

Proceedings and Debates of the First Session of the National Assembly

THE

PARLIAMENTARY DEBATES

OFFICIAL REPORT

(VOLUME 7)

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

175th Sitting

2 p.m.

Monday, 12th February, 1979

MEMBERS OF THE NATIONAL ASSEMBLY (62)

Speaker

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

Members of the Government – People’s National Congress (45)

Prime Minister (1)

Cde. L.F.S. Burnham, O.E., S.C.,
Prime Minister **(Absent)**

Deputy Prime Minister (1)

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

Senior Ministers (12)

Cde. H.D. Hoyte, S.C.,
Minister of Economic Development and Co-operatives **(Absent)**

Cde. S.S. Narine, A.A.,
Minister of Works and Transport **(Absent)**

- Cde. B. Ramsaroop,
Minister of Parliamentary Affairs and
Leader of the House
- Cde. C.V. Mingo,
Minister of Home Affairs
- Cde. H. Green,
Minister of Health, Housing and Labour
- Cde. H.O. Jack,
Minister of Energy and Natural Resources **(Absent – on leave)**
- Cde. F.E. Hope,
Minister of Finance **(Absent)**
- Cde. G.B. Kennard, C. C.H.,
Minister of Agriculture **(Absent)**
- Cde. M. Shahabuddeen, C. C. H., S.C.,
Attorney General and Minister of Justice **(Absent)**
- Cde. V. R. Teekah,
Minister of Education, Social Development and Culture
- Cde. R.E. Jackson,
Minister of Foreign Affairs **(Absent – on leave)**
- Cde. J.A. Tynddall, A.A.,
Minister of Trade and Consumer Protection

Ministers (3)

- Cde. S.M. Field-Ridley,
Minister of Information
- Cde. O.E. Clarke,
Minister – Regional
(East Berbice/Corentyne) **(Absent – on leave)**
- Cde. C.A. Nascimento,
Minister, Office of the Prime Minister

Ministers of State (9)

- Cde. F.U.A. Carmichael
Minister of State – Regional (Rupununi) **(Absent)**
- Cde. P. Duncan, J.P.,
Minister of State, Ministry of Economic
Development and Co-operatives
- Cde. K.B.Bancroft, J.P.,
Minister of State – Regional
(Mazaruni/Potaro) **(Absent)**
- Cde. J.P. Chowrritmootoo, J.P.,
Minister of State – Regional
(Essequibo Coast/West Demerara) **(Absent)**
- Cde. J.R. Thomas
Minister of State, Ministry of Health,
Housing and Labour
- Cde. R.H.O. Corbin,
Minister of State – Regional
National Development **(Absent)**
- Cde. S. Pershad,
Minister of State – Regional
(East Demerara/West Coast Berbice)
- Cde. R.C. Van Sluytman,
Minister of State
Minister of Agriculture
- Cde. L.A. Durant,
Minister of State – Regional
(North West) **(Absent)**

Parliamentary Secretaries (5)

- Cde. M.M. Ackman, C.C.H.,
Parliamentary Secretary,
Office of the Prime Minister
And Government Chief Whip

Cde. E.L. Ambrose
Parliamentary Secretary,
Ministry of Agriculture

Cde. M. Corrica,
Parliamentary Secretary
Ministry of Education, Social
Development and Culture

(Absent – on leave)

Cde. E.M. Bynoe,
Parliamentary Secretary,
Ministry of Trade and Consumer Protection

Cde. C.E. Wrights, J.P.,
Parliamentary Secretary,
Ministry of Economic Development
And Co-operatives

Other Members (14)

Cde. W.G. Carrington

(Absent – on leave)

Cde. E.H.A. Fowler

Cde. J. Gill

Cde. W Hussain

Cde. K.M.E. Jonas

Cde. J.G.Ramson

Cde. P.A. Rayman

Cde. A. Salim

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

Cde. S.H. Sukhu, M.S.

Cde. C. Sukul, J.P.

Cde. H.A. Taylor

Cde. L.E. Williams

(Absent)

Cde. M. Zaheeruddeen

(Absent)

Members of the Opposition (16)

People's Progressive Party (14)

Leader of the Opposition (1)

Cde. C. Jagan,
Leader of the Opposition

(Absent)

Deputy Speaker (1)

Cde. Ram Karran,
Deputy Speaker

Other Members (12)

Cde. J. Jagan	
Cde. Reepu Daman Persaud, J.P., Opposition Chief Whip	
Cde. Narbada Persaud	
Cde. C. Collymore	
Cde. S.F. Mohamed	(Absent)
Cde. I. Basir	(Absent)
Cde. C.C. Belgrave	(Absent)
Cde. R. Ally	
Cde. Dalchand, J.P.	
Cde. Dindayal	(Absent)
Cde. H. Nokta	(Absent)
Cde. P. Sukhai	

Liberator Party (2)

Mr. M.F. Singh, J.P., Mr. M.A. Abraham	(Absent – on leave)
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OFFICERS

Clerk of the National Assembly – F.A. Narain, A.A

Acting Deputy Clerk of the National Assembly – A. Knight

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

The Speaker: Leave has been granted to Comrodes Hoyte, Jack, Kennard, Clarke, and Carrington and to the hon. Member Mr. Feilden Singh for today's Sitting.

QUESTIONS TO MEMBERS**Question No. 30**

Cde. Speaker: Cde. Speaker, will the Minister of Health, Housing and Labour answer Question No. 30 standing in my name on today's Order Paper and which was published over six months ago:

“Will the Minister of Health, Housing and Labour say when it is proposed to allocate the house lots which have been developed by the Sugar Industry Labour Welfare Fund at De Willem South, West Coast Demerara, in accordance with the resolution at the 1967.

