woman wants another child, the loop can be removed, maybe after 3, 5, 7, 10 years, and she can conceive, and have a baby.

It was stated that we need many women doctors for this programme and 50 per cent of the seats in medical colleges should be reserved for women students. I think that is going to be a little bit difficult. But I may inform the House that wherever admissions are being made on merit and merit alone, women upto 50 per cent and even more are finding admissions in many medical colleges. So I would plead for admissions in terms of merit and merit only, and there is no need for any special reservation of seats of any kind.

I might add that realising that there are many girls from modest families whose parents are not rich but the girls are bright and find admission to medical colleges, we have instituted a system of scholarships. We instituted 500 scholarships last year and we were able to give 481. We intend to give 500 every year so that during the five year plan, we will have 2,500 scholarships. These girls who will be given Rs. 100 per month will serve Government for family planning or any other work that Government may assign to them for the number of years for which they get the scholarship, certainly not for more than that period but within that period. They will have full salaries during their work and Government will have the doctors where they need them. We feel that these girls who are bright and who

[Dr. Sushila Nayar]

want to become doctors should be helped to do so without any undue burden on their parents.

A question was asked: 'You are doing all this, but are you getting any results?' We have certain results from certain areas. They show that there is a trend towards reduction of birth-rate in a number of districts. We are pursuing this matter further. Our vital statistics are not so good. But there are certain other techniques by which some sample surveys can be made and the trends tested. We are trying to introduce them and use them more and more so that we would be in a position to say with more confidence as to what is the reduction in fertility rate as a result of our efforts.

**Shri S. M. Banerjee** (Kanpur): In Calcutta and other places when women go to these clinics for family planning, they are not taken any notice of. They have to pay through the nose in private clinics in Calcutta and other places. Has the Minister investigated this?

**Dr. Sushila Nayar:** I know nothing of this situation. If the hon. Member will write to me giving details, I will take it up with the West Bengal Government.

**Shri S. M. Banerjee:** I will.

**Dr. Sushila Nayar:** To the best of my knowledge, the West Bengal Government is trying to provide free clinics in a large number of places. Our effort today is that every hospital, every institution where doctors are available, should give free service. The question of payment should not arise in these cases at all.

Now, Sir, to get back to the general health side, may I say that we would like to do a lot of things. I quite realise the difficulties that the hon. Members had narrated yesterday. There is not enough hospital accommodation, not enough of medicines and not enough of a number of other things. But, may I say, Sir, that we can only do our best within the resources made available to us. In the First Plan the total amount of money made available for health plan was Rs. 140 crores, which was 5.8 per cent of the total Plan outlay and Rs. 101 crores was spent; the shortfall was 28 per cent. In the Second Plan the money given to Health was Rs. 225 crores, which was 4.7 per cent of the total outlay and Rs. 216 crores was spent; the shortfall was something like 4 per cent. The performance was very much better. In the Third Plan we were given Rs. 341.8 crores which was 4.20 per cent of the total plan and we have spent Rs. 353.13 crores. We have spent more than what was allotted to us and have tried to give the best results that we could possibly give. What we will get for the Fourth Plan I am not in a position to say at the present moment. I may say that we had asked for something like Rs. 900 crores for medical care alone. The total demand that we put up before the Planners was to the tune of Rs. 2700 crores and more. Against that, in the first instance we were promised Rs. 1090 crores. Now we are told that it will be Rs. 949 crores. God only knows what ultimately it will turn out to be. We had asked for Rs. 900 crores for the medical care programmes and with that money we hoped to give at least one bed for a thousand population, we hoped to give decent district hospitals with all specialist facilities and we hoped to do a certain amount of good work by way of providing services for school-going children's health, and promote better nutrition, set up services of cancer control, mental health and so on. If we get only Rs. 160 crores as against Rs. 900 crores demand for medical care, how much can we do within that, the House can understand and appreciate. All that I can promise to the House is that we are trying to do our level best to make the best possible use of the money given to us and we are trying

to make one rupee give the results of two rupees, if it is at all humanly possible, by utilising all other resources, by bringing in the private voluntary organisations, voluntary services of Doctors, retired personnel and so on and so forth.

Another point which is very important to be borne in mind is that health in India is a joint responsibility. So far as medical care is concerned, it is in the State sector. The Central Government helps them in evolving certain overall policies, whether it is for communicable diseases control, or for certain other types of services. For specialist programmes, such as tuberculosis control or leprosy control etc., we help them with finances also. So far we have helped the States in medical education, communicable diseases control, family planning schemes, training programme of nurses, indigenous system of medicine, and so on. But so far as hospitals and dispensaries are concerned, the Government of India has not come forward to help the States in that sector. However, knowing the difficulties of the rural areas, the Government of India has tried to help with the primary health centres and the aspect of medical care covered by them. We are also helping the State Governments to integrate the preventive and curative services in such a manner that they try to prevent diseases, promote health and give treatment where it becomes necessary. In that fashion we are trying to get better results for the available resources.

