

THE
PARLIAMENTARY DEBATES

OFFICIAL REPORT

[VOLUME 3]

PROCEEDINGS AND DEBATES OF THE THIRD SESSION OF
THE FIRST LEGISLATURE CONSTITUTED UNDER THE BRITISH
GUIANA (CONSTITUTION) ORDER IN COUNCIL, 1961.

22nd Sitting

Thursday, 23rd January, 1964

LEGISLATIVE ASSEMBLY

The Assembly met at 2 p.m.

Prayers

Mr. Deputy Speaker in the Chair

Present:

Members of the Government

People's Progressive Party

Ministers

The Honourable B. H. Benn

- Minister of Agriculture, Forests and Lands
(Member for Demerara Coast - West)

The Honourable Ram Karran

- Minister of Works and Hydraulics
(Member for Mahaica)

The Honourable R. Chandisingh

- Minister of Labour, Health and Housing
(Member for Lower Demerara River)

Dr. the Honourable Charles Jacob, Jr.

- Minister of Finance
(Member for Vreed-en-Hoop)

Dr. the Honourable F. H. W. Ramsahoye

- Attorney-General
(Member for Canals Polder)

The Honourable E. M. G. Wilson

- Minister of Communications
(Member for Boerasirie)

Parliamentary Secretaries

Mr. G. Bowman

- Parliamentary Secretary to the Ministry
of Home Affairs (Member for
Georgetown Central)

Mr. L. E. Mann

- *Parliamentary Secretary to the Ministry of Education and Social Development (Member for Mahaicony)*

Mr S. M. Saffee

- *Parliamentary Secretary to the Ministry of Agriculture, Forests and Lands (Member for Berbice West)*

Other Members

Mr. G. L. Robertson

- *(Member for Leonora)*

Mr. M. Bhagwan

- *(Member for Essequibo Islands)*

Mr. J. B. Caldeira

- *(Member for Pomeroon)*

Mr. V. Downer

- *(Member for Berbice - East)*

Mr. M. Hamid

- *(Member for Demerara - Central)*

Mr. D. C. Jagan

- *(Member for Suddie)*

Mr. H. Lall

- *(Member for Corentyne - West)*

Mr. M. Shakoor

- *(Member for Corentyne River)*

Members Constituting the Minority

(i) People's National Congress

Mr. L. F. S. Burnham, Q.C.

- *(Member for Ruimveldt)*

Mr. W. O. R. Kendall, Deputy Speaker

- *(Member for New Amsterdam)*

Mr. J. Carter, Q.C.

- *(Member for Werk-en-Rust)*

Mr. E. F. Correia

- *(Member for Mazatuni-Potaro)*

Mr. N. J. Bissember

- *(Member for Campbellville)*

Mr. W. A. Blair

- *(Member for Berbice River)*

Mr. R. S. S. Hugh

- *(Member for Georgetown - South)*

Mr. J. G. Joaquin

- *(Member for Kitty)*

Mr. R. J. Jordan

- *(Member for Upper Demerara River)*

Mr. C. A. Merriman

- *(Member for La Penitence - Lodge)*

Mr. H. M. S. Wharton

- *(Member for Abary)*

(ii) United Force

Mr. P. d'Aguiar

- *(Member for Georgetown - Central)*

Mr. S. Campbell

- *(Member for North West)*

Mr. R. E. Cheeks

- *(Member for Georgetown - North)*

Mr. E. E. Melville

- *(Member for Rupununi).*

Mr. E. V. Viapree - Clerk of the Legislature (Ag.)

Mr. F. A. Narain - Assistant Clerk of the Legislature (Ag.).

Absent:

His Honour the Speaker, Mr. R. B. Gajraj - on leave

Dr. the Honourable C. B. Jagan, Premier and Minister of Development and Planning (Member for Corentyne - East) - on leave

Mr. B. S. Rai (Member for Demerara Coast - East).

QUESTIONS TO MINISTERS

CLAIMS FOR OLD AGE

PENSIONS

Mr. Blair (Berbice River): I wish to ask Question No. 18 standing in my name on the Order Paper:

- (a) How many Claims or applications for Old Age Pension & Public Assistance from residents in the Berbice River Constituency are awaiting investigation and for how long have they been outstanding? Please give the dates of the first and the last application?
- (b) How many visits have been made to the Berbice River and Canje Creek for the purposes of paying Old Age pension and Public Assistance during the half-year ending July 31, 1963?
- (c) According to the Ordinance, how often should these doles be paid to recipients?

The Parliamentary Secretary to the Ministry of Education and Social Development (Mr. Mann): The Answer is as follows:

- (a) There are eighteen (18) claims for Old Age Pensions outstanding to date. Two (2) are in respect of December, 1962. Visits were made to these homes but the Local Board has deferred the claims for further

information. Sixteen (16) applications for 1963 are to be investigated.

Twenty-three (23) Public Assistance applications are on hand to be investigated. These relate to the period July-December, 1963. It would be appreciated that in riverain areas it is difficult to locate applicants since many do not live on the river banks, but inland and in creeks which are not navigable and which are dangerous to launches. In special circumstances an applicant may be asked to meet the investigating officer at a certain point but this is not always desirable since the home visit is very essential in case work. In these areas it may take three or four visits to locate a person. I may mention that there is some reluctance by officers to travel by launch since one of their counterparts had to be rescued from the river due to a burning launch.

I would ask the cooperation of the Honourable Member for Berbice River (Mr. Blair) to advise applicants to state their call names along with their correct names and also to give a landmark as well as addresses, when applying for social

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assistance. This will greatly facilitate the investigating officer.

(b) One visit was made to the Berbice River and Canje Creek to July 1963, for payments. This was in March and another visit would have normally been made in June but this was impossible due to the general strike. Two other visits were made to these areas and in December payments were completed to the end of last year.

(c) Payments accrue monthly and are paid as such so long as the statutory conditions for the award are fulfilled. Seventy per cent (70%) of the recipients of social assistance in these areas is paid monthly and it is the policy to make trips up river and creek at least once every three months to pay about eighty persons account being taken of -

- (i) the hazards of river and creek voyages by inexperienced officers;
- (ii) transportation difficulties and its high cost, i.e. about \$200 per trip;
- (iii) the number of working days involved, i.e. about 10 as compared

with two or three for coastal payments;

- (iv) the fact that Ministers of Religion and School Teachers do receive payments for these persons at the New Amsterdam Office during the three-monthly trips.

Post Office arrangements are being worked out.

2.10 p.m.

We are now in the process of working out an arrangement with the Post Offices whereby we can institute a system of payment by way of vouchers so that the recipients of old age pensions and social assistance will be able to receive the money at Post Offices, and later on in shops and other places which will honour these vouchers, provided they are presented to Post Offices. We hope soon to set up a pilot scheme as soon as we have gone into all the intricacies involved. I know that the hon. Member's constituency is one of the places where the people undergo a certain amount of hardships, and we will try to facilitate the payments as well as the investigations in that District.

Mr. Blair: I have not been hearing the hon. Parliamentary Secretary plainly. In any case, I propose to waive my right to ask supplementary questions, because I intend to deal with the matter under the proper Head.

STATEMENTS BY MINISTERS

TELEPHONE ALLOWANCES TO LEGISLATORS

The Minister of Communications (Mr. Wilson): I have two statements to make: (1) I am

pleased to be able to announce that as a result of representations made to me in this connection, Government has now given approval for the payment, effective from 1st January, 1964, of telephone allowances to Members of the Legislative Assembly and of the Senate.

This allowance which is intended to provide for telephone calls which Members make on official business, is at the rate of;

\$12.00 per month to Members of the Legislative Assembly, and \$8.00 per month to Members of the Senate.

CRITICISM RE APPOINTMENT OF CHAIRMAN OF GUYANA AIRWAYS CORPORATION

(2) I wish to bring to the attention of this Honourable House that in answer to criticism in certain of the local newspapers of the appointment of Mr. R. Benjamin to be Chairman of the Guyana Airways Corporation, I issued through the Government Information Services, a release in the following terms:

"The Minister of Communications notes with concern that the recent appointment of Mr. R. Benjamin to be the Chairman of the Guyana Airways Corporation has given rise to much idle conjecture and ill-founded comment. In order to correct any erroneous impressions that may have been formed and to avoid embarrassment to the persons concerned the Minister wishes to make it clear that although the ori-

ginal members of the Corporation were appointed for a period of one year, it was made clear to Mr. S.A. Storey at the time of his appointment that this would be for a short period only and that it was not in fact expected to last for more than three months. (In fact Mr. Storey served as Chairman from the 1st of September to the 15th of January.)

2. The Minister wishes to make it clear that the substitution of Mr. Benjamin for Mr. Storey does not in any way imply dissatisfaction with the services rendered by Mr. Storey but was merely a further step in a pre-arranged programme of which the persons concerned were aware from the very beginning. It is entirely inaccurate to suggest that there has been any 'disagreement' between the former Chairman and the Minister."

Since the newspapers concerned have failed to give publicity to this release, I find it necessary to provide this House with the facts for inclusion in the record.

Mr. Burnham (Ruimveldt):
Where are the facts?

PUBLIC BUSINESS APPROPRIATION BILL, 1964 BUDGET DEBATE

Mr. Deputy Speaker: The Assembly will resume consideration, in Committee of Supply, of the Bill intituled:

[MR. DEPUTY SPEAKER]

"An Ordinance to appropriate the supplies granted in the current Session of the Legislature."

Assembly in Committee of Supply.

MINISTRY OF LABOUR, HEALTH AND HOUSING - MEDICAL

The Chairman: The hon. Member for La Penitence-Lodge (Mr. Merriman) was commenting on Head 28 when the House was adjourned.

Specialist and Personal Qualification Allowances

Subhead 1(35) - Specialist and personal Qualification Allowances - \$1,440.

Mr. Merriman (La Penitence-Lodge): I cannot recall the exact issue I was dealing with when the Assembly adjourned, but I should like to deal with the question of fees to Specialists. I refer to the dissatisfaction of the entire community regarding the system used in paying fees to Consultants. One has to pay \$6 to see a Consultant, and Specialists are also paid fees.

20 p.m.

That may seem quite reasonable, but perhaps the most needy cases do not receive the attention of the specialists. The Public Hospital is a public institution which is intended to provide medical facilities for the poor people of the country, the majority of whom are excluded from prompt specialist attention because of lack of money. The whole policy is bad, and I should

like to know from the Minister why after many years of criticism the unsatisfactory system still persists. What has been done to ensure that poor persons are not prevented from getting prompt specialist attention which they seek in such large numbers?

