

**THE
PARLIAMENTARY DEBATES
OFFICIAL REPORT**

[VOLUME]

**PROCEEDINGS AND DEBATES OF THE FIRST SESSION OF THE NATIONAL
ASSEMBLY OF THE THIRD PARLIAMENT OF GUYANA UNDER THE
CONSTITUTION OF GUYANA**

119th Sitting

2 p.m.

Friday, 21th January, 1977

MEMBERS OF THE NATIONAL ASSEMBLY

Speaker

Cde. Sase Narain, O.R., J.P., Speaker

Members of the Government – People’s National Congress (50)

Prime Minister (1)

Cde. L.F.S. Burnham, O.E., S.C.,
Prime Minister

(Absent – on leave)

Deputy Prime Minister (1)

Cde. P.A. Reid,
Deputy Prime Minister and Minister of
National Development

(Absent)

Senior Ministers (9)

Cde. H. D. Hoyte, S.C.,
Minister of Economic Development

(Absent)

*Cde. H. Green,
Minister of Co-operatives and
National Mobilisation

(Absent – on leave)

***Non-elected Member**

- *Cde. H. O. Jack,
Minister of Energy and Natural Resources (Absent)
- *Cde. F. E. Hope,
Minister of Finance (Absent)
- *Cde. S. S. Naraine, A. A.,
Minister of Works and Housing (Absent)
- *Cde. G. A. King,
Minister of Trade and Consumer Protection (Absent)
- *Cde. G. B. Kennard, C. C. H.,
Minister of Agriculture (Absent)
- *Cde. C. L. Baird,
Minister of Education and Social Development (Absent)
- *Cde. F. R. Wills, S. C.,
Minister of Foreign Affairs and Justice (Absent)

Ministers (5)

- Cde. W. G. Carrington,
Minister of Labour (Absent)
- Cde. S. M. Field-Ridley,
Minister of Information and Culture (Absent – on leave)
- Cde. B. Ramsaroop,
Minister of Parliamentary Affairs
and Leader of the House
- *Cde. O. M. R. Harper,
Minister of Health
- *Cde. C.V. Mingo,
Minister of Home Affairs (Absent)

Ministers of State (9)

- Cde. M. Kasim, A. A.,
Minister of State for Agriculture (Absent)

***Non-elected Member**

Cde. O. E. Clarke, Minister of State – Regional (East Berbice/Corentyne)	(Absent)
Cde. P. Duncan, J.P., Minister of State – Regional (Rupununi)	(Absent)
Cde. C. A. Nascimento, Minister of State, Office of the Prime Minister	
Cde. K. B. Bancroft, Minister of State – Regional (Mazaruni/Potaro)	(Absent)
Cde. J. P. Chowritmootoo, Minister of State – Regional (Essequibo Coast/West Demerara)	
*Cde. W. Haynes, Minister of State for Consumer Protection	(Absent)
*Cde. A. Salim, Minister of State – Regional (East Demerara/West Coast Berbice)	(Absent)
*Cde. F. U. A. Carmichael, Minister of State – Regional (North West)	(Absent)

Parliamentary Secretaries (6)

Cde. J. R. Thomas, Parliamentary Secretary Minister of National Development	
Cde. M. M. Ackman, C. C. H., Parliamentary Secretary Office of the Prime Minister and Government Chief Whip	
Cde. E. L. Ambrose, Parliamentary Secretary, Ministry of Agriculture	(Absent)

***Non-elected Ministers**

Cde. S. Prashad,
Parliamentary Secretary,
Minister of Co-operatives and National Mobilisation

Cde. R. H. O. Corbin,
Parliamentary Secretary,
Ministry of Education and Social Development

Cde. M. Corrica,
Parliamentary Secretary,
Ministry of Works and Housing

(Absent – on leave)

Other Members (19)

Cde. L. M. Branco

Cde. E. M. Bynoe

Cde. E. H. A. Fowler

Cde. J. Gill

Cde. W. Hussain

Cde. S. Jaiserrisingh

Cde. K. M. E. Jonas

(Absent)

Cde. M. Nissar

Cde. L. E. Ramsahoye

Cde. J. G. Ramson

Cde. P.A. Rayman

(Absent)

Cde. E. M. Stoby, J. P.

(Absent)

Cde. S. H. Sukhu, M.S., J.P.

Cde. C. Sukul, J.P.

Cde. H. A. Taylor

Cde. R. C. Van Sluytman

Cde. L. E. Willems

Cde. C. E. Wrights, J.P.

(Absent)

Cde. M. Zaheeruddeen, J.P.

Members of the Opposition (16)

(i) People's Progressive Party (14)

Leader of the Opposition (1)

Cde. C. B. Jagan

(Absent – on leave)

Deputy Speaker (1)

Cde. Ram Karran

Other Members (12)

Cde. J. Jagan

Cde. Reepu Daman Persaud, J. P., Opposition Chief Whip

Cde. Narbada Persaud

Cde. C. Collymore

Cde. S. F. Mohamed

Cde. L. Lalbahadur

(Absent – on leave)

Cde. I. Basir

(Absent – on leave)

Cde. C. C. Belgrave

Cde. R. Ally

Cde. Dalchand, J. P.

Cde. Dindayal

Cde. H. Nokta

(ii) Liberator Party (2)

Mr. M. F. Singh

Mrs. E. DaSilva

OFFICERS

Clerk of the National Assembly – F. A. Narain

Acting Deputy Clerk of the National Assembly – A. Knight

PRAYERS**ANNOUNCEMENTS BY THE SPEAKER****Leave To Members**

The Speaker: Leave has been granted to the Cde. Prime Minister and to Cde. Baird for today's sitting and also to Cde. Basir.

PUBLIC BUSINESS**BILLS – SECOND AND THIRD READINGS****NURSES AND MIDWIVES REGISTRATION (AMENDMENT) BILL 1976.**

A Bill intituled:

“An Act to amend the Nurses and Midwives Registration Ordinance and to make consequential amendments to other laws”.

[The Minister of Health.]

The Speaker: Cde. Minister of Health.

The Minister of Health (Cde. Harper): Cde. Speaker, I beg to move that the Nurses and Midwives Registration (Amendment) Bill 1976 be read for the Second time.

As most of the members of the House are aware, the present Nurses and Midwives Bill was originally instituted long ago at a time when the proponents of the Bill shared a different sense of perspective and sense of urgency concerning the training and regulation of Nurses and Midwives in Guyana. This Bill is intended to amend the Ordinance in order to enable the

Government of Guyana to improve the measure of guidance and direction and planning affecting the Nurses and Midwives in this Republic.

Originally, the Bill was constructed in a way that made the General Nursing Council an autonomous body which was responsible to no one for its actions and accountable to no one for the effectiveness of its programmes. The purpose of this Bill is to restructure the General Nursing Council in a way to give adequate representation to different levels of the professional nurses and midwives in this country, to reflect the philosophy of regionalism by making it possible for regional representation which was not thought of in the original Bill and, at the same time also, to give the professional nurses and midwives a majority on the Council which they did not have before. This majority would be chosen by election by representatives in the register.