When the Third Plan was ushered in, there were 391 malaria units working in the country and not a single one had completed its job. There was considerable anxiety at that time as to whether they would be able to complete their job or the programme would fail and fizzle out. Thanks to the very good efforts put in by our specialists and thanks to the co-ordinated efforts of the central and the State Ministries through the Central Health Council Resolutions and the follow-up action, today we are in the happy position wherein out of 391 units as many as 244 have already completed the job and they are in the maintenance phase, which means that 51.8 per cent of the job is completely finished. 160 units are in an advanced stage of consolidation, that is, prior to the stage of completion or entering into the maintenance phase. This makes 34 per cent. From this you will see that almost 86 per cent of the population today is completely protected from malaria, free from malaria and only 14.2 per cent of the job remains to be done. These units are still in the attack phase, but they are mostly in our border areas where we have got to continue the work till our neighbours complete the job from their side.

Similarly, small-pox was raging in the beginning of the Third Plan. During the Third Plan period the programme of small-pox eradication was worked out and taken up. We have vaccinated more than 80 per cent of the population. Some hon. Members were quite anxious and worried that there were cases of small-pox in certain areas. We are aware that there are certain pockets, particularly in the big cities and the Corporation areas where the migratory population is very considerable and where they have not been able to do as effective a job as one might wish. But, in spite of that, may I point out that in the period of November, 1962 to July, 1963 there were 85,496 cases of small pox with 26,394 deaths. In the same period during 1964-65 the number was 25,564 with 7,334 deaths. From this you will see that there has been considerable progress in the programme of small-pox eradication. During 1965 there has been still further improvement. There were something like 6,000 cases with 1500 deaths. This indicates that we are making good progress. May I say, Sir, that it is a continuing effort, which is necessary to keep our gains. All the new-borns must be vaccinated. In that, I beg of my hon. colleagues, the Members of this House and

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through them the State Legislators in their constituencies, to see to it that all the new-borns are continuously re-vaccinated and we do not slip back again into a situation where we may become vulnerable once again by accumulation of unvaccinated backlog.

Similarly, after the Chinese attack when we found that there were a large number of rejections in Army recruits due to trachoma and defective vision caused by trachoma, we took up the trachoma control programme in the whole country. We made concentrated efforts in four or five States where it was very heavily prevalent. The campaign was started in Delhi, Punjab, U.P., Rajasthan and Gujarat in the beginning and then we moved on to certain other States as well like Kashmir, Mysore, Bihar and so on. During the Fourth Plan we hope that we can do an effective job in completing malaria and smallpox eradication and also completing trachoma control so that we are free from these henceforth, and can direct our energies to other problems.

A number of hon. Members expressed concern regarding leprosy and tuberculosis. We are fully aware that these problems have to be tackled, and may I say that during the Third Plan considerable progress was made, but because there was shortage of money and malaria eradication consumed more funds than were allocated for it, the result was that we were not in a position to do as much for leprosy and tuberculosis control as we would have liked to do.

All the same, may I say that during the Third Plan we have set up 10 demonstration and training centres for leprosy, we have added something like 547 survey, education and treatment units and we have added 45 control units for leprosy work. Moreover, in the Third Plan for the first time we have brought the voluntary organisations into this work, and there are 30 voluntary organisations which are doing a very good job of leprosy control.

A new thing has happened. We have been continuing our researches, and as a result of researches carried out at the Central Leprosy Training Research Institute at Chingleput, our scientists have found that if we give prophylactic treatment with this drug DDS to the children in the homes of leprosy cases, they do not develop leprosy. Similarly, some other scientists in Africa have found that BCG vaccination projects against leprosy. So, we are now trying to use on both these devices, so that we can protect the children, and if new cases stop coming up, it will be easier to control and treat the cases that we have.

We have at the present moment under treatment something like 8 lakhs of cases, but there are in India to day something like 20 to 22 lakhs and there is a good bit of work that remains to be done.

I am glad to say that one more addition during the Third Plan has been a new leprosy research and training centre at Agra with Japanese assistance. The Japanese Buddhist Mission people felt that as they had been helped by the Christian missionaries to overcome the problem of leprosy in Japan, they would like to help Asia to overcome leprosy, and to start with, they have began their work in India. I hope and pray that we may get rid of leprosy from India fairly quickly, and we will join them to go and fight leprosy in other countries of Asia so that we can get rid of this disease.

With regard to tuberculosis, we had in the beginning of the Third Plan seven training and demonstration centres. We have 15 now. So, we have added 8, We had 307 clinics, and now we have 427. We had similarly trained 64 workers of various categories at the beginning of the Third Plan,

and by now we have trained 1,234. Another thing that we have started recently is free distribution of anti-tuberculosis drugs. We felt that it was not merely the patient in whose interests the drugs are necessary, but full treatment of known tuberculosis cases is necessary in the interests of the community, because if they can have treatment and become sputum negative, they will not spread the disease to other people It is necessary for all my hon. colleagues to help us in this programme of domiciliary treatment.

