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Monday
6th December, 1965

PARLIAMENTARY DEBATES

DEWAN RA'AYAT
(HOUSE OF REPRESENTATIVES)

OFFICIAL REPORT

SECOND SESSION OF THE SECOND PARLIAMENT
OF MALAYSIA

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MALAYSIA
DEWAN RA'AYAT
(HOUSE OF REPRESENTATIVES)

Official Report

Second Session of the Second Dewan Ra'ayat

Monday, 6th December, 1965

The House met at Ten o'clock a.m.

PRESENT:

- The Honourable Mr Speaker, DATO' CHIK MOHAMED YUSUF BIN SHEIKH ABDUL RAHMAN, S.P.M.P., J.P., Dato' Bendahara, Perak.
- „ the Minister of Home Affairs and Minister of Justice, DATO' DR ISMAIL BIN DATO' HAJI ABDUL RAHMAN, P.M.N. (Johor Timor).
- „ the Minister of Finance, ENCHE' TAN SIEW SIN, J.P. (Melaka Tengah).
- „ the Minister of Transport, DATO' HAJI SARDON BIN HAJI JUBIR, P.M.N. (Pontian Utara).
- „ the Minister of Health, ENCHE' BAHAMAN BIN SAMSUDIN (Kuala Pilah).
- „ the Minister of Commerce and Industry, DR LIM SWEE AUN, J.P. (Larut Selatan).
- „ the Minister for Local Government and Housing, ENCHE' KHAW KAI-BOH, P.J.K. (Ulu Selangor).
- „ the Minister of Labour, ENCHE' V. MANICKAVASAGAM, J.M.N., P.J.K. (Klang).
- „ the Minister of Information and Broadcasting, ENCHE' SENU BIN ABDUL RAHMAN (Kubang Pasu Barat).
- „ the Minister of Agriculture and Co-operatives, TUAN HAJI MOHAMED GHAZALI BIN HAJI JAWI (Ulu Perak).
- „ the Minister of Lands and Mines, ENCHE' ABDUL-RAHMAN BIN YA'KUB (Sarawak).
- „ the Assistant Minister of Education, ENCHE' LEE SIOK YEW, A.M.N., P.J.K. (Sepang).
- „ the Assistant Minister of Finance, DR NG KAM POH, J.P. (Telok Anson).
- „ the Parliamentary Secretary to the Minister of Health, ENCHE' IBRAHIM BIN ABDUL RAHMAN (Seberang Tengah).
- „ the Parliamentary Secretary to the Minister of Labour, ENCHE' LEE SAN CHOON, K.M.N. (Segamat Selatan).
- „ the Parliamentary Secretary to the Deputy Prime Minister, ENCHE' CHEN WING SUM (Damansara).
- „ ENCHE' ABDUL GHANI BIN ISHAK, A.M.N. (Melaka Utara).
- „ ENCHE' ABDUL KARIM BIN ABU, A.M.N. (Melaka Selatan).

- The Honourable WAN ABDUL RAHMAN BIN DATU TUANKU BUJANG (Sarawak).
- .. TUAN HAJI ABDUL RASHID BIN HAJI JAIS (Sabah).
- .. ENCHE' ABDUL RAZAK BIN HAJI HUSSIN (Lipis).
- .. TUAN HAJI ABDULLAH BIN HAJI MOHD. SALLEH, A.M.N., S.M.J., P.I.S. (Segamat Utara).
- .. TUAN HAJI AHMAD BIN ABDULLAH (Kelantan Hilir).
- .. ENCHE' AHMAD BIN ARSHAD, A.M.N. (Muar Utara).
- .. TUAN HAJI AHMAD BIN SAAID, J.P. (Seberang Utara).
- .. CHE' AJIBAH BINTI ABOL (Sarawak).
- .. ENCHE' AZIZ BIN ISHAK (Muar Dalam).
- .. PENGARAH BANYANG ANAK JANTING, P.B.S. (Sarawak).
- .. ENCHE' CHAN SIANG SUN (Bentong).
- .. ENCHE' CHIN FOON (Ulu Kinta).
- .. ENCHE' D. A. DAGO ANAK RANDAN *alias* DAGOK ANAK RANDEN (Sarawak).
- .. ENCHE' C. V. DEVAN NAIR (Bungsar).
- .. ENCHE' EDWIN ANAK TANGKUN (Sarawak).
- .. TUAN SYED ESA BIN ALWEE, J.M.N., S.M.J., P.I.S. (Batu Pahat Dalam).
- .. DATIN HAJAH FATIMAH BINTI HAJI ABDUL MAJID (Johor Bahru Timor).
- .. DATIN FATIMAH BINTI HAJI HASHIM, P.M.N. (Jitra-Padang Terap).
- .. ENCHE' S. FAZUL RAHMAN, A.D.K. (Sabah).
- .. ENCHE' GANING BIN JANGKAT (Sabah).
- .. ENCHE' GEH CHONG KEAT, K.M.N. (Penang Utara).
- .. TUAN HAJI HAMZAH BIN ALANG, A.M.N., P.J.K. (Kapar).
- .. ENCHE' HANAFI BIN MOHD. YUNUS, A.M.N., J.P. (Kulim Utara).
- .. ENCHE' HANAFIAH BIN HUSSAIN, A.M.N. (Jerai).
- .. ENCHE' HARUN BIN ABDULLAH, A.M.N. (Baling).
- .. WAN HASSAN BIN WAN DAUD (Tumpat).
- .. ENCHE' HUSSEIN BIN TO' MUDA HASSAN, A.M.N. (Raub).
- .. DATO' HAJI HUSSEIN BIN MOHD. NOORDIN, D.P.M.P., A.M.N., P.J.K. (Parit).
- .. ENCHE' HUSSEIN BIN SULAIMAN (Ulu Kelantan).
- .. TUAN HAJI HUSSAIN RAHIMI BIN HAJI SAMAN (Kota Bharu Hulu).
- .. ENCHE' IKHWAN ZAINI (Sarawak).
- .. ENCHE' ISMAIL BIN IDRIS (Penang Selatan).
- .. DATO' SYED JA'AFAR BIN HASAN ALBAR, P.M.N. (Johor Tenggara).
- .. PENGHULU JINGGUT ANAK ATTAN, Q.M.C., A.B.S. (Sarawak).
- .. ENCHE' KADAM ANAK KIAI (Sarawak).
- .. ENCHE' KAM WOON WAH, J.P. (Sitiawan).
- .. ENCHE' LEE SECK FUN (Tanjong Malim).
- .. ENCHE' AMADEUS MATHEW LEONG, A.D.K., J.P. (Sabah).
- .. DR LIM CHONG EU (Tanjong).

- The Honourable DR MAHATHIR BIN MOHAMAD (Kota Star Selatan).
- .. ENCHE' T. MAHIMA SINGH, J.P. (Port Dickson).
- .. DATO' DR HAJI MEGAT KHAS, D.P.M.P., J.P., P.J.K. (Kuala Kangsar).
- .. ENCHE' MOHD. ARIF SALLEH, A.D.K. (Sabah).
- .. ENCHE' MOHD. DAUD BIN ABDUL SAMAD (Besut).
- .. ENCHE' MOHAMED IDRIS BIN MATSIL, J.M.N., P.J.K., J.P. (Jelebu-Jempol).
- .. ENCHE' MOHD. TAHIR BIN ABDUL MAJID, S.M.S., P.J.K. (Kuala Langat).
- .. ENCHE' MOHAMED YUSOF BIN MAHMUD, A.M.N. (Temerloh).
- .. ENCHE' MOHD. ZAHIR BIN HAJI ISMAIL, J.M.N. (Sungai Patani).
- .. WAN MOKHTAR BIN AHMAD (Kemaman).
- .. TUAN HAJI MOKHTAR BIN HAJI ISMAIL (Perlis Selatan).
- .. DATO' HAJI MUSTAPHA BIN HAJI ABDUL JABAR, D.P.M.S., A.M.N., J.P. (Sabak Bernam).
- .. ENCHE' MUSTAPHA BIN AHMAD (Tanah Merah).
- .. ENCHE' NG FAH YAM (Batu Gajah).
- .. ENCHE' ONG KEE HUI (Sarawak).
- .. TUAN HAJI OTHMAN BIN ABDULLAH (Hilir Perak).
- .. ABANG OTHMAN BIN HAJI MOASILI, P.B.S. (Sarawak).
- .. TUAN HAJI RAHMAT BIN HAJI DAUD, A.M.N. (Johor Bahru Barat).
- .. ENCHE' RAMLI BIN OMAR (Krian Darat).
- .. TUAN HAJI REDZA BIN HAJI MOHD. SAID, P.J.K., J.P. (Rembau-Tampin).
- .. RAJA ROME BIN RAJA MA'AMOR, P.J.K., J.P. (Kuala Selangor).
- .. ENCHE' SANDOM ANAK NYUAK (Sarawak).
- .. ENCHE' SEAH TENG NGIAB, P.I.S. (Muar Pantai).
- .. ENCHE' SIM BOON LIANG (Sarawak).
- .. ENCHE' SENAWI BIN ISMAIL, P.J.K. (Seberang Selatan).
- .. ENCHE' SOH AH TECK (Batu Pahat).
- .. ENCHE' SULEIMAN BIN ALI (Dungun).
- .. PENGIRAN TAHIR PETRA (Sabah).
- .. ENCHE' TAJUDIN BIN ALI, P.J.K. (Larut Utara).
- .. ENCHE' TAI KUAN YANG (Kulim Bandar Bharu).
- .. ENCHE' TAMA WENG TINGGANG WAN (Sarawak).
- .. DR TAN CHEE KHOON (Batu).
- .. ENCHE' TAN CHENG BEE, J.P. (Bagan).
- .. ENCHE' TAN TOH HONG (Bukit Bintang).
- .. ENCHE' TAN TSAK YU (Sarawak).
- .. ENCHE' TIAH ENG BEE (Kluang Utara).
- .. PENGHULU FRANCIS UMPAU ANAK EMPAM (Sarawak).
- .. ENCHE' YEOH TAT BENG (Bruas).
- .. TUAN HAJI ZAKARIA BIN HAJI MOHD. TAIB, P.J.K. (Langat).

ABSENT:

- The Honourable the Prime Minister, Minister of External Affairs and Minister of Culture, Youth and Sports, Y.T.M. TUNKU ABDUL RAHMAN PUTRA AL-HAJ, K.O.M. (Kuala Kedah).
- „ the Deputy Prime Minister, Minister of Defence and Minister of National and Rural Development, TUN HAJI ABDUL RAZAK BIN DATO' HUSSAIN, S.M.N. (Pekan).
- „ the Minister of Works, Posts and Telecommunications, DATO' V. T. SAMBANTHAN, P.M.N. (Sungei Siput).
- „ the Minister of Education, ENCHE' MOHAMED KHIR JOHARI (Kedah Tengah).
- „ the Minister for Welfare Services, TUAN HAJI ABDUL HAMID KHAN BIN HAJI SAKHAWAT ALI KHAN, J.M.N., J.P. (Batang Padang).
- „ the Minister for Sarawak Affairs, DATO' TEMENGGONG JUGAH ANAK BARIENG, P.M.N., P.D.K. (Sarawak).
- „ the Assistant Minister without Portfolio, TUAN HAJI ABDUL KHALID BIN AWANG OSMAN (Kota Star Utara).
- „ the Assistant Minister of National and Rural Development, ENCHE' SULAIMAN BIN BULON (Bagan Datoh).
- „ the Assistant Minister of Culture, Youth and Sports, ENSKU MUHSEIN BIN ABDUL KADIR, J.M.N., S.M.T., P.J.K. (Trengganu Tengah).
- „ the Parliamentary Secretary to the Minister of Finance, ENCHE' ALI BIN HAJI AHMAD (Pontian Selatan).
- „ WAN ABDUL KADIR BIN ISMAIL, P.P.T. (Kuala Trengganu Utara).
- „ ENCHE' ABDUL RAHMAN BIN HAJI TALIB, P.J.K. (Kuantan).
- „ ENCHE' ABDUL RAUF BIN A. RAHMAN, K.M.N., P.J.K. (Krian Laut).
- „ ENCHE' ABDUL SAMAD BIN GUL AHMAD MIANJI (Pasir Mas Hulu).
- „ DATO' ABDULLAH BIN ABDULRAHMAN, Dato' Bijaya di-Raja (Kuala Trengganu Selatan).
- „ Y.A.M. TUNKU ABDULLAH IBNI AL-MARHUM TUANKU ABDUL RAHMAN, P.P.T. (Rawang).
- „ ENCHE' ABU BAKAR BIN HAMZAH (Bachok).
- „ O.K.K. DATU ALIUDDIN BIN DATU HARUN, P.D.K. (Sabah).
- „ DR AWANG BIN HASSAN, S.M.J. (Muar Selatan).
- „ ENCHE' JONATHAN BANGAU ANAK RENANG, A.B.S. (Sarawak).
- „ ENCHE' CHAN CHONG WEN, A.M.N. (Kluang Selatan).
- „ ENCHE' CHAN SEONG YOON (Setapak).
- „ ENCHE' CHIA CHIN SHIN, A.B.S. (Sarawak).
- „ ENCHE' FRANCIS CHIA NYUK TONG (Sabah).
- „ DATU GANIE GILONG, P.D.K., J.P. (Sabah).
- „ ENCHE' STANLEY HO NGUN KHIU, A.D.K. (Sabah).
- „ ENCHE' THOMAS KANA (Sarawak).
- „ ENCHE' KHOO PENG LOONG (Sarawak).
- „ DATU KHOO SIAK CHIEW, P.D.K. (Sabah).
- „ ENCHE' EDMUND LANGGU ANAK SAGA (Sarawak).
- „ DATO' LING BENG SIEW, P.N.B.S. (Sarawak).

Head S. 29—Inland Revenue—

Under Personal Emoluments, a number of additional posts have been created to strengthen the existing staff, in order to cope with the ever increasing work of the Department, mainly due to the recent tax changes. Hence an increase of \$682,271 in the provision is required to meet a net increase of 31 posts.

Under Other Charges Annually Recurrent, the main increase is under Sub-head 7—Printing and Stationery, which requires an additional provision of \$40,000. This is necessary because the recent tax changes also require new and additional forms to be printed. New provision is also required for a number of office machines under Other Charges Special Expenditure.

Head S. 30—Inland Revenue—Borneo States—

Under Personal Emoluments, there is only a net increase of 1 post for Sarawak and 8 posts for Sabah. Hence a small increase of \$28,264 is required for these additional posts.

Under Other Charges, there are no items of special significance that need individual mention, and an overall increase of about \$37,000 under this Head represents the normal expansion activities of these Departments in the Borneo States.

Sir, I beg to move.

Tuan Haji Ahmad bin Abdullah (Kelantan Hilir): Tuan Pengerusi, saya hendak berchakap sedikit di-bawah Head 24, muka 262, Pechahan-kepala 8, ia-itu Perbelanjaan Crown Agents. Tuan Pengerusi, nampak-nya sa-bagaimana keterangan yang ada di-sebut di-hadapan kita bahawa tahun yang lalu, Kerajaan telah membayar sa-bagai “commission” dan perbelanjaan dan lain² lagi sa-banyak satu juta ringgit kepada Crown Agents untuk membeli barang² Kerajaan. Tuan Pengerusi, Crown Agents ini ia-lah satu badan yang telah di-dirikan oleh pemerintah waktu pemerintah menjajah negeri kita untuk membeli barang² bagi keperluan Kerajaan. Tetapi nampak-nya kita sa-

hingga sekarang ini, sa-telah mencapai kemerdekaan sa-lama lapan tahun. Maseh lagi Kerajaan menggunakan Crown Agents ini untuk membeli barang² dan terpaksa-lah Kerajaan membayar “commission” kepada mereka, dalam tahun yang lalu sa-banyak satu juta ringgit dan pada tahun ini, tahun 1966 ini, pula ada peruntukan sa-banyak \$600,000. Saya fikir dengan keadaan kita yang telah mencapai kemerdekaan yang bagini lama, sayugia-lah bagi pehak Kerajaan, jangan lagi menggunakan Crown Agents untuk membeli barang² keperluan pehak Kerajaan, kerana kita tiap² buah negeri, baharu² ini kita telah mengadakan “Trade Attache” dan bukan-lah sa-takat itu sahaja, bahkan di-dalam negeri kita sendiri pun ada mempunyai agent² yang banyak. Lebeh baik-lah pehak Kerajaan membeli keperluan ini menerusi “Trade Attache” kita yang ada di-luar negeri, atau pun melalui agent² yang ada di-dalam negeri kita, kerana dengan yang demikian keuntongan yang sa-banyak \$1,000,000 pada tahun yang lalu—pada tahun ini dan \$600,000 ini akan terpulang kepada warga negara di-dalam negeri ini dan ini akan mengembangkan lagi perusahaan dan ekonomi di-dalam negeri. Saya fikir tidak-lah ada lagi sebab-nya bagi Kerajaan melambat² untuk menghapuskan Crown Agents ini, atau pun memutuskan perhubungan kita dengan Crown Agents ini, kerana saya fikir sa-bagaimana yang saya terangkan tadi dengan ada-nya agent² dan Trade² Attache di-dalam negeri kita maka mereka itu dapat memenohi keperluan untuk membeli barang² keperluan pehak Kerajaan.

Yang kedua, Tuan Pengerusi, di-bawah Sub-head 36, muka 263 ia-itu Kerugian kerana Pinjaman wang yang di-beri oleh Lembaga Pinjaman Pemulihan Sa-mula Lombong Bijeh Timah Orang² China. Nampak-nya pada tahun ini, kerugian yang Kerajaan telah mengalami ia-lah sa-banyak \$70,000—buat tahun hadapan ia-itu sa-banyak \$35,000. Ini, kalau kita jumlahkan kedua bilangan ini menjadi \$100,000. Saya tidak tahu pada tahun 1964 dan kerugian pada tahun 1963, berapa banyak-kah pula yang Kerajaan telah

menanggung kerugian di-dalam masa-lah ini. Saya harap apabila Menteri Kewangan menjawab soal² ini dapatlah menerangkan kepada Rumah yang mulia ini, berapa-kah banyak-nya kerugian Kerajaan telah menanggung di-dalam tahun 1962, 1963 dan 1964 supaya dapat-lah kita satu gambaran yang terang di-atas gambaran yang begitu besar yang Kerajaan sedang mengalami di-dalam soal ini. Dan saya chadangkan lagi supaya Kerajaan mengambil tindakan supaya kerugian ini tidak lagi berlaku pada tahun yang akan datang. Kalau tidak kita tahu Kerajaan sekarang ini telah mengalami kekurangan wang dan, oleh sebab yang demikian Kerajaan telah mengadakan "policy austerity" untuk menjimat-chermatkan perbelanjaan-nya, maka sangat-lah kena pada tempat-nya, kalau Kerajaan mengambil tindakan supaya perkara ini, ia-itu kerugian ini, tidak berlaku lagi di-masa yang akan datang.

Enche' Geh Chong Keat (Penang Utara): Mr Chairman, Sir, I would like to speak on Head S. 23, Sub-head 1. Speaking on this Sub-head, I would like to thank the Honourable Minister of Finance for the prompt action taken to investigate into the matter raised by me during the Budget debate—I refer to the slogan of five little Chinese characters, viz. *Chye Chee Jen Ping Ann*. A telephone call was put through instructing the officer there to copy those five little Chinese characters. I am sure the Minister has it by now, to confirm what I have spoken in Parliament drawing attention to the deep, deep meaning of those five little characters.

Mr Chairman, Sir, I fully support slogans being put up in Chinese characters, slogans advising the taxpayers how to pay their tax and the psychological approach—of course, not to forget the one at the Kuala Lumpur Income Tax office where the poster showed a big fat *towkay* with a big sum of money in front of him bargaining for \$1 or ten cents. Even that poster has been taken down. But the intention, as I see it, was to have liaison between the taxpayers and the

Government and to make them feel happy and feel that they have to contribute their share towards the Government's burden as regards our national security and defence.

I also appeal to the Minister to issue forms in the languages that can be easily understood by the taxpayers, so as to make them feel happy that they do not have to depend upon a third party to interpret for them; otherwise a little bit of wrong interpretation may cause them years of corresponding between the Inland Revenue Department and the taxpayer himself. So, it is a case of convenience and a case of acknowledging the right of the taxpayer.

Sir, I would like to touch now on the Insurance Division, i.e., Item (48), Insurance Commissioner. Speaking on this subject, I would like to thank the Honourable Minister of Finance and to compliment him for protecting the interests of life insurance policyholders of the many insurance companies operating in Malaysia. I would like the Honourable Minister, and at the same time his Commissioner for Insurance, to study the many schemes offered by the insurance companies, in particular the non-medical scheme for \$5,000 and under. I would like to mention that this scheme had affected adversely the investments of the lower income group in its intrigues in procedure, starting from canvassing, filling up forms in a language which the insured cannot understand—nor, at times, could the agents—and down to the paying out to the beneficiary of the insured who died before the policy could mature.

Sir, the life insurance companies offer a special non-medical scheme in which the prospective purchaser of a policy fills a non-medical application form, and the time he signs it and pays a premium, which varies according to the risk which he represents, he is insured without the usual medical examination by a medical practitioner. Many canvassers are being sent out to the cities and even to the rural villages to sell these policies to the lower income group, and these agents or

representatives are mostly young students who have just left school. Now, equipped with their training in sales talk, these people go out to seek a living as well as in what they thought was helping the people in the villages and the lower income group. The important point, Sir, is that the insured signed or imposed his thumb-print without being asked any question and the canvasser or agent filled in the necessary requirements some time later, and even this was done without the proper witnessing or interpretation of the filling of the forms. When the insured dies, then the problem of the beneficiary really begins. He or she will find that it is not easy at all to claim the insured amount. Here I would like to mention that the particulars of the insured are then re-checked, even the nature of his occupation as described in the application form as compared with the death certificate issued must be the same, otherwise payment would be stopped.

Mr Chairman, Sir, with your permission I would like to illustrate a case. Here I would like to illustrate the case of an insured who was described as a business partner when filling up of his form. When he died, the informer or the member of the family, reporting to the officer for the death certificate or the burial certificate, gave the report in Chinese and mentioned that man as a "*Kang Nang*" in Hokkien, which means also a worker and may also mean a partner of a Chinese firm, and as a partner of a Chinese firm he usually works in the firm as a clerk, a labourer or an odd job man. Sir, this case I would like to quote is from a company called the American International Company. I have here an application form, in photostat, which was signed by an applicant and which was then filled up by an agent. Now, this applicant was fortunate enough to know a little bit of English, that is signing his name—that is all; and the other cases were of people who could not understand English but who signed in Chinese. These are supposed to be the documents of a deceased without proper witnessing by a third party or an interpreter to interpret in the language

of the person who insured. When this person died, here it was described as "proprietary partner, shipping business", and the death certificate issued described him as a labourer. Now, the company refused to pay and after haggling the company wrote a letter. This is quite usual in many cases and this is the only case I am mentioning, Sir, for the attention of the Insurance Commissioner and the Honourable Minister. When it comes to settlement, I quote a letter—"Thank you for your letter dated so-and-so. We regret that we are not able to consider an *ex gratia* payment on the above claim. Our liability is only to refund the premium of a certain amount as advised in our letter dated so-and-so". Now, the reasons given being: "We regret to advise you that we have to reject your claim as in the course of our investigations we found out that the above-named was admitted into the General Hospital, Penang, on two occasions." Then it says that the illness was carcinoma of the liver and then they followed up, contesting their case, by saying, "Well, we have put the following questions to you at that time when you filled up the non-medical form and the following questions, Nos. 26, 40 and 46, were answered 'No'." It says that the representations made were untrue, false and incomplete prior to the issuance of the policy of so-and-so who was, in fact, suffering from a disease at the time of taking out the policy. My contention in bringing this to the attention of the Commissioner of Insurance is that under this scheme of non-medical examination it has been stipulated that the form just need to be filled up, and the point was that the form was not filled up by the insured but by the agent and the insurer could not understand the English as set out in the form, and at times neither could the agent. Therefore, I would request the Honourable Minister to look into the case as he had done in the case of mushroom insurance companies. I am sure there is no case for him to study as regards this non-medical scheme. Now, I mention this case of the American company because it happened to be one of the cases that I have come

across, and I quoted it just as I have it here—it is by the American International Assurance Company Limited and these are the two or three cases in which they have written to the beneficiaries asking them to collect the premium which they are entitled but not the amount insured.