The Bill also seeks to make statutory the appointment of the Principal Nursing Officer as Chairman of the Council. In this way, as is the case in the Medical Council, the Principal Nursing Officer like the Chief Medical Officer will have the opportunity to co-ordinate, direct and control the policy and implementation of the Government and the Ministry of Health in an effective manner.

This Bill, we believe, is significant because the nurses and midwives represent the largest single group of our Health workers in Guyana and their services affect a large proportion of our population. As a matter of fact, every member of this House would know that the majority of Guyanese – and this includes me – have been delivered into this world by a midwife and we feel that we would like to bring the training of our nurses and midwives in accordance with the national policy and programmes that are now being re-organised, reinstated and implemented.

Your will note that the Bill suggests that the Minister should nominated 6 members. In the original Bill there were 2 members nominated by the Guyana Medical Association, one by the Sick Nurses and Dispensers Association; the rest were appointed by the Minister. We feel that the Minister should be allowed flexibility in the appointment of these 6 members. Through

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the years we have had a gentleman's agreement with the nurses that the Minister's appointments should include a representative from Guyana Medical Association, a representative from the Sick Nurses and dispensers Association, a representative from the Ministry of Education because the functions and responsibilities of the Guyana Nursing Association are not only registering nurses and midwives but preparing the examinations and listening to appeals through the Education Committee concerning examinations. For this reason we also include, in the number of nominees by the Minister, a lawyer or somebody with a legal background who would advise the Nursing Council on legal problems that might arise.

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However, it is felt that since the Minister, under this new Bill, would have the authority to give suggestions and directions to the Council, some of the technical expertise might co-opted as members of the Council when needed and that any imbalances, professional or otherwise, educational or otherwise, could be remedied by the authority vested in the Minister to appoint six people.

I would like it clearly understood that the modern concept of health management systems and health administration involves the health team where members of different disciplines have to work together in order to achieve a health objective. It has been recommended to the Minister and to the Government that, this being the case, it is no longer necessary to have as many physicians on the Council as traditionally used to be the case, but perhaps, at this point in time of our Guyanese history, it may be advisable to appoint perhaps a behavioural scientist, because we are now engaged in restructuring the training of all levels of our health personnel, and this includes nurses and midwives and we are endeavouring to make the programmes more relevant not only to the needs of the population but more relevant to the people who have the attitudes that we feel are requisite and necessary for engaging in the health services.

For this purpose, I wish this Bill to be accepted in the spirit in which it is presented, as a Bill which is intended to improve the organization and management of the registration and training of midwives and nurses in Guyana.

Question purposed.

The Speaker: Before we debate this Bill, I would like to draw your attention to Standing Order No. 48 (1) and I propose adhering to this very strictly:

“On the second reading of a Bill a debate may arise covering the general merits and principles of the Bill.”

I am not going to allow a roving commission to deal with the whole health service or the medical service. I am only going to allow the debate which is relevant to the Bill before the House.
Cde. Janet Jagan.

Cde. J. Jagan: Cde. Speaker, I had wished that it would have been possible in the spirit of critical support to have given support to this Bill but on a careful examination of it, I am surprised and somewhat horrified at what lies beneath this Bill.

The Minister just now spoke about the sense of urgency. I sympathise with his sense of urgency because I have information which is reliable that the reason for this Bill being brought to this House stems from a matter which I wish I did not have to bring before this House, but, since it relates to this Bill intimately, I must bring it. It deals with the question of the General Nursing Council's rights in connection with applications made for young women to enter nursing training, and it deals with the question of the interference of political big wigs into the affairs that really do not concern them.

In this particular matter which brought forward the Bill which we are talking about today, a young woman was pushed into training when she did not have the requirements for entering nursing. She could have used one of the three possibilities of entering nurses' training, that is, she could have taken the examination which she flatly refused to do: she had been to National Service and that was her only qualification for entering the nursing profession. She was offered the possibility of taking the regular examination which is set by the Ministry of Education and she refused because she had heavy political backing. This is a crying shame.

The Minister knows as well as I do that this is why the Government is now trying to fill the Nursing Council with appointees by the Minister, to take away from the General Nursing Council the rights and privileges it has enjoyed and, I think, has used quite well through the years. We are going to now convert our nursing profession, which is so important to the well-being and welfare of this nation, into another political instrument, and instrument of political patronage.

For this reason I cannot support the Bill and I cry shame on those who have brought it forth. I am surprised that the Minister of Health, who has certain standards which I know he adheres to, has allowed himself to be used and to use such fine and technical and professional language to put before this House an instrument for politicising the nursing profession. We need in this country - **[Interruption]**

The Speaker: Comrades, please allow the shadow Minister of Health to speak on the Bill.

Cde. J. Jagan: From our side of the House, we want to see the standard of the nursing profession improved. We have seen that the Government is planning to have a section of the University of Guyana training health workers and, I am sure, lifting nursing even above the standard it is today by having nursing move into the area of Degrees; we want women with Degrees in Nursing; we are making plans for this. You will have to start from the beginning. A

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woman entering nursing must have certain basic requirements; we know this. She cannot understand, appreciate or absorb the scientific aspects of nursing unless she has some basic scientific education. You cannot take a young woman with no understanding whatsoever of science or mathematics and expect her to become a good nurse. She needs certain basic requirements, and we all know that. You cannot be a good nurse unless you know something of anatomy, physiology, psychology, and bacteriology. A woman with no knowledge of the rudiments of bacteriology will do as I have seen nurses, who have not been properly trained, do. For example, they will dip an injection needle into a solution of alcohol and pull it out and think that is it, not having the faintest idea of the length of time required to destroy the bacteria.

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A woman who has no knowledge of Mathematics will find it hard to understand the use of a thermometer, the use of blood pressure equipment, the requirements for dosage of medicine and the filling of injection syringes to the correct point. This requires certain basic knowledge. And, if you are going to send women into the nursing profession just because they have a P.N.C. card or just because they have served a year's National Service, I say you are going to reduce the standard of nursing and you are going to be sorry. It should be our intention to improve the level of nursing and we should not make the nursing profession an instrument of political maneuvering.

The Minister told us a few minutes ago that he would like flexibility for the Minister making the selections to the General Nursing Council, "flexibility" being the key word, flexibility to put in those who will bow to the wishes of the political big wigs who, for one reason or another, have people whom they wish to enter nursing training, people who do not have the requirements or are unprepared to sit the examination. This is not good enough.

I understand that there are three levels of requirements for entering the nursing profession. First, the highest requirement: four G.C.E. subjects including English. The other is a Certificate at the C.P. and the other is to take an examination set by the Ministry of Education.

In selection of nurses, it is not only what I have mentioned earlier – the academic qualifications required – it is not only the need for understanding science, having basic Mathematics, but there is also an attitude to work that is the key to successful or unsuccessful nursing. Nursing is a profession. It is not like a stenographer; it is not like needle work; it is something very special. It requires women who first of all have an aptitude for nursing. Agreed, that a woman can develop an aptitude if she has the possibilities but even more than the aptitude, I would say it requires a certain outlook on life, a quality which is not exactly easy to express but let us call it a humanitarian streak, an understanding of what it means to want to help suffering humanity. Without a certain quality in any medical worker of wishing to help people in distress, we cannot have a professional attitude.