I wish to bring to their notice that domiciliary treatment today is giving as much as 93 per cent success in Madras in the Chemotherapy Centre. facilities in other places may not be as good and may need to the improved and enlarged. But it is obviously a very successful treatment, and there is no reason for us to lose heart. We can overcome the problem of tuberculosis provided we try and bring all those cases which have cough and fever and loss of weight to the clinics and we see to it that when they are put on treatment they take the treatment for a full year, that they do not drop out when they begin to feel better. In spite of the fact that they do not have to spend any more on the drugs, a number of them do leave the treatment in middle and go away. They need a little encouragement and persuasion, and in this it is not the Government agency but really the voluntary agencies scattered all over, be it in the form of Municipal Commissioner, Panchayat leaders and others who can really keep track of the cases in their own-areas. The basic health services that we are developing will also help in this campaign to a certain extent.

**Shri Sonavane** (Pandharpur): May I know whether this domiciliary treatment is given in the rural areas also, and if so through what agency?

**Dr. Sushila Nayar:** Tuberculosis clinics are being opened in the district headquarters in most places, but they are having microscopes installed in the primary health centres so that the sputum can be examined and sputum positive cases and some of the other cases from rural areas who have been diagnosed in the district clinics, can get treatment at the Primary Health Centres. They need not go back to the headquarters for treatment or for repeating the medicines over and over again, the medicines are given to them from the nearest primary health centre. This is the technique of tuberculosis control that we are following. We are doing it for the rural areas as well as for the urban areas, and, as I stated in answer to a question in the last few days, I think it was in the Rajya Sabha, the pilot project that we have started in Delhi wherein we are trying to bring the total number of tuberculosis cases in the Delhi City and villages under treatment is a magnificent experiment and it should open the way for us to control tuberculosis in all other big metropolitan areas, be it Madras, Kanpur, Ahmedabad or any other place.

Of course, in this process it is necessary that the Employees State Insurance, railways and all other agencies that are catering for certain groups of people should also come forward and play their full part. We are taking it up with them, and they are showing interest to move in this direction, I hope the joint efforts will produce worthwhile results during the Fourth Plan.

There is another thing, goitre, enlargement of the thyroid gland; all along the sub-Himalayan belt millions of people suffer from it. We had known about it, but somehow mass production of iodised salt and its distribution had not been taken up. We knew that iodised salt could prevent goitre and cure it, and yet somehow goitre control had not been taken up. During the Third Plan we have taken up mass production of iodised salt at Sambhar Lake and a second plant has been added at Calcutta. We

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are hoping before long to supply the requirements of the total affected population so that within a few years it should be possible to get rid of this disease.

Cholera and filaria are other problems which hon. Members expressed concern about. So far as cholera is concerned, the problem of water supply and sanitation is a very necessary part of cholera control, and I am coming to the problem of water supply in a few moments. What we have provided is that during the Fourth Plan we would like to take up the problem of water supply, sanitation and intensive health education in a concerted manner in the 48 or 49 districts spread over 8 States where cholera is endemic, so that it should be possible for us to do a good job of cholera control, besides making a big thrust forward in leprosy and tuberculosis control during the Fourth Plan.

In the meantime, our scientists have developed certain techniques of treatment for cholera, so that even advanced cases can be saved by giving them certain types of treatment. We have been trying this in Calcutta and it has proved very successful. I hope it will be possible to take it to other places also.

In this connection, I may also mention that for family planning also we are at the moment trying to have an intensive campaign in certain selected areas. We have selected Hooghly District in West Bengal, Kaira in Ahmedabad and Ambala in Punjab. We are taking up Delhi for an intensive campaign from 1st May, and it should be possible for us to show a distinct reduction in the birth rate in these places within a year or so, so that from the experience so gained, we can take the same technique to other areas with dense population. Something that I myself was not aware of previously and I shall share with the House and that is that. Out of a total of 320 odd districts, there are 47 districts in India wherein lives one-third of India's population. We propose to take up the family planning work intensively in these 47 districts as quickly as possible during the fourth plan so that we can make a dent in the population problem as early as possible.

Hon. Members referred to the difficulties of doctors in the rural areas. At the beginning of the third plan, we had 2013 primary health centres. At the end of the plan, we have 4796 centres. At the beginning there were 416 centres without doctors; at the end the number is 890, so that from 20.7 per cent, the percentage of centres without doctors has come down to 18.5 per cent in spite of the big expansion in primary health centres. I am not saying this is satisfactory; even this 18.5 per cent should disappear as quickly as possible. Further, we want two doctors now instead of one doctor at the primary health centres. I entirely agree with the hon. Members who made the suggestion that the doctors in rural areas must have better emoluments. We are taking it up with the state governments that they must give them some non-practising allowance and some difficult areas or rural areas allowance. More often than not, the housing conditions are not satisfactory and that is an important why the doctors do not like to go and live in the rural areas. The government has taken a decision that it will help them, apart from the construction of the primary health centres, in putting up houses for doctors and nurses so that these people will have a decent place to live in the rural areas. Intensive research was carried out to find out what are the causes that prevent doctors from going to the rural areas. Difficult living conditions were of course there, but another cause which came out very prominently was the intellectual isolation that the doctors suffered from when they went to the rural areas. We are trying to

