

Public Health Policy during British India: Committees Introduced By the Government

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ABSTRACT:: Amartya Sen and Jean Dreze argues, Public Health has been ‘one of the most neglected aspects of development in India’.

Article 25 of the Declaration states the following: “everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including..... medical care..... and the right to security in the event of..... sickness [and] disability.....”

The evolution of public health in British India and the history of disease prevention in that part of world in the 19th and early 20th century provide a valuable insight into the period that witnessed the development of new trends in medical systems. The Colonial government set up and strengthened an organized medical system in Colonial India. Due to lack of responsible governance, proper planning and participation of natives, public health policy got the failure in India. Public health services in India have largely been neglected for the very long time. Over the past decades, in India several commissions and committees were appointed by the Government of India to examine the issues and the challenges facing the health problems of the natives’ i.e. **Bhore Committee, 1946; Mudaliar Committee, 1962; Chaddha Committee, 1963; Mukherjee Committee, 1965; Jungalwala Committee, 1967** etc. **Plague, Cholera, Smallpox, Leprosy and Malaria** are the epidemics diseases which were having the devastating effects during that period. An improved standard and strategies of government is a prerequisite for the success of healthy policy planning in India.

KEYWORDS: Colonial India, Epidemic Diseases, Government Committees, Health Policy, Public Health etc.

I. INTRODUCTION

In the years between 1760 and 1860, India was the main focus of European Colonial expansion only. Before the Colonial Period, public health activities were very little known to the natives of India. In that era, main stream of medical care among the society was Ayurveda. Home-based care appeared to be the dominant feature. There were only little organized efforts to treat diseases and to prevent deaths. The main focus, in that era, was continued to prevent and cure only Europeans and a section of Indian population for whom the British Government had the direct responsibility to protect and prevent. Sanitary Commissioners were also getting appointed by the Provincial and Central government in the late 1860s, to oversee the health of the Indian population and the annual reports of mortality among the natives from the various infectious diseases were recorded by them. They were appointed to initiate the new principles to health care and were having the responsibility of it given by the Colonial government. The evolution of public health in British India and the history of disease prevention in that part of world in the 19th and early 20th century provide a valuable insight into the period that witnessed the development of new trends in medical systems. The Colonial government set up and strengthened an organized medical system in Colonial India. This medical system has replaced the indigenous medicines. Public health efforts were focused largely on protecting the British civilians and army cantonment earlier, to early detection and control of the contagious and epidemic diseases. Sanitation was given the top priority. But due to lack of responsible governance, proper planning and participation of natives, public health policy got the failure in India. Public health services in India have largely been neglected for the very long time. Poor public health services result in high cost of illness, debility and death, and the poor people are the main sufferers.

II. COMMITTEES APPOINTED BY THE BRITISH GOVERNMENT

Over the past decades, in India several commissions and committees were appointed by the Government of India to examine the issues and the challenges facing the health problems by the natives. The purpose of the formation of these committees was to review the current situation regarding health status in the country time to time. And these committees were formed to suggest and to take the further step of action in order to accord the best healthcare to the natives of India itself. By the reports of these committees, the options, lessons and challenges for strengthening India’s Health System were revealed and the new actions were taken up to cure the population.

To control the effects of epidemic diseases committees and commissions were appointed by the British Colonial Government –

The Health Survey and Development Committee (Bhore Committee), 1946 -

This committee was appointed by the Government of India to survey the existing health system in India and to make recommendations for the future developments regarding public health care. The committee observed that if the nation's health is to be built, the health programme should be developed on a foundation of preventive health work and that such activities should proceed side by side with the treatment of the patients. This committee was conducted for bringing out the public health reforms in India.

Mudalliar Committee, 1962 -

This committee was appointed by the All India Health Services, Government of India to strengthen district hospitals, to survey the progress in health system, and to make the recommendations for future development and expansion of health services in India. This committee has its own important role as it has found the quality of the health services provided by the primary health centers and advised to strengthening it as well. This committee was also popularly known as the 'Health Survey and Planning Committee'.

Chaddha Committee, 1963 -

This committee was also appointed by the Government of India to examine the necessary arrangements for the maintenance of the National Malaria Eradication Programme. The purpose of this committee was to prepare malaria workers to function as multipurpose worker. So the committee recommended that the vigilance operations through monthly home visit should be in the responsibility of the general health services through basic health workers, and one basic health worker were recommended upon per 10,000 populations to improve the existing health system in India.

Mukherjee Committee, 1965 -

The Purpose of this committee was to separate staff for family planning programmes and activities, as the states were finding it difficult to take over the whole burden of the maintenance of the Malaria eradication programmes and other mass programmes like family planning, smallpox, leprosy and etc. due to the lack of funds. So the committee has worked out to strengthen the basic health system at the higher level of administration of India.

Jungalwala Committee, 1967 -

This committee was unified for all the problems regarding health care in India. It had noted the importance an urgency of integration of health services. And the committee known as the 'Committee on Integration of Health Services' appointed by the government doctors, to examine the various problems including the service conditions. The committee stated that "integration should be a process of logical evolution rather than revolution."

III. CONCLUSION

British were believed that they had brought the civilization to the India by the end of the 19th century, and had implanted it among the Indians for the further reforms. Some of the British were feeling that British rule was essential for the development of India. British were believed that they are superior to the native people of India with their ability, integrity, science and technology as they introduced communication by building railways, telegraph lines, roads, irrigation, hospitals and all necessary for the civilization. Enormous amounts of work were done for the prevention of epidemics to save the lives of people in India. **Plague, Cholera, Smallpox, Leprosy and Malaria** are the epidemics diseases which were having the devastating effects during that period. The Colonial Government started to take great efforts to prevent the contagious diseases, but due to the lack of funds they could not be fulfilled into their aims to prevent the natives with these epidemics diseases. Afterwards, a network of hospitals and dispensaries was set up throughout India under the control of Imperial Government, i.e. The First Hospital in India was the **Madras General Hospitals (1679), The presidency General Hospital, Calcutta (1796), Medical College Hospital, Calcutta (1852), Calcutta Medical College (1835)** etc. Indian medical services flourished in the late 19th and early 20th century with the drastic improvements in British India. Further with their great efforts they coped up with the deadly epidemics like plague and cholera. And at the end smallpox; an epidemic disease has been eradicated to the India. Leprosy and Malaria has been successfully controlled. The history of vaccination can be traced back to 1802 when a Superintendent General of Vaccination was appointed in India after the discovery of Smallpox Vaccine. Vaccination against Smallpox developed by the **Edward Jenner** in the 1760s. Smallpox was the main target at that era of contagious diseases. When the British Empire came into the power in India, they faced a new set of

challenges of epidemic diseases that were completely endemic. India was a vast country with a number of its own peculiar diseases. But the British tried to deal with all the deadly diseases, to control it and prevent the local population with their efforts. Since the provision of health under the Indian Constitution falls among the state subject, each state is empowered to formulate its own health programme and strategy for the betterment of Indian natives. This kind of improved standard and strategies of government is a prerequisite for the success of healthy policy planning in India.

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