The Minister has earlier discussed what unfortunately exists: the shopkeepers' attitude of many of our professional men who put money ahead of service. In nursing, a woman has to be prepared not to be a robot who merely learns to give injections and pass out medicines and put a bed in order and give the patient his bed bath and so on. It requires just that extra quality more that cannot be found except by interview and association. That is why many nursing schools have a period of probation after the entrance of the girl into nurses' training, to determine if the woman really can become a useful member of the community in the nursing profession. As the Minister must know from his own experience, not every woman can make a good nurse. It requires a lot more. It is not just being able to fulfill the visible requirements of the profession but it is the extra interest that a woman must put in to become a good nurse: it is her understanding and her attitude to life.

Also, if we are going to raise nursing to the degree level, we have to have women who are prepared not to stop learning when they get their Certificate of Nursing but are prepared to learn more because nursing, like all aspects of Medicine, moves, develops, changes from month to month, from year to year and there is a lot of literature and a lot of new techniques and things that have to be kept up with. So, how are we going to get these women? By having the politicians pushing favourites, pushing those who for one reason or the other, at the political level, deserve a reward, what we call “political patronage”? I am afraid this is what this Bill is all about and I think that it will not help this country.

I wanted, too, to refer to another aspect of the nursing profession which is going to lead us to all sorts of problems. It is also going to restrict the number of women entering this profession. It is the requirement that women who enter training for nursing must sign a form that they also agree to do National Service. I think this is a disgraceful requirement and it should be removed. It is a compulsion; it is a form of coercion and it also is wrong in the total sense of what you are trying to create.

A woman who goes into the nursing profession, by the very nature of her work is working with people, seeing their suffering; helping them to be more comfortable, helping them to get well. A real nurse with good training will have a relationship with her patients that goes beyond many of the problems of our country which those who advocate National Service explain will be overcome: the question of race and religion. A nurse worth her salt never looks at any patient with eyes that see anything but the patient and his problems. Those eyes do not see differences of race and religion. A good nurse, properly trained, will have a community attitude and she needs not go into National Service to learn that. In fact, I do not think there is anything she would learn. I think a properly trained nurse might be able to teach a number of those coming out of National Service.

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I say that the requirement for women to be forced to sign that they will do National Service when they make application into nursing training is wrong and it is going to mean that many women whom you would want to have in your nursing profession will not enter nurses' training under those conditions.

This is a fact of life and perhaps this is what those who are the architects of this Bill want. Maybe they want a nursing profession which will provide robots for the political big wigs. Maybe that is what they want. If they want it, they themselves will regret it when they find themselves in the hospital hoping for good service. They will be the first to regret it. Do not say that we have not warned you that this Bill, and the requirement, the compulsion, to sign for national service is going to bring the nursing profession down. All your highfalutin statements that you are trying to raise the nursing profession, do not mean a thing in the face of the harsh reality of what we have before us.

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I notice the Minister, in speaking about the Bill, spoke about the existing General nursing Council, how it is formulated, and he said that this will give the professional nurses and midwives a majority they did not have before and that they would select their members by election. I do not know. Perhaps each of us has different information but my information is that the professional nurses and midwives who sit on the General Nursing Council are elected to the General Nursing Council by balloting which is conducted by two civil servants from the Ministry of Health, so I do not know that the election of nurses and midwives is something new you are introducing. It exists. That is my understanding. It is conducted by the very Ministry of Health, so I do not know what the Minister has to say about that.

The Minister has told us that the intention of this Bill is to improve the measures of guidance and the direction and planning affecting nurses and midwives in this Republic and my

answer is that it will not improve the measures of guidance and the direction and planning affecting nursing, but it will remove it.

I have referred to the incident that has caused this Bill to come forward by trying to push in persons without qualifications. May I remind this House of the dangers of this policy. Right now at the University of Guyana medical workers in radiography are being trained. I understand they are required to have an “O” Level in physics in order to be able to understand the teaching of general physics and X-ray physics. I understand that, using the same methods I have spoken about, out of six students four do not have their “O” Level in physics, so how are they going to understand the principles of radiography? How can they be good radiographers? In the same way I am talking about nurses - -

The Speaker: That is going outside the relevance of this Bill.

Cde. J. Jagan: I am referring to the dropping of standards.

The Speaker: Let us deal with the dropping of nursing standards in so far as this Bill is concerned.

Cde. J. Jagan: All right, if that is what you want. When we reduce these standards young women, without any basic education that will permit them to understand what they are supposed to know as good nurses, will end up perhaps no better off than Nurse Aides. I do not know if we want nurses’ aides or we want professional nurses. I can’t say that is for the Minister to decide, because I think this is a problem that concerns everyone in Guyana. It may be that some of our methods of training are not good enough. It may be that we are not instilling in the nurses all that is required.

I agree with the Minister that you do have a problem concerning the training of nurses and midwives who will be prepared to go back to the areas from which they have come. I know

when I was in the Ministry of Health I introduced a programme of bringing young women from the various interior areas of Guyana to Georgetown for training so that they would return to their own areas. I agree that many of them, when they come to the city and get adjusted to city life with its various amenities, cinemas, restaurants, electricity and running water, do not want to go back to the Amerindian settlements from which they come or the river areas. Some of them will go back. Perhaps it has to do with our training techniques. Maybe we have to rethink training, especially for those who must go back into the riverain, interior and rural areas of our country. It may mean that we have to look into this.

I would agree with the Minister on one aspect of his discussion about the formation of the nursing council that the aspect of regionalism has been left out. Yes. It would be good to have representation of nurses, professional people, from areas of the country. But I think that also could be worked out by having requirements of membership of the Council from different areas, interior, riverain, rural and so on. That is the only point on which I agree that there is a weakness in the present set-up.

I would urge that the Minister give far deeper consideration to this Bill and not lead us into greater problems than those we already have. He should not allow himself and those who will come, to be used for political manipulation of the nursing profession. Let the nursing profession remain a profession of men and women whose basic motivation is the care of the sick, who can have, as we would hope, ideological education. They would lift their ideological understanding and understand what is required of them in a country that is moving in an anti-imperialist direction. I do not want the Minister to confuse what I say of criticising the nursing profession with something entirely different, which is the raising of the ideological understanding of nurses. I would suggest that in the nurses' training course we should have lectures and studies of an ideological content and an examination of how the medical services work within a socialist framework.

The Speaker: Hon. Member Mrs. DaSilva.

Mrs. DaSilva: Mr. Speaker, this Bill, No. 20 of 1976, nurses and Midwives Registration (Amendment) Bill, is one of the most deplorable Bills that has ever come before this House – admittedly I have only been here seven years in Parliament – but the consequences of this Bill can be far-reaching. I hope that the words of the hon. Member who spoke before me and my words will not come to pass, because this Bill can do much harm and much damage to our country. This perhaps is very hard for us to realise because the Minister, in all sincerity, he says, hopes that this Bill will be accepted in the spirit in which it is presented.