Now, Mr Chairman, Sir, I come to Supply Head 26—Customs. Under this Head, I would like to compliment the Honourable Minister of Finance and the staff of the Customs Department. In complimenting the Honourable Minister and the Staff of the Royal Customs, I would like to point out to the Minister that they have done a very good job in increasing the Government coffers, but in increasing the coffers of the Government, there are also minor points which we have got to study. Of course, one is the inducement, the incentiveness, the pay of the lower group of Customs Officers—their salaries must be increased in order to prevent the temptation of “fishing”.

Sir, I would like to make some observations, if I may. For example, we have touting along the places where you have Customs stations—in Johore and in Penang. Touting means there are a few people around there collecting forms to hand in, and you have got to pay a dollar or two and these touts will go to the coffee shops to settle the matter. Now, touting is one of the dangers which leads to the root of all the evils in corruptions.

Now, we have another problem called the “insurance scheme” or gift. This insurance scheme, as I said before, was that certain kampongs would pay a certain monthly amount to some officers who will come to get at his leisure time, or after office, and sometimes they have been exploited by the staff of the Company. For example, they have lorry attendants and lorry drivers or clerks liaisoning with the Customs Department. They just go back to the office and say “Well, every month we have got to pay to this Officer, say \$50 or \$100”, but in reality they are the people who keep the money. This thing does the Customs Department no good and it is, shall I say, spoiling the good name

of the Customs and, incidentally, this happened to the Police as well as the Road Transport Department, because the Police at every station, I heard, collect a dollar or so from the taxi drivers and the lorry drivers. In this particular case, which I know of, I request the Honourable Minister to study it, because I have read in a Report, that is called the Report of 1952—Commission of Enquiry into the integrity of Officers in the Government Department, and in page 30, I remember, that paragraph referred particularly to this “insurance” or gifts in the Customs Department and it clearly stated that it is quite a concern to the Government Department and especially the Customs. It is not the smuggling, it is this insurance or gift system that is more concerning to the Customs Department and that is the cause of the drainage of the revenue. Therefore, I request the Honourable Minister of Finance when he speaks of smuggling, not to think of the people participating, and do not refer to the group who are the buyers, or the suppliers, or even those who happen to stay in the same island as smugglers, but think of his Department, think of his Officers. You have the good ones, you have the bad ones and I know that in this Department he may have 99% good ones, but the 1% black sheep inside there is enough to spoil the good name of the Royal Customs Department and the good name of the Minister, and we know very well the Honourable Minister slogs and slaves very hard to maintain the prestige of having the initial “The Royal Customs” and the Honourable Minister of Home Affairs has the honour of having the Royal Force. I am sure the Honourable Minister of Finance who has the privilege of being the head of the Department will be conferred with the honour of the Royal initial. Therefore, in respect of this 1 or 2% of “dirt”, I am sure, with the capability and the firmness and the tact of the Honourable Minister of Finance, he will be able to keep his Department clean. Therefore, I just say, touting and this insurance or Gift Scheme in his Customs Department is not doing his department any good. So I appeal to

him to consider that while you are referring to the people of participating in smuggling, on the other hand in your Department we have people acting as accomplices to this smuggling. So a cleaning would help the country and your Government coffers will be increased. Thank you, Sir.

Enche' Ismail bin Idris (Penang Selatan): Tuan Pengerusi, saya bangun menyokong Anggaran Perbelanjaan Kementerian ini. Pertama sa-kali, saya suka hendak menguchapkan banyak² terima kasih dan tahniah kepada Kementerian Kewangan yang telah bekerja keras dan yang sunggoh² mempunyai keazaman untuk mendapatkan sa-banyak² wang bagi negara kita ini untuk membelanjakan kepada ra'ayat. Ketegasan beliau itu patut-lah mendapat pujian daripada seluroh ra'ayat negeri ini. Perkara yang patut kita memberi pujian ia-lah kepada kerjasama Menteri ini dengan rayuan² yang telah di-beri oleh ra'ayat, terutama sa-kali berkenaan dengan Turn-over Tax. Sa-sunggoh-nya telah menyenangkan perasaan ra'ayat, khas-nya orang² yang berniaga, kerana terhapus-nya Turnover Tax ini.

Tuan Pengerusi, saya suka hendak membawa kepada pengetahuan Yang Berhormat ia-itu pada mula-nya waktu beliau beruchap dalam Majlis ini, ia-itu meminda atau mengenakan chukai kepada panggilan² talipon tempatan, saya bukan-lah tidak bersetuju dengan chara yang di-jalankan oleh Yang Berhormat ini, atau Kementerian ini, tetapi bagi 100 call atau 100 panggilan tempatan dan sa-lepas itu di-kenakan 10 sen bagi tiap² satu panggilan, adalah pada pendapat saya patut di-pertimbangkan sa-mula, kerana kalau di-kira hari ini, chukai talipon bagi satu private house atau rumah biasa di-kenakan \$180 pada sa-tahun ia-itu \$15 pada sa-bulan. Jika di-kira pada 100 panggilan tempatan bagi sabulan, berma'ana-lah pada tiap² panggilan itu di-kenakan 15 sen. Jadi, saya rasa kalau pada pertama 100 kali itu di-panggil di-kenakan 15 sen pada tiap² kali dan sa-lepas itu pula di-kenakan 10 sen pada tiap² kali, saya rasa ini tidak-lah berasa sesuai kalau tujuan dan maksud Kementerian

hendak mengurangkan belanja panggilan² talipon sa-bagaimana yang di-sebutkan oleh Yang Berhormat. Kalau-lah di-maksudkan supaya hendak di-kurangkan panggilan talipon ini patut-lah pada permulaan 100 atau pun kalau hendak di-naikkan 200 atau 300—di-kurangkan, bayaran-nya, kata-lah 5 sen, umpama-nya, atau pun kalau tidak hendak di-kenakan 5 sen, tinggikan-lah panggilan talipon daripada 100 ini kepada satu angka, kata-lah 200 atau 300, yang berma'ana kalau di-panggil 300 call berma'ana-lah 5 sen pada tiap² satu call dan sa-lepas itu boleh-lah di-kenakan 10 sen pada tiap² satu panggilan tempatan. Ini saya rasa ada lebeh logic sedikit atau pun more logical. Itu saya minta-lah supaya Kementerian ini dapat menimbangkan sa-mula, kerana ini ada-lah datang daripada rungutan² ra'ayat, kerana di-mana² juga kita pergi hari ini, kita dapat rungutan, kerana ini-lah patut di-beri pertimbangan, kerana dalam 100 call itu sahaja kalau di-kira 15 sen tiap² satu call. Ini kalau dapat di-pertimbangkan, saya tidak minta jawapan. Ini saya memberi pendapat daripada ra'ayat yang telah membuat rungutan², saya ingat tentu-lah semua wakil² kita dapat rayuan² yang sa-macam ini.

Datang soal yang kedua, Tuan Pengerusi, ia-itu berkenaan dengan Chukai Pendapatan oleh orang² yang mempunyai lebeh daripada sa-orang isteri. Saya rasa ini ada-lah terlibat juga beberapa Ahli² Yang Berhormat kita, dan tentu-lah

Dr Ng Kam Poh: Untuk penjelasan, apa Head itu?

Enche' Ismail bin Idris: Menteri—Menteri Kewangan. Saya, yang sa-benar-nya, Tuan Pengerusi, tidak ada—I am not interested in this because I have only one wife, only one wife; I am not interested. I am just speaking on behalf of other people and especially my friend who brought this matter up.

Tuan Pengerusi, saya ada mempunyai sa-orang kawan yang mempunyai dua isteri dan dia membawa perkara ini kepada saya beberapa

tahun di-minta supaya dapat di-pertimbangkan. Dia ada mempunyai isteri yang halal, yang sah pada segi undang² shara', atau pun pada segi undang² adat, tetapi sa-orang isteri yang mula itu ta' ada kerja. Isteri yang nombor dua itu ada mempunyai kerja Kerajaan. Ini saya hendak beritahu Kerajaan supaya tepat kedudukan-nya, tetapi mengikut Section 47 (1) Undang² Chukai berbunyi:

"The Income Tax of a married woman living with her husband shall, for the purpose of this Ordinance, be deemed to be the income of the husband and shall be charged in the name of the husband and not in her name nor in that of trustee."

Itu section-nya, tetapi apa yang dimaksudkan dalam kemahuan sahabat saya itu, ia-lah dia ada mempunyai dua isteri, tetapi isteri yang nombor dua yang mempunyai pendapatan, yang ada bergaji, yang bekerja, tidak mendapat habuan seperti mana yang didapati oleh isteri yang pertama, ia-itu \$1,000. Itu soal yang saya hendak tanya ini supaya dapat di-jawab. Mengapa-kah isteri yang kedua itu, tambah² pula dia ada mempunyai pendapatan, pendapatan dia itu di-masukkan mengikut section ini di-dalam kiraan suami-nya, dan dia tidak berhak mendapat \$1,000; pada hal dia ada-lah isteri yang halal, isteri yang sah pada suami itu. Itu-lah yang saya minta supaya dapat pertimbangan. Kalau isteri yang nombor dua ini, yang mendapat gaji dan gaji dia itu di-masukkan dalam kiraan suami-nya dan dia tidak mendapat hak \$1,000 itu, apa faedah-nya dia hendak nikah, hendak kahwin, lebeh baik dia kata, baik-lah, "saya ta' usah kahwin, boleh masuk account saya sendiri, ma'ana-nya saya \$2,000 terlepas". Itu maksud saya, hendak meminta supaya dapat penjelasan, atau pun dapat di-pertimbangkan oleh Kementerian ini, muga² kebanyakan daripada Ahli² Yang Berhormat kita ini pun berasa senang hati sedikit ma'alum \$1,000 kalau dapat di-tambah, di-keluarkan daripada chukai itu, ada-lah lebeh baik juga. Ini satu perkara, kerana keraguan sahabat saya, supaya dapat pertimbangan dalam soal ini.

Lepas itu saya hendak datang kepada S. 24, muka surat 262, Pechahan-

kepala 7—Elaun Hidup Orang² Penchen. Tuan Pengerusi, nampak-nya apakala sa-saorang itu sudah penchen, kedudukan orang itu dalam segi membelanjakan wang², tentu-lah kurang daripada di-waktu dia bekerja dan saya nampak perkara ini kurang mendapat perhatian Kerajaan, terutama sekali orang² yang telah berpenchen 10 tahun lebeh dahulu, khas-nya pada orang² yang penchen itu yang mendapat gaji kecil dan sara hidup yang kecil pula. Saya berharap-lah supaya kedudukan orang² ini dapat di-pertimbangkan, kerana orang² ini maseh ada mempunyai anak² yang lebeh banyak apakala dia penchen itu, anak lebeh banyak dan tambahan pula, kalau dia itu bernikah, berkahwin lambat, tentu-lah anak² ini maseh kecil dan apakala sudah sampai masa untok hendak bersara, anak² itu maseh belum dewasa yang berkehendakkan pelajaran dan sa-bagai-nya, dan pendapatan waktu dia bersara itu sangat kecil. Tidakkah Kerajaan sekarang, dengan naik-nya belanja hidup, dapat menimbangkan supaya memberi sedikit kelembahan, atau pun meninggikan sedikit peratus elaun hidup, atau elaun sara hidup kepada orang² ini, muga² dapatlah orang ini bernafas sedikit di-dalam soal penghidupan mereka itu, kerana apakala dia sudah bersara, sudah tentu-lah dia tidak dapat hendak menjalankan kerja² dia yang berat seperti mana yang dia telah lakukan. Saya hanya meminta supaya dapat Kerajaan menimbangkan, terutama sekali orang² yang bergaji \$200 ka-bawah. Itu saya minta dapat di-pertimbangkan. Ini semua perkara² yang berlaku di-dalam tempat², bukan tempat saya sahaja, saya rasa tempat Ahli² Yang Berhormat semua ada berlaku perkara yang sa-macham ini.

Sa-lain daripada itu, Tuan Pengerusi, saya suka hendak menyampaikan terima kaseh banyak kepada kaki-tangan dan pegawai² Kastam yang telah menjalankan segala usaha dan daya-nya bagi melipat-gandakan pendapatan hasil negeri, pendapatan negeri, di-dalam soal mengumpulkan wang, dan saya harap supaya pegawai² dan kaki-tangan Kerajaan dalam Department Kastam ini dapat berusaha

dan bekerja lebih giat lagi dengan satu niat dan tujuan supaya membanyakkan hasil dalam negeri kita ini, muga² segala ranchangan² yang di-jalankan dalam negara ini dapat di-jalankan dengan tertib. Sekian, terima kaseh.

Tuan Haji Rahmat bin Haji Daud (Johor Bahru Barat): Tuan Pengerusi, saya sokong atas Rang Belanjawan ini dan saya hanya hendak berchakap sedikit sahaja berkenaan dengan S. 23 Bahagian 1, Bilangan 1. Saya suka berchakap berkenaan dengan pegawai² Kerajaan di-dalam Bahagian III dan IV. Mereka ini biasa-nya dapat gaji yang paling rendah sa-kali di-antara kaki²-tangan Kerajaan dan selalu-nya menampong kesulitan kerana bila di-belanjakan wang pendapatan itu tiap² bulan, selalu habis sa-belum sampai akhir bulan oleh kerana mereka itu mendapat gaji sa-bulan sa-kali. Biasa-nya mereka itu membelanjakan wang-nya itu membeli barang keperluan hari² selalu-nya berhutang di-kedai dan bila berhutang tentu-lah tauke kedai itu hendak menggunakan satu kerani untuk menjaga kira² hutang dan kerani itu akan mendapat gaji dan juga tauke kedai pun mengambil barang di-kedai² lain pun berhutang juga, tidak boleh juga barang yang dia berhutang tadi bertambah² mahal. Sa-tengah daripada sa-tengah-nya, boleh dapat membeli barang itu 20% atau 30% lebih daripada harga biasa. Kalau umpama-nya di-beli tunai, harga \$1.00, kalau berhutang boleh menjadi \$1.30. Maka yang selalu-nya terkena begitu orang² yang bergaji rendah. Ini-lah yang sangat mendukachitakan, terutama-nya sa-kali di-kawasan saya itu di-Johor Bahru—banyak orang yang bekerja dalam Division IV yang hanya mendapat gaji \$80.00 atau \$90.00 dan di-bawah \$300.00 pun susah juga.

Saya berharap Kementerian ini dapat-lah menimbangkan supaya mereka itu dapat gaji dalam dua kali sa-bulan bagaimana gaji yang di-beri kepada askar² dalam Kementerian Pertahanan, mereka di-bayar gaji terutama sa-kali rank and file, sa-bulan dua kali dan saya tahu kesulitan sangat berkurangan. Saya perchaya kalau gaji² mereka itu di-bayar dua

kali sa-bulan, mereka itu, kalau berhutang pun, dapat harga yang murah sedikit, sebab apa, bayaran-nya lekas dan ini akan mengurangkan orang yang suka berhutang. Kalau dapat sa-minggu sa-kali lagi baik, tetapi itu-lah kesulitan-nya banyak, terutama sa-kali macham negeri Australia sana—sa-masa saya melawat ka-sana—saya tengok, mereka itu dapat gaji empat kali sa-bulan. Sunggoh pun banyak pehak Kementerian Kewangan membuat kerja, tetapi ini akan memberi keuntongan kepada kaki²-tangan kita.

Saya perchaya kalau ada yang sa-macham ini, mereka tidak akan menuntut kenaikan gaji lagi. Sebab apa, mereka itu lapang tidak menunggu lama, kalau sa-bulan chukup lama—daripada awal bulan itu bila dapat gaji dia lupa, dia belanjakan macham² perbelanjaan dan bila tengah bulan, wang sudah tidak ada lagi, dia berhutang, sampai-lah mereka tua dan penchen pun berhutang juga. Kalau dapat wang bonos pun, tidak boleh membayar hutang. Tetapi kalau sa-kira-nya di-bayar dua minggu sa-kali, apa juga yang dia berhutang dapat harga yang murah sedikit daripada biasa yang dia berhutang sa-bulan sa-kali. Kalau mereka itu berchermat, mereka itu dapat simpan wang, jadi kalau dapat simpan wang, ekonomi negara akan naik dan akan menjadi lebih baik. Jadi saya harap-lah pehak Kementerian ini dapat menimbangkan, sunggoh pun kerja² akan bertambah banyak, tetapi ini akan merengangkan beribu² kaki-tangan kita dalam Division III dan IV.

Demikian-lah saya ucapkan terima kaseh, Tuan Pengerusi.

Enche' Hussein bin To' Muda Hassan (Raub): Dato' Pengerusi, saya chuma hendak membuat perhatian sambilan kepada Yang Berhormat Menteri Kewangan, pada masa membahathkan ucapan Budget-nya dahulu, saya telah pun membangkitkan satu pandangan dan rayuan penduduk² di-tempat saya berkenaan dengan Lottery Three Digits. Jadi saya bawa pandangan itu ka-sini dahulu, memohon jasa baik Yang Berhormat Menteri

Kewangan, supaya lesen Lottery Three Digits yang ada di-Raub itu di-tarek balek, kerana untok faedah ra'ayat yang miskin di-tempat itu.

Sekarang saya berjangkit pada muka 262, S. 24, Pechahan-kepala 7—Elaun Belanja Hidup atas Penchen sa-banyak \$8,150,000. Sa-patut-nya saya tidak boleh berchakap dalam perkara ini tetapi ini-lah peluang yang dapat saya berchakap. Pendapat saya, pegawai² Kerajaan yang telah berkhidmat bagitu lama, telah masuk dalam Anggaran Berpenchen—Pensionable Establishment—maka dengan takdir Tuhan, atau pun hal yang lain, mereka itu jatuh gila. Ma'alum-lah di-atas dunia ini ada bermacam² gila, ada gila suka pakai uniform, ada gila sembahyang tidak berhenti², ada gila hendak sentiasa memukul orang. Maka apabila mereka ini di-hantar ka-hospital, di-dapati betul mereka itu gila dan di-hantarkan ka-Hospital Orang Gila, umpama-nya di-Tanjong Rambutan, atau pun di-Tampoi, maka dapat-lah Ketua² Perubatan di-situ mengesahkan yang mereka itu betul² gila, maka Kerajaan pun menjalankan Undang² di-bawah Berpenchen dengan Kerana Sakit (Medical Board).

Satu kesulitan yang saya alami, sebab banyak orang yang berjumpa dengan saya, di-atas penchen, atau pun bonos² yang akan di-bayar yang patut di-terima oleh pegawai Kerajaan yang otak-nya tidak bagitu betul itu tadi, ada sedikit lambat dan menjadi kesusahan kepada anak², atau pun isteri mereka itu yang tinggal. Sa-tengah-nya ada pula pegawai Kerajaan yang otak-nya tidak betul itu, macham orang gila sembahyang, dia tidak beri penchen itu di-bayar kepada anak² dan isteri² dia, jadi terpaksa-lah berunding dengan Accountant-General di-sini, jadi memakan masa lama sedikit, hendak sign indemnity bond, hendak sign itu, hendak sign ini. Jadi ini saya harapkan, jikalau sakiri-nya ada perkara yang sa-demikian yang di-bawa terutama sa-kali oleh Ahli Parlimen yang membawa perkara ini ka-hadapan, patut-lah di-segerakan sedikit dan boleh-lah Wakil Ra'ayat di-tempat itu bertanggung-jawab di-atas pembayaran wang itu kepada

keluarga si-gila ini tadi, dan ada juga tempat² itu yang kita hendak awasi betul² pembayaran-nya, ada sa-tengah itu, orang itu telah gila, ada anak dua tiga orang yang sudah besar. Hal keadaan orang ini tidak di-hiraukan-nya, tetapi dia hendakkan penchen orang itu di-bayar kapada-nya. Jadi perkara bagini lebeh baik, saya rasa, penchen yang sa-macham ini di-bayar melalui Pegawai Daerah tempatan itu supaya terselamat wang ini, sama ada di-simpan di-dalam Bank Simpanan Pejabat Pos atau pun di-berikan kapada warith yang betul² yang hendak menjaga orang sakit gila ini tadi. Sa-tengah-nya banyak yang gila, yang sa-benar-nya gila itu ia-lah di-tempatkan di-dalam Hospital di-Tanjong Rambutan, atau pun di-Tampoi. Ini masa gila yang tidak menyusahkan orang atau pun tidak merosakkan orang yang dudok di-rumah. Jadi orang yang sa-macham ini-lah yang patut kita bayar chepat kapada keluarga-nya. Tetapi orang yang betul² gila dudok di-dalam Hospital itu, yang tidak keluar itu, dan tidak boleh keluar, itu pun kalau keluarga-nya banyak, maka di-harap-lah di-bayar dengan sa-berapa segera juga. Maka bagitu-lah terhadap pandangan saya, Tuan Pengerusi, terhadap berkenaan dengan pembayaran elaun belanja hidup atas penchen ini. Terima kaseh.

Tuan Haji Mokhtar bin Haji Ismail (Perlis Selatan): Dato' Pengerusi, saya mengalu²kan perbekalan ini dan saya hendak berchakap sedikit sahaja di-dalam Perbekalan Perbelanjaan Kewangan ini. Saya hendak menyentoh S. 26, muka 265, Butiran (1)—Pengawal Kastam Negara muka 267 berkenaan dengan Pegawai² Kastam.