The Minister of Labour, Health and Housing (Mr. Chandisingh): I recollect that yesterday afternoon when the hon. Member dealt with this subject he said he was reasonably satisfied with the answer I gave him, but apparently he does not remember what he said yesterday and what I said. But to refresh his memory and merely to deal with the additional remarks he has made today, I will explain the position. The hon. Member says that the majority of cases needing treatment are those of poor people, and he says that those cases are prevented from receiving treatment. Therefore, if he is logical and consistent about his argument, he is making the charge that the majority of people in this country who need medical treatment are denied such treatment because they cannot pay the fees. My answer to that is that his charge is ridiculous. He has shown a tendency to generalize, but I wish to advise him that in such generalization he has presented a very distorted and inaccurate picture of the situation.

I explained yesterday that Government was not satisfied with the system of consultation fees and was considering proposals to change the system, and to introduce a system whereby all specialists would receive a fixed allowance in lieu of consultation fees. This question, I repeat,

is being dealt with in Whitley Council. Further to that, does the hon. Member know, or can he bring to the attention of this House or the Ministry any specific cases he has referred to, in which poor people were prevented from receiving medical attention because they could not pay a fee? I am not standing here to take up the position that there can be no such cases at all. I do not seek to white-wash anything that may have occurred that the hon. Member may know about, but at the same time I wish to present a balanced picture, and if the hon. Member knows of such cases, why does he not bring them to the attention of the Ministry? Why does he not bring them to the attention of the Chief Medical Officer? I submit that either he has no such cases to refer, or he has not been as diligent in his representation of those people as he ought to be.

In conclusion on this point I wish to reiterate that Government wishes to introduce changes of the system but its hands are tied in view of the discussions which are going on in Whitley Council on this matter. Furthermore, if the hon. Member knows of any instances in which poor people, even when they go through the Assessment Officer, cannot get medical attention, he should bring those cases immediately to the attention of the Ministry.

Mr. Merriman: In view of the assurance given by the hon. Minister that the question of consultation fees is being investigated I accept his statement, but I think the Government should go further. No one wishes to deny the specialists the right to give

their knowledge and skill to those who can afford to pay, and perhaps they could be permitted such consultation practice outside their normal hours of duty. But such practice should not be permitted at the institution at the expense of giving ready attention to poor people. Why is it that when a poor man goes to the Hospital he has to be told to go to the Assessor, and when he gets there he has to spend two or three days because of a long line, before he can be told when he can see a specialist? I know of many such cases, and I should like the Minister to say whether he has not had a complaint in writing from a middle-class person who paid \$150 for consultation with a specialist, and an additional sum of \$100 to the specialist who has left the country. You cannot deal with him now because he has gone. That is the pattern.

2.30 p.m.

Why should a person go to the hospital and have to return three or four days in succession in order to see a specialist? I now mention the name of Christian Persaud who was the advocate for Hassim Bacchus. I did not wish to call the name. Yesterday I made just a reference to it but the Minister has strongly persuaded me to make this statement now, and I call upon him to deny it.

I should like it to be understood that we are not saying that the specialist should not be at the disposal of every person in the community, but it must be under conditions which are in harmony with the primary purpose

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for which the public hospital was established. The hospital must not cater for those who have the ability to pay. That was the system in the old colonial days and if we are getting away from those days let us change the system.

I have seen the Minister passing the Public Hospital and he must have observed the hundreds of persons who attend daily before receiving attention. The Minister has agreed that the system is a bad one and should be remedied. The remedy is not to make specialists unavailable to the public, but all men must be equal. [Mr. Wilson: "You cannot avoid racial propaganda"]

Mr. Chandisingh: The hon. Member blows hot and cold. On the one hand he wants to be on good terms with the public by saying that poor people should not be charged these fees and on the other hand he feels that specialists are entitled to some measure of consideration. I agree with him wholeheartedly that, no matter what their economic status, but particularly if they are poor, there is no justification for people to pay extra fees in order to get medical attention. The hon. Member knows this is not so but he does not wish to admit it. If these things exist, and assuming the allegations that are made from time to time are correct at least in certain instances, this is not the fault of the Government. He cannot say the Government was at fault because these things happen.

Let us suppose that the Government abolished all fees - and we are considering this - does it guarantee that if a patient went to a particular doctor who wanted to charge extra fees in order to attend to somebody quicker that the doctor will not be able to do this? Does he believe that it is a simple administrative thing which can be changed and everything will be all right? If he is thinking so he is fooling himself; he is not realistic.

Assuming that what the hon. Member said is correct, the answer is to have a situation where there is sufficient competition so that people need not be held up to one or two doctors as the case may be. This is the ultimate answer to this. The ultimate answer also has to do with a new outlook by all the people - I do not wish the hon. Member to single out doctors as such - in Government employment who serve the public. This is the attitude which will count. This attitude will come in time as more responsibility devolves on Guianese.

However, the question of consultation fees, as I am trying to get into the skull of the hon. Member, is not something which the Government can just change overnight. The Government made proposals, if he will remember, at the time that the Guillebaud report was being considered and then there were further disturbances with burning, and looting in Georgetown and this succeeded in nullifying the wishes of the Government to abolish fees. The abolition of consultation fees was part of the whole proposals Government was

making in relation to the Guillebaud report and the hon. Member, judging from the stand he has taken, supported the activities against the Government on that occasion. He cannot, therefore, come here today and say the Government should abolish consultation fees and then when the Government tries to do this very thing he agitates and succeeds in getting demonstrations against the Government.

Health Engineer

Mr. Campbell (North West): I should like the Minister to explain to me what are the functions of the Health Engineer, as mentioned under subhead 1, item (24).

Mr. Chandisingh: The Health Engineer is concerned mainly with environmental sanitation. He gives advice at a high level on all matters pertaining to health generally of an engineering nature. In the recent past his activities have been mainly in overseeing the environmental sanitation programme which has begun in the Essequibo district. He is also there to be consulted on other matters which pertain to his field.

Duty and Station Allowances

Mr. Hugh (Georgetown South): With reference to subhead 1, item (47) Duty Allowances and item (51) Station Allowances, may I inquire from the Minister to whom these allowances are paid?

Mr. Chandisingh: Duty allowances are paid to certain personnel in the interior districts.

Mr. Hugh: I suppose nurses are included?

Mr. Chandisingh: I understand that the duty allowance does not apply to nurses in the interior, but station allowance would apply to some of them.

2.40 p.m.

Mr. Hugh: Officers in certain Departments receive station allowance and duty allowance, but these nurses who have to travel from Georgetown every day do not receive any. They suffer inconvenience, no matter how you put it. Every one of us who has to go out of Georgetown to work knows that this is an inconvenience. The people in the administration as well as the Government know that when nurses are asked to go to Bartica to work they just do not want to go. Naturally, they are perfectly right. I wish the Government would understand that. If policemen and civil servants can get station allowances, why can't the nurses get? There are certain other things that go with their transfers and I wish that the Government and the people in the administration will take into consideration the inconvenience that these nurses are put to.

They want nurses but they must recognise that there is a scarcity of nurses throughout the world and if we are to get trained ones to go into remote areas like Bartica, they must be satisfied with their working conditions. A station allowance ought to be paid to them and I wish the Government would consider this.

They are not like the doctors at the hospitals. I do not agree with what the specialists do. My father had to pay to get attention. I was glad because I want-

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ed him to get immediate attention. If he did not agree to pay, the doctor would not have operated on him at the hospital for quite some time. Imagine charging a man \$400 to operate on one eye!

Mr. Merriman: There is a further point about allowances that I should like to make, though I should like to deal with item 33. Since we are dealing with allowances, I should like to know what is the night duty allowance paid to Medical Officers?

Mr. Chandisingh: Night duty allowance is the allowance paid to Medical Officers who work more than one night per week.

Mr. Merriman: What amount is paid?

Mr. Chandisingh: The amount paid is \$20 per night, per extra night.

Mosquito Control Service

Mr. Correia (Mazaruni Potaro): I should like to find out if my information is correct that malaria was on the increase in 1963. If that was so, in what district?

Mr Chandisingh: Which sub-head is the hon. Member referring to?

Mr. Correia: Subhead 1, item 36 - Mosquito Control Service.

Mr. Chandisingh: In any event the hon. Member asked about malaria, so I will reply to him on that. Malaria, as you know, has been almost wiped out in this

country. On the coast lands, malaria was wiped out with the introduction of D.D.T. after the end of the last war and, since 1961, with the introduction of medicated salt in the interior areas, the position has considerably improved in the North West district, in the Mazaruni-Potaro area, and so on. As a matter of fact, I believe that during this period there has not been a single reported case of malaria outbreak in the North West district and the Mazaruni-Potaro triangle. This can be attributed to the use of the medicated salt.

Recently, however we found that in the Lethem triangle, the area around Lethem, there has been what may be called a resurgence of the malaria mosquito. This is accounted for, I understand, by the fact that although we are using the medicated salt in this particular area, the Brazilians on the other side of the border have not been using it and we find that there tends to be traffic over the border from Brazil into Guiana of untreated salt. The medical specialists feel that this is what accounts for the resurgence of malaria in recent years in this particular area.

The Government, however, apprised of this situation, is taking steps to try to reduce this resurgence of malaria in the Lethem triangle and to prevent it from spreading further. We have asked the Brazilian authorities, through the World Health Organisation, to use medicated salt in the area adjacent to the Lethem border area and I understand that they have started a programme of spraying in this particular area. We hope that this will help to

prevent the introduction of malaria from over the border.

Mr. Correia: I am not finished. I should not like to waste the Minister's time but I should like to ask the Minister if, in 1963, malaria was on the increase at Bartica and at the Penal Settlement.

Mr. Chandisingh: There have been no cases of malaria.

Mr. Correia: I am glad to hear that reply.

2.50 p.m.

Medical Specialists

Mr. Cheeks: I understand that there are variations in the individual contracts made between the Government and Medical Specialists in respect of study leave, long leave, housing, passages, and so on. Can the hon. Minister tell this House what are the criteria in determining these variations in the terms of the individual contracts?

Mr. Chandisingh: So far as I am aware there are no real variations in the contracts for Specialists, but there has been one case I can recall in which one person - not a Specialist - was provided with furnished accommodation in his contract. This was not done through the Ministry; it was done in error by the Secretary for Technical Co-operation in the United Kingdom, but it should not have been done. The Secretary for Technical Co-operation made the appointment, and we were not responsible for the mistake. I do not know whether the hon. Member had this

officer in mind, when he spoke of variations with regard to Specialists or Overseas Service Allowances enjoyed by expatriate officers recruited through the Secretary for Technical Co-operation. An additional sum of money over and above what this Government offers for the various posts is paid to overseas officers. If the hon. Member is referring to this, then there is no variation.

Mr. Cheeks: On what basis is this Overseas Allowance paid?

Mr. Chandisingh: The United Kingdom Government pays it, and it is not applicable only to doctors, but to other expatriates.