We are willing to believe, and I think the major Opposition will agree with me, that the Minister is presenting this Bill with the right spirit and with the hope that it will be for the good and the benefit of all Guyana from the view point of better medical services. He told us that the members of the health team, must work together, the members of the various disciplines must work together, to achieve a health objective.

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The Minister sees that this Bill, because of the flexibility – to use his own words – will do just this. The hon. Member has just said that the reason for this Bill coming before this House – the very same reason which I was going to bring up; we have both agreed on it – is that pressure was brought to bear for a young woman, because she had done National Service, to be taken into the Nursing School even though she could not meet the requirements and would not sit the educational test as she had friends in very high places. This, really, is a very shocking and a sad state of affairs.

I shall be glade, Cde. Chairman, if you will allow me to show where in circumstances even graver than this, the standard of nursing was not lowered. I have to do this on a personal level as an example of something I know about, because it affected me personally – I refer to the

conditions that existed in Great Britain during the Second World War, 1939-1945, where the nursing service was sadly depleted and they needed nurses. As one would imagine, the call for nurses would be greater in war time than in peace time. They introduced a scheme called the Emergency Medical Services, of which I had the honour of being a member. The Emergency Medical Services recruited those who were willing to serve: it was on a voluntary basis. Persons who joined the Emergency Medical Services were trained and they had a probationary period. But you had to have a certain standard of education, certain basic requirements, character, integrity and things like that. You had to have a crash course, you had to do a certain amount of work on the wards before you sat the final examination – this took a period of over three months – and were allowed to go into the wards to work. There you worked according to your capabilities. But this was not forced. They had a grave situation in a country at war where they needed people and needed them desperately but you were not forced and you were not kept during that three month period. If you were not suitable for one reason or another you were politely asked to leave. On the other hand, if you did not wish to stay, if you found out during that time that it did not suit you, you could leave. Nobody was hurt. But the example is to show that at the time when there was a need for nurses, they did not force or compel or coerce people and still did not lower their standards. If that could be done in such a grave situation, why are we now seeking to lower our standards?

The bill states here in Clause 2, “Power of Minister to give directions to the Council.” This bears out what we have both been saying. I shall read it because I think it needs underlining and stressing. It states:

“2. The Principal Ordinance is hereby amended by the insertion of the following section immediately after section 5 as section 5A.

5A(1) The Minister, after consultation with the Council, may give to the Council directions of a general character as to the policy to be followed by the Council in

the exercise and performance of their functions and the Council shall give effect to the directions.”

We say the Minister will do this. We are sure the Minister may do it in very good faith. The second part states:

“(2) If the Council fail or refuse to give effect to any such direction, the Minister may take such measures as he thinks fit for the purpose of giving effect to the direction, including modifying or varying any decision of the Council or substituting his decision for any decision of the Council, and any direction to which effect is given by the Minister under this section shall have effect as a decision of the Council.”

Why are we bothering to talk about having a General Nursing Council? Here you have a Minister who is the Council alone. As he said, he is the Minister of Health but we know perfectly well that whether he be Minister of Health, or Minister of Home Affairs or what have you, there is a Cabinet and there is higher than the Cabinet, the Prime Minister, and these people can bring more pressure to bear on the relevant Minister. I am sure this hon. Minister has the greatest interest in seeking that the standards of nursing are not lowered.

Here it is, we have just given a previous example where he was overridden because he did not give the orders to the Nursing School to accept the young lady who had done National Service and did not have the required certificates. It came from higher up. So what is the point? The Minister does not have control, even if he wanted. Further than that, there is absolutely no need. Why are we worrying to say that we are giving bigger representation to the nurses and midwives when we have this particular aspect? I believe the Minister of Home Affairs called it last night ‘the bigger boys’. I would say the biggest boy. Now we hear the hon. Minister telling us of the great plans for Medex. My French is not good but he translated

the meaning as “the extension of the medical services.” The extension of the medical services is what we want for Guyana. We are going to take our dispensers and make them members of this Medex team. As I understood the Minister to say, from the 1st March, 1977, the Medex will be in training. Yes, they are going to be trained also at the University of Guyana. I notice they have put the scaffoldings up and started repairing the old Carib Hotel where I believe some of the training will be done. These dispensers are going to be upgraded for we all know of the valuable work the dispensers are doing at this moment. Up to now this Bill has not come into effect. They have done above their call of duty. They have been up and down this country by land and river, by train, boat, donkey cart, every form of conveyance that you can think of, looking after the sick and needy of our country.

The Speaker: Please let us keep to the Bill.

Mrs. DaSilva: Medex, sir, is part of the Bill.

The Speaker: Please attract my attention to where that is relevant to this Bill.

Mrs. DaSilva: It fits in with the health team. The Minister’s words, sir.

The Speaker: Please draw my attention to the Bill where that is referable.

Mrs. DaSilva: the Minister in his remarks about the Bill mentioned it so I thought I could, too. But since I am not the Minister I would not say anything else about Medex, but I think I have made the point.

We are extending our medical services and at least we will have better facilities for our people. We want to see the standards of these people who will be going into nursing service. As we have been told, nurses are different. You do not grow to be a nurse or a teacher, for

example. It is a profession, a vocation. It is not like going in Water Street and looking for a job at one of the Guystac places, Guyana Gajraj, or what have you. It is a different sort of job. It is a vocation, it is a profession, and I think it is personal to everyone of us here, everyone in Guyana, because sooner or later, some time or other we will all need nurses to look after us. I should think, even if it is a question of self-reservation for ourselves, we should see that the standards are not lowered.

I have a few amendments which stand in my name and which, when the time comes, I shall say a few words on. I have put these amendments –

The Chairman: Shall we keep these until the time for amendments comes?

Mrs. DaSilva: I shall deal with the amendments at that time. I again urge the Minister to remember that this Bill is to give broader representation to nurses and midwives. It is true that they have a bigger number now. From the new Bill there will be one principal nurse and four nurses, representing five nurses, three midwives, nine nurses/midwives out of the fifteen people.

2.55 p.m.

It is true that it is intended to give them broader representation. But, sir, we have a situation where you can get the Government of Guyana at a top level interfering. It cannot be from the back-benchers of the P.N.C.; it has to be at Cabinet level and higher. It cannot be from the back benchers of the P.P.P., or the U.F. either, or the front benchers. Once you can have interference in the construction, the work and the implementation, how will we move forward? Even the General Nursing Council may not agree with what the Minister says. They may discuss a matter and come to a deadlock and they say, “Sir, we don’t agree, we will prefer this”

or something else, and maybe better, and even if the Minister is willing, when it goes back to Cabinet, to the bigger boys, they may say “No, it must be so.” And by virtue of 5 (a) (ii) what the minister says will go. How are we updating our nursing profession? How are we hoping to go forward when in fact this Bill is taking us one step backward?

The Chairman: Cde. Reepu Daman Persaud.