work out a scheme by which specialists from the district headquarters will go to the primary health centres in the district at certain fixed intervals. There are 85 medical colleges now and the professors and teachers from these colleges can also go and visit these centres once a week, once a fornight, or at whatever interval it may be, so that these people do not suffer from that intel ectual isolation. We also propose to institute certain training programmes so that they can be brought back to the district headquarters for refresher courses and the like, But the thing which will succeed most is the complete integration of the rural service with the general service. Nobody wants to spend a life time in the rural area. If everyone is given a turn of 3 or 4 years, in the rural areas, they will be willing to take it in their turn. We are trying to work out thsese details with the States Government to find a satisfactory solution. Another answer is that if we have more doctors, some of these difficulties will disappear. We have done a good job in expanding medical education during the three plans. In medical education, in malaria eradication and in several other things we have exceeded the III plan targets. As against 75 envisaged by the III plan, we have 85 colleges; as against the planned admission of 8,000 a year by the end of the III Plan, we admitted last year something like 10 600 medical students. Dr. Chandrabhan Singh and Maharani Gayatri Devi drew attention to the shortage of teachers in the medical colleges. We are aware of this shortage. That is why we are giving as much emphasis as we can to the post-graduate training of our doctors. We hope during the fourth plan we can add thirty more medical colleges and increase the admission by some thing like 8 000, so that at the end of the fourth plan we may have something like 18,000 admissions a year as against 10,000 or so at the end of the third plan. We must give opportunities for post-graduate training and education to at least one quarter, if not more of this number every year to provide teachers as well as specialists. For that apart from the All India Institute of Medical Sciences, we have set up another post graduate institute at Pondichery and we would like to have a number of other regional institutes, one in Hyderabad, one in Maharashtra, one in Madras. But we can have them only if we get the necessary finance. We are taking it up with the finance ministry and as soon as we have their clearance, we shall go ahead with these schemes. But we are not concentrating only on post-graduate institutes. Some of the well-established medical colleges also are being used for post-graduate training. Dr. Chandrabhan Singh said that we should give post graduate scholarships in the 50 well established medical colleges. He will be glad to know that we have already been doing. We set up as many as 43 post-graduate departments during the third plan and we gave something like 1,200 or more post graduate scholarships also during the same period. We have at present post graduate facilities in India for something like 2,000 students for the degree course and 700 or a little more for the diploma courses so that the total facilities are a little less than 3,000. We must double this quantum during the fourth plan. If we want to prevent our young men and women from going abroad in search of higher training, they must have these opportunities within the country. Many of them would like to study in India.

Time does not permit me to go into the details about nursing education and other things. We are trying to do our best to push forward training programmes in nursing and for other para-medical personnel also because we feel that it is absolutely necessary for us if we are to get the results that we want. We have 86 000 doctors in India today and we have only 45 000 nurses. In other countries there are three nurses for

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every doctor; Here it is the other way round. We are doing everything possible to rectify this situation. In a number of states girls are not coming up for nursing training and many of them do not have the requisite educational qualifications for it, especially in States like Madhya Pradesh, Rajasthan, certain parts of U.P., Bihar etc. The auxiliary nurse-midwife training is being strengthened and expanded in these areas, so as to give an opportunity to the girls who are fit to take auxiliary nurse-midwifery courses. We are attempting to expand the health-visitors courses also so that they will have some avenues of promotion. They all get stipends. Few doctors we had 366 post graduate stipends at the beginning of the third Plan, and we had 1,222 by the end of the third Plan. During the third Plan we have trained 3,974 post-graduate doctors. There are now 45,000 nurses out of which 27,000 were trained during the third Plan and 18,000 were there already. We hope we can at least another 45,000 nurses and the same number, if not more, of auxiliary nurse midwives during the fourth Plan.

But the promotion of health does not depend merely on providing hospital facilities and training of doctors, etc. There is need for better nutrition; there is need for better health education, and I would agree with some of the hon. Members who had expressed dissatisfaction with the pace of health education. We have had health education bureaus at the Centre and the State levels, but we have not been able to generate the type of movement that is wanted, a mass movement to get rid of some of the age-old insanitary habits. I do not know if it is possible for the healthy people alone to do it. I think the educational authorities and voluntary bodies will have to come into it in a big way, and I also feel that some of the other agencies like the trade unions and individual social workers will also have to come into it in a big way. Some of the religious leaders also can help in this movement.

How is it that a person may be dying of hunger but if some food has dopped in the lavatory floor, he will never pick it up and eat it? Such a thing is considered dirty and we never do it, whatever happens. But, on the other hand, a fly sits on human excreta and the same fly comes and sits on food; everyone eats that food. The most pious Brahmin eats it and the other people eat it; they do not think what this fly has done and how dangerous it is to eat that food. This has got to be dinned into our people, this feeling has got to be instilled into their mind

**An hon. Member:** Catch hold of those flies.

**Dr. Sushila Nayar:** Catching hold of all those flies is not an easy or simple thing.

**Shri Shinkre** (Marmagoa): Take over all those temples where so much dirt is there, and where so many dirty things are practised every day, as for example, in Uttar Pradesh, etc.

**Dr. Sushila Nayar:** That is exactly what I am saying. The conscience for cleanliness has got to be roused. A feeling of horror against insanitation has to soak into the minds of our people. We are very clean from the personal hygiene point of view; we bathe, we wash our clothes, but we have not become conscious of the need for environmental sanitation. If the breeding places of flies and mosquitoes can be destroyed, then much can be achieved. Anyway, we hope that with the co-operation of all of you, it will be possible for us to intensify the health education campaign during the fourth Plan.