Nurse Midwives - (Training)

Mr. Wharton (Abery): I should like to know whether these nurses are being trained, or are to be trained? When will they be ready for service in the district? I have, at present, a matter before the hon. Minister, and I know that there is much suffering in Western Berbice. We are very anxious to have Nurse Midwives placed in that area extending from Abery to Fort Wellington where there is only one midwife to serve a distance of 17 miles.

Mr. Chandisingh: This item does not refer to Rural Midwife Training, but to Staff Nurses being given additional training as midwives. The training is at the moment going on, I understand. I believe that provision for the training of Rural Midwives will fall under the Head "Nurses and Servants".

Mosquito Control Service

Mr. Checks: Will the hon. Minister tell us what has become of the 15 Operators/ Inspectors listed under item 42? These officers were listed last year, but the information regarding them seems to be omitted this year.

Mr. Chandisingh: The officers to which the hon. Member refers can be found at item (36) - Mosquito Control Service.

Mr. Checks: I should like to say a word on behalf of these Operators/Inspectors. They seem to belong to that section of our working people who are least considered by the Government. I should like to draw the hon. Minister's attention to the fact that these men are working under very severe conditions. Their chief job, I understand, is the spraying of D.D.T. I saw some injuries which were suffered by some of these men when D.D.T. was thrown on their skin. I know of two particular cases where hair has not grown back, despite the fact that the injuries were healed. There is a case where D.D.T. fell on a man's foot a year ago. I saw the spot today, and no hair has grown back on that spot.

I am informed that the continued use of D.D.T. causes nervousness, and it would appear that there is some truth in the allegation. I feel that the hon. Minister should consult these men, and have them examined by doctors to see whether there is a case made out to give them special consideration. These men are paid under B7, and I feel that some special consideration should be given in cases where

men with families are being injured during the normal course of their work.

Mr. Chandisingh: The hon. Member has already seen that we have put a certain number of these men on a higher scale on the Fixed Establishment. This indicates that the Government has been giving consideration to this category of employee. With respect to the injuries to which he refers, my medical advisers have not so far heard of these cases where D.D.T. has caused injury. I am not sure whether the hon. Member meant that D.D.T. was sprayed on the people, or whether any drums of D.D.T. fell on them. If the hon. Member knows of these people - if they are not Government employees but members of the general public - he should refer them to the Chief Medical Officer, and I am sure that adequate consideration will be given to them. So far as the Ministry knows, if D.D.T. merely fell on an employee it would not cause him any injury. Of course, in the medical world one is never sure of these things.

Mr. Checks: Is it the intention of this Government to promote these men gradually into the Fixed Establishment?

Mr. Chandisingh: This is what the Government is trying to do.

3 p.m.

Mr. Checks: I am thinking of some who have served over 20 years, and there is one such employee who has become paralysed, and has a wife and children. He was given an annual allowance but no gratuity. I wonder whether Government has any system.

The Chairman: If you look at the last page of the Estimates you will get some information.

Mr. Cheeks: I see the salary scales.

The Chairman: It is not a salary scale but a list of the approved posts.

Senior Health Visitors

Health Visitors and School Nurses

Mr. Merriman: How many of these six posts of Senior Health Visitors are filled?

Mr. Chandisingh: Two of the posts are filled.

Mr. Merriman: Last year there was an addition of four Senior Health Visitors, but after a year only two posts have been filled. There is no question of recruitment here, because the senior posts are filled from among Health Visitors in the lower category. What can be the excuse for not filling these senior posts? The structure calls for six Senior Health Visitors, but only one-third has been filled. Isn't this purposeful? In the rural areas where there are Health Centres and fancy camouflages, trained Health Visitors are not being attracted, because Government is not providing quarters or furnished apartments. I should like the Minister to say whether applications have been made for advances to provide personnel with beds, but they have been turned down. A person is taken from say Port Mourant and sent to work in the Rupununi.

and she is expected to transport her belongings there. After all, 99 out of 100 of such persons are called upon to separate themselves from their families. What attractive salaries are being paid to them? I would invite the Minister to say whether it is true that requests for advances have been made by Midwives and Health Visitors who are sent to remote areas and have been turned down. If so, why?

Mr. Chandisingh: First of all, on the question of Senior Health Visitors a request has been made for the vacancies to be filled. With regard to furniture for Health Visitors the hon. Member has made a very brave and bold plea for this category of nurses, and I would say that perhaps a case may be made out for assistance to such persons, but by and large a nurse is not forced to be trained as a Health Visitor. When she accepts training as a Health Visitor she accepts the responsibilities, salaries and conditions of the post. The hon. Member referred to attracting personnel to places like the Abary. I should like to tell him that the hon. Member for Abary (Mr. Wharton) was referring to rural midwives and not to Health Visitors.

Mr. Merriman: I am grateful for the Minister's assurance of favourable consideration of the points I have made.

Mr. Chandisingh: I cannot say that I will give "favourable consideration."

Mr. Merriman: I thought I had given the Minister's assurance the proper interpretation, but I

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will not press the point any further. As regards the point the Minister made about nurses accepting the conditions of employment when they take the Health Visitors' course, it must be realized that a woman starts as an ordinary nurse, becomes a midwife and then may qualify as a Health Visitor. I therefore think it is most illogical to say that when she reaches that stage any imposed hardships should not be compensated.

3.10 p.m.

Mr. d'Aguiar (Georgetown-Central): Mr. Chairman, I wanted to ask the question which I asked last year and which is relevant to many Heads and in particular to this Head. The Estimates for 1964 are given and "Estimates" are defined in the Standing Orders as detailed lists of items of expenditure. We are given what is purported to be a revised Estimate for 1963 and the actual expenditure for 1962, but in fact no revised Estimate is given. All we are given is an aggregate appropriation for the Heads. Therefore, it is physically impossible for any Member to make a comparison between the revised Estimate for 1963 and the Estimate for 1964 because, in effect, no revised Estimate for 1963 is given. An Estimate is a detailed list and not an aggregate sum.

I believe that this question was raised by me in previous years and some assurance was given that the correct procedure would be adopted in future. If perhaps you look back into the past records of these Committee

Stage meetings you will see that. But, instead of getting better it is getting worse. The aggregates are getting bigger and bigger and the possibility of making fair comparisons is completely removed. I should therefore like to ask again why we are not given figures under the revised Estimates instead of the aggregate appropriation.

Mr. Chandisingh: The explanation I have been given is that it is not usually given under Personal Emoluments. It is more difficult to give a revised Estimate under Personal Emoluments, but it is done in most other cases, for instance, other charges and so on.

Mr. d'Aguiar: This is a very peculiar answer. I should think it would be very easy to give revised Estimates under Personal Emoluments. There is the post of Chief Medical Officer, for instance. Did he or did he not in the revised Estimates get \$10,000 in 1963? It would seem to me to be the easiest possible method. I cannot see how such an answer can be reasonably accepted when the Standing Order defines "Estimates" as details. Where are the details in regard to the revised Estimate? I ask the question: Why has the hon. Minister not given a revised Estimate for 1963?

Mr. Chandisingh: I am advised that "Personal Emoluments" forms one subhead on its own and the amounts are totalled up. Further, I am advised that it is rather impracticable to keep an account for each particular post in the subhead of "Personal Emoluments". Furthermore, I do not know that it

would have so much bearing on the present debate because if one takes the overall approved Estimates for 1963 and the approved Estimates for 1964 one is in a better position, I think, to make comparison. It will be appreciated that during last year several people did not draw salaries for a certain period of the year.

Mr. d'Aguiar: I would suggest two things: that the hon. Minister of Finance has dishonoured his promise to provide correct detailed figures, and, secondly, the object of aggregating the total appropriation rather than giving details of the Estimates in previous years is for the sole purpose of throwing dust into the eyes of legislators and making it impossible for them to make reasonable and justifiable comparisons.

The Minister of Finance (Dr. Jacob): As usual the hon. Member is wrong. No promise was ever made to give details. As the hon. Minister of Labour, Health and Housing explained, this is one subhead that would entail an enormous amount of work if the staff were to itemize all payments under the subhead. We have tried it and found it was totally impracticable to implement the suggestion that was made on a previous occasion.

Mr. d'Aguiar: May I ask the hon. Minister of Finance how he arrived at the aggregate sum without listing the details?

Dr. Jacob: I am informed that the block total on each pay-sheet is posted on a card. These totals are added up and not the

salaries of the individual officers and employees who receive payment.

Post Mortem Examinations

Mr. Hugh: I wish to speak on subhead 3, Post Mortem Examinations. Can the Minister give me some information on these Post Mortem Examinations?

Mr. Chandisingh: This subhead provides for payment of fees to medical officers who perform post mortem operations.

Mr. Hugh: Thank you, sir. I shall use that information at a later stage.

Milk and Food Sampling

Mr. Hugh: Last year, I think, we had a discussion on this item, Milk and Food Sampling. May I inquire again where this milk and food sampling is done?

Mr. Chandisingh: Milk and food sampling is done at the laboratory of the Government Analyst.

Mr. Hugh: Am I to understand that milk and food sampling is done in Georgetown at the Government Analyst's Department or is it the practice to stop the milk vendor on the road and pay an exorbitant price for the milk and then send it to the Analyst's Department?

Mr. Chandisingh: This is what is done. In various parts of the country officers, police and so on, are instructed on what days they should send in samples and then pay the Government

[MR. CHANDISINGH]

these instructions. The money is used to pay for the samples and in some cases for freight and so on. The milk is collected and sent to the Department.

Mr. Hugh: There are two classifications for milk in this country, grade "A" milk and milk. Is grade "A" milk subjected to sampling?

3.20 p.m.

Mr. Chandisingh: I do not know anything about the grades of milk, but this refers to cow's milk or house milk.

Mr. Hugh: The proper Head under which I can say something about this matter does not have anything that I can go on, but I am surprised to hear the hon. Minister say that he does not know anything about grade "A" milk. Will the Minister undertake to find out from his advisers if there is anything like grade "A" milk, and from what source do we obtain grade "A" milk in the country?

Mr. Chandisingh: The answer I gave the hon. Member was in order to indicate that samples are taken of whatever grade of milk is being sold by vendors, etc. in different parts of the country, and sent to the laboratory. This is the purpose of the answer that I gave. What is the other question - from what source do we obtain grade "A" milk? I do not know the type of cows from which this milk is obtained. I do not know if this answer is pertinent to the question the hon. Member has in mind.

Mr. Hugh: I am very sorry for the Minister and I am satisfied that he is dodging because, up to recently, the only source of grade "A" milk was Bookers. Furthermore, grade "A" milk from Bookers was never touched by a single laboratory officer. But now there is another source of grade "A" milk. There is a lot of cow-dung and trench water in it and I want to know why is this so-called grade "A" milk in this country not being sampled. There is not a single person on that side advising the Minister properly; it is difficult for them. I think the Minister is evading the question and I shall deal with this more fully under the Head dealing with the Ministry of Trade and Industry.