Sa-bagaimana yang telah di-ucapkan di-dalam Dewan ini oleh Yang Berhormat Menteri Kewangan berkenaan dengan kesusahan² bagi Kerajaan hendak mengawal sempadan² terutama sa-kali sempadan di-antara Thailand dengan Malaysia dan yang mana Yang Berhormat Menteri Kewangan telah sedar, banyak kita telah kehilangan sumber² kewangan kita

dari sebab perkara² yang timbul daripada perlarian chukai, terutama sa-kali sukatan pelarian beras dan lain² lagi dan dalam sedikit masa yang lalu, sempadan di-antara Perlis dengan Thailand ia-itu di-Padang Besar, telah ada satu Pekan Minggu yang mana pada tiap² minggu boleh di-katakan hampir puluh ribu daripada seluruh Malaysia ini yang melawat ka-sana dan oleh kerana kita tidak mempunyai kawalan² yang rapi berkenaan dengan chara kita memungut chukai, atau hasil daripada barang² yang masok daripada Thailand tadi ka-Malaysia, maka saya dapati banyak-lah kita telah kehilangan wang² negara kita. Dan oleh kerana itu, saya memikirkan ada-lah sangat mustahak bagi Menteri Kewangan dan Pengawal Kastam Negara memikir apa-kah satu chara yang dapat kita mengawal supaya dapat kita mengutip hasil² negara kita menjadi bertambah baik.

Yang kedua, Tuan Pengerusi, saya dapati dalam Custom Office di-Padang Besar, banyak-lah barang² yang sudah di-tangkap dan di-rampas yang mana bertimbun² di-dalam pejabat tersebut. Jadi saya bertanya kepada Pegawai Kastam di-situ kenapa barang² itu tidak di-lelong. Kata-nya barang² ini tidak di-lelong di-Padang Besar, terpaksa-lah di-bawa ka-Alor Star dan di-sana-lah baharu di-jalankan perlelongan itu. Jadi saya memikirkan supaya akan senang lagi kepada Pegawai² Kastam yang bertugas di-sana supaya barang² yang di-rampas di-Padang Besar itu di-bawa sahaja ka-Kangar, atau di-lelong di-Kangar dengan tidak payah lagi di-hantar ka-Alor Star. Jadi dengan chara ini dapat-lah kita menjalankan kerja itu dengan sa-berapa chepat dan sa-berapa segera.

Akhir-nya sa-kali, Tuan Pengerusi, saya hendak menyentoh berkenaan perkara ini juga, berkenaan dengan lori² yang di-tahan oleh Kastam, kerana lori itu telah terlibat di-dalam membawa barang² chukai. Jadi, biasanya, Tuan Pengerusi, lori² tadi kebanyakannya, kalau di-negeri Perlis, di-punyaī oleh orang² Melayu. Jadi kadang² driver yang membawa lori itu dengan tidak sa-tahu kepada tuan lori

itu menjalankan kerja² saperti menyeludup chukai itu, jadi dengan sebab itu, lori itu tertangkap, maka apabila di-tangkap, lori² itu di-rampas. Jadi dengan hal yang demikian tuan yang telah mengeluarkan modal yang bagitu banyak, kerana membeli lori itu, dia tidak tahu dengan perbuatan² yang di-lakukan oleh driver itu. Jadi ini-lah saya minta dan merayu kepada pehak Kementarian—Menteri Kewangan supaya menghalusi perkara² yang tersebut supaya jangan terjadi teraniaya kepada tuan² yang punya lori yang telah mengeluarkan modal yang bagitu banyak.

Bagitu juga saya membawa perhatian di-dalam Rumah ini berkenaan dengan—walau pun perkara ini ada bersangkut-paut dengan Menteri Pengangkutan tetapi sebab perkara ini berlaku—berkenaan dengan hasil mahsul negara patut-lah pehak Menteri Kewangan dan pehak Menteri Pengangkutan memikirkan, kerana banyak lori kita yang menjalankan perniagaan yang dudok di-dalam Thailand yang tidak balek langsung. Ini pun boleh kata satu daripada charanya, kalau kita biar bahawasanya yang lori ini tinggal di-sana, boleh jadi orang² ini pun menjadi sabahagian yang akan menjalankan kerja² yang tidak baik. Jadi, itu-lah saya mendatangkan perhatian ini kepada Menteri Kewangan supaya memikirkan bagaimana chara supaya kewangan kita berkenaan dengan Kastam ini akan bertambah hasil negara kita dari sa-masa ka-samasa. Sekian-lah Tuan Pengerusi.

Enche' Ong Kee Hui (Sarawak): Sir, I would just like to touch very briefly on two Heads which were moved by the Honourable the Assistant Minister of Finance: one is on Head 27, Trade and Customs, Borneo States, the other one is on Head 30, Inland Revenue Borneo States. On both these Heads, Sir, under Personal Emoluments, I would like to seek an assurance from the Honourable Finance Minister that these two Departments, which are being rapidly Malayanised, or Borneonised, due regard will be given to the appointments of Sarawak people or

local people because there are, I believe, quite a number of students who have gone abroad, particularly to Australia for Accountancy, and quite a number of them will be looking for openings for employment when they come back. I would like the Honourable Minister to consider filling these appointments by local people who have the required qualifications. Otherwise these people would come back rather frustrated, having got the qualifications, and having no openings, particularly in a country like Sarawak where opportunities for employment in this skill are somewhat limited.

The other point I wish to make, Sir, is on Head 30, Inland Revenue. I believe representations have already been received by the Honourable Finance Minister on the effects of his proposed turnover tax of 2 per cent. This imposition has caused a good deal of concern in Sarawak. I think the United Chamber of Commerce has met and has appealed to the Minister to reduce this turnover tax from 2 per cent to 1 per cent on the ground that quite a good many of the businesses which would be affected by this turnover tax are already paying to the State Government by way of trade licence fees which are based more or less on the basis of turnover. I hope that the Honourable Finance Minister will give sympathetic consideration to these representations. An approach has been made, in fact, to the State Government to repeal the Trade Licences Ordinance, but we are informed that since May this year this matter has already become a Federal subject, and the State Legislature is therefore unable to deal with this matter. I hope therefore that the Honourable Finance Minister will take this matter into consideration when considering the whole basis of the turnover tax.

Finally, I would like to add, Sir, that to quite a number of business which would be affected by this trade, particularly those who are working on an agency basis and also those who have a big turnover but a very small margin, the imposition of a turnover tax of 2 per cent based on the turnover would in fact create a good deal of

hardship, and I would therefore like to appeal to the Honourable Finance Minister to look into this more closely when he considers the representations which have been made.

Enche' Senawi bin Ismail (Seberang Selatan): Tuan Pengerusi, saya chuma hendak chakap sedikit sahaja, ia-itu berkenaan dengan muka 279, S. 29 ia-itu Pejabat Chukai Setem. Tuan Pengerusi, bagaimana kita dapat tahu, Pejabat Chukai Setem ini telah memberi sumbangan yang besar, terutama sa-kali pada orang² yang membeli tanah dan menjual tanah untuk memungutkan beberapa² banyak chukai. Bagi kami pendudok² di-Pulau Pinang, yang selalu saya dapat tahu, manakala sa-orang hendak membeli tanah dan hendak menjual tanah, terpaksa-lah kedua² orang itu pergi kepada peguam, ia-itu loyar, di-sana-lah, Tuan Pengerusi, dapat memutuskan beberapa harga yang di-jual kepada sa-saorang. Manakala siap—yang selalu orang Pulau Pinang kata—ia-itu geran peguam itu hantar ka-Pejabat Setem Office ia-itu Pejabat Chukai di-Pulau Pinang, di-sana-lah supaya menentukan beberapa banyak chukai yang antara kedua mereka itu dapat menjelaskan, Tuan Pengerusi, yang mendukung manakala sa-orang peguam telah hantar di-Pejabat Chukai sa-hingga-nya satu tahun, dua tahun, tiga tahun dan empat tahun, Pejabat Chukai itu tidak menghantar surat tukar nama itu kepada peguam. Jadi memandangkan ada-nya perkara yang sa-macam ini, Tuan Pengerusi, satu tahun sa-hingga empat tahun ini satu masa yang lama, jadi menjadi-lah satu kesusahan terutama sa-kali bagi orang² pembeli.

Tuan Pengerusi, tiap² pembeli ada gulungan yang besar dan ada gulungan yang kecil, terutama sa-kali bagi orang yang membeli kebun² getah tua sa-banyak lima ekar atau 10 ekar. Jadi harapan mereka itu, Tuan Pengerusi, hendak menebang pokok² getah yang tua itu hendak di-tanam baharu, tetapi dengan kerana lambat Pejabat Chukai ini memberi jawab kepada peguam ini, Tuan Pengerusi, sa-hingga empat tahun, jadi permintaan itu lambat Tuan Pengerusi, kerana mengikut yang saya

tahu, kalau sa-kira-nya tidak dapat sah daripada Stamp Office dan tidak dapat di-registerkan di-Land Office, ia-itu Pegawai Menanam Sa-mula, tidak dapat-lah di-benarkan di-tanam sa-mula. Jadi, ini-lah saya, Tuan Pengerusi, memberi perhatian kepada Menteri ini supaya perkara ini jangan berlaku lagi, kerana kalau dapat dengan chepat, dalam dua tahun lagi boleh dia menoreh, Tuan Pengerusi. Ini sahaja saya menyokong di-atas perbelanjaan peruntukan bagi tahun 1966 ini bagi Kementerian Kewangan. Terima kasih.

Dato' Dr Haji Megat Khas (Kuala Kangsar): Dato' Pengerusi, saya suka hendak mengalu²kan permintaan belanjawan yang di-kemukakan oleh Yang Berhormat Menteri Kewangan bagi tahun 1966 ini, tetapi di-samping itu saya suka hendak menyentoh sedikit di-dalam perkara S. 24, muka 262 Pechahan-kepala 8, ia-itu berkenaan dengan perkara orang² yang sudah berasa ia-itu berpenchen. Sa-bagaimana yang telah di-ketahui oleh orang ramai, ia-itu penderitaan orang² yang sudah bersara beberapa lama ada-lah sah dan jelas, kerana pendapatan mereka itu bukan-lah seperti pendapatan orang yang ada di-dalam perkhidmat dalam pejabat² Kerajaan pada masa ini. Bila harga barang naik, dia orang minta gaji naik. Orang penchen tidak dapat hendak membuat macham itu, kalau dia dapat \$100 sa-tahun, dalam tahun 1920, 1937, 1947, tahun 1967 besok dia dapat \$100. Jadi penderitaan itu ada dan sudah sah, dan satu badan yang telah di-kelolakan oleh beberapa orang yang sudah bersara itu telah meminta beberapa kali kepada Kerajaan supaya memberi ihsan dan kasehan-belas atas penderitaan mereka itu.

Atoran orang² yang bersara itu yang lebeh ma'alum kepada semua orang yang ada, ia-itu apabila bersara, dia telah di-bagi $\frac{1}{4}$ daripada penchen-nya itu di-ambil dahulu. Mithal-nya, kalau dia mendapat kata-lah \$200 penchen penoh, $\frac{1}{4}$ daripada itu ber-ma'ana-lah \$50. \$50 di-bagi dahulu kepada orang yang bersara itu sa-lama 10 tahun yang dahulu-nya, yang sekarang rasa saya kalau saya tidak silap 12 $\frac{1}{2}$ tahun, sa-bagai menolong

dan membuat modal, membuat rumah, menchari tempat dia hendak dudok, kerana pada masa² yang lalu tidak-lah seperti masa yang ada sekarang ini ia-itu Kerajaan menggalakkan pekerja²-nya membangunkan rumah sendiri sa-belum lagi bersara. Jadi buat kata saya tadi, kalau sa-kira-nya orang yang mendapat penchen penoh, mithal-nya \$200, apabila di-tolak $\frac{1}{4}$ tinggal-lah dia \$150, ini-lah penchen yang di-terima-nya tiap² bulan. Tetapi kalau dia mati di-dalam tempoh 10 tahun, atau 12 tahun yang di-tutup oleh quarter penchen tadi, $\frac{1}{4}$ penchen itu tentu-lah Kerajaan boleh katakan untong, kerana bayar $\frac{1}{4}$ sahaja. Tetapi kalau dia panjang umur lebeh daripada 10 tahun atau 12 $\frac{1}{2}$ tahun, patut-lah yang $\frac{1}{4}$, yang sudah di-bahagi dahulu itu di-pulangkan balek.

Saya fikirkan ini bukan-lah perkara yang rumit sangat, kerana mengenangkan jasa yang telah di-bagikan-nya kepada Kerajaan dan juga kepada negara pada masa dia berkhidmat dahulu, dan bertambah pula dia tidak ada apa lagi benda yang hendak di-harapkan sa-hingga malikalmat datang mengambil nyawa dia. Kebanyakan-nya orang yang sudah bersara, bagi itu-lah keadaan-nya. Dan saya minta-lah pandangan dan timbangan ihsan-belas kepada orang² yang sa-chara ini, kerana saya perchaya perkara yang sa-macham ini juga ada berlaku dalam negeri² lain, apabila lepas daripada 10 tahun atau 12 $\frac{1}{2}$ tahun, di-pulangkan balek supaya dapat penchen yang penoh. Jadi kalau sa-kira-nya dapat-lah Menteri Kewangan memikirkan perkara ini dan berbinchang di-dalam Jema'ah Menteri, barangkali juga ia-itu orang² yang bersara merasa yang dukachita dan penderitaan yang sangat pada masa sekarang ini, akan mendo'akan ia-itu Kerajaan kita selamat-lah sa-lama²nya.

Dr Lim Chong Eu (Tanjong): Mr Chairman, Sir, in view of the fact that we are taking all the Heads under the Ministry of Finance together, I feel that I have to say right from the outset that the remarks I am going to make are fairly strong, because the whole of the Ministry of Finance—from the Treasury right down to Inland Revenue, and so

on—can be considered to be the fountainhead of the whole of our budgetary proposals, and we would like to take our comments from an observation made by the Honourable Minister of Finance himself, that he is increasingly concerned over this annually increasing salaries bill and has said that this increase should be equated by increased productivity.

Sir, if we look through all the Personal Emoluments provisions, the increase in the Personal Emoluments do not amount to very much in actual fact. But even so, there is quite an interesting total increase for the P.E. in all the various Heads from S. 23 to S. 30.

Sir, we understand from the remarks made by the Honourable the Minister of Finance during his Budget speech that the amount of tax evasion comes to an estimated total—it is only an estimated total—of \$100,000,000, and the amount of smuggling that goes on in the border area, particularly of rice, comes to over 100,000 tons, and there is probably also evasion in the collection of customs duties and there is always smuggling going on. Sir, from the point of view of effectiveness in savings, we certainly hope that the Ministry concerned would ensure that the increase in its salaries, for its personal emoluments, will be productive of the very kind of effort which the Honourable Minister of Finance has asked the whole country to show in this austerity budget, that we will make savings of that order by fulfilling the proper functioning of the Ministry in all its various Departments. Sir, that total sum of \$100,000,000, and more when you think in terms of the smuggling that is going on of rice and so on, is a considerable sum, Sir, because if we take that expenditure in relation to the further provision of \$50 million in page 264, Head S. 25, Sub-head 1—the provision of \$50 million for the Development Fund—we see a very interesting picture, a picture which I suggest to the Honourable Minister of Finance to consider seriously, because I wish to deal with the question of savings that could be made, increased revenue that could be more effectively ensured, and “we need not necessarily

spend beyond our means”—these are the exact words of the Honourable Minister of Finance—because if we start spending beyond our means the inevitable day of reckoning will come.

Sir, I do suggest that in view of the austerity budget, in view of the fiscal difficulties that we face, the Honourable Minister should first tighten up the organisation of his various Departments and, secondly, we need not spend \$50 million on the Development Fund. We could spend, say, \$10 million less in order to offset the two very unpopular taxes. It would be possible, Sir, if the circumstances are provided, and which I have suggested, for us to offset and repeal the turnover tax in total. I think, Sir, certain Member of this House in the Alliance benches have referred to its unpopularity but in very gentle terms. This turnover tax is extremely unpopular and, I think, if greater control, both over increase of revenue and over expenditure, were exercised by the Treasury, we can offset this \$25 million that is expected from the turnover tax and repeal that tax, because that tax is extremely unpopular. Furthermore, Sir, certain Members in this House have also referred to the new iniquitous telephone tax. Again, Sir, by better control over the productivity of the various Departments and by curtailing our development fund in view of our difficulties, we could offset this \$5.3 million which is expected to be derived from the new telephone tax and this new telephone tax, Sir, will certainly cause hardship in this country not only in terms of the young children who want to talk to one another over the telephone, but Sir, it is a custom now, a simple habit, for example, for the people in the families to telephone their grocers, or the coffee shops for more coffee, etc. Any day, Sir, any telephone will certainly be used more than three or four times a day which will make a total of a hundred a month extremely small. Sir, we urge the Government seriously to consider repealing these two taxes, the telephone tax and the turnover tax, and it can be done, Sir, by curtailing this \$50 million provision

for the Development Fund and by making sure that the various Departments under the Treasury will provide better control over tax evasion and better control over smuggling.

Sir, there are some minor points which I wish to raise for elucidation from the Honourable Minister of Finance, or from the Assistant Minister of Finance, since he presented the Estimates. Sir, this question of Crown Agents Fees under Head S. 24, page 262 has already been mentioned and we wonder whether it is still necessary to continue using the Crown Agents as agents for our purchases; and there is another item in the same page, Sir, the question of Ex-Gratia Allowances and Awards. We are not very certain Sir, about the intention of this sum. Then, Sir, there is another small item—Sub-head 12, expenditure of \$6,000 payable to the Indian Government in respect of payment to Malayan pensioners in India. We have our own High Commission in India and I wonder whether it is still necessary for us to go on using the Indian Government as agents to pay this for us. There are a few other items, in general, which I would like to touch upon, in regard to the question of trying to curtail our expenditure: they are on page 263, under Sub-head 33—Compensation for Damage caused by Security Forces for which there is a provision of \$60,000; on page 269 Head 26, Sub-head 14—Compensation for Loss of Private Property caused by Anti-Smuggling Operations—\$5,000; Expenses for Experts, page 276, under Special Expenditure, Sub-head 7—\$28,200; and there is also a provision here for Cost of Court Fees, the exact total for that item. Sir, I just cannot reach just now. Sir, these are items of expenditure which, I feel, with a certain degree of greater control could be reduced even more than what is now provided. Sir, the other item is one which I have mentioned previously and that is if the Treasury sets the same pace, naturally the other Departments and other Ministries will follow.

Therefore, Sir, on this question of expenditure on personal emoluments, I have indicated that there is always

this growing tendency of the increase in housing and hotel allowances and throughout all these provisions under the P.E. in all the various Heads, except for one, which is the one which comes under Organisation and Methods Division, the hotel and housing allowances have continued to go up. So, there is a continuing trend and I wonder whether the Honourable Minister will not consider looking into this problem to find out how we could stop this trend of ever upward spiraling, because year in year out throughout the whole country, from the Central Government down to the States in every Department and in every Ministry, there is a continuing spiral.

Sir, I notice that the provisions laid down under P.E. for the States of Sabah and Sarawak have a far more detailed series of allowances, and housing and hotel allowances are broken up into housing and other allowances in a very much more specific manner. So, whether or not it will be useful for us to have this item, hotel and housing allowances, broken down into their various component parts so that we can see how much actually is being spent on hotel allowances and how much is actually being spent on housing allowances, and make a survey on views how to curtail the spiraling upwards of the expenditure, I think would help considerably in controlling the increasing expenditures which the country has got to meet. Sir, I have talked on this Head previously and throughout the whole of this budget. Sir, if we were to make savings, or if we were only to provide for a standstill housing and hotel allowances for this year, the total alone, I think, would fairly well offset this \$5.3 million which the Government seeks through the iniquitous telephone tax. So, I urge the Government, both by better control of this expenditure, as well as by cutting down this contribution of \$50 million to the Development Fund, to try and balance the situation and remove and repeal the iniquitous turnover tax and stop the introduction of the telephone tax which I am sure will cause great outcry and hardship throughout the country.

Enche' Ahmad bin Arshad (Muar Utara): Yang Berhormat Dato' Pengerusi, saya di-samping mengalu²kan anggaran yang di-minta oleh Kementerian ini, saya ingin menyentoh sedikit sahaja dalam S. 24, Pechahan-kepala 32—Perkhidmatan Rahsia. Menurut hemat saya, dalam Pechahan-kepala ini, ada-lah terkandung ia-lah usaha *informers* atau pengintip kemasokan chandu ka-dalam negeri ini. Kemasokan chandu dalam negeri ini memang menurut hemat saya, telah di-usahakan oleh kaum² kapitalist, sama ada yang dalam negeri ini, atau pun luar negeri ini. Saya berbangga juga atas usaha yang telah di-jalankan oleh Pegawai² Kastam kita bagi menchegehah penyeludupan ini, tetapi kejadian ini berlanjutan dari satu masa ka-satu masa.

Dato' Pengerusi, bila di-sebut penyeludupan chandu ini bukan sahaja chandu di-seludupkan ka-dalam tanah ayer kita ini, tetapi ada pemasaran di-bandar², pekan², di-kampong² menyewakan chandu itu supaya di-hisap oleh orang ramai dan kadang² orang ramai menjadi hingga satu ketagehan berbong dengan chandu. Ini bukan sahaja orang² yang bukan bangsa Melayu, termasuk orang² Melayu, kadang² dia kata chandu² itu boleh buat ubat. Dia kena beli, kalau dia tidak beli chandu, dia beli tahi chandu. Jadi saya kata perkembangan chandu dalam tanah ayer kita ini sudah merebak.

Wal-hal Kerajaan kita telah menutup perniagaan menjual chandu dalam negeri ini dengan memikirkan dari beberapa segi, terutama kesihatan ra'ayat negeri ini. Saya juga ingin, Dato' Pengerusi, ingin dapat tahu chandu² yang telah kita rampas oleh Jabatan Kastam itu, apa-kah yang kita buat kepada chandu itu? Oleh itu, saya mengharapkan Kementerian ini supaya berusaha lebeh kemas dan tegas lagi bagi menchegehah penyeludupan chandu dalam tanah ayer kita ini supaya benar² dapat di-hapuskan. Kira-nya kalau dengan keadaan sekarang, maka ada golongan yang menjadi jutawan², yang jadi kaya raya dengan sebab chandu ini. Kira-nya Kerajaan tidak berjaya mengatasi kejadian ini, saya merayu-lah kepada Yang Berhor-

mat Menteri ini kalau boleh di-kaji samula supaya di-hidupkan lesen penjual chandu dalam tanah ayer kita ini sa-bagaimana yang telah di-buat oleh sa-tengah² negeri yang lain. Sekian-lah, terima kaseh, Dato' Pengerusi.

Dr Mahathir bin Mohamed (Kota Star Selatan): Tuan Pengerusi, saya ingin berchakap sedikit di-bawah Head S. 29 ia-itu berkenaan dengan Hasil Dalam Negeri. Saya ingin membawa perhatian Menteri Yang Berhormat kepada satu perkara yang mana saya telah pun membuat soalan bagi jawab sa-chara bertulis pada "session" yang lepas ia-itu berkenaan dengan orang² Islam yang mana ada lebeh daripada sa-orang isteri yang bekerja dan ada pendapatan sendiri.