Biennial Conference of the TUC”

The Speaker: Cde. Minister.

The Minister of Health, Housing and Labour (Cde. Green): Cde. Speaker, the allocation of house lots in the De Willem South, West Coast Demerara area will commence during the current year. A list of the applicants was approved by the Ministry and these have already been forwarded some time ago to the Sugar Industry Labour Welfare Fund Committee for the appropriate and necessary allocation.

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National Assembly

2.10 – 2.20 p.m.

Perhaps, Cde. Speaker, since the question has been asked I can take the opportunity to state that we have made some progress on this matter. A survey plan of the area was done and that at that time created 63 lots as approved by the Central Housing and Planning Authority as far back as 1973. Those lots at the time range between 6,000 and 10,000 square feet each.

Subsequently, however, a decision was taken in September of 1977 that the area should be redesigned. This was as a result of representations made by some of the very persons involved. As a result, a new layout plan was prepared and this showed 24 additional lots which made the total 87.

This new layout was approved by the Central Housing and Planning Authority on the 2nd March last year and a re-survey was done which set out the positions of the drains, roads etc.

The Central Board of Health issued a first certificate in September of last year which will facilitate the commencement of infrastructural works for the additional lots and consequently the entire scheme.

The Speaker: Cde. Sukhai.

Cde. Sukhai: Will the Minister of Health, Housing and Labour say if those workers, to whom house lots were allocated at the place referred to in Question No. 30, have had their housing loane approved by the Sugar Industry Labour Welfare Fund Committee?

Cde. Green: Cde. Speaker, I hold no brief for the Sugar Industry Labour Welfare Fund Committee. My portfolio is Health, Housing and Labour.

PUBLIC BUSINESS

BILLS – SECOND AND THIRD READINGS

Rent Control (Special Provisions) Bill 1979

A Bill intituled:

“An act to make provision for a further extension of the period during which rents will be controlled and for matters connected therewith.” (**The Minister of Health, Housing and Labour**)

The Speaker: Cde. Green.

Cde. Green: Cde. Speaker, I beg to move the Rent Control (Special Provisions) Bill 1979, Bill No. 2/1979, and ask that it be read a Second time.

This is a simple straightforward matter. The Rent Control Bill was introduced a few years ago and we have since that time renewed that provision to ensure that landlords, as they are still called, or house owners, so not arbitrarily raise that rentals paid by tenants. This matter is one that was the subject of public discussion and debate over the years and I don't feel that there is need at this point of time to say much more on it.

The State Planning Commission will examine this and a number of other related economic issues and if there is a recommendation to alter our position even during the current year, this honourable Hose will be notified and, if necessary, action as recommended by the State Planning Commission and/or as a result of discussions with members of the community will be taken in the House. As of now, Cde. Speaker, the proposal is to extend the life virtually by the introduction of the Rent Control (Special Provisions) Bill 1979.

2.20p.m.

Question proposed.

Cde. Collymore: Cde. Speaker, the Rent Control Act has, over the years been always receiving the attention and the support of the Party on this side. On this occasion, we also wholeheartedly support the Rent Control (Special Provisions) Bill. We are very much in favour of it but we would like to make a few comments on it in order to illustrate to the Minister, to the Government and members of the opposite side how these provisions would work better. For instance, the Minister in his very brief speech intimated that the State Planning Commission will

be dealing with it and will be examining it within the context of other economic issues. This is very good news because we are aware that the Rent Control Act has a direct bearing on housing and we are also aware that housing is an economic activity. It is an industry, therefore, rent control does not exist in a vacuum; it has to deal with housing and in this particular context, with low-rental housing. We would venture to say also, that the Rent Control Act is one of the very good laws on the statute books put by our very good friends on the opposite side. It is very good and we support it.

The Minister in his speech referred to landlords and he said that the Act is supposed to deter the landlords from arbitrarily raising their rents. This is what I want to get at. The landlords are raising rents. On several occasions we spoke here in this House and we asked for teeth to be out in the law. The landlords are still finding ways and means. They have several ways to do it. They are getting smart and they have been defeating the law by stratagem. Too many of them are doing it. But we are not making out a case for the law to be scrapped; we want the law to be tightened, the loop-holed to be blocked and for teeth to be put into it. We know that landlords are raising rents. They are also evicting incumbent tenants and because of this, tenants in the low-income bracket are suffering immensely.

Landlord has a technique. They always evict the incumbent tenants when they want to raise the rents and particularly if the tenants are opposed to the raising of the rent. If the tenants want the law to be strictly observed, they find ways and means to get the tenants out. I have spoken about the ways and means in this House already. They tear off the roof; they move the stairways; they move the kitchens, and so on, and the tenants go away. Then the incoming tenant is faced with a much higher rental.

This Rent Control Act has a direct connection with the Rent Restriction Act. In this Rent Restriction Act, we find that the landlords and tenants have the obligation or the duty, dependent of how you look at it, to have the apartment, the room or the house assessed. The tenants can initiate the action but the landlord can do it. But what do we find? Owing to the fact that there is a serious shortage of low-rental houses there is intense competition and many tenants would not dare challenge the landlord, they would not dare go to court to have the place re-assessed or even

assessed. They just accept that is going on this is why we are calling for the policing of the Act. We find that Government is policing the prices on the market and we do not see why, if they have a Price Control Squad, they cannot have a Rent Control squad. If the tenants are afraid because they will be thrown out by various means by the landlords, Government must take upon itself the responsibility to police this Rent Control Act. Set up a squad and that squad will automatically go around to find out the rent to be paid and all the necessary information and ensure that the Act is scrupulously observed.