**Dr. M. S. Aney** (Nagpur): Out of these nurses, how many will she be able to distribute among the rural areas?

**Dr. Sushila Nayar:** We are trying to train them at the level of the district hospitals so that it would be possible to spread them within the districts. Many of the panchayats, etc., are coming forward to look after some of these girls when they are posted in the rural areas and I think this process will go still further.

**श्रीमती लक्ष्मीबाई** (विकरावाद) : मैं एक सवाल पूछना चाहती हूं।

**डा० सुशीला नायर** : मैं खत्म कर लूं, उसके बाद पूछ लीजिएगा।

Then, Maharani Gayatri Devi said something about water-supply and something about the Employees' State Insurance Corporation not spending the money that they have. My hon. friend the Deputy Minister in the Ministry of Labour, Employment and Rehabilitation is sitting here and he will give the answer on some of those points.

**Shri Dinen Bhattacharya** (Serampore): He is not in charge of the ESI. That comes under Social Security. (*Interruption*).

**Dr. Sushila Nayar:** Not now. But may I say a word in respect of E.S.I.C. They have a big programme of construction of hospitals, etc., and as soon as that programme is completed, much of the money that they have will not be there any more; it will be finished. The hon. Member also said something about very high standards in some of the ESI hospitals. I am glad there are high standards in the hospitals for the workers and labourers. Moreover, if some hospitals have high standards, they will serve as model for others also to fall in line. People may begin to clamour and ask for higher standards in hospitals. So there is nothing to feel critical about it because of the higher standards in those hospitals.

Then she said that we have given Rs. 20 lakhs to Rajasthan and Rs. 20 lakhs to Maharashtra for water supply and this was not fair. I think she was referring to a special grant that we had, a windfall, so to say, for local development works which had earlier been under the Planning Commission. We got something like Rs. 2 crores or a little over, which we distributed in the different States. Out of this sum, Rs. 20 lakhs were given to Rajasthan last year and Rs. 20 lakhs this year, so that they have Rs. 40 lakhs. But apart from that, Rajasthan was given quite a lot of money for water supply schemes. For instance, their expenditure in the first and second Plans together on water supply was Rs. 185 lakhs. In the third Plan alone, their expenditure on water supply was Rs. 230 lakhs. Over and above that, Rs. 40 lakhs were given to them out of the local development works, which takes the total up to Rs. 270 lakhs, and we gave them another Rs. 5 lakhs out of a grant which came to us from UNICEF, so that their total expenditure on water supply in the Third Plan is Rs. 275 lakhs by now. The proposals for the fourth Plan are in the nature of Rs. 13 crores, and I hope something substantial will come out of it.

Time is running out and so I will not mention some of the other communicable diseases. The question of water supply however, caused concern to a number of hon. Members several of whom have made certain comments and remarks, I would like to bring one thing to the notice of these hon. Members. That is, the Health Ministry does not deal with the totality of water supply schemes. We are in charge of piped water supply schemes or protected water supply schemes for the rural areas. That means wherever it is not possible to have wells dug, there we come into the picture. A number of hon. Members had asked why we are not doing the needful with regard to the requirements of Harijans and tribal areas. The needs of Harijans and the tribal areas are not being looked

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after by us. They are being looked after by the Social Welfare Department. Similarly, the sinking of wells, etc., is not being dealt with by this Ministry but by the Ministry in charge of Community Development. Questions were asked about the drought affected areas and the water supply problems there. That question is also being dealt with by the Ministry of Food and Agriculture.

If I may just mention one or two other points, so far as this Ministry is concerned, in the first Plan there were 272 schemes in the urban areas that were approved by the Health Ministry. In the second Plan 233 schemes were approved, and in the third Plan there were 519 schemes up to 31st December 1965 which had been approved by this Ministry. Similarly, the amount of money that was available has been spent and there is practically nothing left with us. About 90 per cent of the money that was available has been spent which is more than what has been done in the earlier Plans. The percentage of expenditure was 65 in the first plan, 80 in the second plan as against 90 in the third plan.

**14 hrs.**

In the rural areas, we have done the best we could with the resources at our disposal. We have spent 95 per cent of whatever was given to us, we have tried to give priority and emphasis to those areas where the conditions are very difficult—hilly areas and such areas where simple wells cannot be dug. We wanted something like Rs. 600 crores for completing this job. But we have been promised about Rs. 120 crores, out of which Rs. 40 crores will go to the Community Development ministry and the rest will be left with us.

Similarly for urban water-supply schemes, the requirements are of the nature of Rs. 1,000 crores or more. With every year that passes, estimates go on increasing. As against the requirement of 1,000 crores, we had asked for Rs. 600 crores. However, Rs. 371 crores is the total that we may expect for water-supply, urban as well as rural, if the promises that have been made are kept and there is no further reduction by the time the plan is finalised.