Saya telah mendapat rayuan daripada sa-orang yang bekerja di-dalam Pejabat Kerajaan juga, ia-itu dia-nya ada dua orang isteri dan kedua² isterinya ini bekerja dan ada pendapatan tetapi Pejabat Hasil Dalam Negeri mensifatkan isteri yang kedua itu sa-bagai isteri yang pertama juga masa memasokkan pendapatan-nya dalam kira² chukai pendapatan. Elaun yang di-beri kepada isteri yang kedua itu chuma sa-banyak \$500 ia-itu isteri yang kedua itu di-anggap oleh Pejabat Hasil Dalam Negeri ini sa-bagai sa-tengah sahaja daripada isteri nombor satu. Perkara ini nampak-nya kurang-lah patut, oleh kerana ini membawa kepada kerugian kepada isteri yang kedua dan juga kepada suami yang ada dua isteri ini, kalau-lah dia ada lebeh daripada dua. Saya belum tahu lagi banyak mana yang di-kira, barangkali ada-lah dia punya tingkatan yang turun-naik, saperti juga elaun yang di-beri kepada anak. Jawapan daripada Kementerian ia-lah kalau kita beri elaun sapenoh-nya kepada isteri yang kedua, yang ketiga, yang keempat, maka ini akan membawa kerugian yang lebeh kepada Kerajaan dengan kerana bukan sahaja orang Islam yang ada lebeh daripada sa-orang isteri, tetapi orang yang bukan Islam juga ada yang lebeh daripada sa-orang isteri.

Tetapi saya perchaya orang yang bukan Islam ada yang sa-tengah-nya

tidak payah kahwin, dia chuma tinggal bersama² sahaja. Jadi sungguh pun hidup-nya sa-bagai suami isteri, tetapi dapat-lah untok kegunaan Hasil Dalam Negeri ini dia lari diri-nya daripada memasokkan pendapatan isteri yang nombor dua, tiga, empat, lima, enam, dan sa-bagai-nya di-dalam pendapatan suami dan dengan chara itu dia dapat-lah bayar kurang chukai dan juga dapat elaun yang penoh, ia-itu isteri yang nombor dua yang tidak termasuk, yang tidak berkahwin dengan-nya itu dapat \$2,000 elaun saperti isteri yang tidak berkahwin dan pendapatan-nya juga tidak di-masokkan sa-kali dengan pendapatan suami dan dengan chara itu kurang-lah chukai yang di-kenakan kapada dia. Jadi ini satu perkara yang saya fikir tidak patut. Kalau Kerajaan beri elaun yang sa-penoh-nya kapada isteri yang kedua itu, ini bukan-lah akan membawa kerugian yang banyak kapada Kerajaan, tetapi akan menyenangkan sedikit kapada isteri yang kedua.

Satu lagi perkara yang saya ingin membawa berkenaan dengan undang² untok mengutip Hasil Dalam Negeri ini ia-lah untok orang yang suami dan isteri bekerja. Umpama-nya, kalau-lah pada tahun 1965 sa-orang itu kahwin dengan sa-orang isteri yang bekerja maka assessment-nya yang di-buat pada tahun 1965 itu di-asaskan atas pendapatan pada tahun 1964. Jadi untok assessment, di-kirakan saperti mana orang ini telah berkahwin dalam tahun 1964 tetapi untok elaun di-katakan tidak kahwin lagi, jadi chuma dapat \$2,000 sahaja elaun untok suami—untok isteri tidak di-beri dengan kerana di-katakan pada tahun 1964 tahun yang mana di-asaskan anggaran itu orang itu belum kahwin lagi. Jadi tidak boleh di-bagi elaun, tetapi pendapatan orang yang belum kahwin ini di-kira saperti pendapatan suami isteri dan di-masokkan untok mengira—calculation—berkenaan dengan banyak mana chukai yang patut di-bayar. Perkara ini sangat-lah pelek dan apabila saya bertanya kapada Pegawai² Hasil Dalam Negeri, saya di-beri tahu, ia-itu ini Undang² Kerajaan bukan-lah mereka itu sahaja hendak menganiayakan

orang yang kahwin dengan orang yang bekerja, tetapi kalau suka boleh-lah suroh Kerajaan pinda Undang² ini. Inilah saya membuat rayuan supaya Kerajaan meminda Undang² yang samacham ini. Terima kaseh.

Mr Chairman: Saya hendak tanya berapa lama lagi hendak berchakap, sebab jawapan

Dato' Haji Mustapha bin Abdul Jabar (Sabak Bernam): Dalam tiga minit. Dato' Pengerusi, saya bersama² menyokong Anggaran Perbelanjaan ini. Di-sini saya masok Kepala S. 23, muka 255 ia-itu berkenaan Timbalan Setiausaha Perbendaharaan. Dato' Pengerusi, di-sini saya hendak berchakap satu perkara sahaja ia-itu perkara yang bersangkutan di-antara Kerajaan Negeri dengan Jabatan Perbendaharaan ini. Saya dapat tahu daripada tahun 1963 dahulu, pehak Kerajaan Negeri Selangor telah membuat satu chadangan untok menaikkan gaji kadhi² yang ada di-seluruh negeri Selangor. Jadi, oleh kerana kadhi² itu jawatan dia ia-lah jawatan berpenchen—jawatan bersara, maka perlu-lah dan mustahak-lah mendapat persetujuan daripada pehak Perbendaharaan Kerajaan Pusat ini. Tetapi malang-nya hingga-lah hari ini belum lagi mendapat kelulusan daripada Jabatan Perbendaharaan ini.

Dato' Pengerusi, kedudukan di-atas keadaan gaji kadhi² di-dalam negeri Selangor ini, saya suka menyatakan bahawa sangat² menyedehkan jika kita bandingkan dengan gaji² pegawai² yang lain, sedangkan taraf kadhi² di-dalam negeri ini tidak ubah sa-bagai sa-orang hakim yang dudok di-dalam Mahkamah Shara'iah. Dan sa-lain daripada taraf hakim, biasa-nya kadhi² di-daerah² ini, bukan dia bekerja menjadi hakim untok menghakim hal-ekhwil ugama Islam di-daerah masing², tetapi kadang² juga kadhi² ini terpaksa menerima bebanan yang berat, ia-itu menanggung kadang² orang yang lari daripada rumah, kerana hendak kahwin, tetapi wali-nya tidak ada, terpaksa kadhi ini juga yang menanggung. Dan gaji yang di-dapati pada masa ini tidak lebeh daripada

\$310. Jadi gaji yang tidak lebih daripada \$310 ini, jika kita pandang dan kita bandingkan dengan jawatan² Kerajaan yang lain di-dalam negeri ini, adalah sangat² rendah, dan ini juga kita dapat melihat selalu keadaan kadhi², tetapi di-dalam negeri Selangor—saya tidak kata di-negeri lain, sebab saya faham sangat dalam negeri Selangor ini, gaji sangat rendah, kita dapati kadhi² ini bila hadir di-majlis² banyak yang datang dengan menaik basikal. Jadi ini sangat menyedehkan dan saya berharap sangat-lah kepada Kementerian ini akan dapat kira-nya menimbangkan dan meluluskan berkenaan dengan kenaikan gaji kadhi² di-dalam negeri Selangor ini, sa-bagaimana yang di-chadangkan oleh Kerajaan Negeri Selangor.

Itu-lah sahaja, Tuan Pengerusi, yang saya suka hendak mengambil bahagian dalam perkara ini. Terima kaseh.

Mr Chairman: Persidangan ini saya tempohkan sa-lama 15 minit. Apabila kita bersidang sa-mula saya akan menjemput Menteri yang berkenaan memberi jawab.

Persidangan di-tempohkan pada pukul 12.00

Sitting resumed at 12.20 p.m.

(Mr Speaker in the Chair)

House immediately resolved itself into Committee of Supply.

(Mr Speaker in the Chair)

Debate resumed.

The Minister of Finance (Enche' Tan Siew Sin): Mr Chairman, Sir, I shall now try to deal with the points which have been raised in this debate in the order in which they arose.

The Honourable Member from Kelantan Hilir referred again to the subject of the Crown Agents. I think it is unfortunate that this name is misleading and hence the misunderstanding which has arisen. Of course, in the first place, it is rather odd that this matter has been raised in this House times without number. Time and

time again I have tried to explain the reasons why we still retain the services of the Crown Agents, though in decreasing measure year by year, and yet those Members who have raised this subject apparently refuse to understand, or have never understood, what I have been trying to say all these years. I should like to emphasise once again that the Crown Agents have nothing whatever to do with the British Government, and this is literally true—nothing whatever. In the second place, we only buy from the Crown Agents, or we ask them to buy for us, whenever it suits us to do so, i.e., whenever the prices are right—that is, the cheapest—and when the quality is what we desire. Therefore, it pays to deal with the Crown Agents whenever we deal with them, because we do not always deal with them. In so far as is possible, we in fact try to buy through our own sources, either in Malaysia or overseas, but there are cases, and there have been cases in the past and I think it will occur in the future, where owing to the organisation at the disposal of the Crown Agents, where through the resources at the disposal of the Crown Agents, it is profitable, in fact it is highly desirable, for us to deal through them. Honourable Members must remember that as a Government, we have got many goods and many services which we require and the Crown Agents as a result of their vast experience, and their vast organisation, can sometimes be of great value to us, but we make sure that we buy in the cheapest market and we also make sure that the quality is right.

The other point which Honourable Members must remember is that the Crown Agents are our servants, not our masters. We have issued instructions to them that they are to buy in the cheapest market. In other words, the purchases made for us by the Crown Agents are not confined to British goods. In fact, they buy from sources everywhere and quite often, in fact, they buy from non-British sources. It should also be noted that our purchases through the Crown Agents are decreasing year by year and this shows

that we are taking steps to rely more heavily as the years go by on our own resources.

The same Honourable Member also referred to the Chinese tin mines . . .

Tuan Haji Ahmad bin Abdullah (Kelantan Hilir): Untok penjelasan, Tuan Pengerusi, saya punya contention bukan-lah kerana pertubohan ini bersangkut-paut dengan Kerajaan British, atau tidak. Saya punya argument bagini: Daripada kita membeli barang² itu melalui Crown Agents dan memberi dan membayar komishen sa-banyak \$750,000 lebeh baik-lah pembelian itu melalui agents yang ada di-negeri ini dan wang yang sa-banyak \$750,000 itu akan memberi keuntongan kepada warga negara di-sini. That is my contention.

Enche' Tan Siew Sin: I am afraid the Honourable Member has again misunderstood me. I was trying to tell him that in spite of the commission paid, we still buy in the cheapest market; and if today we do not pay to the Crown Agents, we will have got to pay to somebody else. But we make sure that the overall price paid by us is the cheapest even though it may be from the Crown Agents.

The same Honourable Member also referred to the Chinese Tin Mines Rehabilitation Scheme. As he himself may be aware, this scheme was started about 20 years ago, soon after the end of the Second World War, in order to enable the Chinese tin mines to resume production as a result of the stoppage of production during the war years. I should also add that a similar scheme was introduced for non-Chinese mines. Owing to the vastness of the scheme and owing to the fact that it had to be introduced in a hurry in order to get the tin mines going, it is, of course, natural that there will be a number of mines which would not be in a position to repay these loans, but the amount lost is only a small proportion of what has been recovered. If the Honourable Member wishes, we can give the exact figures if he would care to write to the Treasury. But this

scheme I think on the whole has been a success, because it has enabled all the mines in this country to resume production soon after the end of the War, and as I have already said, the number of mines which have not been able to repay through causes over which the Government had no control is only a small proportion of the total amount lent.

The Honourable Member for Penang Utara asked that the languages used in income tax forms should be those which are understood by the people as a whole. This practice of using both Malay and English I think is of fairly recent usage, whereas in the past only English was used and I think the position therefore today is rather better than it was, say, 10 years ago. So, I do not think there should be any trouble on this score. In any case, any taxpayer who is not familiar with the procedures or with the law can always go to the Department of Inland Revenue and I have no doubt they will do everything they can to help any taxpayer who desires clarification either on the law or in regard to the returns which he has to fill in.

Enche' Geh Chong Keat (Penang Utara): On a point of clarification, Mr Chairman—would the Honourable Minister consider a separate form or an explanation sheet be included with the issue of the forms?

Enche' Tan Siew Sin: Yes, I am prepared to consider that if that would serve this particular purpose. But I suggest that the Honourable Member might have a word with the Comptroller-General of Inland Revenue so that we would know exactly what he has in mind.

The Honourable Member for Penang Utara has also referred to a non-medical insurance scheme. I am not quite sure what he is referring to. My Insurance Commissioner is also a bit mystified. But I have a suspicion that he is referring to the growth of the new racket about which I have heard. But this, as far as I know, is not so much an insurance scheme; it is really a gambling racket and as far as I can

gather, the idea of this scheme is that you should get something for nothing. That, of course, is very natural, but not I think a very realistic desire, because certainly in this world I think it is very difficult to get something for nothing. It may be, of course, that in the next world things might be rather different, but I think for the moment we will confine ourselves to this world. And if somebody wants to get something for nothing and takes a risk—well, I think you can sometimes, but quite more often than not—you can expect to get your fingers burnt.

Enche' Geh Chong Keat: Sir, on a point of clarification, again—this scheme is supposed to be a scheme from a very renowned firm, American International Assurance Company, i.e., the A.I.A., which has a very big building in Kuala Lumpur which is a landmark, and I am sure, it is not its intention to deceive the people. However, I think something has gone wrong with this scheme and its administration. That is why I request the Honourable Minister, through the Commissioner for Insurance, to study the whole thing, and if there is anything wrong, I am sure it can be corrected through this American International Assurance, i.e., the A.I.A.

Enche' Tan Siew Sin: In that case, Mr Chairman, Sir, I suggest that he takes it up with the Insurance Commissioner. We cannot deal with general cases and if he has got a specific case and wishes to bring it to our notice, I suggest he takes it up with the Insurance Commissioner.

He also speaks of corruption. Now, this is a very difficult subject. I myself—and this also applies to all my colleagues—am very anxious to stamp out or reduce corruption in this country. In order to do so you require not only the efforts of the Government but, I think, you also require the co-operation of the public, and I regret to say that very often that co-operation is not forthcoming. If you get two parties to this deal and both parties refuse to talk, it is not so easy for the Government—the Government can do everything it

can, but you cannot obviously convict on suspicion, and if you were to convict on suspicion, I am sure the Honourable Members in this House themselves would protest. So, I suggest that they also persuade the public to be more co-operative in future than they had been in the past.

Now, the Honourable Member for Penang Selatan protests against charges for local telephone calls. We have discussed this matter at very great length and I must admit that I have not had one good reason why this charge should not be imposed. After all, a telephone is not exactly an essential requirement for a poor man. I think we must all accept that if you can afford a telephone you should be able to afford to pay for it. In any case, we can think of no more equitable way of paying for these charges than by means of calls. Raising the rental is not the answer, because some of the very large firms probably make a few hundred calls a day and some of the smaller businesses probably make only ten calls a day. I, therefore, feel that any other system apart from this is very cumbersome. In any case, the people of this country can thank their lucky stars that we have given a free allowance of 100 calls a month. In most other countries you have to pay for every local call. I suggest that instead of protesting they should pray to Allah and hope that the allowance will not be reduced in subsequent years. In any case, it is totally unrealistic to ask for its repeal, and I should warn the House that this levy stands whatever their representations. I would, therefore, suggest to the Chambers of Commerce not to waste their time and ours by sending a protest, because every protest, I can assure Honourable Members, will go straight into the waste paper basket.

Enche' Geh Chong Keat: On a point of clarification, Mr Chairman, Sir—on the introduction of the levy on the telephone charges the Honourable Minister mentioned that he was trying to evolve a scheme to raise \$5.3 million. Now, if an increase on a flat rate of a substantial amount could prove that he could still obtain more

than \$5.3 million, would the Honourable Minister of Finance accept such recommendations?

Enche' Tan Siew Sin: I have already made it clear that I can think of no fairer way of levying this charge and this charge stays.

Enche' Geh Chong Keat: From our system of calculating these charges we are not

Mr Chairman: The Honourable Minister is not giving way, so you better sit down.

Enche' Tan Siew Sin: I tried to tell the Honourable Member that it is not practicable, because after all there are many businesses in this country—some probably make about 500 calls a day, some 49. How do you devise a charge which can take those into account. The only satisfactory way is obviously to charge for every call above a certain number.

The Honourable Member for Penang Selatan also raised this point about allowances for additional wives in the matter of income tax. This question again has been raised in this House, I think, times without number, and times without number I have replied that if today you want more than one wife, you have got to pay for it. It is as simple as all that (*Laughter*). After all, by no stretch of the imagination can you argue that it is completely essential for a man to have more than one wife. It is a distinct luxury—I think it is not only a luxury but a very great pleasure (*Laughter*) and like all luxuries which are also very pleasurable, I think it is only fair for the Government to say to them “If you can afford that pleasure, you might as well pay for it.” (*Laughter*).

With regard to pension increases, Sir, this is a very difficult subject, but I believe the argument that pensions should be raised is based on the premise that the cost of living has risen in the past few years. Now, according to the figures at our disposal, and these figures in fact have been quoted in international financial publications, the

cost of living in this country has remained stationary since 1954—in other words, for the last 11 years—and, therefore, that argument falls to the ground.

The Honourable Member for Johore Bahru Barat suggests that we should have, I think, weekly pay or fortnightly pay. This, of course, is a very interesting suggestion and I agree that it has got its merits but it also has got its demerits. I am not quite sure what the trade unionists have to say, but one thing we are certain—that a switch to the system of weekly pay, or fortnightly pay, will certainly result in greatly increased costs for the Government, and we therefore must make sure that this system will have distinct advantages, advantages which will more than outweigh the disadvantages, if we ever decide to switch to this system.

The Honourable Member for Raub has appealed for the reduction in the licences given to a number of 3-digit lotteries in Raub on the ground that there are too many there already. This is a very difficult question because the urge to gamble is I think

Enche' Hussein bin To' Muda Hassan (Raub): Tuan Pengerusi, untuk penjelasan. Tidak banyak di-Raub hanya ada satu sahaja. Saya minta Menteri Kewangan terek balek lesen itu kerana tidak ada memberi faedah kepada ra'ayat di-tempat itu sebab makin susah nampak-nya.

Enche' Tan Siew Sin: I mean the urge to gamble is a very strong one, particularly among the members of my own community, and if you do not provide an outlet for them, I think, they will find some other outlet which is probably worse, illegal at the same time, and the Government will lose revenue to boot. I am not really sure that one licence at Raub will do all that damage but, as I said, if you do not allow that licence I am sure the people there will find some other means to gamble, and the Government will lose revenue on top.

He also quoted the case of the delay in the payment of pensions to an ex-Government officer who unfortunately

has had to undergo medical treatment. This is a very unfortunate case and if he would bring the specific case to the notice of the Accountant-General, I am sure we will try to do something for him. If he fails, he can always bring it up to me, but I agree this is a very tragic case and I think we should try to help.

The Honourable Member for Perlis Selatan talks of smuggling across the Thai/Malaysian border. I referred to this matter in my Budget speech in so far as smuggling of rice is concerned, but I also stated in that speech that this is a very difficult matter to control. One must remember that this border—the Thai/Malaysian border—is probably 600 miles long or more; and not only that, it is rugged, wild and unguarded and unless you station a Customs officer at every hundred yard or so, I do not see how we can reduce smuggling there to any very great extent. We are, of course, taking steps to do what we can, but our efforts must be very limited, in view of the handicaps to which I have already referred.

In regard to his suggestion that goods confiscated should be auctioned locally, I am not sure that is a good suggestion, because it is necessary, in the first place, that there should be some control over this auction, and a better control would be ensured if an auction were to take place at a larger centre than a small town. It should also be remembered that if the auction were to be held in a larger town the chances are that the prices would be better because the goods would be offered to a larger circle of potential buyers, in which case, I think, the Government is likely to score more than if such auction were to be held in a smaller town. Some of the towns in this country are far too small for satisfactory auctions to be held.

He suggests that lorries which are involved in smuggling should be released to the owners on payment of a bond. I do not think that is a practicable suggestion because, in the first place, these are cases which normally go to court and it would be necessary

that these should be retained as exhibits. In any case, as he himself is well aware, smuggling is very rife and I do not think we want to do anything which would encourage people to smuggle. In many cases these lorries are eventually confiscated and I, therefore, think that it is not desirable to raise the hopes of these owners by returning these lorries to them—even temporarily. In any way, I think the psychological effect would be disastrous.

The Honourable Enche' Ong Kee Hui has asked for an assurance that preference would be given to Borneo residents in the matter of Malayanisation in the public service. I think that is an assurance which I can give quite readily because, all things being equal, I think we will naturally give preference to those of our citizens who are residents in the Borneo States.

He suggests that the turnover tax has caused a good deal of concern in Sarawak. As far as I know, every tax has caused a good deal of concern in Sarawak to the businessmen and the only way, I think, to satisfy them is to repeal every tax which concerns them, which is not very practicable.

The Honourable Member for Seberang Selatan talks about a four-year delay in assessing stamp duty. I must admit that this sounds incredible to me. However, if he can put up specific cases, we can see what can be done. I am wondering whether it is really stamp duty or estate duty, because it should not take long to assess stamp duty on any particular transaction.

The Honourable Member for Kuala Kangsar suggests pension increases in view of the rising cost of living. I have dealt with this point already and so I do not wish to elaborate on this any more.

The Honourable Member for Tanjong suggests that the turn-over tax should be totally repealed. I would suggest that he is living in a world of his own, and if he wants to be realistic I suggest he forgets about it altogether. Anyway, this has been discussed *ad nauseam* I think, for the past year and certainly during this Budget debate.

He has picked up various items like *ex-gratia* payments. They are clearly necessary because there are cases where the Government has got to make payments where these are not covered by any existing law and where the justice of a case demands such a payment.

He also queries why it should be necessary for us to pay pensions through the Indian Government. The answer is quite simple. Although we have a High Commission in India, we do not have officers in every major town or major city in the Indian sub-continent, and in such cases it has been necessary to enlist the assistance of the Indian Government in making payments to pensioners, for example.

He also asks why we should pay compensation for loss or damage to property. I should say that these payments are made, in the majority of cases, to customs officers who lose their belongings when they go on anti-smuggling operations, and in such cases I think it is only fair that the Government should compensate them for any property lost or destroyed through the actions of smugglers.

The Honourable Member for Muar Utara suggests that we should accept the inevitable and license opium dealers in this country. I, in fact, have got considerable sympathy for his point of view but, unfortunately, the United Nations does not favour this sort of thing; and although I entirely agree with him that this is the only practicable and realistic way of looking at the subject, we are bound, I think, by the rules of the United Nations and, therefore—I agree that this is a good solution—we are not able to adopt it.

The Honourable Members for Kota Star Selatan has referred to the desirability of giving additional allowances for those who have a plurality of wives. I have answered this point already, and I need not refer to it again.

The Honourable Member for Sabak Bernam states that the Selangor State Government has referred the question of increases in pay for kathis to the Treasury and is still awaiting an answer. I am informed that although this

request has been submitted, we have asked for further details and the reason, of course, is quite simple. The State Government has only asked for increases for kathis, but it must be remembered that this matter cannot be looked at in isolation. Once you increase the salaries of kathis, you obviously create repercussions on the salaries of other categories of officers in the Religious Affairs Department, and it is, therefore, necessary to look at this problem as a whole, and hence we have asked for further particulars because we cannot, as I said, look at this matter in isolation. These particulars are still awaited from the State Government of Selangor. Secondly, I should point out that this is not only a matter for the Treasury, because salaries are also a matter for the Federation Establishment Office and the Prime Minister's Department, and there must be a certain uniformity and there must also be a certain relationship between the salaries in the Religious Affairs Department and those in the Government Departments as a whole, and therefore this matter is more complicated than might appear on the surface. For this reason, I regret to say that it has not been possible to come to a definite decision. In any case, the ball is now at the feet of the Selangor State Government.