Cde. Reepu Daman Persaud: Cde. Speaker, I was hoping to contribute in the Committee stage but before I am restricted because of the wording of the Clause I want to seize the opportunity now. It is said that this Bill is to give the Minister greater flexibility and he made the point that the Bill ought to be supported and seen in the spirit in which it was moved. But what I want to point out to the Minister this afternoon is that the spirit of the Bill, or the spirit in which he moved the Bill, is not the letter of the Bill. And what we have to do here as Parliamentarians is to look at the letter of the Bill.

Thought I make a lay contribution recognizing my limitations in the legal field, I make the point that I am convinced that it cannot be denied that the Nursing Council will be reduced to a rubber stamp. In fact, Cde. Speaker, when the principal Ordinance is looked at carefully one sees that there was greater sincerity in the framing of the Principal Ordinance dealing with the Nurses and Midwives Registration and the Council as a whole.

The principal Ordinance, as you know, has not been included in the Revised Laws so we have to look at the old book dating back the 50's.

[Interruption]

The Chairman: Cde. Chowritmootoo, this is about the third occasion I have to speak to you for the year.

Cde. Reepu Daman Persaud: In the Principal Ordinance we have organizations like the Medical Association spelt out, Sick Nurses and Dispensers Association spelt out which made it obligatory on the part of the Minister to ask those bodies to name representatives to serve on the Council. And how was that done? I see greater democracy in the Principal Ordinance where the Minister would have written to these bodies whether it is the Sick Nurses and Dispensers Association or the Medical Association or the Medical Practitioners Association. These organizations would have met and elected their representative and submitted possibly a panel of names the Minister to be chosen for appointment to this Council.

When one sees such removal one must question thereafter the impartiality of the new Council to be constituted under this amendment to the Ordinance. I am not without experience and I have no intention of going outside the scope of the Bill. I merely refer you, with all humility, to a statement coming from the highest member over there when the Rice Marketing Board Ordinance was amended, that it was not the intention to exclude the Rice Producers Association at all. It was tidying the Ordinance, the same type of apparent innocence with which this Bill was presented in the House this afternoon. There is no innocence in this Bill. It is carefully designed, capably framed and well put to give what effect the Government wants in its final analysis. And so the innocence is removed, the sincerity is removed. I am not speaking about the Minister, I am speaking about the Bill in its long term operation whether this Minister, or a subsequent Minister - -

The Chairman: Cde. Persaud you might be a Minister and have to operate the Bill.

Cde. Reepu Daman Persaud: If I were a Minister I would prefer the Bill in the present form and one of the things this Government ought to be told this afternoon is that when the P.P.P. moves over three the first thing it will do is to amend this Ordinance.

The is not the case where the wrong people under the Principal Ordinance are entitled to sit on the Council. It is a case where the right people are permitted to sit, experienced people like doctors. Sick nurses and dispensers, people who have to do directly with medical care and attention and medical services. Why do we want to remove that from the statute? Is it because the Government cannot control the Medical Association or the Sick Nurses and Dispensers Association and that whenever the Government ceases to have influence and control over any organisation it will amend the law to exclude those organisation and those persons from serving as they are doing this afternoon in amending this Act?

I want to hear the voice of the Medical Association. I want them to come out and condemn. They cannot speak here but they can issue statements against this ridiculous, the word is abnoxious Bill which smells. The Cde. Minister said he has not seen his appointment yet. Let me give credit where credit is due. The possibility exists that in the first instance in order to appear innocent, or to give some testimony to the apparent innocence, the Minister may appoint people from both the Medical Association and the Sick Nurses and Dispensers Association but that does not mean – it cannot mean and the law does not say so – that in the future these people will sit on the Council and it does not mean that the hon. Minister who sits there as Minister will be there forever. So I am willing to say that possibly the present Minister has such intentions.

But our contribution is not restricted to the present Minister. Our contribution to this Bill is merely taking the Bill as it is, the amendments as they appear and what they mean and when one looks at the meaning of the Bill one sees that the explanatory memorandum to the Bill also is coined in apparent innocent language. I will tell you why, Cde. Speaker. Let us look at the second paragraph. It can throw you off if you read the explanatory note and did not look at the content of the Bill. What does it say in that second paragraph?

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“The Bill also seeks to enable the Minister responsible for health to give directions of a general nature to the Council in the exercise of their functions.”

But this Bill is more than giving directions of a general nature. We don't oppose a Government or a Minister handing out its policy to various Government bodies and so on. But this Bill does not only allow that. This Bill gives the Minister the right to make elections even farcical. You want to know how? Let me educate you. Let us look at Clause 5(1) of the Bill; it is on the fifth page of the Bill. Let us see what this means. This deserves an explanation.

3.05 p.m.

It states:

“All acts done under the Principal Ordinance prior to the enactment of this Act in relation to the holding of the election of the members of the General Nursing council (hereinafter referred to as ‘the Council’) to assume office in January 1977 are hereby declared to be null and void and to be of no effect and the Council in office at the time of the enactment of this Act and the Registrar of the Council shall forthwith take all necessary action for the purpose of holding the election of members of the Council under the provisions of the Principal Ordinance as amended by this Act.”

[Interruption] You want to know what is farcical about that? This is retroactive legislation and the constitutionality of the legislation is questionable. It nullifies something that has already taken place. And there is matured, experienced and legal opinion pronouncing on retroactive legislation. Let me say that the P.P.P. is totally opposed to this Parliament being reduced to as low a level as in this case to mollify the actions of a responsible body that has served this country for many years. We cannot be a party to that and we must strongly oppose it.

This, in effect, is what this Bill will do. In fact, if the General Nursing Council under the Principal Act holds elections any time prior to the time when this Bill will be given assent by the President and if it has already constituted the Council the action taken at the elections must immediately be nullified after assent has been given to the Bill. In fact, the Amendment, I am advised, makes it more precise to bring the Bill into effect not only from 1st January but from 31st December. This shows direct interference, direct subversion and a betrayal of democracy and everything else. This Bill touches on the premise of what we have left of democracy, freedom and rights in this country.

People at various levels of this society and the medical profession must not be excluded. There are times when we speak about things that we do not like in the medical profession and we reach a consensus but there are times when we must recognize that there are men and women in this country who have served voluntarily, who have served dedicatedly, and who have served very sincerely in various institutions for our general development. The least we can do is to recognise the services these people have given over the years and put them on record instead of coming with this obnoxious Bill which, to my mind, can be interpreted as nothing else than being ungrateful to those who have served. I put it in that form, it can mean nothing else. The contribution I make is based on the Bill itself. As I said earlier, when one looks, if the Minister wants flexibility the Parliamentary Office, the legal section, is not without competence to give him that flexibility that he speaks about.

Secondly, if the Cde. Minister wants to include the nurses and midwives – I make the other point – the Bill could have been amended at that limited level. And if the Minister wishes to amend the Bill at that level we change our position from one of opposition to one of support if the whole intention is to give greater majority to the nurses and midwives and regional representation and that sort of thing. We go with that but since we say the Bill is deeper we cannot go with that. It is fundamental, it is destroying what we are trying to regain at this stage;

it is another blow to democracy in this country and it must be strongly opposed not only within the walls of this Parliament but even outside of the Parliament.