Some hon. members mentioned the working conditions of scavengers. The provision of implements, etc. to scavengers is dealt with under the Harijan Welfare department which is with the Department of Social Welfare and not with us. But we are vitally interested in seeing that their conditions are improved. For that purpose, we have been trying to discuss this subject every time in the local self-government ministers' conferences. We have worked out patterns and designs for simple water-borne latrines so that there can be installed wherever it is feasible to do so. Wherever it is not feasible, we have worked out certain designs of dry latrines which will be decent and which will not cause hardship to our Harijan brethern. We have presented these designs to the States. The enforcement of these things will have to be done by the local bodies in various places.

**Shri Priya Gupta** (Katihar): What about protective dresses for scavengers for cleaning drains and night soil?

**Dr. Sushila Nayar:** I do not know about protective dresses. But for going down into the drains, special boots, etc. are provided. Otherwise, generally speaking, special types of dresses will be very inconvenient in this weather. But the method of cleaning should be improved. I am convinced that the only way to solve the problem once for all is to institute water-borne latrines and do away with the dry system. But I am fully aware that it cannot be done overnight; it will take time and that

is why we have worked out improved types of designs for dry latrines.

**Shri Priya Gupta:** You should give some directive to corporations, municipalities and government departments like railways employing scavengers for removing night soil.

**Dr. Sushila Nayar:** Government appointed the Malkani Committee to go into this problem in detail. Even that committee has now come to the conclusion that improved implements will not solve the problem and the only permanent solution is to have water-borne latrines. I hope it will be possible one day to have these all over the country.

I have already exhausted the time that I had asked for, but there are still a number of points. I would not go into all of them, but I would take a little time to say something on ayurveda, because a number of hon. members felt concerned about it. It is a very sad thing that Shri Vidyalankar went into an all-out diatribe without really trying to understand things. I am afraid it is not emotion or anger that is going to solve the problem of ayurveda, but only a scientific and rational approach. I was very much encouraged to hear Dr. Melkote's unstinted praise for the work that is being done at Banaras. He has gone there and seen the type of work being carried on there, in a scientific spirit, to bring out the best in ayurveda and present it not only to India, but to the whole world. After all, why does anyone think that we are less patriotic than they are? If there are good things in our heritage of which we can be proud, we want to take the credit for that. Why do they think that the doctors are opposed to Ayurveda? Doctors are opposed to blind faith, unscientific approach and quackery.

**Shri Shinkre:** Does she not know that there are some people in our country who claim English language as their heritage? The very conception of heritage is undergoing such changes in this country that one wonders what is its exact meaning.

**Dr. Sushila Nayar:** I do not know who claim English to be their mother-tongue, except perhaps the hon. member, Shri Frank Anthony.

So, whatever is good we want to preserve; whatever needs to be built upon, we want to build upon. It was in this attempt that an earlier Health Minister started the system of training and education which has come to be known as the integrated system. The vaidyas raised a hue and cry and said, that was no good. It will only kill ayurveda. A panel was appointed by the Planning Commission in 1962 and they said that they wanted Shudha Ayurveda. They gave a very clear outline as to what type of training they wanted. We accepted their point of view. After all, they are the best judges. We said, "All right; go ahead and work out a syllabus". Now some of those very people, who insisted on *Shudha* Ayurveda are saying that *Shudha* Ayurveda is being forced on them. Who is forcing it on them. What is it that they want. Let them make up their mind. The Government of India are leaving it entirely to the States to pursue Ayurveda in any way they like. We are not in a position to enforce uniformity. Of course, we would like to have a Council which will standardise the training programmes. We are working towards the establishment of such a council. In the meantime, we are concentrating on research and higher training in ayurveda. An institute was set up by Shrimati Rajkuamri Amrit Kaur at Jamnagar years ago. It is worked well for some time. Then, some people said research in ayurveda must be done by ayurvedic methods and that was the end of the research there; it came to a sort of stagnation. So, we started this institute at Banaras under Dr. Udupa, who is a graduate of the Ayurvedic college at Poona. After that, he has studied modern medicine. Under his guidance, Banaras institute is making very good progress. He has drawn a number of bright peo-

ple into it who are working, studying and doing a really magnificant job, as Dr. Melkote has said.

**Dr. M. S. Aney:** I want to bring one example to the notice of the hon. Minister. There is a school of comparative practice of ayurveda, allopathy and also homoeopathy in one building at Nagpur. That has been going on for some years. Has the Minister read at any time the reports of that body?

**Dr. Sushila Nayar:** I must say, I am not aware of any college of comparative studies going under one roof. If Bapuji Aney will be so kind as to send me that report I will be glad to study it and use it to the best of my ability.

**Dr. M. S. Aney:** I have read it. I did not understand it. I, therefore, want the hon. Minister to understand that.

**Dr. Sushila Nayar:** I do not know of any such institution or its work.

May I say, Sir, during the Third Plan we have tried to go into some of the most urgent and fundamental needs of ayurveda and other indigenous systems of medicine. For instance, we have introduced control over ayurveda and unani medicines so that people will get what they want, what they are paying for and not some substitute and adulterated stuff. Similarly, we have started control over homoeopathic drugs. Application of the Act was already there but it was not being implemented. It is now being implemented. Apart from that, we have set up the Pharmacopoeia Committee for ayurveda so that the formulae of drugs that are commonly used can all be brought in one place and people will know what drugs they can have and how they are to be manufactured and so on. Apart from the Post-Graduate Training and Research Institute in Indian medicine at Banaras, we would like to have another one in Tibbia College here in Delhi and a third one at Trivandrum, and efforts are being made to make a move in that direction.