Question put, and agreed to.

The sums of \$3,789,569 for Head S. 23, \$26,721,250 for Head S. 24; \$63,200,000 for Head S. 25; \$11,387,968 for Head S. 26, \$3,140,853 for Head S. 27; \$223,047 for Head S. 28; \$5,467,886 for Head S. 29; and \$879,445 for Head S. 30 ordered to stand part of the Schedule.

Head S. 32—

The Minister of Health (Enche' Bahaman bin Samsudin): Tuan Pengerusi saya bangun untuk mengemukakan Kepala S. 32 berjumlah \$119,192,888 ia-itu jumlah anggaran perbelanjaan Kementerian saya bagi tahun 1966. Jumlah yang di-peruntukkan bagi Kementerian saya dalam tahun 1966, sa-kali pandang, menunjukkan kekurangan sa-banyak \$1.87 juta daripada jumlah tahun 1965. Tetapi, jika disemak dengan halus, maka Ahli² Yang

Berhormat akan dapat melihat ia-itu di-bawah Perbelanjaan Khas, wang sa-banyak \$5.7 juta untuk Store Dharurat Simpanan yang di-masokkan di-dalam Anggaran Perbelanjaan tahun 1965, tidak di-masokkan bagi tahun 1966. Dengan itu, maka nyata-lah peruntokan bagi tahun 1966 menunjukkan kelebihan sa-banyak \$3.82 juta. Tambahan² perbelanjaan yang di-chadangkan di-dalam Anggaran Perbelanjaan ini ada-lah terhad kepada perbelanjaan² yang mustahak sahaja. Menurut dasar Kerajaan, supaya menjimat-chermatkan perbelanjaan untuk menghadapi perbelanjaan² kerana pertahanan. Jika di-pereksa dengan halus Anggaran Perbelanjaan itu boleh-lah di-dapati, ia-itu peruntokan bagi gaji² telah bertambah sa-banyak \$4.66 juta. Ini ia-lah kerana kenaikan gaji² bagi pegawai² yang ada dan juga untuk jawatan² baharu. Jawatan² baharu yang di-masokkan di-dalam Anggaran Perbelanjaan ia-lah berjumlah 1,987 ia-itu 1,875 untuk negeri² di-Malaya dan 112 untuk negeri Sarawak. Tambahan² ini ada-lah mustahak menurut perkembangan Perkhidmatan Perubatan dan Kesehatan. Di-antara jawatan² yang baharu, ia-lah "A": Pegawai² Perubatan dan Pergigian—negeri² Malaya 21, Sarawak 2. Ahli² Kimia Perubatan—negeri² Malaya 4, Sarawak 1. Juru-rawat dan Penolong Juru-rawat—berbagai² peringkat—negeri² Malaya 633, Sarawak 64, "D"—Merinyu² Kesehatan Umum berbagai² peringkat—negeri² Malaya 26, Sarawak ta' ada. "E", Pembantu Rumah Sakit berbagai² peringkat—negeri² Malaya 110, Sarawak ta' ada. Bidan—berbagai² peringkat—negeri² Malaya 210, Sarawak ta' ada. Di-bawah Lain² Perbelanjaan Berulang Tiap² Tahun ada menunjukkan tambahan sa-banyak \$332,880 ia-itu satu jumlah yang kecil untuk perbelanjaan² yang mustahak. Potongan² telah di-perbuat di-bawah beberapa butiran perbelanjaan di-mana potongan² dapat di-perbuat dengan tidak mengendalakan Perkhidmatan² Perubatan. Kementerian ini akan membelanjakan dengan sa-berapa jimat dan chermat di-mana yang boleh, supaya tidak melebihi peruntokan².

Perbelanjaan Khas telah di-kurangkan sa-habis²-nya. Pembelian alatan² yang tidak mengendalakan Perkhidmatan telah di-tanggohkan kapada satu masa, bila keadaan negeri mengizinkan. Jika di-tolak angka \$5.7 juta yang di-peruntokkan tahun ini bagi Store Dharurat Simpanan, maka jumlah kekurangan di-bawah Perbelanjaan Khas ia-lah \$1.16 juta.

Sekarang saya suka menarek perhatian Ahli² Yang Berhormat kepada kemajuan² yang telah di-perolehi di-dalam bidang kesehatan. Meninjau kapada kemajuan² dalam tahun 1965, saya suka menyatakan di-sini, ia-itu kesehatan penduduk², 'am-nya ada-lah bertambah baik. Ini dapat di-buktikan daripada angka² kematian 'am dan angka kematian kanak² yang telah turun kapada angka yang sa-bagitu rendah di-dalam tawarikh negara. Angka kematian seluroh-nya telah turun daripada 8.9 pada tiap² 1,000 orang penduduk bagi tahun 1963 kapada 8.1 dalam tahun 1964. Angka kematian kanak² telah turun dengan banyak. ia-itu daripada 57 bagi tiap² 1,000 orang kanak² yang di-lahirkan dalam tahun 1963 kapada 48 bagi tahun 1964. Saya suka menarek perhatian Dewan ini ia-itu ini-lah kali yang kedua-nya kejatohan yang sa-besar ini telah berlaku. Sayugia juga di-ingatkan ia-itu angka kematian bagi kanak² di-dalam kawasan luar bandar pun bagitu juga telah turun dengan banyak-nya. Ini menunjukkan yang segala ranchangan² kesehatan yang di-jalankan di-dalam kawasan² luar bandar telah memberi kesan yang besar. Bagitu juga di-negeri Sarawak angka² kematian saperti yang di-nyatakan tadi, makin turun dari masa ka-masa.

Negeri² di-Malaya telah terlepas daripada penyakit² berjangkit yang merbahaya, kechuali sa-orang sahaja yang telah di-laporkan terkena penyakit ta'un di-Kuala Lumpur pada 2 haribulan ini. Di-negeri Sarawak, penyakit ta'un telah berlaku di-dalam bulan Jun hingga bulan Oktober tahun ini—di-daerah Kapit dan Limbang. 15 orang telah terkena penyakit ini, sa-orang daripada-nya mati, tetapi, sekarang ini, semua kawasan² ini telah terlepas daripada penyakit itu.

Penyakit Malaria yang menyebabkan banyak kematian dan mengganggu kesehatan penduduk di-kawasan luar bandar ada-lah sedang di-chehahkan. Satu ranchangan awal bagi menchehagah penyakit malaria ini sedang di-jalankan di-seluruh negeri oleh pakar² daripada Pertubohan Kesehatan Sa-dunia. Langkah² yang di-jalankan sekarang ini ia-lah menyiasat kawasan² malaria, dan nyamok² yang membawa penyakit itu, dan juga perkhidmatan yang sedang di-jalankan di-dalam tiap² negeri di-Malaya. Apabila siasatan ini telah siap pada akhir tahun 1966, maka satu ranchangan akan di-sediakan untuk menjalankan tindakan yang sesuai bagi menghapuskan malaria sama-sa-kali.

Di-dalam negeri Sarawak, Ranchangan Menghapuskan Malaria dengan bantuan² Pertubohan Kesehatan Sa-dunia dan UNICEF Kumpulan Wang Pendidik Kanak² Antara-bangsa, Bangsa² Bersatu, telah bergerak dengan maju-nya, dan sa-takat ini boleh-lah di-katakan 15 peratus daripada penduduk² di-situ ada-lah dudok di-dalam kawasan yang terlepas sama sa-kali daripada penyakit malaria. Langkah² yang hebat ada-lah di-jalankan di-dalam kawasan² yang lain.

Ranchangan bagi membasmiikan penyakit T.B. daripada menjadi satu masalah kesehatan, ada-lah berjalan dengan baik-nya. Perengkat awal bagi ranchangan itu, ia-itu melateh kaki²-tangan, yang di-kehendaki untuk menjalankan ranchangan itu telah diperbuat dengan berjaya. Dan sa-banyak 1,100 orang pegawai² perubatan dan lain² telah di-lateh di-dalam berbagai² bidang pekerjaan malawan penyakit T.B. Ranchangan ini telah bergerak kapada peringkat yang kedua, ia-itu peringkat serangan. Di-dalam peringkat ini, langkah² bagi membela orang² yang mengidap panyakit itu telah di-jalankan dengan X-ray beramai² bagi seluruh penduduk² yang berumur 15 tahun ka-atas dan memberi ubat untuk mengelakkan daripada terkena panyakit itu kapada puak² yang boleh di-pelihara daripada penyakit itu dengan jalan suntekan B.C.G. Di-dalam langkah ini, lebeh daripada 600,000 orang telah di-pereksa dengan X-ray. Dari-

pada angka ini lebeh kurang 25,000 orang telah menunjukkan ada kesan² penyakit T.B. Dukachita saya menyatakkan di-sini, ia-itu sambutan daripada mereka² yang di-dapati ada kesan² penyakit itu tidak sa-bagitu memuaskan hati oleh kebanyakan-nya tidak hendak datang balek untuk di-siasat lagi dan di-ubati. Saya suka menyeru kapada mereka² yang di-kehendaki itu, datang sa-mula untuk di-siasat dengan tidak berlengah lagi.

Dari semenjak tahun 1961, satu juta kanak² dan orang² yang di-shaki telah berdamping dengan orang² yang mengidap panyakit T.B. telah di-beri suntekan B.C.G. Daripada jumlah ini, 400,000 ia-lah kanak² yang baharu lahir. Di-dalam negeri Sarawak, ranchangan mengawal panyakit T.B. telah di-jalankan dengan baik. Dan ranchangan² yang di-mulakan di-Kuching dan di-Sibu telah di-panjangkan ka-Simanggang dan Miri. Kerajaan Australia, melalui Colombo Plan dan Pertubohan Kesehatan Sa-dunia, sedang memberi bantuan² di-dalam ranchangan² ini bagi negeri² Malaya dan Sarawak.

Penyakit Puru yang pada satu masa dahulu telah merebak di-dalam kawasan² luar bandar, sudah tidak ada lagi menjadi masalah kesehatan, dan tidak berapa lama lagi penyakit ini akan dapat di-hapuskan sama sa-kali, chuma beberapa kawasan sahaja di-dalam negeri Perak dan Kedah yang maseh di-uruskan. Demikian juga kawalan penyakit untut, telah diperhebat dan ada-lah menjadi dasar Kementerian saya bagi mengawal panyakit ini sa-hingga panyakit ini tidak lagi menjadi satu masalah kesehatan.

Di-dalam negeri Sarawak penyakit puru tidak lagi menjadi masalah dari semenjak tahun 1956. Langkah bagi menchehagah penyakit berjangkit saperti chachar, panyakit kerongkong dan panyakit tetarus panyakit batok bagi kanak² di-jalankan di-merata² Dispensary, Pusat² Kesehatan dan KLINIK² di-merata di-dalam negeri Malaya dan Sarawak. Dengan kembali-nya sa-orang pegawai yang telah di-hantar ka-negeri Amerika mempelajari khas-nya dalam pelajaran² kesehatan umum, maka

langkah² akan di-jalankan bagi memperhebatkan ranchangan² pelajaran kesehatan di-negeri² ini.

Mr Chairman: Persidangan ini di-tempoh hingga pukul empat petang ini.

Sitting suspended at 1.00 p.m.

Sitting resumed at 4 p.m.

(Mr Speaker in the Chair)

THE SUPPLY BILL, 1966

House immediately resolved itself into Committee of Supply.

(Mr Speaker in the Chair)

SCHEDULE

Head S. 32—

The Minister of Health (Enche' Bahaman bin Samsudin): Tuan Pengerusi, saya sambong ucapan saya. Langkah² sedang di-ambil untuk melancarkan Ranchangan Kebersehan Rumah Tangga dan Kampong Halaman khas-nya berkenaan dengan Perbekalan Ayer di-kawasan² luar bandar sa-telah ranchangan itu siap di-sediakan. Pertubohan Kesihatan Sa-dunai telah menghantarkan sa-orang Jurutera Kesihatan Umum dan sa-orang Pakar Kebersehan Rumah Tangga dan Kampong Halaman bagi membantu Kementerian saya mengadakan ranchangan yang sesuai. Kejayaan besar telah di-perolehi di-dalam usaha mengadakan perkhidmatan perubatan dan kesihatan kepada penduduk² luar bandar, yang pada masa dahulu-nya tersangat-lah kurang, atau pun tidak ada langsung. Sa-hingga ini 39 buah Pusat Kesihatan Besar, 113 buah Pusat Kesihatan Kechil dan 585 buah Klinik Bidan telah siap dan memberi perkhidmatan. Lagi 27 buah Pusat Kesihatan Kechil dan 86 buah Klinik Bidan sedang di-bena, dan di-jangka akan siap dalam bulan Disember tahun ini atau pun awal tahun 1966. Jumlah perbelanjaan bagi ranchangan² ini semua-nya ada-lah lebeh kurang \$35.5 juta.

Sa-lain daripada itu ada 282 dispensary yang tetap dan 155 dispensary² yang bergerak yang bertempat di-

kawasan² luar bandar. Dengan bertambah-nya kemudahan² dan orang² yang datang berubat, maka jumlah mereka² yang datang ka-pusat² kesihatan dan kelinik² telah meningkat tinggi. Ahli² Yang Berhormat tentu suka mendapat ketahu² tentang angka² ini. Sekarang saya bachakan angka² itu.

Jumlah² mereka² yang datang ka-Pusat² Kesihatan dan Klinik tahun 1960, 1,808,796. Tahun 1964, 2,551,308 tambahan 41%. Jumlah mereka² yang berubat di-dispensary² yang tetap dan yang bergerak bagi tahun 1960, 3,219,873. Tahun 1964, 4,179,149 tambahan 30%. Lawatan ka-rumah² oleh kaki-tangan kesihatan tahun 1960, 483,073. Tahun 1964, 1,292,164 tambahan 53%. Di-dalam negeri Sarawak kelinik² kesihatan ibu² dan kanak² yang di-jalankan oleh Kerajaan telah diserahkan kepada pehak yang berkuasa tempatan, kechuali sa-buah kelinik bidan yang di-tempatkan di-Kuching dan bertugas di-dalam kawasan² luar bandar di-sakeliling Ibu² Kota itu. Dua dispensary yang dahulu-nya di-jalankan di-bawah Ranchangan Kemajuan Luar Bandar telah di-ambil alih oleh pejabat perubatan dan lima buah dispensary baharu telah siap dan sedang menjalankan tugas²-nya. Kesemua sakali ada 35 buah dispensary yang mempunyai 243 katil *rest bed*.

Ranchangan *Home-health* ia-itu satu ranchangan di-mana pekerja² sukarela yang di-pilih oleh ketua² kampong atau pun ketua² rumah panjang, atau pegawai pentadbiran di-hantar belajar di-dalam pertolongan chemas dan di-dalam perkara mengubat penyakit² yang ringan². Ranchangan ini yang di-mulakan dalam tahun 1964 telah berjaya, sa-bagai membantu perkhidmatan perubatan di-dalam kawasan² luar bandar. Mereka² itu di-beri dengan satu kotak ubat² dan lain² untuk pertolongan chemas dan pekerjaan² mereka itu ada-lah di-kelolakan oleh Pembantu² Rumah Sakit yang kanan dan Pegawai² Perubatan.

Pada masa ini sa-jumlah 294 Home-health telah di-tubuhkan di-dalam semua bahagian² di-dalam negeri Sarawak. Perkhidmatan² perubatan pun

telah di-perluaskan di-dalam beberapa tahun yang lepas supaya dapat memberi perkhidmatan yang lebeh kepada penduduk² yang berhajat kepada perubatan di-dalam rumah² sakit. Jumlah bilangan katil² di-dalam negeri² di-Malaya telah naik daripada 21,102 di-dalam tahun 1960, kepada 25,665 dalam tahun 1965, ia-itu tambahan sa-banyak 22%. Angka² yang berikut menunjukkan bertambah-nya orang² yang datang berubat ka-rumah sakit di-seluruh negeri. Jumlah yang masuk berubat ka-rumah sakit tahun 1960, 300,385. Tahun 1964 408,477 tambahan 32%. Mereka² yang datang berubat, tetapi tidak di-masokkan ka-dalam rumah sakit tahun 1960 4,296,015. Tahun 1964 5,902,983 tambahan 37%.

Di-dalam negeri Sarawak ada enam buah rumah sakit Kerajaan yang mempunyai katil sa-banyak 1,005. Sa-lain daripada ini ada lagi eram buah rumah sakit yang di-kelolakan oleh pertubohan² ugama dan rumah sakit ini mempunyai katil sa-banyak 143 buah; kebanyakkan-nya ia-lah untuk penyakit orang² perempuan. Kelinik² pergigian telah bertambah daripada 146 buah di-dalam tahun 1960 kepada 287 buah di-dalam tahun 1964, ia-itu tambahan sa-banyak 96% dan jumlah orang² yang datang berubat di-kelinik² itu telah bertambah juga daripada 635,140 dalam tahun 1960 kepada 928,118 dalam tahun 1964, ia-itu tambahan sa-banyak 46%. Tambahan² bagi angka² orang² yang datang berubat di-pusat² kesihatan, di-kelinik² pergigian², dispensary² dan rumah² sakit ada-lah menunjukkan ia-itu penduduk² telah sedar di-atas kewajipan menjaga kesihatan, dan dengan sebab itu tuntutan² bagi mengadakan perkhidmatan² kesihatan dan perubatan sentiasa-lah bertambah. Kerajaan dengan sa-berapa daya upaya akan mengadakan kemudahan² ini, akan tetapi sa-bagaimana Ahli² Yang Berhormat ketahu² wang² yang banyak ada-lah di-kehendaki untuk pertahanan negara dan dengan sebab itu ranchangan² yang kurang mustahak terpaksa di-tanggohkan sa-hingga keadaan kewangan negara bertambah baik.

Walau pun bagitu tindakan yang tegas telah di-ambil dalam usaha

mengembangkan perkhidmatan² perubatan. Rumah sakit baharu di-Tanjong Karang yang mempunyai 70 buah katil telah siap dengan perbelanjaan 2,000,000 dan rumah sakit baharu bagi Dungun yang mempunyai 50 buah katil dan yang memakan belanja sa-banyak \$1.5 juta hampir² akan siap. Pembinaan rumah sakit latehan di-University di-Petaling Jaya yang di-jangka akan mempunyai 756 buah katil telah berjalan dengan sempurna-nya dan ada-lah di-jangka rumah sakit ini akan siap dalam tahun 1966; dan persediaan-nya telah pun di-uruskan supaya rumah ini dapat digunakan oleh penuntut² kedokteran pada awal tahun 1966. Persediaan tapak bagi rumah sakit baharu Kuala Lumpur telah pun siap. Pekerjaan untuk membena peringkat yang pertama, ia-itu yang mengandongi ward² yang mempunyai 512 katil bahagian *Radiotherapy* yang mengandongi 60 buah katil asrama jururawat dan lain² akan di-mulakan tidak berapa lama lagi.

Jumlah perbelanjaan untuk peringkat ini ia-lah lebeh kurang \$22.2 juta. Persediaan tapak untuk rumah sakit baharu di-Seremban yang mempunyai 720 buah katil telah siap dan pekerjaan membenakan ward² dan lain² akan di-mulakan tidak berapa lama lagi. Ranchangan ini akan memakan belanja sa-banyak \$18,000,000. Terder atau pun tawaran untuk mendirikan ward kelas satu yang akan mengandongi 72 buah katil dan satu ward beranak yang akan mengandongi 28 buah katil di-Rumah Sakit Umum, Ipoh telah di-terima dan pekerjaan akan di-mulakan tidak beberapa lama lagi. Ranchangan ini akan memakan belanja lebeh kurang \$1.2 juta. Ranchangan bagi menggantikan rumah sakit umum di-Ipoh terpaksa di-buat dengan beransor² menurut keadaan kewangan.

Berbagai² pindaan dan perubahan telah di-perbuat di-dalam tahun ini bagi rumah² sakit yang ada sa-umpama-nya mengadakan ward² yang baharu, meluaskan atau membesarkan ward² yang ada, membaiki perkhidmatan² pesakit² luar dan dispensary, bilek² pembelahan dan lain². Chಾದangan hendak mendirikan sa-buah

rumah sakit yang mengandongi 50 buah katil untuk Changkat Melintang, Perak, dan lain² lagi terpaksa di-tanggihkan kepada Rancangan Pembangunan Malaysia Yang Pertama 1966-1970. Oleh sebab kekurangan wang, dan yang lebeh mustahak lagi ia-lah kekurangan kaki²-tangan yang terlately.

Perkembangan perkhidmatan dan kemudahan² perubatan dan kesihatan di-dalam kawasan² di-luar bandar dan di-bandar² berkehendakan tambahan kaki-tangan² kesihatan dan perubatan. Di-dalam masa yang lepas, walau pun kaki-tangan itu kurang, akan tetapi mereka telah menjalankan tugas masing², walau pun terpaksa menjalankan pekerjaan² dengan lebeh banyak dan berat. Kepujian patut-lah di-beri kepada mereka itu yang telah memikul tanggungan² ini dengan seberapa daya upaya mereka itu untuk memuaskan kehendak² ra'ayat masa sekarang ini, walau pun terkena bekerja lebeh banyak dan berat oleh sebab kekurangan kaki-tangan.

Ahli² Yang Berhormat tentu-lah hendak mengetahui apa-kah rancangan Kementerian saya untuk mengatasi kekurangan² ini khas-nya kekurangan² doktor. Sa-bagaimana Ahli² Yang Berhormat sedia ma'alum, ia-itu kebanyakan doktor² yang memohon bekerja dengan Kerajaan, datang daripada University Singapura, di-mana lebeh kurang 60 orang daripada 100 orang doktor yang tamat pengajian-nya masuk bekerja dengan Kerajaan ini. Masaalah bagi menambahkan pengeluaran doktor² telah diuruskan dengan tertuboh-nya Jurusan Perubatan di-University Malaya, di-Kuala Lumpur, akan tetapi pengeluaran yang pertama ia-itu mengandongi 40 orang doktor chuma dapat berkhidmatan di-dalam tahun 1967 hingga 1969. Sementara itu, Kerajaan telah mengambil 40 orang doktor daripada Korea Selatan dan mereka itu berchadang akan sampai ka-sini sabelum akhir tahun ini—saya dapat tahu bulan Disember ini satu kumpulan dan bulan Januari, lagi satu kumpulan. Usaha sedang di-buat juga untuk mengambil doktor² daripada lain² negeri. Doktor² daripada ra'ayat Malaysia yang mempunyai ijazah dari-

pada universiti² luar negeri, di-terima dengan tangan terbuka, dan langkah sedang di-jalankan supaya undang² pendaftaran doktor² di-pinda supaya mereka itu boleh di-daftarkan dengan sa-penoh-nya dan berkhidmat di-dalam negeri ini.