Cde. Speaker, the reason why the Act is being defeated progressively by the landlord is because of the various economic forces within the society. Housing is a commodity. Housing is something to be bought, to be sold, to be hired, to be taxed and when there is a shortage of any commodity, our friends on the opposite side know that the price of that particular commodity goes up. They know this, we are making a case here today for the Government to place greater emphasis on low-rental housing so as to defeat these unscrupulous landlords whom my friend spoke about just now. As long as there is a very low rate of housing in Guyana, the landlord would always find ways and means to defeat the Rent Control Act and this is a very and state of affairs. There have been numerous evictions in the city and we are very, very concerned about the situation.

Now to come to the need for low-cost housing: The Government has a housing drive. We will be the first to acknowledge that. But we will be the first also to project the view that this housing drive is in very low gear. We do not see that many houses are being constructed particularly for the low-income bracket, the people who are earning \$11 a day. They cannot pay \$250/\$300 per month for rent. Only other day in the Chronicle, the Government newspaper, I saw a house being advertised for rent at \$650 per month. Who will live in those houses? Not workers earning \$11 a day. I would like the Minister to pay special attention to this great need.

So, the Government's housing drive is in low gear. What has been the reality in the country since the Government's drive commenced in earnest? Cde. Speaker, this drive commenced in 1972 and it ended in 1976. This was during the F.C.H. Programme and they had promised to build the Guyanese people 65,000 houses. You know how many they built in that

period of time? They built 7,391. In other words, Government fell down by 57,609 or by 88.7 per cent. In this particular period of time, Government what has been the need for housing units? Our statistics show that between 1972 and 1976, 77,500 persons needed homes and prior to 1972, Professor Arthur Lewis said that there was need for 44,000 units to solve the housing problem in Guyana. These 44,000 have not materialised and the deficit in 1972/1976 did not materialise also.

One of the Ministers, Minister Naraine, subsequently said that the Government's target which was 13,000 houses a year had been reduced to 7,500. But, Cde. Speaker even this even revised target has not been achieved. We do not know what has happened in 1977 or 1978. We would be very grateful if the Minister of Housing can say how many units were constructed in 1977 and how many in 1978 because unless there is a heavy construction drive where housing is concerned for low-income groups, the Rent control Act would continue to be outwitted by the landlord class.

Now, the Government, even a few minutes ago in the mouth of the Minister, has intimated that it has so much interest in people in the low-income bracket to house them. But what have been the realities? Over and over again we have been talking about poor allocation for housing. We do so at every Budget Debate. Every time we get a chance to speak on housing, we talk about it. What about their own figures taken from the Estimates of 1978? Cde. Speaker, in 1978, the total expenditure in the Ministry of Housing for Capital and Current amounted to \$2.9 million. Two miserable million and nine hundred thousand dollars! What kind of houses can that build at today's prevailing costs?

2.30 p.m.

When you compare this with previous years, what has been the position in 1977? It was \$4.7 million, and in 1976 it was \$11.3 million. It goes to show that Government's allocation for housing has been dropping progressively all the time. In 1976, the budget was \$746.4 million but they spent only \$13.3 million on in housing. In 1977, the budget was \$585 million and they spent only \$4.4 million on the Ministry of Housing. In 1978 the budget was \$721 million and

the Government spent only \$2.9 million, less than \$3 million. This, we will submit, cannot even build 300 proper houses, taking into consideration all the expenses attendant.

What about the private sector? The private sector is also building houses. But this sector is also going in a low gear. The public sector housing drive is in low gear and the private sector housing drive is in low gear. Everybody is going on very coldly, as if they are not interested. The Government has a responsibility to the nation, even much more than the private sector because the private sector is motivated by profit. The private landlords are saying that “we are engaging in housing because of an economic necessity, a profit drive, and we have to have a proper profit margin or else we are not going to build houses.” They are talking about the rent Control Act being inimical to this. If the Government realizes this, the Government should take up where the private sector has left off and continue and even accelerate the drive. But nothing is done. In both these two important sectors the drive is in the very lowest gear.

While we are on this and talking about the costs for housing construction, we would like to tell the Ministers on the opposite side that we are concerned about the demand by certain people in the community for a 50 per cent increase in timber prices. We will say that this demand is totally ridiculous and we will be very much concerned if the Government surrenders to this demand. We would urge the Government not to accept the 50 per cent increase recommendation of the Ford Commission because this will intensify the existing difficulties in providing low-cost housing.

I would like to say a few words about the Government's own housing estates. These estates are overcrowded. They need more maintenance. If you look at them they are eyesores. Every time you go in the schemes people are complaining about the various facilities lacking and the very overcrowded nature of these Government housing estates. Too many families live in these flats, but they have nowhere else to go, if a fire takes place in these estates, the situation is intensified. We have to talk about the house-top bottlenecks on the sugar estates. The Minister in answering a question just now mentioned that progress is going on in a certain area where houses lots have to be awarded. We would like the Minister to pay special attention to these areas on the sugar estates because if the sugar workers are given the necessary means to build

their own houses, it will ease the pressure on the central administration. That is quite logical, and it makes sense.

We have in our possession a report from the Sugar Industry Labour Welfare Fund Committee dealing with housing on the sugar estates. The Report is dated December 1977. It states that in that year housing units constructed on the sugar estates throughout the whole of Guyana amounted to 128. Just imagine! One hundred and twenty eight houses were constructed on all the estates and the Report went on to say that 128 houses are housing 812 persons. Cde. Speaker, you know and I know the sugar workers are very prolific, their prolificity is second to none in Guyana. They have plenty of children, their families are large. It is a shame to have 128 houses in the entire sugar belt. We would like the Minister to look into this to ensure that sugar workers are given house lots and loans to build their own homes. His responsibility would be lessened.