On the question of foods, can the Minister tell us if any sampling has been done - I know they inspect bovines and carcasses of animals in the country district; I am not so sure of pigs - of poultry and poultry products coming into Georgetown from outside the city areas?

Mr. Chandisingh: I am informed that such examinations are not done by the Ministry of Health. I am not sure that they are done by any other Ministry. The Ministry of Agriculture, I believe, looks into such matters.

Mr. Hugh: I am aware that it is not done. This is a very important matter. The Minister or his advisers cannot deny that the poultry industry has taken a tremendous share among our foods in this country. More and more people are eating poultry and more poultry is being produced, and whether or not the Agricul-

ture Department has its staff, and whether or not the members of the staff do their work, the fact remains that this is a very big item of food. People use it day and night in their homes, and in restaurants and hotels we have "chicken-in-the-rough" in all forms.

It is also a known fact - you have your Senior Bacteriologist there, ask him - that there is a particular disease that is a constant irritation to poultry dealers in this country. It is almost always present, it has never been eradicated. I should like to know if there is a disease known as *pullorum gallinarium* which is dangerous to the human body.

Mr. Chandisingh: I am not sure whether the municipality public health body does any examination of poultry entering the country. Under the proposed new Food and Drugs Ordinance, the Government hopes to introduce the examination of poultry. I am informed that the disease mentioned by the hon. Member is a type of poison.

Mr. Hugh: Thank you. Now for quite a long time this uncertainty over authority has been a very provocative issue so far as this health of the people of this country is concerned. The Government has an overall responsibility to the people. For a long time it has been discovered that *pullorum gallinarium* is injurious to human beings. The hospital authorities can tell you that day after day many people are being treated for bad stomachs and associated diseases and they cannot tell how they got them. The Pub-

lic Health Inspectors - I hope I am not calling them below their rank - inspect the slaughter of cows in the country districts to see that those cows are free from T.B. It is true that they do not inspect the carcasses of pigs, but I do not think that they enter the city, while eggs and the carcasses of poultry enter the city.

I would imagine that if the Government admits that there is the necessity to examine carcasses of cows and it also admits that *pullorum gallinarium* is a very dangerous disease - and I may point out that, like avian T.B., it is transmittable - it would take the necessary steps to protect the health of the people and not say that there is municipality control in Georgetown. This concerns the health of a population, the health of a nation. This is far more serious than the nonsense we hear from the lower end of the Government bench. *Pullorum gallinarium* is a germ which is not seen by the eye in an egg or poultry meat, whereas, if it occurs in the case of live poultry, there is a thick, white mucous discharge which gives room for suspicion. I have seen live poultry being sold at the Bourda Market for 50cents per pound and \$2 each and nothing is being done about it.

3.30 p.m.

This disease is brought into the eggs by the very mechanism involved in producing eggs by the hen. Although the entrails may be removed, the disease seeps into the meat and causes more sickness in this country than the Ministry is willing to admit. It is on this premise that I am ask-

[MR. HUGH]

ing the Department to take active steps immediately to protect the health of the citizens of Georgetown instead of leaving it to the Municipal Authorities.

There is another danger so far as poultry is concerned. It is a well-known disease, and the Ministry may either agree with me or tell me whether I am wrong. My information is that swine can contract avian tuberculosis. It is known that a lot of poultry is being fed to swine, and the health of this community is in danger because the people indulge in eating high-protein meats. It is in this context that I am imploring the Government to take active, immediate steps to see that this racket is stopped, and that some measure of protection be given to our citizens.

Mr. Chandisingh: I am advised that the particular disease referred to by the hon. Member has not been reported to my Ministry. I suggest that the hon. Member for Georgetown-South should prepare and submit a full memorandum, or medical treatise, on the subject. My medical advisers would welcome that.

Mr. Hugh: It is not for me to submit a treatise. The hon. Minister has admitted that the Veterinary Surgeons are not doing their jobs properly. I know that there was an analytical investigation at the Central Laboratory of the Public Hospital a few years ago, and the Bacteriologist said then that it was a dangerous disease. I say that categorically.

Mr. Merriman: The hon. Minister is casting this thing aside as something simple, and is endeavouring to make the Georgetown Municipality responsible for carrying out the operations. I know very little about this matter, but if the Government has accepted the fact that fowls are used every day in this community, then it should initiate a system whereby poultry could be inspected regularly. In order to control this disease it would be necessary to attack it at its source, because the birds are devoid of the evidence which will indicate the disease with which they are affected and it will take some time to transmit. It should be arrested at the point where the entrails are taken out, and it cannot be done in Georgetown.

I am of the opinion that this item should be increased, because of the large number of poultry farms in this country and the personnel that will be needed to carry out these inspections. I recall an occasion when the entrails of fowls were found to be infected with tuberculosis, and those fowls were consumed in a cook-shop. The entrails are fed to other animals, and people may consume the meat from those animals. This is a serious matter, and the Government should be willing to fulfil a void which has been here all along.

Mr. Chandisingh: We are still discussing the question of Milk and Food Sampling, and there is no necessity to increase the vote. This provides only a small part of the work involved in Milk and Food Sampling. The Government hopes to submit a new Order

shortly in which proposals will be made in relation to food, drugs, and so on.

UNICEF Nutrition Scheme Anti-Polio

Mr. Merriman: I should like to know why there is no provision for this item in 1964.

Mr. Chandisingh: You will remember that in 1962 and 1963 there was an outbreak of poliomyelitis which affected several children in this country. Funds were voted by the Legislature to the extent of \$44,380 over that period, and the amount provided for certain items such as vaccine and so on. The item has been deleted on this occasion because it is intended to meet the requirements for continuing anti-polio work under other Heads. For example, the cost of vaccine is expected to be met from the normal drugs vote, and it is not necessary to have it listed under a separate subhead. That is the explanation for it.

Head 28 - Ministry of Labour, Health and Housing - Medical - \$1,676,342, as amended, agreed to and ordered to stand part of the Schedule.

MINISTRY OF LABOUR, HEALTH AND HOUSING - BACTERIOLOGICAL

Jnr. Government Bacteriologists and Pathologists

Mr. Hugh: May I inquire whether the two Junior Government Bacteriologists and Pathologists are on duty?

3.40 p.m.

Mr. Chandisingh: No, these posts are presently vacant.

Mr. Hugh: Then you are satisfied that there is only one Government Bacteriologist in the country. If I may be permitted I shall deal also with subhead 9 - Post Mortem Fees, Laboratory Attendants, \$200. We have one Pathologist in the country who is called upon to perform *post mortem* examinations three days a week, and fees are paid to Laboratory Attendants to assist at those examinations. Is the Minister aware that many cases have been written off from the charts by doctors who draw fees for *post mortem* examinations, and the corpses handed over to relatives for burial?

Mr. Chandisingh: I am not sure that I follow what the hon. Member is referring to. The only doctors who get fees for *post mortem* examinations are G.M.O.s in the districts. The Government Pathologist does not get such fees.

Mr. Hugh: Is the Minister aware that many corpses on which there should have been *post mortem* examinations have been written off from the charts because of the unavailability of the Pathologist due to pressure of work?

Mr. Chandisingh: I am advised that all *post mortem* examinations ordered by Coroners are carried out.

Mr. Hugh: I am aware of that, but there have been cases where persons died suspiciously,

[MR. HUGH]

in some cases of abortions, in which no *post mortem* examinations were held because of pressure of work on the Pathologist. In cases where abortions are suspected *post mortem* examinations should be carried out whether by Coroner's order or in the interest of public decency or pride. How soon does the Minister expect to fill those two posts?

Mr. Chandisingh: The posts have been advertised, and as soon as suitable candidates are available I expect they will be filled.

Instrument, Supplies etc.

Mr Hugh: Subhead 3: May I inquire what are the supplies referred to?

Mr. Chandisingh: Supplies in this case are things which are necessary to carry on the work of the Laboratory - chemicals to a large extent, instruments and so on. I cannot at the moment give the hon. Member a breakdown of the equipment.

Mr Hugh: Does the item include hospital stores, rations and so on?

Mr. Chandisingh: No, sir.

Head 29 - Ministry of Labour, Health and Housing - Bacteriological - \$220,910 - agreed to and ordered to stand part of the Schedule.

Head 30 - Ministry of Labour, Health and Housing - X-Ray, \$137,000 - agreed to and ordered to stand part of the Schedule.

MINISTRY OF LABOUR, HEALTH AND HOUSING

Hospitals and Dispensaries

Mr. Merriman: Quite recently the Government made adjustment of the salaries of the medical staff at the Hospitals, in some cases the maximum being made the minimum of the scale, and one would expect greater efficiency in hospital administration. Now we have a Hospital Administrator drawing a princely salary, nearly equal to that of a Minister, to carry out the day-to-day administration of the Hospital. I think the expenditure involved in employing high-salaried officers with a very negative approach to their duties has invoked criticisms day after day in the streets, the market places, the newspapers and in every forum on the inefficient running of the Hospitals in Georgetown and New Amsterdam. We are all for Guianisation of the Public Service, and I am always happy to support any Guianese in any position, but I would say that the administration of the Hospitals where industrial relations are being destroyed, with frequent complaints at trade union level, has gone to the dogs. I know that complaints are made to the Ministry day after day but absolutely nothing is done. We cannot have officers receiving high salaries and not justifying the expenditure.

3.50 p.m.

Not long ago, with the sort of administration that exists, the whole compound was converted into a salt goods shop. At the same time the Fire Brigade was

worried about the storage of petrol in the compound. I am yet to find out if the profits from this latter sale went into the public coffers or into the pockets of administrative officers or the pockets of someone else. I should like to know the answer to that and I think I will ask a question in this House concerning it. Everybody knows that the hospital compound was converted into a salt goods shop and a gasoline station.

Patients today have to go from the Outdoor Patients' section to another section of the hospital in order to have their prescriptions made out. There is no organization and yet the administrator is paid a high salary. I wonder whether the Minister is aware of the universal dissatisfaction that exists at the hospital.

Mr. Chandisingh: I shall not take the remarks of the hon. Member too seriously. The whole point about it is that he appears to have a knife in a particular individual and he uses every opportunity in this House to attack certain individuals. I would not accept his criticisms, sir. Incidentally, it is significant that he attacks the administration of the Georgetown and Berbice Hospitals. When the issue came up of redesignating and regrading the posts of these two officers, the hon. Member accepted certain explanations in answer to his question as to whether these officers were qualified or not and now he wants to repeat and regurgitate. On every occasion he hurls animosity at the two individuals concerned. I believe the reason for this is

that he did not get a certain contract for corpses. I know he was very much annoyed at the administration. [Mr. Burham: "He will still bury you."] That does not prevent me from expressing my views. I believe in principles and no matter if you kill me it will not change those principles.