Dengan memandang kepada banyaknya mereka² yang datang mendapat perubatan di-rumah² sakit Kerajaan, maka Kerajaan telah meluluskan satu rancangan di-mana doktor² luar daripada Kerajaan akan di-pelawa memberi sadikit masa-nya untuk membantu doktor² Kerajaan dengan jalan bekerja beberapa jam sa-hari, dengan bayaran \$25 sa-masa 2 jam, dan tidak melebehi \$400 pada sa-bulan. Saya ketahu² doktor² ia-lah orang² yang berhemah tinggi di-dalam pekerjaan menolong orang² yang sakit—dedicated people. Dan oleh sebab itu saya menaruh harapan yang tinggi supaya banyak daripada mereka itu akan menyambut seruan Kerajaan ini bagi kepentingan negara.

Kerajaan selalu mengambil berat tentang kesihatan 'am dan supaya menggalakkan banyak lagi doktor² mengambil bahagian dan kelulusan dalam lapangan kesihatan umum dan Kerajaan telah bersetuju membayar elaun yang dengan tidak berpenchen sa-banyak \$350 sa-bulan kepada doktor² yang mempunyai kelulusan khas di-dalam bahagian kesihatan umum, dan lagi bagi doktor² yang tidak ada mempunyai kelulusan itu tetapi yang di-istiharkan menurut undang² sa-bagai menjalankan pekerjaan kesihatan umum, mereka akan juga di-bayar elaun sa-banyak \$175 sa-bulan. Suatu Jawatan-kuasa Khas sedang menyemak perengkat² tertinggi di-dalam jawatan pentadbiran perubatan dan jawatan² pakar dalam Kementerian saya dengan tujuan meminda tingkatan² tertinggi bagi jawatan² itu supaya bersaimbangan dengan tugas² dan tanggungan² mereka itu.

Ahli² Yang Berhormat barangkali ingat Kementerian saya telah melancarkan rancangan latehan bagi kaki-tangan² perubatan dan kesihatan pada tahun yang lepas. Sekarang ini tidak

kurang daripada 250 jururawat 180 bidan dan 200 penolong jururawat telah terlatah tiap² tahun. Sa-lain daripada itu, Kerajaan telah dapat mengeluarkan beberapa banyak Pembantu rumah sakit, juru² X-ray, merinyu kesihatan umum, penyelia kesihatan umum, pembanchoh ubat, juru gigi, juru teknik gigi dan pembantu ma'amal daripada beberapa buah sekolah² dan pusat² latehan yang telah di-tubuhkan. Dengan ada-nya keadaan yang sa-bagai ini maka kekurangan kaki-tangan di-dalam lapangan perubatan dan kesihatan, beransor baik dari satu masa ka-satu masa. Di-dalam negeri Sarawak rancangan latehan telah juga diperhebatkan dan dalam masa yang tertentu, maka kekurangan² yang ada sekarang ini dapat-lah di-atasi.

Saya hendak menyebutkan juga di-sini ia-itu Kementerian saya telah menerima berbagai² aduan daripada orang ramai tentang perkhidmatan kaki-tangan² Kementerian ini dan layanan² di-rumah² sakit. Sa-telah di-siasat maka di-dapati kebanyakan daripada aduan² itu ia-lah terbit daripada salah sangka berkenaan dengan hal² yang berlaku. Maka supaya memperiratkan perhubungan di-antara kaki-tangan² Kerajaan dan orang² ramai tempatan, Kementerian saya telah menubuhkan Jawatan-kuasa Muhibbah, boleh di-katakan di-tiap² rumah sakit di-seluruh negeri² Malaya ini. Langkah ini nampak-nya telah memberi kejayaan dan aduan² sekarang ini telah berkurangan.

Kementerian ini tidak juga sunyi daripada mengadakan iktiar² yang lain bagi membaiki perhubungan di-antara orang ramai dengan kaki-tangan² Kerajaan, dengan jalan memberi Kursus latehan kepada kaki-tangan² Kerajaan di-dalam chara berbaik² di-antara mereka itu dengan orang ramai. Kementerian saya telah menerima bantuan² yang berharga sa-umpama pakar², alatan² dan biasiswa² daripada berbagai² pertubohan sa-dunia dan daripada negeri² sahabat dan saya suka mengambil peluang ini menguchapkan penghargaan terima kaseh saya di-atas bantuan² mereka itu.

Walau pun tambahan perbelanjaan bagi Kementerian saya bagi tahun 1966 itu tidak banyak, pegawai² dan kaki-tangan² Kementerian saya akan bersungguh² berikhtiar bagi menjalankan tugas² mereka itu dengan sa-penoh-nya dan memenohkan kehendak² orang ramai di-atas perkhidmatan² itu. Saya harap Ahli² Yang Berhormat akan faham dan sedar ia-itu jika sedikit sa-banyak perubahan daripada chara² yang biasa, atau pun penanggohan sa-tengah² rancangan yang sangat² didiami oleh sa-tengah Ahli² Yang Berhormat semua-nya ini ia-lah terpaksa di-perbuat dengan memandang kapada keadaan kewangan dan keadaan di-dalam negeri pada masa ini.

Tuan Pengerusi, saya mengemukakan Anggaran Perbelanjaan Kementerian Kesihatan berjumlah \$119,192,888 di-bawah Kepala S. 32 di-jadikan sa-bahagian daripada Jadual.

Dr Mahathir bin Mohamad (Kota Star Selatan): Mr Chairman, Sir, I rise to support the estimates made by the Minister for Health in this year's Budget. I hesitate to criticise the Ministry of Health, because I know most of the criticisms that I make now will be criticisms which we have already heard in this Chamber and outside, and I also know the answers that I am likely to get. But, nevertheless, Sir, I feel that these things must be voiced again and again, and again and again, in this House and outside, so that something could at least be done about them, if not in the near future, at least at later time.

This Ministry, in my experience, has been a very secretive Ministry and has not been very co-operative in giving information on various matters. As an example, Sir, I would like to quote that last year I made a request personally to the State Medical and Health Officer about the number of midwives to be found in my own constituency. I was told to write in officially, which I did, and I was surprised that it took them a month to decide to tell me how many midwives there are in my constituency, because this is regarded as something sacred and secret and should not be divulged to ordinary Members of

Parliament but must first be approved by the Ministry. Similarly, Sir, on the question of a conference on malaria, which was held in Kota Bharu, I tried to get some information on this, because some newspapers in London were very interested, but I was told this again is something that should not be told to me, or to anybody, and that it is not meant for publication. I did get a few facts about this—but after much persuasion on my part.

However, Sir, I would like to go on to the general complaints that we find with this Ministry. But, before I do so, I would like to say a few things about doctors and their work so as, perhaps, to give a fair idea of the difference between the work that is performed by doctors and the work that is normally performed by ordinary Government servants. I am not saying that the doctors are very special people, but the type of work they do is completely different and due consideration must be given to this in thinking about how we could remedy the question of shortages and dissatisfaction among doctors.

Sir, at one of the meetings held between the Staff and the Government over the question of doctor's pay, doctors put in the claim that they do put 24 hours work a day, that the period of training is longer and that because their period of training was longer, they had to lose a lot of money in the way of pay and, in fact, had to spend money where others would be earning money in Government service. The reply to the complaint that doctors have to put in at times 24 hours a day was that even M.C.S. officers have to go on duty for 24 hours a day. Now, everybody knows that there is a vast difference between M.C.S. officers, or civil servants, going on duty 24 hours a day and doctors being on duty 24 hours a day, because if doctors are on duty 24 hours a day, the chances are that they will have to work 24 hours a day. We know District Officers and others also do 24 hours duty a day, but they are very seldom called upon to do any duty at all. In district hospitals where probably there is only one doctor, when a doctor does 24 hours a day, he is quite often

called two or three times a night, so that for weeks and months he may have to be working almost continuously. Against these, Sir, we have to look into the question of administration in the Ministry as well as in connected Ministries. There appears to be a lack of interest in dealing with doctors. For example, if there is a complaint, nobody really seems to care and letters, as usual, went by without any replies for weeks. If a doctor were to resign, the only interest shown by administrators is that for people wishing to resign, you should make a note at the bottom and forward it to such and such a department and the due process of administration will be carried out, and eventually the doctor will resign. There is no desire on the part of the administrators to enquire into the reasons why doctors resign and to try somehow or other to influence doctors to stay in Government service. There is always the ready explanation that they want to resign because they want to make more money outside, and even if they protest that they do not want to do so, they are told that that is why they are going to resign. (*Laughter*). Sir, this has been going on for years and years and we have only adopted half measures. I have to repeat this thing again, because I feel that the administrators must understand that there are doctors who resign in order to make more money in public practice, but there are also doctors who are willing to work for the Government but their position in Government is made so untenable that they have to resign.

Dr Tan Chee Khoon: Hear! Hear!

Dr Mahathir bin Mohamad: The condition in the Government service too has changed: for example, doctors working in Government service no longer find themselves master of any situation at all. They are incapable, or they do not have the authority, to run their hospitals the way that a hospital should be run. Discipline among the staff has descended to a new low, so that it is impossible to give out any order and expect the thing to be carried out properly. This is due, mainly, to the fact that there is now

no such thing as disciplinary action. No one can take any disciplinary action against any of the junior staff, because such action must be referred to the Ministry, or the P.S.C., and eventually nothing is done about it. So the doctor finds himself quite incapable of controlling his staff and thereby the service offered by hospitals has deteriorated during the last few years. This trend, I think, will continue unless the Government takes this matter of insubordination among the staff seriously and try to give Medical Officers and Medical Superintendents the authority to carry out disciplinary action, where there is a need for disciplinary action. I am not advocating, Sir, that doctors can do just about what they like with their staff, but within reasonable limits they should be given the authority to institute disciplinary action.

On the question of the relationship between the public and the hospital, about which the Honourable Minister mentioned so much just now, I feel that, while we can find instances where doctors as well as hospital staff have been rather un-cooperative, or rude to the public, there is also truth in the complaint by members of the staff that the public too has been most un-cooperative, probably because they know that doctors and the staff in the hospital are in no position to do anything about it. I hope, Sir, that in time, to organise a much better hospital service, this question of public co-operation should be taken seriously and something more than just a goodwill committee should be thought of. I am very willing to take up the question of the grouses of the doctors, but, on the other hand, there are legitimate grounds for complaining that some doctors are not giving the service that they should to the hospital, or to the Government, which employs them. Quite a number of doctors are off at 4 o'clock like a shot, because they have a game to play somewhere.

Dr Tan Chee Khoon: Golf!

Dr Mahathir bin Mohamed: I did not mention any particular game!

But, anyway, they are off at 4 o'clock, because I suppose this is union time, or something like that, and they are not supposed to work beyond 4 o'clock. If there is a queue of patients waiting in the outpatients department, and is to be left for tomorrow, or to be left to their colleagues, like myself, in the private practice, who might benefit from this attitude (*Laughter*).

Some of the complaints I have received concern the outpatients department. Some hospitals employ receptionists for the outpatients department, but invariably these receptionists do not work as receptionists, but are asked to do some typewriting work, or some other clerical work and the patients whom they are supposed to receive are left to tend for themselves and in the case of people from the rural areas, who know nothing about how hospitals are organised, this is very confusing, because after having seen the doctor, they do not know where to go. They are probably told to go to the X-Ray department and since they could not read the signboards—and these signboards too are placed just anywhere that some hospital assistants have felt that they should be put—it leaves these poor, illiterate rural patients at a loss as to where to go after seeing the doctor, or for that matter to get the medicine from the dispensary. Quite often, too, a doctor may prescribe some medicine and ask the patient to go to the dispensary, only to be told that there is no such medicine, but he is not re-directed to the doctor, so that the patient quite often goes home without any medicine at all. All this could be overcome, if we have proper receptionists and proper staff to look after the patients when they go to the hospital. It is only fair that these sick people who come from the rural areas should be treated with some consideration and sympathy in their attempts to switch from what is essentially the old-fashioned type of kampong medicine to what we call western medicine.

On the question of specialist departments, we know now that because of the accelerated post-graduate training of doctors we have filled about all the specialist posts available in the Ministry

and these posts are filled by young people who will probably fill these posts for the next 20 years, leaving the younger doctors, who intend to specialise no room for improvement. I would suggest, Sir, that every effort should be made to start new specialist departments, because medicine is progressing rapidly elsewhere and it is about time that we in Malaysia think about keeping up with the rest of the world. There are a few specialist units which we need to start immediately, and I would mention, among others, a cardiac-surgery unit, a plastic surgery unit, a genitourinary unit and more psychiatric outpatients units.

On the question of cardiac-surgery, I hear that there is a proposal to have one unit in the General Hospital and another unit in the New Teaching Hospital. I feel, Sir, that while there is a need for a new cardiac-surgery unit in Malaysia, to start two units in the same place at about the same time is a sheer waste, and I think the efforts of both the University and that of the Ministry should be co-ordinated, so that we will have just one cardiac-surgery unit. One other thing to remember is that if we are to start new units, they should be started independently and the new incumbent given a chance to develop it properly. There is a tendency, I think, among doctors to establish little empires of their own in which the younger and newer doctors are supposed to work under their instructions and to stay there. This I think would cripple the minds of the younger doctors and would not help towards the development of a very good hospital service.

On the question of rural health, we know now that we have a lot of clinics going up in the rural areas, and we have provided a few midwives. But I think this is limiting rural work too much and that we should now begin thinking of more facilities for the rural people, so that their health can be as good as that of those in the urban areas. In this connection, Sir, I would suggest that one of the most important things in health education, which I have mentioned before and which I think I should mention again and again.

This health education should be a specialised thing and should be propagated through films, through talks, and through personal contacts. This is not very difficult for the Department to do, but I fear that there is no co-operation at all between the Ministry of Health and the Ministry of Information. I think it is about time the Ministry of Health had a good chat with the Ministry of Information, so that we can get these things going.

In the rural health programme, too, I think it is about time we started immunisation programmes. When there was a cholera outbreak in Kedah, it provided a terrific spurt to immunisation against cholera, but since then we have sort of forgotten the usefulness of the immunisation programme; and yet, Sir, every year a lot of people from the rural areas, a lot of children, die of diphtheria, people die of tetanus, and children suffer from whooping cough and even polio, and I think it would cost the Government very little to start a proper immunisation programme against

Enche' Bahaman bin Samsudin: Mr Chairman, Sir, a lot of guesses!

Dr Mahathir bin Mohamad: I am sorry if I make a lot of guesses, but as far as I know this is what happens in the rural areas and I know there is no programme to immunise the rural people against diphtheria, against tetanus and against whooping cough. As I have said before, I think the Ministry is very secretive about certain things, and I think if I ask a question of the State C.M. & H.O., I might have to wait another month for a reply.

Dr Tan Chee Khoon: Dua bulan!

Mr Chairman: Don't disturb him! Please proceed.

Dr Mahathir bin Mohamad: Finally, Sir, I would like to return to the question of doctors and their grousers in the service. We have heard from the Honourable Minister the efforts made to produce more doctors in Singapore and in Malaysia, and the efforts made to recruit doctors from abroad and to

send doctors for training abroad. But I feel, Sir, that with the rapid increase in population and with the changes in ideas about the doctor/population ratio, all our efforts now would be nothing compared to our needs in the near future. There is still a need to step up the production of doctors and the University Hospital that we are building, the Medical Faculty that we have in Kuala Lumpur and that in Singapore will never be able to produce sufficient doctors to meet our needs in the next few years even. We should, therefore, think of a crash programme, about which I spoke last year, to produce more doctors and that this crash programme should in no way be related to huge teaching hospitals and beautiful lecture theatres. We have the hospitals in this country where doctors can be taught and can be trained, and I see no reason why they cannot be trained. I am all for maintaining the rather high standards of medicine in this country, but if we want to maintain standards as in the more advanced countries, we will have to do without the doctors themselves. I think it is far better to produce more doctors, who are probably slightly less capable than to have no doctors at all. Again, as I said last year, we are quite willing to accept doctors from India, from unknown medical colleges, who would never have had a chance to be trained as doctors in this country, but our own boys are not allowed to study medicine, if they started off with the same qualifications as the boys who go to India. I do not see why we should give this opportunity to doctors from India and from other parts of the world, from Korea for example, when our own students who are quite capable of being trained as doctors are denied the chance.

On the question of doctors serving in Government service, it is important to remember that doctors take a much longer time to be trained and that while Arts graduates and Science graduates probably leave the University and begin to earn, doctors are still undergoing training, and during that period they not only do not earn money but they actually have to spend their

own money. Sir, taking this into consideration, I would suggest that in calculating the years of service, the period of housemanship should be included in calculating as to when a doctor should be put on permanent establishment and for the purpose of pension rights, etc.

Another complaint by non-Malay doctors is that they have to sit for this Malay examination. There is no complaint against Malay examination, but as I have said before, doctors have to work at times 24 hours a day, although some of them play golf, but some doctors do really work and it is grossly unfair to expect them to sit down and study like other civil servants. I would suggest, therefore, that before they sit for the Malay examination they should at least be given one month's leave to prepare themselves, so that they can be free from their duties in order to concentrate on their examinations.

Another thing which, I think, would induce more doctors to stay in Government service is a sort of inducement allowance for doctors serving in one doctor hospitals. For example, the District Hospital in Langkawi has just one doctor, and he is quite often asked to do 24 hours duty a day for weeks and months with no relief. The sort of work that a doctor does call upon concentration and the seriousness of purpose, and this is a strain on anybody. I do not think it is a good thing to have doctors working under strain, because a sleepy doctor at 3 o'clock in the morning might very well make the wrong diagnosis which he may revise the next morning, if the patient is still alive. (*Laughter*). So, if you like to see a doctor at 3 o'clock when he has just finished an operation and perhaps he feels very sleepy, and you have an appendicitis, you might like to excuse him for making the mistake of diagnosing mere gastritis or something like that if you are alive the next morning. So, I would suggest that where doctors have to work and run a hospital all on their own for 24 hours a day, they should be given some form of inducement allowance. I would leave it to the Ministry to think

up about how or what sort of inducement they would like to give.

Then, again, there is the question of women doctors. Now, there are ideas, acquired mainly from the West, that anybody could see any doctor irrespective of the sex. That may be so in England, that may be so in America; but in this country people, women especially still prefer to see women doctors, and children too appear to prefer to see women doctors. Sir, there is a distinct need for women doctors, and we are so short of women doctors; yet women doctors are treated not as equals and are not given any incentive to work at all. They are not asked to specialise in anything, although some of them are specialists, I would admit, but they are not encouraged to take up specialties, and if they are married they are discriminated against. If a women doctor gets married before being put on pensionable establishment, she is no longer eligible to be put on pensionable establishment. But, somehow or other, if she were to marry one day after being put on the pensionable establishment, she can stay on pensionable establishment. I do not know what difference this makes, because if you are thinking of doctors getting pregnant and not working, whether she marries before or after makes no difference (*Laughter*). Sir, I think this sort of unnecessary discrimination should be done away with.

Lastly, on the question of doctors, I would like to talk about the superscale posts available. I notice here that the Honourable Minister has promised that this will be revised, but I would like the Minister to note that whereas in the Civil Service the ratio of time-scale to superscale is as low as 1:1.8 or 2, in the Medical Service the ratio is 1:5 or even 1:6. Now this is grossly unfair, considering the nature of the work of the doctors. I am glad to note, Sir, in the speech made by the Honourable Minister, that part-time doctors will be taken on to fill in gaps, and I am quite sure quite a few doctors will rise to the call although I do not think they are so dedicated as the Minister thinks. That is because I know—I am a doctor myself, and I

am in private practice, and I am certainly not very much attracted to the scheme that is given.

Lastly, Sir, I would like to talk about aid to the Anti T.B. Association. A sum of money of about \$106,000 is allocated as financial assistance to the Anti T.B. Association and these voluntary anti T.B. workers are very grateful to the Ministry for this allocation, and we hope that the Ministry will continue to support the work done by the anti T.B. workers and also to give them, at local levels, the co-operation that these workers need. Thank you, Sir.

Dato' Haji Hussein bin Mohd. Noordin (Parit): Tuan Pengerusi, saya suka hendak berchakap dalam S. 32 Kementerian Kesihatan Sub-head (1)—Menteri Kesihatan, muka (287) dan Bahagian Kesihatan muka (294).

Tuan Pengerusi, tadi Yang Berhormat Menteri Kesihatan telah menyebut ranchangan membenas sa-buah rumah sakit di-Changkat Melintang di-Perak akan di-tinjau kepada ranchangan Malaysia yang pertama, ia-itu 1966 dan 1970. Saya terpaksa bangun dan berucap kepada Menteri Yang Berhormat terima kaseh di-atas ulangan janjiannya supaya sa-buah hospital akan di-bena dalam ranchangan Malaysia yang pertama. Chadangan membenas sa-buah rumah sakit di-daerah Parit ia-lah di-buat semenjak beberapa tahun sa-belum saya menjadi Wakil Ra'ayat, Chadangan ini telah di-sampai kepada Tun Leong Yew Koh di-waktu beliau menjadi Menteri Kesihatan di-masa pembukaan rasmi klinik kesihatan baru di-Parit. Beliau juga telah membuat akuan dan perjanjian akan berikhtiar untok melaksanakan-nya; pemohonan ini juga telah di-sampai oleh Wakil² Ra'ayat di-masa itu bagi pihak penduduk² di-tebing Sungai Perak.

Pada tahun 1961 rayuan saperti ini telah di-sampai kepada Yang Berhormat Dato' Ong Yoke Lin bekas Menteri Kesihatan pada masa itu, dan pada tahun itu juga beliau telah melawat di-kawasan Sungai Perak daripada Parit sampai ka-Telok Anson hendak menyiasatkan keadaan tempat

itu, di-kawasan itu, ada-kah sa-buah hospital menasabah di-bena di-dalam kawasan itu. Apabila beliau melawat pada bulan September 1961, lepas melawat ka-kawasan² di-tepi Sungai Perak, beliau telah memberi keputusan ia-itu membena sa-buah hospital di-kawasan Sungai Perak. Dan juga keputusan itu saya boleh-lah membachakan surat yang di-tulis oleh Setia-usaha Tetap, Kementerian Kesihatan, pada 5 haribulan September, 1961, kepada Setia-usaha Kerajaan Perak ia-itu "Proposal for a hospital in the sub-district of Parit" dalam paragraph, saya quote:

"It is, however, firmly felt by this Ministry that the real and urgent need to provide a hospital is for those riverine peoples who live in between the Parit Town and Telok Anson, a distance of about fifty miles. A good weather-bound metal road is now available from Parit Town to Lambor Kanan. In order that the widest possible range of kampongs could be served so that inhabitants therein could obtain modern medical facilities, it is proposed by this Ministry that Lambor Kanan would be the most suitable locality where a new forty-to-fifty beds hospital with one doctor could be established to cater for the needs of those living down river in the Parit sub-district and for those living up river in the Lower Perak District. This proposed hospital could also serve the new settlers of the down river area of Trans-Perak Padi Irrigation Scheme.

At the last riverine visit of the Honourable Minister of Health and Social Welfare, a site at Changkat Melintang was suggested and shown to him."