**Dr. U. Misra** (Jamshedpur): There is a feeling that your Ministry is mixing up ayurveda and unani and as a result unani medicines or unani colleges are not getting enough attention from you. What about that?

**Dr. Sushila Nayar:** May I say, Sir, that there is a separate Unini Advisory Committee and a separate Ayurvedic Advisory Committee? We have set up a separate Syllabus Committee for ayurveda and a separate Syllabus Committee for unani. They have worked out their own syllabi. Similarly, there are separate Research Committees and it is on their recommendation that we release the funds. Again, we have set up a separate Ayurvedic Pharmacopoeia Committee and a separate Unani Pharmacopoeia Committee. As for the unani colleges, as I said earlier, the unani colleges and ayurvedic colleges are all being dealt with by the State Governments and not by the Central Government. But so far as higher training and research are concerned we are taking interest, we are responsible. We are trying to have something started here in Delhi and also at Aligarh if we possibly can do so.

There is one other thing which is very important. There are a large number of very good plants scattered all over the country. We wanted some kind of a survey, some kind of a scientific study of them. We have set up the Survey of Medicinal Plants in the Alpine and Himalayan areas covering Yamuna, Bhagirathi, Bhilangana and Alakananda valleys and forests of Saharanpur and Dehra Dun, by a unit set up at Hardwar. Similarly, another unit for other Himalayan regions covering Uttarkhand, Kumaon region and Dehra Dun District has been set up at Ranikhet. We have also set up a unit in

the south and it is proposed to add some more units in the same manner. Apart from that, it was considered necessary that extensive study be made of some of these herbal medicines, the *jadi-booties*, as Swamiji said yesterday, and for that we have set up composite drug research units. There are vaidyas who try a drug and if they say that the drug is effective, then that drug is taken up by the chemist to study its chemical properties, by the pharmacologist to study its pharmacological properties and by the botanist to identify it and number it as they call it Pharmacoguosy. Ten circuits have been set up and they have been doing good work. Apart from that, we have set up the Jawaharlal Nehru Medicinal Plants Garden and Herbarium near Poona at Kothrud. They are also doing good work. We have also a scheme to set up a 500 acre plantation of medicinal plants near Nasik and the Maharashtra Government is helping with lands. Laboratory tests etc. are also being worked out so that a study can be made and the various requirements of ayurvedic and unani systems can be met to the best of our ability.

Something was said about the importance of medical research. I am glad that hon. Members did think of the importance of research and said that no cut should be applied to research. I would like to assure the House that we ourselves are very keen on research and there is no desire at all to take away money from research during the IV Plan period. As a matter of fact, we have been able to do a good deal for increasing the expenditure on research. In fact, when we started the 3rd Plan, the budget for research was something like Rs. 40 lakhs a year. In the last year of the 3rd Plan, it was Rs. 1,06,00,000 and in the coming year it is likely to be still higher, maybe it will come to Rs. 1,50,00,000 or even more. In the meantime a number of other things have been done to encourage research. We have set up, what is known as, a research cadre. We have also set up certain super-numerary posts in order to enable some of our young people coming from abroad to straightaway start working and not be frustrated because immediately the jobs are not available. We have also taken some of the retired people and we have put them on various types of research schemes, as "emeritus scientists". A number of research activities have been intensified .

Apart from that, the nutrition research work at Hyderabad has attracted world-wide attention. Its work is of a very high quality. Similarly, our research centre in tuberculosis at Madras has attracted world-wide attention. The WHO has published the research done there, as a chronicle. It is a very creditable performance on the part of our scientists. We have started recently a new institute of registery of pathology. We are also setting up an institute for the study of industrial medicine and industrial health. Therefore, I would like to assure the House that research is very dear to us and we are not likely to do anything to injure the interests of research.

Sir, while there may be certain other points which I have omitted, I have tried to answer most of the major points to the best of my ability. I have tried to answer some of the salient points and mentioned the important projects. May I say, Sir, that our effort continues to be to control communicable diseases, overcome preventable diseases, as quickly as possible, and provide integrated curative and preventive service for our people. We try to keep them healthy as far as possible, and when that is not possible we try to give them treatment. For that purpose, Sir, we have improved the administration of the Drug Control Act and the implementation of Prevention of Food Adulteration Act. There are far less complaints than there were previously particularly in the field of quality of drugs and the prices of drugs.

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I would like to take this opportunity to express my gratitude to the drug trade which has co-operated with us, by and large, in maintaining the prices of drugs, in spite of the fact that the prices of other things have gone up. It is true that we have the Price Control Regulation but it was with the co-operation of the trade that we have been able to maintain the price line. The retailers of Maharashtra have set an example in this matter. The wholesalers allow them a margin of profit of something like 30 per cent. They said that they will take only a margin of 10 per cent. They have voluntarily forsaken a portion of the profit which is permissible to them. I hope this spirit and co-operation of the trade will continue to be with us in the coming years also.