On the question of the salt goods shop, the hon. Member apparently does not know what goes on in the House because he would have realized that the question was asked some time ago and a reply was given which stated where the profits, if any profits were made, went.

Mr. Merriman: Tell me!

Mr. Chandisingh: I refer to the answer given before. With respect to the salt goods shop I see nothing wrong with the object which was to sell goods during that period of the disturbances. The hon. Member and several others on that side, with their colleagues in the trade union movement, were pressing for the closing down completely of the hospital. They were not then concerned about sick and suffering humanity and poor people. They wanted to close the hospital down. I had to appeal to members of a particular union which involves the hospital, and to explain to them that a hospital is not run like an electricity plant, that you cannot speak in terms of a skeleton service in the hospital because the moment your staff decreases, considering at the same time that even now you require more staff - the moment you cut it down by 60 per cent, 20 per cent or you bring it down to 10 per cent, no matter

[MR. CHANDISINGH]

what per cent you cut it down by, you are depleting the services rendered to the people. Members complain about the services rendered to the people by the hospital. They complain that about 30 per cent or 50 per cent of the specialists posts are not filled. So how could they during that period want to close down the whole institution! Did they not think about all these things at that time, so why bring them up now?

The sale of goods made it more convenient for the staff who were on duty, who regardless of what their particular views may have been on the issues involved nevertheless stayed on duty to serve suffering humanity in this country, people from Georgetown and the rural districts. The hon. Member takes particular offence at the sale of these goods during that time when it provided a convenience for the staff on duty because, I believe, he would have preferred to have seen these people, because of threats of beating up and intimidation and so on, not report for duty.

The sale of these goods was to ease the people, to assist them, to prevent them from having to traipse all over the place and be beaten up; and secondly, in order to save time and avoid having to go for permits for this, that and the other. This was a time-saving factor too, bearing in mind that the staff was limited during this period and wanted to give the best possible service, with the limited facilities, to as many people as possible.

The hon. Member said there is universal dissatisfaction and attributes this to the hospital administration. I have not heard of any universal dissatisfaction. The hon. Member is prone to exaggerate on many things as he did when we were discussing the other Head. I think he plays up or wants to play up certain cases, where some people may be dissatisfied, into a big issue. If we assume there is dissatisfaction among some people with the running of the hospitals, does he imagine there is no dissatisfaction in other Departments? Does he not imagine that members of the public are dissatisfied with the work of the other Departments?

It is significant the specific persons, the handful of persons, whom the Member singles out for attack. I feel certain there are ulterior motives involved. I will say nothing further on this. I would not accept the sweeping criticisms made by the hon. Member. If he had the courtesy to bring specific issues which are irksome, certainly these matters could be looked into as in any other field of activity where people, as humans, make mistakes at times, but do not let him make general, concerted attacks on individuals.

Assembly resumed.

Sitting suspended at 4 p.m.

4.40 p.m.

On resumption --

Assembly in Committee of Supply.

MINISTRY OF LABOUR, HEALTH
AND HOUSING - HOSPITALS AND
DISPENSARIES ETC. (CONTINUED)

Mr. Merriman: I am rather surprised that the suavity of the hon. Minister of Labour, Health and Housing has become rattled and disturbed so far as his comments about the administration of the Georgetown Hospital are concerned. He has intimated in his expressions that I am indulging in some sort of antagonism or vendetta, because I was deprived of the paltry sum of \$40 or \$50 a month. Everybody knows that I attempted to get a contract with the Public Hospital, which I do not hold at the moment. If I were to attempt to go into this issue, which was brought to the attention of the Permanent Secretary of that Department, everybody would know of the scandalous behaviour that went on. This is no secret, and I have nothing to hide. If I took the same attitude as certain hon. Members, it would be interpreted as retaliatory. If the hon. Minister is suggesting that I am reacting against certain officers because I did not get the contract, it shows the pettiness in the suavity of his expressions and actions.

One has to consider the Public Hospital as an institution unlike any other institution for which the Government caters. You have a steady flow of population in this institution, and the flow of the population is greater than in any other institution. You have a lot of helpless people there, and so on. It is necessary for the nurses and doctors to have intelligence, experience, and tolerance. It is my opinion

that the industrial relations among the workers at this institution are at their worst. Even if the personnel are recruited under patronizing circumstances, they are still quarrelling among themselves.

This is an institution where you have people going day after day for medical attention, and it has been reported that children die there for lack of medical care and attention. If the Administrator is aware of these conditions which obtain and does not bring them to the attention of the hierarchy, where must one level one's criticisms? It is due to this Government's inability to pay proper salaries that doctors are short at the Hospital. It is known that people spend hours at the Hospital and have to go back home without being treated. The officer who is looking after the day-to-day business of that institution should be able to do something about the matter. If these conditions have been brought to the attention of the policy-makers and they are still allowed to continue, then I will have to level my criticisms at the big shots.

The sewing-room at that institution has been depleted in order to give contracts to certain people. The contracts are given to the people who talk alike and look alike. The administration is responsible for inability to supply medicine, and some people have to take their prescriptions and have them prepared outside, despite the fact that the medicine is issued at the Hospital. I have to make these criticisms. If my friend does not give me a funeral, he is

[MR. MERRIMAN]

still my friend. If the Hospital does not give me a contract for \$40 or \$50 a month, I will still criticize it.

Mr. Chandisingh: I merely wish to say that I am sorry the hon. Member has taken this effort to pull his leg a little in such a serious manner, but what I detest is this sort of attack on persons in the Public Service who have no opportunity to reply and defend themselves. I deplore this sort of behaviour, and that is the whole purport behind my remarks. I would not accept that the administration of the Hospital is at a low level of efficiency, or any of the basic charges laid against it.

I have told the hon. Member before that I accept that there will be, in any big institution, whether it is a Public Hospital or a Department, some dissatisfaction in a number of services provided for such an institution.

4.50 p.m.

But a lot of the dissatisfaction to which the hon. Member refers has to do with the problems that face the country as a whole, and they are not peculiar to this hospital or any other hospital, but are problems deriving from the fact that our country is a developing one. We need more finance to carry out bigger development programmes, to improve the Georgetown Hospital itself, and I daresay that many of those problems are due to a large extent to the physical layout of the Hospital. The fact that it is a sprawling type of institu-

tion makes it much more difficult for any Administrator to run. I do not want to belabour this point, but I hope the hon. Member will not level these attacks against one or two persons in the Public Service who have no opportunity to defend themselves here.

Mr. Campbell: I propose to make a statement, not with any ulterior motive but from a humanitarian point of view. A few days ago I visited the Public Hospital and suddenly there was a terrific noise which I thought was being made by two jet planes. It turned out to be coming from a trolley used in the hospital, and it startled a sick mother and her child, and I also jumped. I was told that it happened every day from three o'clock in the morning and that it awakened the whole block of mothers and babies. I think everybody will agree that extreme noise is not good for the human system, and a hospital should be a place where the minimum amount of noise should be made. I would suggest to the Administrator that the trolley should be oiled or replaced.

Mr. Chandisingh: I wish to tell the hon. Member that his comments have been noted by the Chief Medical Officer, but for the purpose of having some inquiry made into the matter perhaps the hon. Member could indicate what ward he was in.

Mr. Campbell: The Maternity Ward. [Laughter.]

Mr. Chandisingh: I understand that what the hon. Member referred to is perhaps the lift which goes up and down, but I will ask that some oil be applied to lessen the noise.

Mr. Hugh: I would be glad if the Minister would give the House some idea of the duties of the Hospital Administrators. Do they have to regulate labour and staffing?

Mr. Chandisingh: The Hospital Administrator has to do with the regulation of lay staff; he does not interfere with the professional staff. There is a Hospital Committee and also an officer at the Ministry of Health, but at times when there is some particular vacancy, for example if a doctor absents himself or does not report to a ward for duty, the Hospital Administrator may use his initiative in approaching another doctor to fill the gap.

Mr. Hugh: Who has the over-riding power, the Hospital Committee or the Administrator? Which has the right to decide how many days' leave a member of the staff should have?

Mr. Chandisingh: Which category of staff?

Mr. Hugh: This is a copy of a circular signed by the Chairman calling upon doctors not to be afraid to lose their popularity by refusing to give leave to subordinate staff, and suggesting that only two days' sick leave should be given. This circular seems to impinge on the rights of human beings, and I would like to know whether the Hospital Committee has the right to decide how long an employee should be sick, or whether it is the Administrator who decides.

Mr. Chandisingh: I understand that Casualty doctors are permitted to give two days' sick

leave, but if it is a question of longer leave the employee has to see a specialist at the clinic.

Mr. Hugh: I do not want to go very far into this matter, but the advice the Minister has got does not appear to be correct. The circular states:

"This matter was brought to the attention of the Georgetown Hospital Committee and after some deliberation it was decided to request medical officers not to recommend more than two days' sick leave for an employee."

It mentions nothing about doctors at the Casualty Department

Mr. Chandisingh: Would the hon. Member read the next paragraph of the circular?

Mr. Hugh: The next paragraph states:

"Should it be necessary for an employee to be recommended for more than two days' sick leave that employee should be referred to the Staff Clinic for treatment, or to the appropriate Specialist Clinic (e.g.) cases of fractures, etc."

5 p.m.

Mr. Chandisingh: This follows what I said, namely, that the casualty doctor can give up to two days' leave and if anything over that is required they will go to the clinic where they will consult the specialist who will give extended leave.

Mr. Hugh: This copy which I have addressed to someone who is not a casualty doctor.

Chief Steward

Mr. Merriman: With reference to subhead 1, item (5), I should like to ask the Minister whether this position is filled and, if so, whether it is held by someone within the age limits for the public service.

Mr. Chandisingh: The position is filled but the officer is going on pre-retirement leave from the 15th March.

Deputy Matron, Public Hospital Georgetown

Mr. Merriman: May I refer to item (14), Deputy Matron, Public Hospital, Georgetown, and ask whether that position is vacant, and, if so, how long has it been vacant and when does the Ministry intend to fill it?

Mr. Chandisingh: I am informed that recommendations have been made to the Public Service Commission to fill the post of Deputy Matron.

Assistant Hospital Secretary

Mr. Hugh: I beg leave to go back to subhead 1, item (2). Will the hon. Minister say whether this post of Assistant Hospital Secretary is filled? I am very sorry but it will be necessary to call the name of the officer this time.

Mr. Chandisingh: This post is filled. The name of the officer is Mr. Byass.

Mr. Hugh: Will the Minister tell me what post is held by Mr. Rohit Persaud in the Hospital?