Dan lagi Tuan Pengerusi, surat daripada Kementerian kepada State Secretary ia-itu berkenaan dengan hospital ini. Surat yang bertarikh 29 November, 1961, ia-itu, chadangan membena sa-buah hospital di-Sub-District Parit saya quote:

"I am to assure you that this Ministry has the necessary funds to meet the cost of acquisition of the site and that for the year 1962 the initial funds for the cost of building this hospital would be made available in the Development Estimates. I am sure that you will agree with this Ministry that the sooner this project could be implemented the earlier it would be possible for this Ministry to provide medical and health facilities to the rural inhabitants living on both banks of the Perak River."

Jadi, Tuan Pengerusi, nampaknya chadangan membena hospital itu, bukan-lah ranchangan baru, tetapi ranchangan lama dan yang di-katakan

available di-dalam Development Estimates itu telah pun di-masokkan di-dalam estimate. Saya hendak mengingatkan, Tuan Pengerusi, ia-itu di-dalam ucapan Yang di-Pertuan Agong pada tahun 1962 beliau telah menyebutkan ranchangan² hendak membuat tiga hospital di-kawasan luar bandar, ia-itu satu Changkat Melintang, Perak; dua—Dungun; tiga—Tanjong Karang. Tadi telah pun di-terangkan oleh Menteri Yang Berhormat ia-itu hospital Dungun dan Tanjong Karang telah pun siap tetapi mengapa hospital yang di-Changkat Melintang yang telah ada estimate-nya tidak di-bena?

Tuan Pengerusi, tahun 1963 lagi ia-itu Yang Berhormat bekas Menteri Kesihatan masa itu ia-lah Yang Berhormat Enche' Abdul Rahman Talib di-masa pembukaan rasmi pusat bidan di-Tanjong Belanja Parit telah juga mengatakan ia-itu hospital ini akan di-bena pada tahun 1964 tetapi beliau telah menyebutkan ada kesulitan berkenaan dengan pembenaan hospital ini, ia-itu berkenaan dengan plan hospital. Saya dapat tahu plan hospital ini akan di-buat oleh satu local architect ia-itu bernama Liew & Wong. Jadi oleh sebab tidak mendapat kerjasama antara Menteri Kesihatan dan Kementerian P.W.D. maka plan itu telah pun di-hantar balek kepada architect balek ka-Kementerian, balek kepada P.W.D., ashek pulang balek, pulang balek makan dua tahun. Jadi, saya pun sudah bertanya kepada Menteri, dan saya dapat tahu ia-itu sekarang Kementerian ini telah menarek balek contract itu daripada architect dan membayar sa-banyak lebih kurang \$20,000 kepada architect. Di-sini, saya minta Kerajaan menyiasat, mengapa bayar \$20,000 kepada architect itu? Dan juga sebab perkara ini-lah yang melambatkan membena hospital di-Changkat Melintang.

Tuan Pengerusi, tahun 1964 juga—waktu Pilehan Raya, soal² hospital ini ada-lah satu soal yang merunsingkan, ia-itu salah satu issue bagi kawasan saya. Sebab, wakil PAS, ia-itu wakil daripada Bachok, yang pada masa itu dia belum bertanding, dia jadi ejen kepada chalun PAS, telah pergi

merata² tempat dan mengatakan perjanjian hospital ini hendak di-buat di-Parit, ada-lah semata²-nya bohong. Jadi, sekarang saya pula dapat tahu ranchangan hospital ini akan di-buat dalam masa Ranchangan Malaysia Yang Pertama ia-itu Pilihan Raya yang akan datang pada tahun 1969. Apa yang saya hendak chakap, sebab masa sa-tahun lagi—1970 baharu na' buat hospital. Jadi perkara ini bukan saya berjanji, tetapi Menteri² yang berkenaan, Menteri² yang berkewajipan berkenaan dengan Kementerian Kesihatan yang buat janji—bukan-lah saya yang membuat janji. Jadi, saya ta' adalah berchakap bohong. Jikalau perkara ini di-bawa di-dalam Dewan yang dimasukkan di-dalam Titah di-Raja pun mengatakan hendak buat hospital, Menteri pun mengaku dengan ra'ayat saya, hendak buat hospital—itu saya ta' tahu macham mana sikap Menteri itu. Jadi, barangkali sebab saya chakap banyak berkenaan dengan hospital ini—tidak dapat hospital itu di-dirikan di-Parit. Jadi, saya hendak tahu sikap Kementerian ini, ada-kah dia mahu supaya: You shut up, then we build the hospital? Jadi ini tujuannya! You shut up, then we build the hospital. Ini-kah sikap-nya? Jadi, saya ta' boleh hendak shut up sa-lagi hospital yang di-janjikan oleh Menteri yang bertanggung-jawab itu belum lagi di-jalankan, atau di-laksanakan. Jadi, saya pun naik hairan—pada masa meshuarat perbelanjaan yang dahulu—1965, Yang Berhormat Menteri ini juga telah berjanji bila saya membangkitkan perkara hospital di-Changkat Melintang, dia berkata, ada-lah perkara pembenaan hospital itu ada di-dalam Development Estimates akan di-buat pada tahun 1965, tetapi hari ini pula dia kata di-tundakan kepada Ranchangan Malaysia yang kedua. Jadi, Tuan Pengerusi, saya ta' tahu-lah apa yang

Enche' Ibrahim bin A. Rahman: Bukan Ranchangan Malaysia yang kedua. Tetapi ucapan Yang Berhormat yang pertama.

Dato' Haji Hussein bin Noordin: Tuan Pengerusi, saya tahu ini yang pertama, tetapi Development Estimates

yang kedua sudah habis. Jadi, yang saya minta kepada Yang Berhormat Menteri ini merayu supaya Ranchangan Pembenaan Hospital ini di-Changkat Melintang, di-dapatkan priority di-dalam Ranchangan Malaysia Yang Pertama. Sebab, apa yang di-chakapkan, yang di-tuliskan oleh Setia-usaha Tetap Kementerian ini ia-lah keadaan yang sa-benar² di-dalam kawasan tepi Sungei Perak ini. Jadi, saya berharap-lah, saya tidak lagi hendak berchakap lagi di-atas perkara ini, sebab saya tahu apa yang saya katakan tadi: You shut up, then we build the hospital; therefore, I will shut up and sit down.

Dr Tan Chee Khoon (Batu): Tuan Pengerusi, saya bangun untuk mengambil bahagian berchakap tentang Anggaran Belanjawan Kementerian Kesihatan. Tuan Pengerusi, apabila back-benchers selalu bangun berchakap, dan mereka selalu ucapan-nya yang berbunyi bagitu: "Tuan Pengerusi saya bangun untuk memberi tahniah kepada Yang Berhormat Menteri". Tetapi malang-nya, Tuan Pengerusi, kita telah mendengar dua back-benchers bukan memberi satinggi² tahniah kepada Yang Berhormat Menteri yang tidak hadir sekarang (*Ketawa*), tetapi, back-benchers sekarang nampak-nya selalu ta' puas hati dan mengeritik Yang Berhormat Menteri sampai dia malu—keluar dari Dewan ini.

Mr Chairman, Sir, I wish to touch on a few things that are before us, and I wish to say that, although I arrived late, on matters of health I beam on the same wavelength as the Member for Kota Star Selatan, and I do hope all doctors in this august Assembly, whether they are on that side of the House, or on this side of the House, we must beam on the same wavelength, if we are to be true to our profession. Now, Mr Chairman, Sir, I wish to touch on page 287 and I hope the Parliamentary Secretary will take note here. This post of *Setia-usaha Tetap, Kementerian Kesihatan*, Mr Chairman, Sir, I do not know why this post is put there. We all know that the person has been axed and, to say the least and to be kind to the person, I shall

say, he did not measure up to standards, and so he was axed: and properly speaking, Mr Chairman, Sir, that post of *Setia-usaha Tetap Kementerian*, it should have a token vote, because the axing took place not one day ago, two days ago, but it took place months ago—we know that. Why should you fool the public, you fool the world, by saying that there is such a post, when there is no post? And if you want to have a semblance of what you call “Jangan-lah buat malu”, you put a token vote of \$10. Now, Mr Chairman, Sir, it is very interesting to know why this post is axed, and it is no secret Mr Chairman, Sir, that the post has been axed, because there has been inefficiency galore in the Ministry of Health. They know it, the back-room boys know it, the Minister knows it, the Parliamentary Secretary knows it, and we in the profession know it—that you just cannot do things as the Member for Kota Star Selatan said: if you write a letter to the Ministry, you probably have got to wait for one month—and I shouted across the floor two months, Sir—for a reply. That is a measure of the efficiency or inefficiency of the Ministry of Health. Now, Mr Chairman, Sir, I shall just give one instance of this inefficiency. The Ministry, or the Minister, says that we are short of doctors, we will grab hold of any doctor that comes our way. Yet in the case of Dr Manoharan, a contract officer, a citizen of Singapore, when his contract came up he was not told whether his contract would be renewed or not. Now, surely, in the ordinary course of events, if the Ministry is efficiently run, three months before a person's contract is due to be up you tell him, “We want to retain your services” or “So sorry, we don't want to retain your services”, and he knows what to do and he will make his own preparations. But instead of this, he was left dangling in the air for months, after the date of his contract was due to be up—and can you blame that doctor concerned, the only Ph.D in this country and in Singapore in industrial hygiene? He, as soon as he found a job—and he has found a job in the University of Singapore—he went down to Singapore with his wife

as well. You have lost not only one doctor but two doctors—all due to the inefficiency, shall I use a more stronger language, of the Ministry of Health.

Now, we all know that in the Ministry of Health, they are always beset with problems. Sometimes it is the nurses, who threaten to go on strike because the food is bad; sometimes it is the dispensers who want to work to rule, because their legitimate claims have not been met, or the Ministry sits on the claims for months on end; and sometimes it is the radiographers who work to rule and, thereby, keep a backlog of patients queuing up for X-rays to be taken. All these, Mr Chairman, Sir, are due to the inefficiency of the Ministry of Health and the sooner the Minister—he has already removed one deadwood—removes more deadwood the better it is for him, or perhaps, Mr Chairman, Sir,—Who knows?—the axe may well fall on him, as the Member for Parit has said “Malu”, because he cannot go and meet his electorate there, because the Ministry has promised a hospital and has not kept its promise.

Now, Mr Chairman, Sir, may I take a little time of this House to go through the reasons for resignation of the doctors in this country. Now, Mr Chairman, Sir, I have asked an Oral Question on this matter, and the Minister has given us some glib answers to this question; and, because of the inhibitions placed on a *tukar fikiran* during Oral Questions, I now wish to elaborate on this and I hope the Permanent Secretary will note this down since the Minister is not here—perhaps he may well have angina pectoris before us, or is it a cardiac inefficiency, due to the attacks of the Member from Kota Star Selatan and the Member for Parit. Now, one of the main reasons of the doctors resigning is that there are not enough superscale posts. If you look through this you will see, as has been pointed out by the Member from Kota Star Selatan, that most of the posts have been filled—and they are likely to be filled for a long time to come—and unless you have promotion prospects for doctors who are suitably qualified.

you are not likely to retain these doctors—the Minister knows that, and yet he is brazen enough to come to this House. His estimates have been cut from \$121 million to \$119 million for next year. How is he going to meet the legitimate aspirations of the doctors by a cut in his Ministry? Another cause for dissatisfaction amongst the doctors is that there are not enough high superscale posts in the Ministry of Health.

Now, Mr Chairman, Sir, if you look at page 287, there is a post of Timbalan Setia-usaha, Tingkatan-tertinggi F. Now, Mr Chairman, Sir, that post is filled by an M.C.S. officer and, although I have not investigated the case, I am fairly certain that that officer qualified probably in the middle fifties—in other words, he has put in only about 10 years' service—and he is Superscale F. Now, Mr Chairman, Sir, there are a whole heap of doctors, who qualified long before the war, in the early thirties—in other words, they must have put in 30 years' service. While these chaps were doctors, the M.C.S. officer, the Deputy Permanent Secretary, he probably was in his short pants, and now he is also F while the others are F; and this M.C.S. Officer lords over all the other officers, who are also Superscale F, if they are fortunate to get there, or who are Superscale G and H. This is another cause of frustration amongst the doctors: they look at all these Civil Service chaps sprouting out and getting plums in the service, and they say: "I qualified before the war, over 30 years' service, and I am still lingering at Superscale F. Apa macham? I better leave the service. I am pensionable already. I open a *kedai*. The Minister says I can mint money down there". That is all the Minister says.

Now, Mr Chairman, Sir, the sooner the Ministry solves these two problems the better it is for the Ministry. And, Mr Chairman, Sir, the Ministry cannot solve these problems by not increasing the number of posts and upgrading all these posts—and he has not done so in these Estimates. How is he going to do it? He glibly tells us: "Oh, we will put in a Supplementary Supply Bill and

will ask for a supplementary provision". Is that the way you assuage the fears, or is that the way you meet the legitimate aspirations of the doctors in the service, particularly those in the higher grades? They also can read these things—and, presumably, they also can buy a copy of this; and when they look through it very carefully, they query, "Apa macham? Tempat ini Superscale F, semua M.C.S. orang; saya tiada ada peluang menaikkan pangkat; apa guna saya berkerja di-Kerajaan; baik saya buka kedai saya sendiri"; and it is as simple as that, Mr Chairman, Sir. I wish to point out to the Ministry that unless they increase the number of superscale posts and unless they upgrade a good number of these superscale posts, they are going to get more resignations on their hand. Then, what if the ra'ayat were to lead a procession to Young Road and see how the Minister and his officers work in air-conditioned comfort; and while they linger, probably there is another cholera outbreak in Kedah—one can never say; we can easily get an outbreak of cholera in Trengganu and in Kelantan following the floods.

Now, Mr Chairman, Sir, another cause of resignation amongst the doctors is this question of frustration. It is not only just not enough superscale posts, not enough higher grades of superscale posts, but it is the frustration of conditions of service. The Member for Kota Star Selatan has already mentioned how a doctor in a single doctor post has to work for 24 hours a day, and not for two months but he has to work for months on end—and it is humanly impossible to do that. So, the sooner the Ministry thinks of either doubling up the post, or, if that is not possible, to rotate these posts, the better it is for the service. And, Mr Chairman, Sir, I do not know whether the back-room boys in the Ministry ever take the trouble, when these letters of resignation come, to analyse all these letters of resignation and find out, why is it that the doctors resign. I wish to say quite definitely that the large numbers of the doctors resigned not because they want to seek better prospects elsewhere, because I

know of at least two doctors who have gone into private practice, have closed their "kedais" and gone back to Government Service. So, private practice is not that pot of gold that the Minister, or the Government benches would have us believe, but it is a calculated risk like in any profession; and so I would suggest that the Ministry, whenever you get a letter of resignation, you go and sift the thing, find out why is it that these doctors, particularly the young ones, resign, and perhaps find ways and means of meeting the legitimate aspirations of the young doctors.

Now, Mr Chairman, Sir, another example of this inefficiency of the Ministry is the way that the D.P.H. holders and those who do public health are being treated in this country. I believe that Parliament, way back at the end of 1963, accepted *in toto* the Khaw Khai-Boh Report. In that Report it was clearly stated that because public health is not such a glamorous branch of the service, people doing public health should be given incentives, and it was felt that they should be given an allowance. Now, that was accepted by the House then. Properly speaking, the Ministry should take action on it straightway—but no Mr Chairman, Sir. Last year, time and again, I have asked "Why is it that the Ministry does not give an allowance to the D.P.H. holders?" Then we were told "Oh, we are thinking about it; we are thinking about it, we will do it." Now, it was about two months' ago, I believe, that the Minister came out with an announcement that those who have the D.P.H. will be given \$350, and those who do not have a D.P.H. but work in the health service will be given an allowance of \$175. But, Mr Chairman, Sir, this has not been implemented as yet. I ask, why has it not been implemented? I say that if the Khaw Khai-Boh Report was accepted, as indeed it was accepted, at the end of 1963, then this inducement allowance should be given to those who are qualified for it, back-dated to 1963, if you want the doctors with public health qualifications, or experience, to remain in the service. Why is it not so?

I am told that the Ministry is bickering with the staff and thinking of back-dating it to August, 1965. Now, Mr Chairman, Sir, we can see how the Government works. When it comes to Members' remuneration, when it comes to accidents and the like of Members and Ministers, or Prime Minister's pension, you say, "service before and service after". When it comes to the public health officers, you say, "No! No! No! The House accepted the Khaw Khai-Boh Report in 1963. That does not matter a bit. They don't deserve these things, and we will give them from August 1965".

The Minister of Health (Enche' Bahaman bin Samsudin): On a point of clarification, Mr Chairman, Sir, the Ministry does not hold the money. The money is held by the Treasury. So, we have to consult the Treasury, the F.E.O., and so many other Departments.

Dr Tan Chee Khoon: That we know, Mr Chairman, Sir, I do know that Health is at the end of the queue and not rightly so, but justifiably so. Since the Minister is here now, why is it that the Minister is unable to convince his Cabinet colleagues that these legitimate aspirations of the doctors be met? Why is it that the inducement allowance should not be back-dated further back, from the date that the Khaw Kai-Boh Report was accepted? Now, since the Minister is here, one of the reasons why the Ministry of Health is always at the end of the queue is that every year, despite the fact that there is a great need for funds in the various branches of the service, the Ministry gives back money to the Treasury—and, rightly, the Treasury says, "Look here, we have given you all the money you want. You have not spent it. So, why do you want so much money? We will cut it because we have given you the money, but you cannot spend it". And that is one of the reasons why the estimates for next year has been cut from \$121 million to \$119 million. It is because the Ministry of Health cannot and has not, year in and year out, spent the allocation given to it.

Now, Mr Chairman, Sir, I now wish to touch on this Teaching Hospital that the Member for Kota Star Selatan has already touched on. I do not know whether this House knows—I have read through these Estimates very carefully—that there is nothing to indicate that there is provision for the Teaching Hospital for next year. The Teaching Hospital next year is coming into operation by about April or May, and in these estimates there is not a single cent. Perhaps, the Minister does not know it, and he will tell us now why is it so?

Enche' Bahaman bin Samsudin: On a point of clarification, Mr Chairman, the Teaching Hospital is in the Development Estimates. I do not like the Honourable Member to go and make a mess of himself.

Dr Tan Chee Khoon: Mr Chairman, Sir, a false reply, because the Minister knows that I am not talking of capital development—I am talking of recurrent expenditure. Mr Chairman, Sir, here is a Minister who comes and tells us that the engagement of doctors, nurses, midwives and all come from the Development Estimates. I do not know whether any of the Ministers subscribe to that. Do you provide your O.C.A.R. and O.C.S.E. from the Development Estimates? This is what the Minister is telling us. This is nonsense. The truth of the issue is this, Mr Chairman, Sir. I will tell the Minister since I am going to the University in a short while: the fact is the Ministry of Health and the Ministry of Education have not come to a conclusion as to who should have control of this Hospital. Consequently, there is not even a token vote in either the Ministry of Education, or the Ministry of Health.

Enche' Bahaman bin Samsudin: On a point of clarification, Mr Chairman, Sir, the Ministry of Education has taken over.

Dr Tan Chee Khoon: Now, we know that the Minister tells us that it is not in the Development Estimates but in the Ministry of Education. You see this is the way the Ministry of Health works, Mr Chairman, Sir, and I wish the Minister is correct on that, because

my information is that the point has not been settled as to whether the Teaching Hospital should come out from the funds of the Ministry of Education or of the Ministry of Health. Sir, we know that from the Education Ministry has come a directive to the University Council that the expenditure, their O.C.A.R. and O.C.S.E., for next year has been cut by \$2.8 million. How can the Ministry of Education ever expect the University to meet the cost of running a hospital of 750 beds?

Now, Mr Chairman, Sir, parallel with this Teaching Hospital, I fully subscribe to what the Member for Kota Star Selatan has said, that there should be more opportunities for the young doctors to branch out in specialties that have not been established in this country. I fully agree with him that these young doctors should work on their own instead of being under the aegis of an empire builder. I fully agree with him that there are lots of empire builders in the Ministry of Health. Everyone wants to build an empire of his own and lord it over.

Now, we have seen the tiny island of Singapore. They have a medical specialties drive to build a separate Department of Medical Specialties. Why is it that we a bigger country, and we always say that we are more progressive and the like, why should not we have a Department of Medical Specialties where, as the Honourable Member for Kota Star Selatan said, we can develop not only cardiovascular surgery, not only thoracic surgery, neurology, plastic surgery and the like? Why should not we have such a Department? I commend it to the Minister for Health, so that if he starts a fund as in Singapore—the Government there matches the money collected from the public dollar for dollar—if he starts this, then we can start such a Medical Specialties Department in the Teaching Hospital. No doubt there will be more opportunities not only for our young doctors, but we need not send some of these cases that are being flown to Australia, Bangkok, and the United Kingdom for specialist treatment. Why should we not start on our

own? For example, the Professor of Surgery in the Teaching Hospital, he, unlike what the Honourable Member for Kota Star Selatan says, cannot practice his craft. He has to teach and he has to do general surgery. There are no facilities for cardio-vascular surgery in the Teaching Hospital. This is a thing that the Minister should look into—cardio-vascular surgery, thoracic surgery: you see even in a Teaching Hospital there are no facilities. Consequently, I would urge the Minister of Health to get on with this job of trying to give more opportunities to our local doctors with the requisite qualifications and, perhaps, also with the requisite experience as well, so that if they have such opportunities, they will not resign from the Government Service.

Now, Mr Chairman, Sir, the Ministry of Health is characterized, is badgered, by shortage of all types of personnel: doctors—the Minister has talked enough of doctors; he does not highlight the shortage of nurses—there is a terrific shortage of nurses.

Enche' Bahaman bin Samsudin: Mr Chairman, Sir, obviously he has not listened to my speech just now; if he had listened he would not be rambling like that.

Dr Tan Chee Khoon: Well, if the Minister did say that there is a shortage, then may I ask, and this House is entitled to ask, what steps has he taken, or is he taking to remedy such shortage? It is no use telling us there is a shortage *ad infinitum* when . . .

Enche' Bahaman bin Samsudin: I have said that in my speech just now. Unfortunately, he was not here to listen to it.

Dr Tan Chee Khoon: Mr Chairman, Sir, there is not only a shortage of nurses, but there is also a shortage of hospital assistants; and I do hope that the Minister himself has acknowledged that in his speech just now. There is a shortage of dispensers; there is a shortage of pharmacists; there is a shortage of radiographers; and you go down the line, there is no shortage of hospital

attendants—there is no shortage there as you can get any number you want; but for people with skills, there is a shortage, and I wish to point out to the Minister, if I am not mistaken, there is a Pharmacist with a Ph.D.—I think about the only one with Ph.D.—and all that he is doing in the Government Service is to make mixtures and the like to dish it out. What a waste of public funds to employ a Ph.D. to do nothing more than that of the work of a dispenser? What should be done is that the Ph.D. should be taken out of that post and sent to the Pharmaceutical Factory in Petaling Jaya to do a decent and honest piece of work, rather than being a plain pharmacist or no better than a dispenser. This is one of the ways why I say the Ministry of Health is characterized by inefficiency galore. You have lots of square pegs in round holes.