Something was said about the Patents Bill. May I say that the Patents Bill is being dealt with by the Industries Ministry and not by the Health Ministry. We are vitally interested in it and we hope the report of the Joint Committee will come out very soon so that this House will be able to pass that Bill before the life of the present Lok Sabha ends.

May I say that I am most grateful to my hon. colleagues who have expressed appreciation for what little we have been able to do and who have been throughout co-operative in various ways, in making suggestions and in taking up certain responsibilities when we have requested them to do so? I thank them and I thank you, Sir, for giving me so much time.

**श्री रामेश्वरानन्द** (करनाल) : उपाध्यक्ष महोदय, मैं एक प्रश्न पूछना चाहता हूं ।

**उपाध्यक्ष महोदय** : काफी समय हो गया अब आप बैठ जाइए ।

**श्री रामेश्वरानन्द** : मुझे एक मिनट का समय दिया जाए जो उन्होंने कहा है उसी के सम्बन्ध में मैं कुछ कहना चाहता हूं । मैंने कल कुछ सुझाव दिए थे ।

**उपाध्यक्ष महोदय** : उनका जवाब दे दिया है ।

**श्री रामेश्वरानन्द** : मैं एक मिनट से अधिक समय नहीं लूंगा ।

वह जो इतना कर रही हैं मैं उसका हृदय से स्वागत करता हूं । आप बड़ा परिश्रम कर रही हैं । कल मैंने आपको सुझाव दिए थे कि आप व्यायामशालाएं खोलने, ब्रह्मचर्य की शिक्षा देने और योगाभ्यास के लिए कुछ यत्न करें ।

**डा० सुशीला नायर** : स्वामी जी कल यहां पर नहीं थे जब मैंने जवाब दिया था । मैंने उस समय कहा था कि हम तो ब्रह्मचर्य की शिक्षा का बड़ा स्वागत करते हैं और इस काम को आगे बढ़ाने के लिए स्वामी जी और स्वामी जी जैसे अन्य महात्माओं का सहयोग चाहते हैं, उनकी मदद चाहते हैं ।

इसके अलावा, श्रीमन्, जहां तक योगाभ्यास वगैरह का ताल्लुक है, उसके लिये हमारे यहां एक कमेटी है नेचर क्योर की, उसमें योगाभ्यास वगैरह का भी कुछ अभ्यास अनुसन्धान होता है । कई जगह हमने केन्द्रीय सरकार के कर्मचारियों के लिए व्यायाम केन्द्र खोले हैं, उनमें आसन वगैरह सिखाने के लिए व्यवस्था की है । वैसे व्यायामशालाओं का काम शिक्षा मन्त्रालय के अधीन है ।

By taking this opportunity, I want to clarify one other point. Yesterday, Dr. C. B. Singh stated that the All India Institute of Medical Sciences had not given any teachers to other medical colleges. That is not correct. The All India Institute of Medical Sciences has produced so far 285 post-graduates out of which 64 are teaching in the Institute itself and 221 are teaching in other institu-

tions and medical colleges. Apart from that, 50 teachers at different levels within the Institute have also gone to other medical colleges. The Institute may not have done as much as one would like it to do, but the Institute has certainly played a part in providing teachers to other medical colleges.

**Mr. Deputy-Speaker:** Have I to put any of the cut motions separately? No. I will put all the cut motions together to the vote of the House.

*The cut motions were put and negatived.*

**Mr. Deputy-Speaker:** The question is:

"That the respective sums not exceeding the amounts shown in the fourth column of the order paper, be granted to the President, to complete the sums necessary to defray the charges that will come in course of payment during the year ending the 31st day of March, 1967, in respect of the heads of demands entered in the second column thereof against Demands Nos. 41 to 43 and 127 relating to the Ministry of Health and Family Planning."

*The motion was adopted.*

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

DEMAND NO. 41—MINISTRY OF HEALTH AND FAMILY PLANNING

"That a sum not exceeding Rs. 20,72,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1967, in respect of 'Ministry of Health and Family Planning'."

DEMAND NO. 42—MEDICAL AND PUBLIC HEALTH

"That a sum not exceeding Rs. 13,49,24,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1967, in respect of 'Medical and Public Health'."

DEMAND NO. 43—OTHER REVENUE EXPENDITURE OF THE MINISTRY OF HEALTH AND FAMILY PLANNING

"That a sum not exceeding Rs. 40,27,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1967, in respect of 'Other Revenue Expenditure of the Ministry of Health and Family Planning'."

DEMAND NO. 127—CAPITAL OUTLAY OF THE MINISTRY OF HEALTH AND FAMILY PLANNING

"That a sum not exceeding Rs. 9,75,78,000 be granted to the President to complete the sum necessary to defray the charges which will come in course of payment during the year ending the 31st day of March, 1967, in respect of 'Capital Outlay of the Ministry of Health and Family Planning'."

MINISTRY OF LABOUR, EMPLOYMENT AND REHABILITATION

**Mr. Deputy-Speaker:** The House will now take up discussion and voting on Demand Nos. 70 to 74 and 134 relating to the Ministry of Labour, Employment and Rehabilitation for which 6 hours have been allotted.

Hon. Members desirous of moving their cut motions may send slips to the Table within 15 minutes indicating which of the cut motions they would like to move.