Mr. Chandisingh: I understand that the gentleman mentioned is Hospital Clerk.

Departmental and Assistant Hospital Clerks

Mr. Hugh: May I refer to items (8) and (9), Subhead 1, and inquire how promotions are made in these two grades, Departmental Clerks and Assistant Hospital Clerks? Are promotions made by the Hospital Administration or the Public Service Commission and on what basis?

Mr. Chandisingh: The Public Service Commission makes these appointments.

Mr. Merriman: On whose recommendations?

Mr. Chandisingh: The Ministry makes the recommendations.

Mr. Hugh: I am very glad to see that the Ministry makes recommendations for these appointments. May I ask the Minister whether Departmental Clerks are clerks in the Ration Store, the Records Room and so on?

Mr. Chandisingh: Yes, sir.

Mr. Hugh: Some promotions have been made in those places lately. Some junior clerks were confirmed in senior positions although there were persons, particularly in the Ration Store, who were almost a year senior in service. These persons were interviewed by the Public Service Commission and recommended by the

Minister. The increments for strike-breakers is dated back to October 1962, whereas these who went on strike are now made junior with increments from this year June and December. Will the Minister say whether he is aware of this? Do not let me call names, because I do not wish anything to appear to have been done in a partial manner.

Mr. Chandisingh: I am advised by my officers who deal with these matters - as you know the Minister does not deal with these matters - that the Public Service Commission makes these appointments and promotions and there is no awareness within the Ministry that what the hon. Member alleges is correct.

Mr. Hugh: All I wish is that the Minister will make investigations. This is a humanitarian appeal. Is the Minister aware that there is an unfortunate case within the Records Department? A young man is employed there who is ill. He is constantly in the records room and creates a certain amount of irritation to other members of the staff because of the peculiar nature of his illness. Will the Minister inquire from his advisers whether this is not so and let us know in this House if this is considered to be in the best interests of the employees?

Mr. Chandisingh: I am advised that on the recommendation of the Medical Superintendent of the Mental Hospital the person concerned was placed in that position.

Mr. Hugh: I think that if this Government desires to have efficiency and high output it

ought to remove dangers which might reduce the efficiency of workers. Let us be honest. This young man is being punished. I am not speaking about discrimination. This is in the interest of the young man; he should be kept away from anything that looks like work if he is to recover, and in any case to put such a person with other workers not so affected is certain to create a certain amount of distress.

5.10 p.m

Mr. Chandisingh: It is not appropriate to reply any further.

Conveying sick persons from
Interior to Hospital

Mr. Campbell: I want to ask a question under subhead 19, Conveying sick persons from Interior to Hospital. I was told by very reliable people that the missionaries in the Rupununi who own a small plane used to take sick persons from point to point and convey them to the nearest hospital, either at Lethem or in Georgetown, on condition that the Government, through the Interior Department, gave them back the fuel, the gasoline. I understand that that has now been discontinued. Now I want to be enlightened. I want to ask the Minister concerned whether he knows anything about this and whether this practice has been discontinued. Those missionaries have been performing a wonderful job in the Interior. They have been using their plane, their vehicles, their doctors, etc. and Government supplied the fuel only. If this practice has been stopped, please let it be continued, it is a good thing.

Mr. Chandisingh: The arrangement has not been stopped.

Mr. Campbell: It has not been stopped?

Mr. Chandisingh: It continues.

Government Pharmacist

Mr. Cheeks: Subhead 1, item 3: Will the hon. Minister tell this House if the vacancy for the post of Government Pharmacist has been reported to the public Service Commission with a view to having it filled?

Mr. Chandisingh: Yes.

Senior Assistant Pharmacist

Mr. Cheeks: And also the post of Senior Assistant Pharmacist?

Mr. Chandisingh: Yes

Mr. Cheeks: Will the hon. Minister tell us what are the qualifications for these two posts?

Mr. Chandisingh: The qualification is the Bachelor of Pharmacy degree.

Mr. Cheeks: Is there anyone in the Service who is in line for promotion who holds that qualification?

Mr. Chandisingh: There is no one who is qualified.

Mr. Cheeks: Does Government expect to fill it locally, or is it sending anyone to be trained? How does the Government expect to have it filled?

Mr. Chandisingh: The Government does not know whether this post would be filled by someone outside because, at the moment, there is no one qualified locally. Someone is being trained but we do not know whether or not that person will qualify.

Senior Dispensers

Dispensers

Mr. Blair: I notice there is a reduction in the salaries of Senior Dispensers and Dispensers. The note states: "Changes in holders of posts." Have these men been demoted? Where is there a reduction in the amount provided?

Mr. Chandisingh: People retire from the Service, they reach the retiring age, and other persons come in at the minimum of the scale. This accounts for the reduction in the amount provided.

Farm Supervisor

Enquiry Officers

Mr. Hugh: There are two simple questions I should like to ask. Item 29, Farm Supervisor: The note states: "One post of Farm Supervisor in substitution for the post of 'Band master - Mental Hospital'." I want to know why the Bandmaster is called Farm Supervisor.

Item 30, Enquiry Officers: I should like to know what are their duties.

Mr. Chandisingh: Enquiry Officers are persons who go out to check on and to assess the financial means, etc. of persons.

The post of Farm Supervisor in substitution for the post of Bandmaster does not mean that the Bandmaster now becomes the Farm Supervisor. I should explain that the services of the Bandmaster at the Mental Hospital have really not been used and, quite recently, a few months ago, an internal broadcasting system with a little studio has been installed at the Mental Hospital. There is a constant relay of music and other programmes, so there is no necessity for a Bandmaster and the post of Farm Supervisor was created.

The reference here is merely for the administrative arrangements within the Head. In other words, what it means is that we have abolished the post of Bandmaster and created the post of Farm Supervisor.

Tutors

Mr. Merriman: Item 22, Tutors: How many posts are vacant?

Mr. Chandisingh: There are three vacancies.

Principal Tutor

Mr. Merriman: Item 21, Principal Tutor: May I ask if this post is filled?

Mr. Chandisingh: This post is technically vacant. I understand that some recommendation has been made for the filling of it.

Mr. Merriman: Somebody is acting in the post and I understand that recommendation has been made to the Public Service Commission for the filling of

the vacancy. We should train more Guianese rather than recruit expatriates and I should like to know if any immediate effort is being made to train individuals, if you have got them. I do not know if the Minister can give us an assurance that immediate action will be taken on this matter.

5.20 p.m.

Mr. Chandisingh: On the question of training, the Ministry has already submitted its list of persons that it requires to be trained in the various fields for 1964, and among the subjects are tutors.

Social Entertainer, Mental Hospital

Mr. Hugh: May I find out what sort of social entertainment this Social Entertainer does? Is it a male or a female entertainer?

Mr. Chandisingh: The post is vacant, but there is someone who is acting in the post. The person is a male, and the duties include arranging various social activities which encourage the patients to do something useful. This sort of entertainment is part of their therapy.

Mr. Hugh: I hope that a female will never be appointed to fill this post.

The Chairman: The original holder of the post was a female.

Beauticians at Mental Hospital

Mr. Hugh: Can the hon. Minister tell me whether there is a beautician attached to the Mental Hospital, and where provision can be found for her salary in these Estimates?

Mr. Chandisingh: As far as I am aware, on the last occasion when I visited that Hospital just about two weeks ago, I observed two female attendants working in the beauty parlour. These female attendants, I was told, have experience in the beautifying of hair in order to give ladies a certain amount of charm. They were serving in that capacity, and are certainly doing a good job. It provides a bit of lift in the atmosphere and gives the female patients a sense of well-being, value, and appreciation. The male patients have a barber to look after them.

Mr. Hugh: It is unfortunate that nowhere in these Estimates can I find these two votes. I should like to find out who appointed these two persons—the Hospital, or the Public Service Commission? May I have the names of these two persons?

Mr. Chandisingh: So far as I understand, it is not a question of special appointments but job assignments. The two female attendants are assigned to this particular field of work.

Mr. Hugh: Does this Government pay them monthly, or according to the number of jobs?

Mr. Chandisingh: They are paid as attendants, and they do this sort of work which is serving a good purpose.

Mr. Hugh: How long has this new-found idea been going on?

Mr. Chandisingh: It started last year.

Mr. Hugh: Were these posts advertised?

Mr. Chandisingh: There is no post of beautician.

Mr. Hugh: Then when Mrs. Singh's husband is transferred she will go with him!

Mr. Chandisingh: There is no Mrs. Singh involved in this matter.

Mr. Benn: You should be in the scavenging service.

Medical and Surgical instruments and equipment

Mr. Cheeks: Can the hon. Minister tell me whether periodic inventories are made in relation to Medical and Surgical instruments and equipment and, if so, when last was such an inventory made?

Mr. Chandisingh: Every year, I understand, a Board of Survey checks on these things.

Mr. Cheeks: Perhaps the hon. Minister is not in a position to say when last an inventory was made. I wonder whether he will tell us whether the Government was satisfied with the last inventory, and whether it was satisfied that there was proper supervision and care of the instruments and of their retention in the Hospital as Government property? I want to know whether the hon. Minister is satisfied that these instruments are not disappearing.

Mr. Chandisingh: I am not aware of any dissatisfaction.

Nurses and Servants

Mr. Merriman: I should like to speak on item (52), Nurses

and Servants on page 56. I observe that there is a considerable reduction in the sum of \$52,060, and this seems to be rather alarming. I am certain that the Government is aware of the fact that there is a shortage of nurses in this country. I feel that the Government should provide for a sufficient number of tutors for the training of our nurses so that we would be able to cater for our immediate requirements at the various Institutions. Thousands of applications are out for nursing students, and this has nothing to do with what the hon. Acting Premier has been talking about. This is an alarming reduction in the item, and I should like the hon. Minister to give us some explanation in connection with this matter.

5.30 p. m.

Mr. Chandisingh: The reason is given in the note at the bottom.

Mr. Merriman: The note merely says: "Changes in holders of posts." Have they been absorbed into another category? There are about 1,000 patients, some on the floor and two in one bed. Everybody knows that nurses are in short supply, and to see this alarming reduction in the vote with only a footnote "Changes in holders of posts", one is inclined to wonder what "changes" means. If it means that novices are being employed then the efficiency of the hospital is being further impaired. If untrained people are being employed it would require two such persons to do the job, and it would stagnate promotion of trained nurses to higher categories.