Now we come to the co-op housing. We note here also that the co-operative housing drive is in low gear and the hire-purchase housing drive is also in low gear. In the other sector we see that the top bracket housing drive is in high gear. Many housing units in the top income bracket, for the middle class, are being constructed and these poor workers and poor farmers are unable to enter into these apartments being constructed because of the high rate of rents. I do not want to leave the Parliament with the mistaken view that the Government's only allocation for housing is in the Ministry of Housing. They are elsewhere and I will mention just a few words from the budget Statement of 1978, page 30, dealing with this particular sector, the co-op housing and hire purchase sectors. This is what the Minister of Finance had to say:

“The Mortgage Bank for its part has provided loans to the tune of \$6.2 Million. In support of the Government's low income aided self-help housing, \$1.8 Million into Hire Purchase housing constructed by the Government and \$1.7 million to the co-operative sector.”

We are submitting that these figures are atrocious, taking into consideration the high demand for housing and its heavy deficit in the housing drive. These figures should be amended in 1979 considerably, and greater emphasis placed on constructing low-cost housing.

Just to deal with the Government's plans ahead, the Minister intimated that the State Planning Commission will be looking into the housing situation and other economic issues connected therewith. We note also that the Housing Corporation has been scrapped. The reason we have no tears to shed about the scrapping of this Corporation is that we are concerned about the functions this Corporation carried out, whether it is dependent on any other Government agency and, if so, if these functions are being carried out. The reason we have no tears to shed is that we are convinced that there is too much bureaucracy already in this national economy.

Just to wind up, we have note that on Saturday, the Minister of Economic Development has a press conference where he spoke about the investment code. When we look at the Minister's press statement, which I have here, and when we study the investment code, there is not a single word about housing appearing. It is incredible. When you peruse the thirty pages of the code and the code and the Minister's press statement, there is not a single word on housing.

The word itself is not used. How are we going to plan if we are not going to invest in housing? Where will the workers live? Will they live in shacks, logies or squatting areas? Just to illustrate on this final point, the press statement of the hon. Minister Desmond Hoyte, page 2, dealing with the August in Report, states:

“After the presentation of the August in Report, Work continued through various committees and institutions on other aspects of investment policy; for example, the scope and nature of Government investment, the role of the co-operative and of the Guyanese private investor, the principle of joint-venture, and the inter-relationship of the various kinds of investment. All of these matters, after due consideration, were formalized in a single comprehensive document as a Guyana Investment Code and formally handed over to the Cde. Prime Minister on Monday, 22nd January, 1979.”

It goes on to state:

“The Code was considered by the Central Executive Committee of the Party on , 25th January, 1979 and discussed, debated and adopted by the General Council of the Party which met from 2nd to 4th February, 1979.

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2.30 – 2.40 p.m.

The Guyana Investment Code is not a foreign investment or private investment Code. Its ambit is wider. It seeks to lay down the broad guidelines for all forms of investment: Governmental, co-operative and private (Both local and foreign).”

Cde. Speaker, on page 4 of this very interesting Press Statement the minister said:

“As a matter of general policy, government would not seek to be involved in or medium sized activities except where such activities represent a spin off from some larger public sector enterprise.”

Does he mean to say that low income housing will not be considered by the Government? I will ask the Minister to answer if he can.

2.40 p.m.

Now, what about the Investment Code? The Code on page 8. Paragraph 2, just to show **you what they are going to do in housing.**

The Speaker: Cde. Collymore, I don't think that is relevant. I gave you a long opportunity. It is rent restriction.

Cde. Collymore: I want to say in winding up that over the years Government has been showing little interest, and in the investment Code the Government has projected a few prognoses of what is going to happen. That is it. They talk about everything else. I would think that in that light what I am saying is quiet relevant because hear what they are talking about.

The Speaker: Code. Collymore, I have ruled on it.

Cde. Collymore: We are saying that very little emphasis is being placed by our friends on the opposite side where housing is concerned and their plans for the future. The housing situation will get progressively worse and the Rent Control Act is being eroded by the landlords. Unless the Government is sincere and tackles the situation, the Rent Control Act will be farce sooner or later.

The Speaker: Cde. Minister, do you wish to reply?

Cde. Green: No, Cde. Chairman.

Question put, and agreed to.

Bill read a Second time.

Assembly in Committee.

Bill considered and approved.

Assembly resumed.

Bill reported without amendment, read the Third time and passed.

NATIONAL SERVICE (AMENDMENT) BILL 1979

A Bill intituled:

“An Act to amend the Colonial Medical Service Ordinance for the purpose of reconstituting the Medical Board and to provide for the registration of persons practicing osteopathy and the regulation of the practice of osteopathy in Guyana.”

[The Minister of Health, Housing and Labour]

The Speaker: Cde. Green.

Cde. Green: Cde. Speaker, I beg to move that the Medical Service (Amendment) Bill 1979 be now read a Second time. This Bill really is in two parts. It seeks to amend the Medical Service Ordinance – and we will move some small amendments during the Committee Stage – for the purpose of reconstituting the Medical Board and to provide for the registration of persons practicing osteopathy and the Regulations for the practice of osteopathy in Guyana.

The law relating to the establishment of the Medical Board was set out in Part 11 of what was then the Colonial Medical Service Ordinance of 1953. That dealt really with the composition and the way the Board is to be constituted. The existing Regulations suggest that what was then

the Director of Medical services and six duly registered medical practitioners, of whom at least two shall be medical practitioners in private practice elected in a particular manner, should constitute that Board.

The other section, section 18 also gave to the Board the power to make Regulations and prescribed the manner by which elections are to be held for the filling of vacancies on the Board and also the power to decide any question which arises with respect to an election.