Cde. Speaker, in conclusion I strongly support both speakers who contributed before me and I strongly support the hon. Member Mrs. DaSilva when she referred to Section 5(a) (i) which in fact gives total power to the Minister and hence the Council becomes useless hereafter. I cannot see what any person who serves on this Council hereafter can do. What would be a good thing is for all those who have served in the past to show their strong resentment by refusing to serve in the Council as a first blow to this Bill which is being debated in Parliament this afternoon. I am advised that resignations are flowing into the Minister. People must be hurt and how could we sit there without speaking out? They must be hurt because of their pride, their services, their dedication. We feel like them and speak strongly against this measures. Cde. Speaker, in the Committee stage I will ask the minister a few questions.

The Speaker: Cde. Minister of Health.

Cde. Harper (replying): There is a certain English author, whose name has escaped my memory at this time, who once wrote that in certain departments of life as orators heighten their emotions at the level of their discourse weaken their logic and arguments. I share the concern of my colleagues on my right, but I fear they are seeing a bogey man where no bogey man exists. I do not think it is meet for me in the National Assembly to give my hon. Colleagues a lesson in elementary arithmetic, but if my colleagues had spared some time from their hysterical outbursts to do a little addition and subtraction they would have realised that on this Council there will be nine nurses when formerly the number was six. Therefore I do not see how - - **[Interruption]**

The Speaker: Will you allow the Minister to reply? When you were making your contribution I tried to prevent any interruptions.

Cde. Harper: I was also again deeply distressed to find that the majority of my colleagues in the Opposition who give verbal allegiance to the socialist philosophy are surprised at an attempt by a socialist Government to assume authority, control and direction of a national health programme. All this Bill attempts to do is to nationalise the General Nursing Council – **[Laughter]** - and to avoid trying to pour new wine into old wine skins. All I say here is that my hon. Colleagues have been misled by a partisan group of elitists who through the years have been exercising even more authority than the Minister would have and they have done so not in the best interest of nursing or of the nation.

3.15 p.m.

I will refer to the facts: Two years ago I was very distressed by the large number of nurses who were repeatedly failing one subject time and time again. I requested the General Nursing Council to come to my office and to discuss how we could remedy and improve this situation which is causing the taxpayers of Guyana to pay more money in training a nurse than is really necessary. They told me that they were an autonomous body who were not accountable to the Minister and I should mind my own business and keep out of theirs. I feel, as Minister of Health, it would be highly irresponsible for me to allow a group of people who were out of step with modern methods and methodologies in dealing with the education of nurses to continue to cause the national budget to be expended in a manner that is not approved by modern management system.

Those of us who know the facts of the General Nursing Council will know that it is a group that has been electing itself through the years and if my colleagues had read the original Bill carefully, they would have noted that the original Bill states that the Nurse Assistant has the right to vote in the elections of the General Nursing Council. An examination made by me among Members of the Board, disclosed that the Nurse Assistants have never been given ballots in any Nursing Council election, which goes to show that in spite of our socialist profession, we

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have allowed an elitist group to control one of the most important parts of our health system. I feel that in a socialist country this is insufferable and I have no apologies for trying to direct and control them. The intention of this Bill is to widen, not to restrict, the representation of nurses on this Council.

Some Members keep harping about a girl. If they know the facts they will know that this Minister has had to exert great pressure on this same General Nursing Council to allow other Guyanese who did not have the paper qualifications but who were gifted – as many of you know, we have many of them in Guyana – and who have performed very well in spite of not being able to meet the criteria. I think, if Guyana is to develop, we have to have the flexibility to do this.

I had the occasion two years ago to reprimand this Council because there was a strike at Linden which lasted two weeks and the Nursing School there was closed for two weeks and when the time came for the final examination, this Council told the students there that they could not take the examination after three years of study because they had not gone to school for “X” amount of days, even though the doctor who taught in the school wrote a certificate to them certifying that the students had made up lost hours by extra tuition. Do you think a socialist Government should allow a group like that to continue to frustrate, maltreat and aggravate youths of this country in such a meaningless and irrelevant manner? **[P.N.C. Comrades: “No!”]** If you look at the composition of the present Board you will see that it has some very good people; I admit, Yes, I intend to re-appoint them. But, you have also a lot of other people who are not qualified by training, experience, attitude, disposition, or ideology to be on a Board of this kind and I feel with what is happening today in Guyana we should take steps to correct this. What we are trying to do here is to bring the training of nurses in line with national policy. Every socialist country does this. Cuba does it; Hungary does it and even in non-socialist

countries, the Government steps in and makes directions. In America today, every American that gets a scholarship to go to Medical School has to serve in certain areas designated by the Department of Health, Education and Welfare. If that student refuses he has to pay three times the cost of his education back to the Government and that is a non-socialist, capitalist country.

In the anxiety of my colleagues to perpetuate an obsolete and elitist anachronism, they did not pay attention to the bedrock and to the backbone of our nursing profession, the Nurse Assistant. I cannot understand how a political party that talks about the masses and the proletariat and the people could confine its attention to perpetuate the power in the group of elitists and forget the needs and the aspirations of the Nurse Assistant from the Nursing Council, and allow them to be omitted. Not one person I heard has mentioned that. **[Interruption]** I am exercising the power now and you are crying.

The Speaker: Comrades, please do not argue with the Minister. Let him make his contribution. You all had your say.

Cde. Harper: With all of the hypocritical and pious appearances of concern about the rural and riverain areas, the Opposition is attempting to restrict this Government in its attempt to broaden the base by which it can train Guyanese Citizens to give service in areas in which it is needed. Let me give an example: if any of you used to visit our hospitals you would know that many of the young Guyanese who have four and five “O” Levels do not give good bedside care. I have heard Guyanese with four and five “O” Levels say that they did not take four and five “O” Levels to hold any bedpan or to carry any urine bottle. But, as long as I am Minister of Health, that type of person would not be included in our training programme. **[Applause]**

I think the time has come in Guyana for us to choose people not by certificates but to choose people and train them to give a service to the people and I feel that this is a vehicle we have and a way in which we can do it. If Members have been reading the newspapers and

listening to what we have been saying, they would know that the Ministry of Health is restructuring the whole training programme to catch series of career ladders, different level workers. We could not get this across to that old little group of obstructionists who were trying to hobble us at every turn.

For the last three years those of you who pretend to have knowledge about what is going on in the Ministry of Health have conveniently forgotten that, for the first time in the history of Guyana, nurses at the Palms are being admitted into the Assistant Nurse Programme; Rural Midwives are being trained as professional Nurses; Assistant Nurses are being trained as Professional Nurses; all at the direction of the minister. This did not come from the General Nursing Council and I feel that many of us are making a grievous mistakes, we are considering the General Nursing Council, not as it is, but as it ought to be. I feel that if you look at the average age of the present Council you will see that it does not reflect the average age of the nursing profession. Nor does it reflect the aspirations or attitudes of the average member of the nursing profession. Although the majority of us in this room profess to be socialists, we have allowed an unsocialist institution to entrench itself in our midst and although we hear talk about anti-imperialism, as soon we attempt to move the anti-imperialistic obstruction in the Ministry of Health, we get a lot of tears, protestations and anguish.