Mr. Chandisingh: It is surprising to hear the hon. Member referring to students or young nurses as novices. On the one hand he admonishes the Government to train more nurses, and then he castigates them. The reason for the reduction in the expenditure is that people are coming in on the lower rung of the scale, and furthermore this applies not only to nurses and servants but to certain other subordinate staff. In addition more people are leaving or retiring, and others being brought in as rapidly as possible to fill their posts, thereby reducing the total amounts being paid out. But apart from that the hon. Member can be assured that the amount provided for this year is a sum which, if the need arises by virtue of the fact that we are taking in more student nurses, can be increased by supplementary provision. The limit, so far as student nurses are concerned, is the number of tutors. I may mention that at the Georgetown Hospital there are 192 qualified staff nurses out of what is considered to be a complement of 204, so that the shortage is not very great as the hon. Member alleges. That is the position, generally speaking. We do need more nurses, but this is limited by the number of tutors we have. If we can get more tutors and more nurses money will be provided.

Mr. Cheeks: Subhead 3: I observe that there is a tremendous reduction in the dietary vote, and in view of the number of complaints about the quality of the food I wonder if it is a wise reduction. What worries me is the great reduction of the vote for food as compared with

[MR. CHEEKS]

the great increase in the vote for tobacco. The Medical Department is evidently not worried about the report that cigarette smoking causes lung cancer.

Mr. Chandisingh: There is in fact no reduction in the quantity of food being supplied patients at the institution. There is no reduction either in the quality of the food. The note says: "Over-provided in 1963." Once again I wish to repeat what I told the hon. Member under another Head. We feel that adequate and varied diet could be provided for the patients in our institutions on this amount of \$850,000. Cutting out, so far as is possible, wastage, thefts and so on, we can supply food to patients no worse than was supplied last year or the year before, and perhaps even improve the quality of the food supplied. But if it becomes necessary again because of some shortage, no one will go without food, as money will be provided for this purpose. We feel that this amount is adequate to provide good nutritious food for patients at the hospitals.

5.40 p.m.

Mr. Merriman: In connection with that same item, the Minister has said --

The Chairman: If you look at the column for the Revised Estimate you will see how much was spent in 1963.

Mr. Merriman: \$680,000. Let us put the record straight: in 1962 there was the first 10 per

cent reduction in all costs; in 1963 there was an additional 10 per cent reduction. This is not natural; it is done on instructions. Look at the proportion; it is a 20 per cent reduction in the expenditure of the previous year. It is for this reason that the patients are hungry and ill-fed. Quite recently nurses were complaining about the food and if the nurses complain, God help the patients! If we compare this amount with the expenditure in 1963 we will not have a true picture of the cost of feeding the sick. We all know that patients in the hospital must be supplemented with food from their homes unless their homes are in Timbuctoo. I think the time has arrived when the Government should realize its responsibility and provide adequate food. I appreciate the fact that dieticians are now employed and the food may be better balanced but nevertheless the day-to-day supply is not adequate and we should set the record straight.

Mr. Chandisingh: First, there was no reduction in this vote last year. Secondly, if as the hon. Members says, patients sometimes complain about inadequate food, well, this may be so in some instances, but, if it is so, it is not because Government has not provided enough money for sufficient food. I understand that this problem has been worrying certain administrative staff at the hospital for some time now. Food prepared in the kitchens is prepared under good conditions. It is prepared warm; it is prepared as a good balanced meal for so many patients in each ward. Special diets are prepared for certain persons, but I understand

that in certain cases patients in the wards do not actually receive this food. It disappears somewhere along the line.

I think it was about 3 or 4 days ago when I paid a surprise visit to the hospital and went into the kitchen. No one expected me and the head cook was very interested in getting me to sample some of the food. I went around and sampled bits of each type of dish, stewed beef, chow mein and so on, which had been prepared for the different wards. I considered that the food was very palatable indeed. I understand, however, that in some cases when this food is prepared it does not reach the ward in question and when it does reach the ward, it reaches late so that there is a chance it may get cold and naturally patients may complain about this.

The criticism of the hon. Member of the amount of money provided bears no relation to this specific and peculiar problem. We can only try to inculcate a feeling of responsibility and duty among those persons who have to do with it. As a matter of fact, in a speech I made at the last annual conference of the Medical Employees Union I raised this point with them specifically. I asked the Union to see what it could do in helping to see that food designed for patients does get to patients. This is a separate problem.

Drugs

Mr. Merriman: I refer to subhead 7, Drugs and Medical Appliances (a) Drugs and Dressings for all Institutions. Is the hon. Minister aware of the

insufficiency of drugs which makes it necessary for persons who are given prescriptions to go outside although these prescriptions are issued for supply from hospital stock? I would like to know what is responsible for this. Also doctors are told not to purchase certain types of drugs which are necessary for patients. Are these allegations true and, if so, to what extent can they be remedied?

Mr. Chandisingh: There is no real shortage of drugs. This Government would not tolerate a position where there is a shortage of drugs because of the parsimonious attitude in the past. I believe, however, that there have been instances at one hospital, and even at the Georgetown Hospital, where certain drugs that were prescribed may not have been available in the dispensary at a particular time and had to be ordered from the Central Pharmacy. In such cases there is a bit of inconvenience and difficulty to people. It does not mean to say, as the hon. Member infers, that there is a shortage of drugs because there is no money to buy drugs.

At other institutions it sometimes happens that the officer in charge of ordering drugs particularly if he is at some outlying hospital, has not placed an order in advance or perhaps there may be some delay at the Central Pharmacy. I am not denying this, but it is not because of any basic shortage of drugs or lack of money.

On the second point made by the hon. Member that circulars have been sent to medical practi-

[MR. CHANDISINGH]

tioners not to supply certain types of drugs, this is a sensible thing to do and we are not the only ones who are doing this. This is being done in the United Kingdom and in other places. There are several drugs, expensive drugs, which are not necessary and for which there are substitutes that are just as good, proven and tested and which are cheaper.

5.50 p.m

Mr. Chandisingh: These are drugs which can be ordered by a generic name instead of having to be prescribed in the form of one particular brand which might be a more expensive one. A particular doctor might have a preference for a particular brand of drug which is an expensive drug, whereas, a generic drug which is proper for that type of ailment would suit the purpose just as well. It is in order to avoid having doctors incur unnecessary and needless expense that these circulars have been issued for their guidance. As I said, this is done in the United Kingdom also where they come up against this problem.

Head 31 - Ministry of Labour, Health and Housing - Hospitals and Dispensaries, etc. - \$5,024,042 - agreed to and ordered to stand part of the Schedule.

MINISTRY OF LABOUR, HEALTH
AND HOUSING -
TOWN AND COUNTRY PLANNING

Mr. Merriman: May I ask how many vacancies exist on the fixed establishment in this Department?

Mr. Chandisingh: The vacancies on the fixed establishment are for one Chief Building Inspector - item 4; one Assistant Draughtsman - item 12; one Supernumerary Building Inspector - item 7; and three Supernumerary Assistant Draughtsmen - item 14. The posts listed under items 7 and 14 are, of course, new posts.

Mr. Merriman: May I ask how soon is it proposed to fill these positions? If this Department is to function effectively it must be properly staffed. I am fearful about it because of the principle which transcends the entire establishment, that is, to keep vacancies open. I should like to know when the hon. Minister hopes to fill these vacancies.

Mr. Chandisingh: First, I do not fill vacancies; the hon. Member must get this clear. Secondly, he should understand that the posts I have listed as vacant include these new supernumerary posts which are four in number - namely, one Building Inspector and three Assistant Draughtsmen. Now the supernumerary posts have been included in this year's Estimates so that after the Estimates are passed, persons who are available and qualified may be appointed to fill vacancies occurring when substantive officers go on pre-retirement leave. This has been done in order to have persons in the posts despite the fact that there are substantive officers who might be out of the country on pre-retirement leave.

Planning Surveys

Mr Jordan: (Upper Demerara River): Subhead 5, Planning Surveys: I should like to know if

the increased amount under this subhead will complete the layout of the Wismar/Christianburg area. I should also like to know if money is provided anywhere in these Estimates to wire some incomplete houses rented to tenants at Wismar.

Mr. Chandisingh: The money provided under subhead 5, Planning Surveys, will provide for additional surveys, of the Wismar Christianburg area. It will not complete the work in the whole area but it will enable Government to go a stage further. I am not quite sure that I understand the second part of the Member's question. Can he explain it further?

Mr. Jordan: For the past two years the Housing Department has rented a number of houses to tenants in the Wismar/Christianburg area and those houses are not wired for electricity. The promise was given that some attention would be paid to this. Power has been available to them for over two years but, because the houses were not wired, no electricity was provided. I want to know if provision has been made for the wiring of those houses.

Mr. Chandisingh: That provision does not come under this Head. What the hon. Member speaks of - wiring of houses, rental of houses and so on - would come under the Housing Development Estimates.

Mr. Jordan: I wonder if that could be fair. These houses, I think, have been completed a long time ago. In view of the fact that we know that only half of the work is going to be done, I

think the Minister would be well advised to put this under maintenance. To talk about putting it under development is just talk. I do not know if this is one of the unassailable priorities. Unless the Minister gives me the undertaking that this is one of his unassailable priorities, I cannot take him seriously.

Mr. Chandisingh: This has nothing to do with that. This has to do with Town and Country Planning.

Mr. Jordan: Do the houses at the Wismar housing estate fall under Town and Country Planning?

Mr. Chandisingh: No, sir.

Mr. Burnham: May I ask a question? I notice that the anticipated revenue from Government housing estates is \$460,000. Can the hon. Minister tell us where is the expenditure on Government housing estates shown?

Mr. Chandisingh: I do not see where that item comes under this Head.

Mr. Burnham: Please, sir, I am confessing my manifold ignorance and I am seeking guidance. I said I know that \$460,000 is anticipated revenue from Government housing estates. Can the hon. Minister who is charged with housing be so kind and courteous to me as to tell me where in these Estimates expenditure on Government housing estates is shown? That is all I am asking. Am I not as a member of this Legislature, as a representative of

[MR. BURNHAM]

a particular Government housing estate, entitled to the courtesy of the information?

6. p.m.

Mr. Chandisingh: When the time comes the hon. Member will know about this, but, so as not to prolong the matter unnecessarily, I shall inform the hon. Member that he must understand that housing estates do not come under Town and Country Planning but under the Housing Development Programme.

Mr. Burnham: I remember that last year the hon. Member for Georgetown Central (Mr. d'Aguiar) made the point that this Government was taking Recurrent Expenditure and putting it under Development Expenditure. This is an example of that sort of thing. The housing estates are established, and there may be some justification in considering them as developmental. Can you, however, call the servicing of these housing estates development? The development aspect is the establishment of the scheme and the establishment of the estates. After that they have to be maintained.

Are you going to charge that against development? Let me tell this newly-arrived financial wizard that if he does that he also has to charge the income from the housing estates to development income. You cannot have your cake and eat it. What these rascals are doing is this: They are taking the income from the housing estates, putting it into the general revenue, and then

underspending on the upkeep of the housing estates while putting a small amount against development. The people in Ruimveldt are paying \$4 a month, and when they ask for certain rudimentary services which one associates with minimum civilization they are told, "We do not have enough money under the Development Programme." This is the rascality that is being practised.