It is the view of the Ministry and it is also my view that these Regulations are both cumbersome and out of touch with the realities of the situation as it is today in our country. What we are seeking to do this Bill is to reduce the number of registered medical practitioners who along with the Chief Medical Officer would comprise of the Board. We are changing the total number on the Board from six to four. It is also proposed by this Bill to dispense with the necessity for two of these medical practitioners to be chosen from private practice. We feel that at this time there is no reason to have on our Statute Book, Regulations which say that two persons must be in private practice. That may have been relevant or necessary at the time when the Regulations were first promulgated because of the situation as it stood. As you know, we are moving towards the day when we will have an integrated medical service with a level of central organization and control.

This Bill also seeks to give the Cde. Minister responsible for Health the authority to name the registered medical practitioners who would sit on the Board after consultations with organizations or institutions concerned with the medical profession. Hence, the entire procedures laid down are now being simplified. In addition, it is now proposed that the quorum shall be three as a result of the reduction of the number of members who comprise the Board.

Cde. Speaker, the second part of the Bill deals with the registration of osteopaths. Previously, and up to now, we have had no provision in the law for the practice of this is known as “osteopathy”. [Cde. Ram Karran: “Oh, it is an art?”] Cde. Speaker, everything can be described as an art. Even the practice of ignorance as practiced by some friends of us. There has been no provision in our law which permitted persons qualified as osteopaths to practice. Osteopathy really is a system of the treatment of a disease by which there is the

manipulation of the bones, the limbs and other body tissues. In fact, those persons who practice this profession or art argue that since the bones and the limbs make up about 60 per cent of the human body and frame that the emphasis ought to be on manipulating the bones and the limbs for a large number of problems and diseases. In fact, they, they contend, In their own words, that “it places the chief emphasis on the structural integrity of the body mechanism, as being most important single factor to maintain the well-being of the organism in health and disease”.

Cde. Speaker, as you know, we are attempting to de-myatify the whole medical profession in Guyana and while attempting to maintain high standers and good health care delivery we need to move away in some cases from what we inherited from our colonial masters of traditional medicine practice and at the same tie to keep in step and in tune with modern research, new findings, and the new ways that people have found to deal with a number of ailments and problems that afflict the human being.

Osteopaths are performing a service in our community, we feel therefore that the time has come for us to recognize their services in our country and the way to do this is be legislation. We will, of course, as we have in the proposals, delineate the rules and the scope within which they should practice in relation to other professions like physiotherapy and traditional medical practice.

In some countries, these practitioners or osteopaths are addressed as doctors. Therefore, we feel that they should be registered under this Ordinance. We hope, cde. Speaker, that by the passage of this bit of legislation we will bring a new relationship between the osteopath and the medical profession and that in terms of what we are attempting to do, we will be in a position, with their help and the help of the whole public relations apparatus, to educate the public at large as well as the other professions so that these people can practice honourably.

Before concluding, Cde. Speaker, I should say that even though the law did not provide for the practice of this group, it is no secret that in our society we have had at least one very prominent member who is qualified as an osteopath and from reported received in the Ministry, he has performed sterling service and in fact have cured many person where the traditional medical activities seem to full and founder.

It is a new approach, Cde. Speaker, that medicine has several areas: the bones the tissues, the mind, and for us, we need to pursue every branch with the same vigour and seriousness so that these persons who specialize in any particular area of curing the human being could be recognized in the Co-operative Republic of Guyana. It is with great pride, Cde. Speaker, that I move this Bill to deal with these two facts of the Medical Service (Amendment) Bill.

Question proposed.

The Speaker: Cde. Janet Jagan.

Cde. J. Jagan: Cde. Speaker, I know that Guyana has many problems particularly in the medical field but perhaps I underestimated the Government side of this House and never expected that it was quite this ingenious and that it would move in the direction of solving its doctor shortage by changing the whole relationship of who is a doctor and who is not, or to use rougher words, to start moving towards quackery when it cannot provide us with doctors.

We need orthopaedic surgeons in this country not osteopaths and I know that if any

3.00 p.m.

single Member of this House has a bone problem, he bloody well would not go to an osteopath, he want an orthopaedic surgeon. I would like to know which one here would really and truly, in a moment of real illness, seek the service of an osteopath. The Minister is joking: He has turned into a humourist: We need doctors in this country. I do not know what this place is coming to. It is becoming a mess: Goodness:

Osteopathy is not a recognized aspect of medicine. There are people who look to all sorts of bizarre solutions to their problems. There are those who look to the bizarre in medicine. The osteopaths who will crack their bones, the obeah man who will crack their skulls and mix potions, and some, in their search for solutions, even go to people like Revd. Jim Jones. But I through socialism would lead us in the direction of healthy, reasonable and scientific answers to our problems. There is nothing scientific about osteopathy. It may have some good aspects in the sense that all persons who know anything about medicine recognize that there are many

aspects of ill-health that are in the mind and people, not finding solution in the normal way, seek other methods of finding answers to their medical problems, in the same way that Rev. Jones was a faith healer. Some people believed in faith healing and he did brisk business right here in Georgetown. [A Comrade: Cde. J. Jagan , come to the important thing.]

The osteopath, according to what we have been referring to in the Bill today, is only supposed to be manipulating, bending, tracking, doing massage and all sorts of thing that the osteopath is known for. But here we have different things taking place. The osteopath, in his article, is talking about the x-ray. He is talking about the use of the X-ray, the examinations, the determination from the X-ray of the diagnosis. I believe Members of this House are aware that the process of taking X-rays, examining X-ray determining what the X-ray reveals, are highly skilled subjects. Here we have an osteopath who does not have a medical degree in the way we know a medical degree. I know only one way that you take all the various sciences that are required, you go to a medical school, you pass examinations, you intern, etc. He is not at that level; he is in another school all by himself. We know in his article he tells us that every osteopath some time in his training must do photography. This enable him to understand the finer points of Rontgenography, hitting into the task of interpreting an X-ray as he may have to determine light and shade, and to scan X-ray in his practice. There is always the odd chance that a Rontgenographist is not available for interpretation, therefore, the osteopath will interpret.