3.25 p.m.

We have a lot of problems and I feel that we should be honest with each other. The original General nursing Council was designed to copy the General Nursing Council of the United Kingdom and of Northern Ireland. Are my hon. Colleagues serious in suggesting that in a country, in which the majority of the people profess to be socialists, a structure borrowed from the bastion of imperialism is more fitting to a socialist revolution than the one we are proposing in this Bill? I feel that a Government dedicated to socialism cannot delegate its authority, control

and direction of its training and registration of nurses to an agency which by its performance and its attitude is insensitive to the needs of its own profession.

Let me give you a few facts. The Nursing Council as it exists now cannot cope with the responsibilities that it has under the old legislation. And I feel that in order to keep up with the momentum that has been created by our plans to create new careers, to create new career opportunities – those of you who read the papers would know that recently our Ministry organised a course through the Adult Education Association for nurses in the hospital to improve their English. This year we are going to expand it to include mathematics and biology so that very many Guyanese who, through circumstances beyond their control, could not get the hundred dollars to take the four or five “O” Level could have an “Operation Second Chance” to qualify for a career ladder. With the present constitution of the nursing council, these new changes would be impossible. If you take a casual look at the General Nursing Council it would make, I thought, even the most casual observer, much less a professed politician, suspicious. All or most of them come from Georgetown. **[Interruption]** Let me refresh your memory. I said before that we have a gentleman’s agreement with the nurses that the Minister’s appointments include a legal expert to advise him when legal matters appear in the Council; two members of the G.M.A. but that is statutory. We also appoint somebody from the Ministry of Education to advise the Council on educational matters.

But Guyana is growing. Our perspectives are growing. I feel that this Bill is necessary at this time in Guyana in order to enable us to meet the demands of the people of Guyana. I do not know how many of you realise it, but over 65 per cent of our people are under 25 years. The population of Guyana is going to double itself in 20 years and according to our planning experts in the Ministry, we are going to need 600 more trained nurses in five years. It is impossible to meet this challenge with the nursing council constituted as it presently is and I cannot see how anybody who has been happy about what has been happening in the Ministry of Health in the last five years - - I think it has been unnoticed by some of you in your zeal to attack this Bill. We

are upgrading our nurses. For the first time in the history of Guyana, there is a Principal Nursing Officer who has a Master's Degree in Public Health. She was sent away by this Government to be trained. We have our Deputy Principal Nursing Officer now at the University of Liverpool studying for her Master's Degree in public health under Dr. Kendall the outstanding international authority in community health. We have had more fellowships and scholarships for nurses in the last three years than we have had for the last fifteen years in this country and I cannot see that this thrust which has been initiated by this Government should cause any doubts in anybody's mind about our sincerity and dedication to improve the quality and standards not only of the nursing service but of nursing education.

Question put.

Cde. Reepu Daman Persaud:

Division!

Assembly divided: Ayes 21, Noes 13, as follows:

AYES

NOES

Cde. Zaheeruddeen

Mrs. DaSilva

Cde. Willems

Mr. Singh

Cde. Taylor

Cde. Nokta

Cde. Sukul

Cde. Dindayal

Cde. Sukhu

Cde. Dalchand

Cde. Ramson

Cde. Ally

Cde. Ramsahoye

Cde. Belgrave

Cde. Nissar

Cde. Mohamed

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3.25 – 3.35 p.m.

Cde. Jaiserrisingh

Cde. Collymore

Cde. Hussain

Cde. N. Persaud

Cde. Gill

Cde. Reepu Daman Persaud

Cde. Fowler

Cde. J. Jagan

Cde. Bynoe

Cde. Ram Karran

Cde. Branco

Cde. Corbin

Cde. Prashad

Cde. Ackman

Cde. Thomas

Cde. Nascimento

Cde. Ramsaroop

Motion carried.

Bill read a Second time.

3.35 p.m.

Assembly in Committee.

Clause 1.

Cde. Harper: Cde. Chairman, I wish to move an amendment, which has been circulated, to substitute the following for Clause 1:

“This Act, which amends the Nurses and Midwives Registration Ordinance, may be cited as the Nurses and Midwives Registration (Amendment) Act 1977 and shall be deemed to have come into operation on 31st December, 1976.”

Amendment proposed.

Cde. Reepu Daman Persaud: Cde. Chairman, I want to state very briefly that we are very strongly opposed to this amendment. At the same time I want to ask the Minister why the necessity to amend this Ordinance retroactively to 1976, taking into account the extent of the amendment, the content of it which will give him the right to nullify all actions of the Council with respect to 31st December, 1976. All the actions of the Council and decisions taken by the Council, people of experience over the year will be futile. It means that we will have wasted the time and the expertise of those people for one year in the Council. Could he state specifically why he wants retroactive amendment?

Cde. Harper: Cde. Chairman, if my hon. Colleague had read the original Ordinance as diligently as he claims to have done, he would have noticed that the terms of office of the last elected Members of the General Nursing Council expired on the 31st December, 1976, and all this Bill is attempting to do is to tidy up the situation. Originally, we made an attempt to present this Bill before the end of the year but it was not possible owing to the calendar we had. All this is trying to do here is to bring order into the system which my hon. Friend, with his concern for propriety, niceties of language and what is correct, should have appreciated.

Amendment –

That the following be substituted for Clause 1:

“This Act, which amends the Nurses and Midwives Registration Ordinance, may be cited as the Nurses and Midwives Registration (Amendment) Act 1977 and shall be deemed to have come into operation on 31st December, 1976.”

put, and agreed to.

Clause 1, as amended, agreed to and ordered to stand part of the Bill.

Clause 2, agreed to and ordered to stand part of the Bill.

Clause 3.

Mrs. DaSilva: Mr. Chairman, the hon. Members, I believe, have the circulated amendment, which stands in my name, for Clause 3. If it is accepted, I would like to read an additional amendment to it which I do not think there was time to circulate.

The Chairman: They are consequential amendments. I will tell them it means renumbering of paragraphs. May I have a seconder?

Mr. M. F. Singh: I second the amendment and reserve the right to speak on it, if necessary, at a later stage.

Mrs. DaSilva: I speak in support of the amendment that stands in my name. As the hon. Members will see it is very much in keeping with what exists now. **[Interruption]**

The Chairman: Comrades, let us hear the hon. Member Mrs. DaSilva, please. I expect that those Members who belong to her Party will give a lead.

Mrs. DaSilva: As I was saying, first of all, according to this Bill, the Minister is allowed to approve of six people. Those six people are appointed solely by the Minister. It is not spelt out that he must consult with anyone or any particular organisation and he probably has the intention of consulting with these people that I speak of: the Sick nurses and Dispensers, the Guyana Medical Association and the Education Department. We want to have it spelt out remembering that laws are not for all times. The Minister may be a political casualty day after tomorrow, but this is not written for a particular Minister. That is the point. We want to have it spelt out clearly that the Minister must consult with these people. After all, as he said, this Bill is intended for full representation for nurses and midwives and he talks about the health team.