Then we will hear the hon. Minister of Finance say in respect of Mr. Sandys' announcement and in respect of Mr. Jacobs' Report on the financial position of this country that we have balanced our Budget. The hon. Minister of Finance has balanced the Budget as a result of jiggery pokery. He has balanced the Budget at the price of curtailing services and shifting facts around the place. I should like the hon. Minister of Labour, and Housing to explain by what process of reasoning the cleaning of drains in Ruimveldt and La Penitence can be described as development. If, perchance, his sophistry serves him so well as to reply, then let him tell me what precise part of the revenue goes into the general revenue.

Mr. Chandisingh: I will not attempt to reply. He is a bit premature, and I think I shall have to supply him with some oxygen. I know that he wishes to raise certain matters under housing, but his opportunity will come when we are dealing with the Housing Estimates before this House for debate, unless hon. Members spent so much time upon this Head that they have no time to debate the Head of housing. I can assure the hon. Member that he will have an opportunity to

deal with this matter. Apart from that, I wish to say that housing expenditure and Estimates have so far always been shown under Development. I know that the hon. Member has followed the footsteps of his colleague the hon. Member for Georgetown-Central (Mr. d'Aguiar), and has raised this point. In his absence, the hon. Member for Ruimveldt has taken up this point. I will not argue now whether it should be put under Development or Recurrent Expenditure, but when the time comes the hon. Member will have an opportunity to raise the points on which substantive criticism has been made.

Mr. Burnham: I am prepared to accept a logical proposition regardless of the source. I should like to express my appreciation for the assumed modesty of the hon. Minister who says he will not answer, but I would insist that it is the duty of the hon. Minister to give guidance to lighten our darkness. Can he tell us why this expenditure for the service of Government estates appears in the Development Estimates, and the income from the estates forms part of Recurrent Estimates of revenue? Why should this income go into the general revenue? The hon. Minister has Mr. Seelig, Permanent Secretary, Mr. Barker, Planning Officer, and others there to advise him. Let him bend backwards and get the necessary information from these experts.

I am an elected representative of this House, and it is my duty to see that things are properly done. I want to say that this hon. Minister can be quite suave when he wants. My mother used to say: "A soft word

turneth away wrath." The hon. Minister has relatives who own properties. When they rent their properties and they make a return to Mr. Stoll, they put down so much rent estimated, rates, taxes X, Y, Z, and then it is accepted by the Commissioner of Inland Revenue that the servicing of the properties is a charge on the income, and the service charges are deducted and the net income arrived at. If you are going to put the gross income into general revenue, how can you arrive at any calculation when you are arriving at the service charges under development as a separate budget? What I want to point out is that the Development Budget is in an unfortunate position.

6.10 p.m.

There are certain development works which cannot be done, and the \$5 million expected from the National Development Savings Levy, *pro tem* at least, is not available. Does the Minister agree that if the \$460,000 anticipated were to be spent on the housing estates the conditions in the housing estates would be better?

Mr. Chandisingh: As I have said before, I do not see where this aspect arises under this Head, but in answer to the hon. Member I will say that I am not in a position to say whether the proposition he has made is accurate or not. I do know that a considerable amount of money is spent on maintenance in the housing estates, and that the income derived from rental instalments and so on is somewhat in arrears. I also know that the amount paid for maintenance will

[MR. CHANDISINGH]

not equal that which is actually being spent on the estates. I may be wrong in this, but it is my impression that bearing in mind the amount of arrears of rents and instalments, a considerable amount of money is being spent on maintenance. I agree that much more can be done, but this aspect of the matter will be dealt with under the estimates of the Housing Department.

Head 32 - Ministry of Labour, Health and Housing - Town and Country Planning - \$112,596 - agreed to and ordered to stand part of the Schedule.

MINISTRY OF LABOUR, HEALTH AND HOUSING - REGISTRATION - BIRTHS, IMMIGRATION, ETC.

Mr. Blair: I should like to ask a general question under this Head. I should like to ask the Minister whether there is a nurse-midwife still stationed at Ebini. When we were debating the Motion for a cottage hospital on the Berbice River I think the Minister mentioned that there was a nurse-midwife at Ebini. I should like to know if she is still there.

Mr. Chandisingh: When I visited the Berbice River at the end of 1962 the nurse-midwife was there. I cannot say whether she is there now. I assume that she is there, but I wonder whether the hon. Member has heard anything. I believe it is his constituency.

Mr. Blair: From the several minutes I know there is no nurse-midwife at Ebini, and I should like to know why she has been withdrawn.

Mr. Chandisingh: I am sorry I have no information on the matter at the moment, but I will inquire into it and give the hon. Member an answer later.

Head 33 - Ministry of Labour, Health and Housing - Registration - Births, Immigration, etc. - \$107,578 - agreed to and ordered to stand part of the Schedule.

MINISTRY OF LABOUR, HEALTH AND HOUSING - ANALYST DEPARTMENT

Mr. Merriman: May I ask how many vacancies exist in the establishment under this Head?

Mr. Chandisingh: As hon. Members will note, subhead 1(2) - Assistant Government Analyst - is a new post which is being included this year and is naturally vacant. There is also one vacancy among the Scientific Officers, and a vacancy for a Technical Assistant, Grade C.

Library, Publications, etc.

Mr. Hugh: May I ask the Minister what publications are referred to at subhead 4 - Library, Publications, etc?

Mr. Chandisingh: Does the hon. Member want a list of the publications?

Mr. Hugh: Not necessarily. I should like to know whether they are reports of the Department, or what.

Mr. Chandisingh: I understand that the publications referred to are monthly scientific journals and other publications which are of use to the Analyst and his staff in their work.

Mr. Hugh: Can the Minister say whether there was a report in 1961 by a Committee which was appointed to go into the Food and Drugs Ordinance and whether it can be made available to the Opposition?

Mr. Chandisingh: That report is not something which is to be made available to the Opposition. There is no need for this because it is a report of an *ad hoc* Committee to the Ministry and the Government making certain proposals for the revision of the Food and Drugs Ordinance. The recommendations will be put before the Government, I hope, before long and then the Government will have to take decisions as to whether it will implement the report which recommends certain changes in the legislation, and the incidental provision of staff to man the division. This will be made known in due course when a Bill is brought before the House.

Mr. Merriman: May I ask whether the Minister proposes to consult those statutory bodies which are concerned with the question of food examination with respect to the new proposals envisaged to replace what may be regarded as an obsolete code of inspection of food?

6.20 p.m.

Mr. Chandisingh: I wonder which statutory bodies the hon. Member refers to.

Mr. Merriman: The Mayor and Town Council, New Amsterdam.

Mr. Chandisingh: I understand that the municipality was represented on this *ad hoc* Com-

mittee by the Medical Officer of Health and there was agreement on the recommendation so that the municipality has had representation in the committee which made the recommendations.

Mr. Merriman: Be that as it may, the Medical Officer was asked in an advisory capacity and in the final analysis it is the statutory body which must commit itself. An officer, because of his presence in a large body, cannot commit the Council or the statutory body to final acceptance and that is why I asked whether they contemplated consulting such statutory bodies.

Mr. Chandisingh: This can be considered.

Chemicals and Apparatus

Mr. Merriman: I refer to subhead 3, Chemicals and Apparatus. I think I raised this question last year. It has been reported that the type of equipment and instruments at the Analyst's Department does not allow the carrying out of certain types of analysis. I should like to know if the Department is so equipped that foodstuff and other items of a like nature can be analysed in the Department?

Mr. Chandisingh: The Department is so equipped.

Mr. Merriman: May I ask whether, in that event, persons have been notified that the restriction which existed some time ago has been removed and whether items are submitted for analysis in the Department.

Mr. Chandisingh: There was a restriction because of the shortage of staff, not of equipment.

[MR. CHANDISINGH]

I am informed that this has now come back into operation, though not in as full a measure as would be desired. The reason for this is shortage of qualified staff.

The Chairman: To be specific, you are referring to the sampling of milk.

Mr. Merriman: You are well advised, Mr. Chairman. I thought many more items were involved.

The Chairman: That was one of the restrictions of which we heard a year or two ago.

Mr. Merriman: The question I wished answered was whether the Minister or the Head of the Department has notified the various agencies that the restriction has been removed, even though it has been done only to a limited point.

Mr. Chandisingh: Yes, sir. I am told that they were informed in September last year.

Mr. Hugh: I take it that these chemicals and apparatus are for the purpose of analysing and arriving at the true character of substances. Is that right? [The Minister of Labour, Health and Housing indicated assent.] May I, in this context, ask a very peculiar question. The Minister is not compelled to answer, but will he try to inquire and let the House know whether there is a fundamental difference in the character between bush rum and rum made by sugar estates.

Mr. Chandisingh: I do not think this is the place to discuss this matter.

Mr. Burnham (Ruimveldt): I cannot agree with the hon. Minister. This is a scientific question. There is no magic about science. Any analyst can tell you the difference between water and hydrogen peroxide. We wish a little lecture on this subject. This is a scientific matter; it cannot be hidden. If you cannot tell us what is the scientific difference on analysis, the suspicion comes to our mind that whenever a sample is sent to the Department with a history of bush rum, all the analyst does is to write and say it is bush rum.

Mr. Chandisingh: There must be a difference.

Mr. Burnham: What is it?

Mr. Chandisingh: I cannot give the answer to that.

Mr. Burnham: Then I take it that what I assumed before is right. The only alternative is that the analyst tells the difference by taste.

Mr. Chandisingh: I suggest that the hon. Member go to the analyst for his lecture. I do not think the lecture can be given here.

Mr. Hugh: I am very serious about this matter; I am not taking it lightly. A previous legislature made a law in which the analyst had been given the power to make an arbitrary decision as to what was bush rum. As far as I know, many innocent persons can be sent to gaol because the analyst says a substance is bush rum. This is the place where we must find out

whether there is a fundamental or proper scientific difference which gives the analyst the authority to say a substance is bush rum. We would like to know whether it is time to revise our law. Many people may have to pay the penalty of \$500 or spend six months in gaol if this is not done. I say this not with the intention of encouraging the making of bush rum.

Mr. Chandisingh: I cannot go into details in the House, but the short answer to this is that there is a difference and the

~~analyst has a method of testing this difference and he uses it.~~

Head 34 - Ministry of Labour, Health and Housing - Analyst - \$88,783 - agreed to and ordered to stand part of the Schedule.

Assembly resumed.

ADJOURNMENT

Mr. Deputy Speaker: The Assembly stands adjourned until 2 p.m. tomorrow.

Adjourned accordingly at 6.30⁴ p.m.