Here we are going for beyond. It is not a joking matter. It is here that you get problems just like you get problems with some religions like the Christian Science religion, which will not tolerate surgery, and Seventh Day Adventist religion, which will not tolerate blood transfusion. You bump into serious problems in connection with giving to people the services and health they require. I bring in these two groups because they relate in this sense, that a person going to an osteopath, who sees that he is registered under the Ordinance, that he has the right to call himself a doctor, will assume that he is doctor, he can interpret X-ray and he can diagnose. You go to him with your problem and he will diagnose according to how he sees it. But he sees things in a particular direction which is not accepted in the medical profession. It is unacceptable. Therefore I take you in the same direction as the Christian Scientist patient who is deathly ill and

requires surgery, or the Seventh Day Adventist person who is dying and can only be save if her or she gets a blood transfusion.

Let we osteopaths will do a brisk business among those who cannot find have hears to their problems and I suppose the osteopaths, if they are registered here, would do a very brisk business because we do not have any orthopaedic surgeons, we do not have any bone doctors. So perhaps this is all part of a careful plan to pass over some business to others.

What is osteopathy? The Committee on Osteopathic says it is a school of medicine based upon the theory that the body is a vital mechanical organism whose structural and functional integrity are co-ordinate and that the perversion of either is disease, while the therapeutic procedure is chiefly manipulated correction. Its name is indicative of the fact that the bony framework of the body largely determines the structural elation of its tissues. Stedman's Medical Dictionary tells us that Oseopathy is a school of medicine based upon the theory that the normal body, when in correct adjustment, is a vital machine capable of making its own remedies against infection and other toxic conditions and the office of the physician of this school is to search for and when found, *to remove*, if possible, any peculiar conditions in joints, tissues, diet or environment when they are factors in destroying the natural resistance. The measures upon which he relies to effect this are physical, hygienic, medicinal and surgical while relying chiefly of manipulation.

The Bill before us today is telling us that no one shall practice osteopathy unless he is registered as an osteopath and that for the purpose of the Ordinance the practice of osteopathy means the treatment of the disease performed by the manipulation of bones, nerves, blood vessels and other tissues. Manipulation seems to be the word we are using, so we are told then that the osteopath, under the law, will be registered so that he can manipulate tissue, bones, etc.

I have been reading the writings in the **Chronicle** of one Dr. Claude Housty, D.C., Osteopathic Practitioner. It is a bit seeking and, of course, revealing to see what he has to say, because we are talking about manipulation.

I carry you to a person going to an osteopath who will diagnose according to the narrow stream in which he sees the human body and since he cannot, as far as I know, prescribe medicine, unless we give him that right, he cannot as far as I know perform surgery, what dose he do then? If, for example, a person has an infection of the kidney, or an infection of the liver, or a person has cancer, and you start cracking his bones – unless we believe that those with cancer must die immediately, we don't agree that they should be given a chance of living longer, it may be one way of eliminating life quicker – all sorts of thing may happen. Or we may end up like the Jim Jones affair where we are going to produce a piece of chicken liver and say this is the cancer, which Jones was very famous at. We are all in the field of jiggery-pokery as far as I am concerned.

It is a disgrace not only to this Assembly but to the whole country that the Minister of Health brings a lousy Bill like this to give the osteopath the right to practice in the same way as a doctor. The Minister of Health cannot solve his problem of shortage of doctors. He has thirty-eight vacancies at the moment. He has no orthopaedic surgeons, he has no full time pathologist, he has no doctors in the riverain areas. He has put dispensers to take care of patients at the Casualty Department of the Public Hospital. I do not know if this is the answer to his problems. I do not think it is the answer to the problems of the sick people. I think they deserve better than this.

Let us go back to Dr. Claude Housty who has written a series of articles in the Chronicle, no doubt in preparation for this Bill, I presume. Since this is a Government owned newspaper and since his Bill comes from the Government, one must assume then that this was a softening process, that this doctor of osteopathy would be given the right to go ahead and write a series of articles to soften the public and win them over as to the field of osteopathy. Now the Minister brings the Bill. I would say that there is a missing link. There is a missing link because it appears as though someone high up has been - I would not say any more.

In this article the osteopathic practitioner known as Dr. Claude Housty, who I think is gracing us with his presence today, gives us several cases in which the osteopath diagnoses. A man cutting down a tree in the interior falls down, strikes himself, breathing becomes difficult,

X-rays are taken. The answer to the man's problem seems to be osteopathy. He says the patient recovered "seemingly miraculously". The word "miraculous" keeps reminding me of "Jones" and his miraculous curse. We know what happened; he cured 900-odd people for all time.

There are some very serious problems which apparently, the Minister of Health isn't at all concerned about because the medical profession cannot accept the osteopath as a medical man. If the osteopath wants to be a masseur and to be called a masseur, I don't think anyone would object. Or if he wants to go in the field of physiotherapy working in a hospital, no one would object, but the osteopath sets himself up as the final authority in his own office. Here is an example. Dr. Claude Housty is writing in the **Sunday Chronicle** of December 17, 1978, and he says:

"A man came to me"

So I presume the gentleman in practicing,

"saying he had stomach troubles. X-rays were taken previously and treatment given with no relief. He was told by me to procure the X-ray taken. The physician who had them was approached, and he, the patient, was asked why he wanted them. The physician refused to give up the films when told that the patient intended to try osteopathy. I am informed that the patient was told he was wasting his time as he had no ulcer for he had a nervous stomach.