Incidentally, these nurses and midwives are rendering national service to Guyana in being nurses and midwives. The Minister told us that in the United States of America, that capitalist

country – since ‘capitalist’ seems to be a bad word they may take it out of the books; I think they can change Parliament too – the Minister said – I cannot remember his exact words. – that in the U.S.A. nurses have to make a contribution for what they have gained from the country by way of training, by doing social welfare work in certain areas for a certain period of time. This is fine and we have no objection. The sick nurses and dispensers can do this. In their field of nursing, they will certainly be performing national service for Guyana.

The Chairman: Hon. Member Mrs. DaSilva, please stick to your amendment. It deals with paragraph 3, Appointment of Members.

Cde. DaSilva: After they have qualified they can assist and these nurses and dispensers will soon become, after the training that begins on March 1, Members of the Medex team. We need then that they, most of all, should have this representation. Therefore we ask the Minister to appoint one on the recommendation of the Association of duly registered sick nurses and dispensers.

Regarding two persons appointed by the Minister on the recommendation of the Guyana Medical Association, that ought to be obvious to everyone. With the new method that the Minister has told us that the Ministry and the Minister of Health will be using to assess suitable people to become nurses, surely nobody can say that a doctor or a member of the Guyana Medical Association is not the correct person because doctors, more than anyone else, would know the qualities they would require from someone who would be of such vital need to the fulfillment of their work. What is the good of having a brilliant physician or brilliant surgeon – the physician curing someone and the surgeon performing a brilliant operation – when the back-up service of the nurse, who is going to look after that patient, is not good because she is not capable, she cannot carry out his instructions, she cannot be relied upon, she is not a woman or a man of integrity?

3.45 p.m.

I think that surely nobody can say it is unreasonable to ask for two persons to be appointed by the Minister on the recommendations of the Guyana Medical Association and one person

appointed by the Minister on the recommendation of the Minister with responsibility for Education. Obviously, a very close relationship has to exist and should exist – and the Minister tell us it will exist – between the Ministry of Health and the Ministry of Education. There is a vital need for health education, as we have said so often in this House. That is one of the things we need more than anything else. Any of the new fangled ideas they can bring will be absolutely worthless if the people do not understand what it is all about and still go to the obeh man and the doctor-shop to get confusion powder instead of going to the right place. It is absolutely necessary that we do have somebody from the Ministry of Education appointed to the Board. With these few words I wish to recommend my amendment to this House.

Amendment proposed.

Cde. Reepu Daman Persaud: Cde. Chairman, while we strongly oppose in principle clause 2 with the new section 5A (i), that is, the power of the Minister to give directions but we hope to remove that subsequently we nevertheless would like to see recorded, within the amending statute, certain organizations that ought to be represented on a Council of this type. And this is an opportunity of testing the sincerity of the Minister who has declared already that he would wish to have these people in. I am sure he would wish to cater for his successor or successors so that his declared intention, which we have heard in Parliament this afternoon and which must be taken into account in interpreting the Act and in translating the Act into action, would be recorded and we would have gone a step further in making it part of the letter of the law so that we will have it in fact even subsequent to this Minister's term of office.

I think the amendments are admirable and no doubt commendable. I do not see any reason why they should not find favour with the Minister or the Government. We will have the Sick nurses and Dispensers Association represented, a responsible body, the Medical Association represented.

The last amendment is from Caesar to Caesar. I think this is a good time for the Minister to put this into proper perspective, put it into the Ordinance, make his intentions meaningful and real by strongly supporting the Amendment.

The Chairman: Cde. Minister, do you wish to speak on the Amendment?

[The Minister indicated in the negative.]

Amendment put, and negative.

Clause 3, as printed, agreed to and ordered to stand part of the Bill.

Clause 4, agreed to and ordered to stand part of the Bill.

Clause 5.

Cde. Harper: Cde. Chairman, I beg to move the following amendment as circulated. That the word “commencement” be substituted for the word “enactment” wherever it occurs in subsection (1).

The Chairman: I think there is also a Clause 5 (2).

Cde. Harper: I also move amendments to Clause 5 (2) as circulated. Substitute the words “commencement of this Act shall be deemed to have continued in office after 31st December, 1976 and” for the words “time of the enactment of this Act”. Secondly, substitute the words “their first ordinary meeting” for the words “the ordinary meeting of the Council to be held in January or February 1977”.

Amendments proposed.

Cde. Reepu Daman Persaud: This Amendment, to my mind, supports exactly what I was saying, and I think the Cde. Minister realizes that I am right on this matter. In fact, any act or action done by the body now legally existing will be declared null and void with this Amendment. In order words, even if an election has not been held and they had made preparation for the holding of elections which means circulars, preparing agenda, naming the date and place, the Minister b edit can say, “Forget all of that, I will now say when elections will be held”. So all action will be a nullity. And I am right. This is the point I was making continuously. The Minister is not right in saying this is merely a tidying effect. That is

overdoing it. And don't credit us with all that innocence but credit us with some intelligence. This is how we look at it.

The Chairman: Cde. Minister, do you wish to say anything on that?

Cde. Harper: Thank you, Cde. Chairman. My hon. Colleague I think is seeing a bogey man where no bogey man exists. As I said before, the three-year term of the Council ended on the 31st December, 1976, and a certain activity took place. It was called an election but if you had read the law, the Nurse Assistants were not included in the ballot and we feel that we should make these adjustments in order to be fair to a large proportion of the people on the register.

Amendment put, and agreed to.

Clause 5, as amended, agreed to and ordered to stand part of the Bill.

Assembly resumed.

Bill reported with amendments; as amended, considered; read the Third time and passed as amended.

**TAHRIK-I-JADID AHMADIYYA MUSLIM MISSION OF GUYANA
(INCORPORATION)
BILL 1976
(PRIVATE BILL)**

Cde. Gill: Cde. Speaker, on the 18th of March, 1976, I presented to the Assembly a Petition from the President and the General Secretary of the Tahrik-I-Jadid Ahmadiyya Muslim Mission in Guyana seeking to have introduced a Private Bill to incorporate the Mission. Leave was granted to the Promoters of the Bill to proceed as required. Under the Standing Order the Bill was published three times in the Gazette and in the newspapers. The Bill was introduced in the Assembly at the Sitting on Wednesday, 19th January, 1977, and is now for Second Reading. As I received representation on this matter, I feel that consideration of this Bill should be

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deferred to enable these representations to be properly considered. I therefore move that the Second Reading of this Bill be deferred.

Cde. Sukul seconded.

Question put and agreed to.

Bill, by leave, deferred.

ADJOURNMENT

Resolved, “That this Assembly do adjourn to a date to be fixed.” [Cde. Ramsaroop]

Adjourned accordingly at 4 p.m.