The patient averred that the films were his as they were paid for by him and he could do what he liked with them. He was subsequently given the films.

On my receiving the X-rays and on examining them, I noticed that at the top of the pyloric vestibule there was a difference in the shading of the mucosa (lining) in the area beginning of an ulcer as there was no crater. The position of the site of the trouble was

Every trained Osteopath knows that the digestive juices are principally bile, chyle, trypsin, lipase, amylase and other gastric juices including hydrochloric acid etc."

Here you had a basic conflict between an osteopath who is not a doctor and a doctor who is trained in the field. He encouraged the patient to get his X-rays and is now diagnosing and treating.

There is a lot more than what we have in the Bill where we are saying he can treat diseases by manipulation. I am saying to this House now that when this Bill passes, because the built-in majority will pass it, there are going to be other problems and the osteopath isn't going to be confined to massaging and cracking bones. He is going to be in conflict with the doctor on the interpretation of X-ray which he has no right to touch. I know if I had anything wrong with me I sure won't let any osteopath look at any X-ray for me. Far from it!

The osteopath would be diagnosing, interpreting, treating. I want to know what happens when he gets a case that need the treatment of a real doctor but he treat and the patient dies as a result. I want to know what is going to happen. I would like to know what are the legal implications when this House given the right to a quack, a person who is not a qualified doctor, to take in his hands the lives of people, because once we pass the law we are giving him the right to call himself a doctor, and we are allowing the public to be fooled, because we have legalized it – he is a doctor. The average person isn't going to say he is a doctor of osteopathy. The public won't know the difference, whether he is a doctor of osteopathy or an ophthalmologist; he is already a doctor. The Government has already given its blessings. I want to know what happen when the first patient dies? What are they going to write on the death certificate? I want to know when he starts cracking bones and one of the organs of the body explodes outward or gets punctured and the patient get peritonitis and dies what they are going to say.

I am giving warning to this House that the Government is going in the wrong direction. You must solve the medical problems of this country in a proper way. This side of the House gave full support to the Medex Bill because we know that the training and the supervision of Medex is a good idea and it is the best thing in a country of our size, our geography etc. We gave support to it because it is scientific. Osteopathy is not scientific, it is anti science, and we are thoroughly against what is not scientific. Let the Minister of Health make notes. He is going

to try to argue out that it is scientific. It is not scientific.

This Minister of Health told us that there is no provision in the law which has permitted persons qualified as osteopaths to practice. If that is so, how do osteopaths practice? Is the Bill going to be like our other Bills, retroactive to when “Doctor” Housty began practicing, retroactive from that date? I don’t know. At any rate this was the second article which means he must have started some time last year, so I presume it would be retroactive because, according to the Minister, he has no right to be practicing. If I quote him correctly, there is no provision in the law which has permitted persons qualified as osteopaths to practice yet they are practicing. We have his address here as Lot 1 Louisa Row and Norton Street, telephone number 64712. I see him nodding his head, it is correct. It is good advertisement. I should imagine that Housty would have paid for them, but in Guyana, under the P.H.C. you don’t pay. They probably paid him to write it. That is how we work in this country.

We have in this Bill, as the Minister said, two sections. There is the Medical Board. What can one say? If you don’t have a sense of humour you can never survive in Guyana. This is a joke. You have to have the first before you have the second. You have to cook-up the Medical Board or you won’t get the second, because the doctors won’t agree to the osteopaths. So we have the cook-up which is to pad the Medical Board. You dare not bring in a doctor who isn’t being paid by the Government, whose lips are sealed. A doctor employed by the Government who is put to sit on the Board cannot say “I disagree with the registering of Osteopath.

He will get the squeeze one way or the other. Maybe they would not fire him; maybe they will just put the squeeze on. But there are all kinds of squeezes and they are experts at that. So, first you pay the Medical Board and then you get the Medical Board to pass this thing about osteopaths and we are told that the reason we are not bringing outside doctors in is because that is old colonial days’ stuff. The P.H.C. uses that little worn-out trick of theirs whom they do not have an excuse for anything, they give it the label of colonialism.

The fact is, in Guyana there is a fairly large private medical practice going on and these doctors are the ones, I believe, I would not say alone but they, as well as the Government doctors are going to be bumping into this problem of osteopathy and patients' sickness and health and recovery. I would say that the sum total of this Bill is harmful to the medical future of this country and I would urge that there is no haste for this unless the Minister has given some very firm promises, and that may account for the haste in pushing this Bill. I can see no need for haste: I can see no need for us to hurry and rush through and have this Bill for osteopaths passed today.

If I wished to embarrass the Speaker and all these ladies and gentlemen here, I would bore you with the long list of Motions and Questions that have been waiting for attention for years. But, of course, they are not important. What is important is what the Government thinks is important, like the Osteopaths Bill. I would think it is even more important if we went down to some of the problems of Jonestown, for example, why was the doctor at Jonestown allowed to practice and yet he was not registered? Why? These are problems which the other side of the House consider trivial but the whole world does not think they are trivial and the majority of the people in Guyana do not think they are trivial. There are many things. Today, the Minister answered a Question which has been given notice of six months ago. What is the point of answering a Question six months after it is placed? As, I said in a previous debate here, we deal with the trivial. All that is important must wait; all that is trivial must be dealt with immediately. **(Applause)**

The Speaker: Cde. Minister.

Cde. Green_ (replying): Cde. Speaker, sometimes the inconsistency of the Opposition can be really amusing. Here it is, the People's Progressive Party, through its spokeswoman, has taken a banal, conservative approach on the question. I need to deal very briefly with some of the points made because they are important in terms of what we are attempting to do in the

medical field in our country today. We are revolutionary on this side of the House. We are not conservative. To talk about osteopaths in the same breath as you talk about quacks is being vulgar, unfair and ultra-conservative.

In these days, Cde. Speaker, the World Health Organisation, the very highest form that I attended, P.A.H.C., and all the modern scientific experts today accept that the old practice as happened in the sixties can no longer suffice because the world is changing very quickly and we need to recognize every branch of medicine.

The hon. Member who spoke was born, bred and I believe nurtured in the United States of America. But in any case, they either take their pattern from their place of birth, or, as the General Secretary of the People's Progressive Party said, they are proud to be a puppets of the U.S.S.R. Cde. Speaker, in both of those rich, large countries, the practice of osteopathy is accepted. In the United States of America there are several States where they are permitted to prescribe certain drugs and to undertake surgical procedures today, so, I think to talk about their being quacks is either wicked or vulgar. But you know, Goebbels once said that if you repeat a lie often enough, somebody is likely to believe you.

To say that there is nothing scientific about it is absolutely ridiculous because what the hon. Member herself read was based on a scientific analysis. It is true that no two scientists, no two professionals agree on a single issue but unless there is something abroad that I do not understand, the very argument adduced is based on a scientific basis. Cde. Speaker, in presenting this, I never suggested that the osteopath was a substitute for what we know to be the general practitioner. Of course, she has been using the word "doctor" very loosely, very unscientifically, very unfortunately, because we still believe, even in 1979 that a doctor means a traditional doctor of medicine. A doctor merely describes or explains that a particular person has gone through a certain regiment, a certain discipline and is thought by some institution to use the title of "doctor". But doctor of what? In fact, if I went over there I would find doctors of – I do

not want to say fools, Cde. Speaker, because I may be breaking the rules of the House but you may very well have doctors of fool. Quite legitimately so. And I did not present this Bill, Cde. Speaker, as an attempt to deal with the shortage of doctors which exists in every developing country of this world.

I want to say one other thing just to clear the air. The osteopath and the orthopaedic surgeon are two different groupings. Just to make it clear, on this side of the House, we in this Front Bench, have had satisfactory service from the osteopath referred to. I say so for public information because she asks which of us will go to him. I have gone; we have gone and have had excellent service. But, nobody suggested that the osteopath will have the same right to practice as a doctor. The area of activity is very clearly and precisely prescribed in so far as the regulations are concerned. In any case, the world today, the World Health Organisation, the modern physicians, up-to-date people, are all looking at the various sectors, traditional medicine, osteopaths, people who deal with medicine in so far as the approach is to the mind, they are looking for a synthesis to bring these skills, these experience together to help mankind.

Even, as I could, the World Health Organisation is seeking the assistance of the witch doctors, the traditional medicine curers. There was a time when the Western world laughed and sneered at the Chinese. Today, physician and technicians from the West are travelling to China to gather the art of acupuncture and several other areas which the conservative West laughed at once, in fact, said were legally improper. They are now going by the dozens and hundreds to find out much more in this area medicine. We seek to be revolutionary. We seek to give credit where we feel credit is due and we make absolutely no apologies.

Finally, I would urge that we seek the truth. The truth of the matter is that the same way we have brought the Medex Bill, in the same way we propose to deal with this question of medicine based on the realities of our situation in Guyana. We will at all times attempt to move in a revolutionary direction. Right now we are looking at the field of dentistry. We are training young people to do preventative work in schools. No doubt somebody will talk about quacks at the end of the exercise. But it is precisely because we would like to rid this country of quacks that we need to put on a sound scientific base any practice that we feel is useful in our society.

We need to remove that mystery from medicine and science itself. As we seek to do-mystify drugs and the practice of medicine, we seek within the constraints of our economic situation, within the constraint of very limited manpower, to do our best for our country.

On the question of the composition of the Medical Board, I notice much was not said and, therefore, I need to say nothing on it.

Question put, and agreed to.

Bill read a Second time.

Assembly in Committee.

Clause 1.

Cde. Green: Cde. Chairman, I wish to substitute the following Clause for Clause 1:

“Short title. 1. This Act, which amends the Medical Service Ordinance, may be
 Cap. 134 of cited as the Medical Service (Amendment) Act 1979.”.
 1953 ed.

In fact, the word “colonial” was deleted sometime ago.

Amendment proposed, put and agreed to.

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

Clauses 2 to 6, agreed to and ordered to stand part of the Bill.

Clause 7.

Cde. Green: Cde. Chairman, I wish to insert the following clause as

Clause 7:

“Amendment 7. The First Schedule to the Principal Ordinance is hereby
 Of the First amended by the insertion of the following forms as forms 6 and
 Schedule of the 7, respectively –
 Principal Ordinance.

s. 54D

FORM 6

**CERTIFICATE OF REGISTRATION OF
 OSTEOPATH**

It is hereby certified that _____ residing at _____ has been duly registered as
 Entitled to practice osteopathy in Guyana under the provisions of the Medical Service
 Ordinance.

Chairman, Medical Board.

s. 54E

FORM 7

REGUSTER OF OSTEOPATHS

Name	Residence	Date of Registration	Qualification

Insertion proposed, put and agree to.

Clause 7 agreed to and ordered to stand part of the Bill.

The Chairman: I would also like to make a correction. In the heading of the Bill where it is stated “An Act to amend the Colonial Medical Service” the word “Colonial” should be deleted.

Heading corrected.

Assembly resumed.

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

ADJOURNMENT

Resolved, “That this Assembly do not adjourn to a date to be fixed.
(The Minister of Parliamentary Affairs and Leader of the House)

Adjourned accordingly at 3.38 p.m.