Now, Mr Chairman, Sir, I also wish to touch on this question of rural health. Although the Government makes much noise in the press, over Radio and Television, whenever the Minister opens a Rural Health Centre, I have seen with my own eyes, and I have told this House, where in Bukit Rakit, for example, in Kuala Trengganu, it was empty. In Bukit Tunggul, I think, which is about five miles from Kuala Trengganu, there is a Health Centre, and when I went there one evening some time this year, there was no doctor but two quarters reserved for the doctors and the dental surgeons were occupied—one by a hospital assistant, another by an M.C.S. officer. What is the use of opening all these Centres all over the country, when you do not have the staff to staff them?

Enche' Bahaman bin Samsudin: Mr Chairman, Sir, it is not opened yet. That is the reason why it was like that.

Dr Tan Chee Khoon: The Bukit Tunggul Health Centre is open.

Enche' Bahaman bin Samsudin: Not officially.

Dr Tan Chee Khoon: He says now that it is not opened officially. The building is up for two years. The Minister, I know, does not play golf. But if he is too busy elsewhere and if the Health Centre is not officially opened—and all this time the taxpayers are footing the bill of thousands if not millions of dollars—and the Minister calmly tells us it is not open and we need not staff it and if the press publishes what I say, I leave it to the country to judge.

Now, Mr Chairman, Sir, another inefficiency of the Ministry of Health is this matter of G.Ps. assisting in the rural areas. This was a scheme that the Malayan Medical Association—about three to four years ago—put forward to the Ministry, and on one occasion last year when I asked the question on this, the Minister confessed that he did not know about it; but at long last, after three years, it has gone through and the Minister has asked for assistance from the G.Ps. If that is the way the Ministry of Health operates

Enche' Bahaman bin Samsudin: Mr Chairman, Sir, I was not the Minister of Health then.

Dr Tan Chee Khoon: I was not talking about the Minister himself, Mr Chairman, Sir—I am talking about the Ministry. I do hope that the Minister will not think that this is a personal attack on him. I am castigating the Ministry—whatever that represents, Sir.

Now, Mr Chairman, Sir, I shall end up with two more items. One, that is the M.A.P.T.B. Quite rightly, the Member for Kota Star Selatan says that this grant of \$106,000 is less than chicken feed. While on the one hand the Minister goes and tell the whole country, "All ye, who suffer from this complaint come unto me in the hospital; I will X-ray you, I will treat you", then when you discover all these cases of TB, what happens? The poor wage earner cannot afford to be treated. He cannot afford to be out of circulation and be in the hospital, because who is going to feed his six

or seven children? Consequently, this Ministry gives \$106,000 which is less than chicken feed, and with a little more assistance from Social Welfare it is just hardly enough to go round. The Member for Kota Star Selatan is a general practitioner and so am I, and we know how great the need is for such assistance. By about March or April, when you send requests to the M.A.P.T.B. for assistance for your patients with TB there comes the reply, "Sorry, no more funds". Now, may I commend to the Minister that the Ministry next year, or, by way of supplementary vote, should not give this category of sufferers the assistance of \$106,000 but should multiply by five, and even then it will be too little—and this is where the question of priority comes. Mr Chairman, Sir, none other than the Assistant Minister for Culture, Youth and Sports, when I questioned the wisdom of the Government spending half a million dollars on this Rumah Peranginan in the Cameron Highlands, he says that that is necessary, and he also says that in other countries people spend \$5 million on such a project. But what about the ra'ayat, the long suffering ra'ayat, with *batok kering*? They don't need any assistance; they can die away quietly in their homes. Let the Ministers have their game of golf in the Cameron Highlands, let them live in luxury in this Rumah Persekutuan in the Cameron Highlands.

Finally, Mr Chairman, Sir, I regret that in these Estimates the vote for the Lady Templer Hospital is still half a million dollars. This is where I would refer to the Minister, the Minister is not at fault, but unfortunately there is no Treasury official here, present here today. It is a hard hearted (*interrupted*).

Dr Ng Kam Poh: I am here.

Dr Tan Chee Khoon: I am sorry, the Assistant Minister of Finance is here. This is where I say that the fault lies with the Treasury. Why should not the Treasury provide not half a million dollars for the Lady Templer Hospital but \$700,000 for the Lady Templer Hospital, because for the

last three years this subvention of half a million dollars has always been increased by a supplementary vote of \$200,000.

Dr Ng Kam Poh: On a point of clarification, Mr Chairman, Sir—I give to the Lady Templer Hospital half a million dollars in the hope that some philanthropist like the Honourable Member for Batu might like to donate another half a million dollars. We anticipate such things. If that is not enough, we will give—fair enough. But if the Honourable Member for Batu feels like giving, say, \$250,000 we will accept it.

Dr Tan Chee Khoon: A fat hope it is for the Treasury to expect any philanthropist to give a quarter million dollars to the Lady Templer Hospital, when we know that there is terrific waste in the Government itself. Why should any philanthropist connive at this wasteful expenditure of the Government? I would suggest, Mr Chairman, Sir, that the Minister takes up this case of the extra \$200,000 with his colleague, the Minister of Finance, and make it, not a temporary item, but a permanent fixture. Also if you look at the estimates you will see that so much is spent on *kediaman Menteri*?—I see in “Home Affairs” last year, rather this year, about \$8,000 has been spent; next year another \$9,000 for the Minister of Home Affairs, is asked again in these estimates—and yet the Ministers are reluctant to give this \$200,000 to the Lady Templer Hospital. Worse than that, Mr Chairman, Sir, as I brought up the other day, “They rob Peter to pay Paul”. They demand a pound of flesh from every patient who goes to the Lady Templer Hospital—pay up \$1 for every day you stay here. Now the Honourable Assistant Minister of Finance was a general practitioner himself, and I hope he remembers how difficult it was to persuade some sufferers of T.B. to go into the Hospital for the simple reason that these people cannot go to the hospital.

Dr Ng Kam Poh: Mr Chairman, Sir, if the Honourable Member will allow me to put in a word or two. This

\$1 a day has been subsidised by the Treasury which comes from the General Hospital. I think the Honourable Minister of Health will tell him so.

Dr Tan Chee Khoon: Mr Chairman, Sir, on the reply given by the Honourable Assistant Minister—as I say, he was a private practitioner himself—about 90% of the cases to the Lady Templer Hospital do not come from the hospital, they come from practitioners all over the country; and where are they going to get this \$1 a day? Is the Ministry prepared to finance, subsidise, these people? Well, let the Minister answer. The cases that are sent to the Lady Templer Hospital, that are considered fit for treatment by the Lady Templer Hospital, they are sent by the private practitioners, and they are to foot this bill of \$1 per day. Now what the Assistant Minister is talking of is the cases referred to from the hospitals all over the country—they get a subsidy of \$1 from the Ministry, that is true.

Dr Ng Kam Poh: That is correct. But that does not prevent the general practitioner from recommending him to the hospital and sending him from the hospital to the Lady Templer Hospital.

Dr Tan Chee Khoon: I am amazed that there is a person who was a private practitioner, who wants us to go round this way—from a private dispensary you send a case to the already over-loaded General Hospital, and from there it goes to the Lady Templer Hospital. Why is it so? If the Government, in any case, is going to pay this \$1 by way of assistance from the Ministry of Health, then you should do away with this \$1 a day fee on cases that are sent to the Lady Templer Hospital, whether the cases are sent by the Government hospitals, or they are sent from private practitioners. This is one way. I do not know why the Government is so fond of robbing Peter to pay Paul.

Now, Mr Chairman, Sir, in conclusion, may I just reiterate that I do hope the Ministry of Health—and the

Minister is here now—will cut off more of the deadwood and get on with the job of seeing to the health of this country. With cholera in one case in Kuala Lumpur—we may never know how it may spread like wild fire, with the floods in Kelantan and Trengganu—we never know what epidemics will break out, we hope the Ministry will get on with the job of providing the *ra'ayat* of this country a better health service.

Sitting suspended at 6.00 p.m.

Sitting resumed at 6.24 p.m.

(Mr Speaker in the Chair)

THE SUPPLY BILL, 1966

Committee

House immediately resolved itself into a Committee of Supply.

SCHEDULE

Head S. 32—

Debate resumed.

Dr Lim Chong Eu (Tanjong): Mr Chairman, Sir, first of all, I must say that we naturally sympathise with the Honourable Minister of Health because in presenting this very foolhardy Budget, he is probably restricted under his Cabinet responsibilities. But, in view of the fact that this House has been reminded on more than one occasion that there is collective responsibility in the Cabinet, our observations that are made and directed in particular to the Ministry of Health must contain a strong criticism of the Government itself.

Several Members have already indicated their concern that the total provision for the Ministry of Health this year is less than that provided for last year by some \$9 million-plus. Sir, this concern at first sight might appear to be a little bit unnecessary, in view of the fact that the Government, through the Minister of Finance, has told us that this is an austerity Budget. Sir, we have here an instance, where the Government has actually cut down on the total expenditure on one Ministry but we say that this is a foolhardy

concept and a foolhardy policy, because, of all the Ministries that the Government should choose to cut down expenditure in exercise of this austerity aspect, it is very unfortunate that the Government should choose health and medicine for cutting down expenditure so drastically, because we all know that the health of the nation, the health of the workers of this nation, and the health of the future generations of this nation, must, to a large extent, determine the productivity of this nation and the well being of this nation in future years.

Sir, when we look at this curtailment of the total Budget in the light of the fact that this Budget now includes provisions for the States of Borneo—namely Sarawak and Sabah—and also in the light of the eviction of Singapore, which means that our total local needs in health, particularly with regard to the question of staffing from the point of view of doctors, and if you look at the problem from our own development and increasing requirements for health facilities in the States of Malaya, the reduction is more ominous than what it apparently seems to be at first sight. That is why, Sir, I said that the whole Budget estimates for the Ministry appears to be foolhardy; and when we go into details, Sir, we will find that certain provisions, particularly under the provisions for health—malaria research, malarial prevention, and so on—we notice that the amounts provided for in these estimates are dangerously low.

Sir, Members in this House, the Member for Kota Star Selatan, the Member for Batu, and even the Honourable the Assistant Minister of Finance, who are members of the medical profession like myself, have been constrained to bring up to the notice of this House matters, which involve the question of shortage of staffing and, in particular, the reasons whereby doctors do not remain in the service as long as they should—and various reasons have been brought up, and the Member for Kota Star Selatan has given us a very thorough detailed examination of the situation. However, Sir, I would like to cristalise the issue

and go more on fundamentals—not in a world of my own but on the fundamentals of the world—in respect of the situation of Malaysia which the Cabinet apparently has isolated itself from. Sir, the Honourable Member for Parit, I think, struck the correct note. This situation of health, and the provision for the development of health in our country, is a long standing evidence of the suffering and the perseverance of our people against the indifference and the lack of vigour of Alliance Government policy towards the question of health. There is a fundamental reason why the Government Medical Services, in all respects, have slowly found it more and more difficult to provide for conditions, whereby the staff will remain in the service. The question was brought up a long time ago, even at the time of the very first Minister of Health, the late Tun Leong Yew Koh; and this was also mentioned by the Honourable Member for Parit. The question of the “crash programme” to meet the need for more doctors in relation to the doctor/population ratio in this country is a very long one—I mean, it is as old as the Alliance in power. Sir, the fact that today backbenchers of the Alliance should so vehemently bring up the question of the deficiencies in the Government Medical Services indicates how long suffering the people have been, and how dangerously low our health policies have now reached. This question of staffing, this question of health policy, cannot to my mind, be resolved, if the Government starts chasing problems only when they arise. I maintain fundamentally, as I maintained nine years ago, that unless this new nation embarks upon a new policy on health, a truly national policy—at that time when we first brought it up in the Malayan context—it is now obviously Malaysian in context—it will be very difficult for us to overcome many of the problems because our system is not a national system of health. Our system is not even a civil service, it is not a socialised system, it is not even a private system of health, but it is a queer admixture, and the easiest way of describing it is that it is a remnant,

or vestige, of the old colonial medical system. Sir, unless the Government and the Minister for Health sets up an advisory Committee—and actually there was a Committee set up several years ago when the Honourable Minister for Telecommunications was the incumbent Minister for Health—to look into the whole question of the health needs of our country, the pattern of the development of the health programme of this country, and determine exactly what course is best suited for the needs of Malaysia, we will continue to have recurrent criticisms on details which the Minister for Health will have to stand up every now and then to reply to.

Sir, I think we must try and meet these fundamental issues. We must know now what are the needs in terms not only of our growing States of Malaya, but we must know it in terms of Malaysia, i.e., in terms of all our territories including the Borneo States. We must know now with the eviction of Singapore and the independence of Singapore now as an independent country, how we can carry on the development of our own medical facilities, the provision for our own medical schools and the establishment of our own medical programme without the help of the independent State of Singapore. This is very necessary, because it is a bit unfair for us to try and compare our standards and our requirements with that in the State of Singapore, because what happens or has happened in the State of Singapore—I bring this matter up simply because the Honourable Member for Batu has already brought the matter up—at its very best is only confined to or concentrated in an urban State, and its medical requirements and provision for medical and health facilities are different from ours which has a very large rural population, a big hinterland and badly served rural areas, although it is true that tuberculosis, for example, is a very important issue both in Singapore as well as here—and we could provide for more help to the Lady Templer Hospital. Sir, the question with us, I think, is how to provide increasing medical facilities in the rural areas to overcome a very important drawback

in this country, and this is the question of infant mortality and what is called child wastage, and as to the difference between infant mortality and child wastage, I am sure, the experts of the Honourable Minister will tell him. Sir, ever since the first survey that was made in 1960 to this day we have no further statistics as to whether there is development in this problem, or whether the country has actually gone backwards. I have my own vague suspicion, that if we now talk in terms of Malaysia, rather than the States of Malaya, and include the problem of infant mortality and child wastage, figures for Sabah and Sarawak

Enche' Bahaman bin Samsudin: On a point of clarification, I mentioned all these in my speech just now, but unfortunately the Honourable Member for Tanjong was not here to listen to my speech.

Dr Lim Chong Eu: Sir, the Honourable Minister is quite wrong to assume that, because I was not physically present in this House, I did not hear his speech. I mean that with the good grace of public funds the facilities accorded to Members of Parliament are such that one can hear the Minister for Health, even if one were sitting inside the toilet. Sir, I bring this matter up because I just wish to stress that unless we co-ordinate our problems and try to resolve them, it is quite clear that all these provisions under Personal Emoluments, at the very best, is only a cockshy attempt to solve what are the basic health problems of this country—and that is why, Sir, we get so much dissatisfaction and so much detailed criticisms that at the very best the Minister can only say, "We have no money". Sir, if it is a fact that we have no money to meet the problems, that is probably understandable, but today it is less understandable, in view of the fact that the Assistant Minister of Finance is also a Member of the medical profession. The fact that the Member for Parit has brought up the long record of the Alliance Government's inability to meet the needs of the people may, perhaps,

indicate not only a shortage of funds but also a lack of policy and planning.

Now, Sir, with that, I would like to touch on certain issues in detail, and to try and indicate to some extent what the Government can do, if in fact it has an overall plan. But I must say that these remarks that I am going to make, are made haphazardly in the light of the fact that there is no visible plan that I can see. Sir, the Honourable the Member from Kota Star Selatan has referred, for example, to this question of provision of cardiac units, and he mentioned the fact that the Government intends to establish two new cardiac units in the Kuala Lumpur area—I mean Kuala Lumpur will have two institutions—but this may not be true, as I do know, Sir, that part of the members of the cardiac unit have been taken over, or have been selected, from the State of Penang. And, Sir, I feel that this reference has got two lessons which we would like to bring to the attention of the Honourable Minister of Health. Sir, it is not necessary, first of all, for us to centralise the cardiac unit in the heart of the nation, although Kuala Lumpur is the centre, and, naturally, I make a plea that when the special units are established, the cardiac unit will go to Penang. Sir, there is reason in this suggestion, because I have already mentioned that with the eviction of Singapore, we must provide a programme of development in health, and particularly in our hospitals, to meet the further training requirements of our own doctors and also to provide for the foundations of the development of teaching hospitals and eventually of more medical faculties in this country. So, by developing these special units, the cardiac unit, the renal unit, and so forth and so on, in different areas in the country, we could very well lay down the beginnings of more medical faculties, throughout the Federation of Malaya, and that the need for a new medical faculty is becoming increasingly greater ever since the eviction of Singapore. Previously we used to think in terms of one medical faculty in Singapore, the second medical faculty in Kuala Lumpur, and a third medical

faculty, probably in the distant future, in Penang. Sir, I feel that it is necessary now not only for us to think in terms of just starting our own medical faculty in Kuala Lumpur, but we must begin to think in terms of laying the foundations of new medical faculties elsewhere in Malaysia, probably one in Penang and one in the States of Borneo to spread out the development of our medical training programme.

Sir, with regard to the other factor, about this question of a cardiac unit, the suggestion brought up both by the Member for Batu and the Member for Kota Star Selatan was that we should build this cardiac unit by sending men abroad and bringing them back, and here is an instance where Government could have made a lot of savings had our own Ministry of Health been a little bit more aware and a little bit quick on the uptake. Sir, last year, under the World Health Organization, the Singapore Medical Faculty, and at that time Singapore was part of Malaysia, had the advantage of having a man of international repute, Professor Roy, to come and establish and teach and build up a cardiac unit in Singapore. Sir, at that time our Government did not think it fit, or worth while, sending any member of our medical services to understudy Professor Roy when he was down in Singapore. Sir, the work that was done by the unit during the process of building the unit up was so interesting that it created records. For example, the statistical analysis of cardiac cases in Singapore broke through barriers of academic achievements which had never been done. So, I do suggest to the Minister that in establishing these special units he should think not only in terms of sending our men abroad, but he should rather think in terms of bringing men from abroad to teach our staff here. Sir, the added advantage of savings along this line will be that by bringing men of international repute to our own faculties here, we will be exposing our own Departments both in research in the Government Service as well as in the University, and even in private practice, to the good influences of

expert professional men in their own fields in the various subjects.

Sir, I commend to the Honourable Minister seriously to consider developing our medical services along those lines, because whereas Singapore has managed in two years, or 18 months of Malaysia, to centralise and to focus international medical conferences in Singapore and thereby created links along academic lines with research institutes all over the world, we are left behind. And, Sir, now that Singapore is an independent State, the Ministry of Health, must with the co-ordination of the Ministry of Education provide for this kind of facilities because, Sir, it is just this type of academic impetus and stimulation which I think will help keep our young men in the service more than anything else.

Sir, another point which I would like to touch upon immediately is this question of the provision of \$10 on page 298 under sub-head 1, Director of the I.M.R. Sir, I do not know why such an important Institute should have only a token vote. I do not understand the situation and I hope that the Minister will elucidate, but I have certain general points to raise on this issue. Sir, the Institute of Medical Research in Malaya has become an institute of international reputation, largely through the work of Sir Roland Ross in the field of research. Therefore, it is necessary for us immediately to try and provide for a man either with long experience in the Department, who has had long connections with the history of the Institute itself, or for a man with international reputation to take over this post, so that the Institute of Medical Research can become a focal point in the development of the academic standards of research in medicine in this country. But, Sir, to provide only for the development of the Institute of Medical Research, *per se*, by itself, is not enough, because as I said earlier on, we should have a complete review of the system of health and the system of medicine in this country. We have a growing medical faculty in Petaling Jaya, and also larger numbers of our own citizens

who practise Western medicine. I think that provisions for research have been given in other sections of Head S. 32 where we have provisions for research in filariasis, research in leprosy, research in snake venom and so forth and so on. I feel that all the provisions should be revised and provided for under one programme of research development, so that we can have complete integration of medical research in this country, and that the medical research could reach the Faculty, the medical research could reach the services, and the medical research could reach the private practice sector, and all of these probably integrated under the Institute of Medical Research. For example, if the I.M.R. were embarking upon a subject of research, say widespread general statistical evidence of hemorrhagic fever, the programming of the research might be conducted in the Institute but grants could be given to doctors in Government service, in different areas of the country, in different hospitals, in different clinics, in different health centres, grants could be given to doctors who are working in the Medical Faculty and grants could even be given to selected personnel in private practice, all of which to be integrated and co-ordinated by the Institute of Medical Research. Sir, I say this, because I notice that in this

Mr Chairman: May I point out to the Honourable Member that the time is short and the Minister has to reply. So, would you make your speech as short as possible without any medical lectures, as much as possible?

Dr Lim Chong Eu: I shall, Sir, because I am about to end. I thought that by integrating these various things I could make it shorter; otherwise I would have to take item by item and that would take much longer time.

Mr Chairman: It is left to you. I am merely pointing out that the time is short and there are other speakers who wish to give their views.

Dr Lim Chong Eu: Yes, Sir. Sir, for example, there is provision under

page 311. Sub-head 9, O.C.A.R. Contributions to Tropical Medical Institute, United Kingdom, and in the following page, page 312, Sub-head 26, there is provision for Training. Sir, all these things could have been integrated and by this integration I think the Ministry can effect savings and the Ministry can provide for better efficiency, and the Ministry will provide for the facilities which will help to retain its staff within the services.

Sir, another aspect of savings is coupled again with two facets of medical development, again which at one time was centred largely in Singapore and which I urged the Ministry to take over into our own Malaysian programme. One, Sir, is this question of provision for advanced training in medicine. Again, the Colombo Plan provisions allowed of a programme of alternating years of advanced training for the Fellowship courses and advanced training for the Membership courses which were held in Singapore. Last year, and this year again, our Ministry did not make use of the facilities by sending enough men. I see that nine were sent this year when we should probably be sending about 30 or more. It is a question of allowing them an adequate period of time, three months off from duty to complete the course and to sit for their examinations. By that way you can screen them, because if they pass their examinations, then they are fit to go on with their studies. We do not have to send them to England to fail and bring them back. Sir, the other one, of course, is the development amongst our own doctors, and this included doctors in Singapore, of an Academy of Medical Sciences. This group of men, with special training and special aptitude and with post-graduate qualifications, are banding themselves up into this Academy, which, I think, the Honourable Minister is aware of. However, no provision is made in these estimates, not even a token vote of \$10, because an Academy of Medical Sciences, I think, can help a great deal in the training of staff, especially in view of the fact that the proposal has been made by this

Academy to train our doctors, both in private practice as well as in Government service, in this special item of war medicine which in the light of confrontation is a very necessary training; and here again, the Government could effect savings if Government were to establish rapport and liaison with this Academy in order to raise our standards of health.

The last point, Sir, is one which I suppose if I make mention of it I will be immediately referred to the Development Estimates and I shall do so, but at this point I would like to raise it, and that is, last year I did make mention of the fact that there was need for a new wing to the General Hospital in Penang, and in view of the fact that the Penang Hospital, with its old traditions, lends itself quickly for the development of a medical centre, I do urge the Honourable Minister to be more vigorous in asking for a bigger budget in health from his own Cabinet Ministers, because in trying to save through health we reach a situation where it is foolhardy. In the case of treating a patient, if you do not give him the absolutely minimum requirement, you might just as well not spend anything at all, because spending that amount of money might not cure the patient—in actual fact, you spend it and kill him for no reason whatsoever.

Dato' Dr Haji Megat Khas (Kuala Kangsar): Mr Chairman, Sir, I would take this opportunity to chip in this long discussion on Supply Head 32 for the Ministry of Health because it is obvious now, from the many grouses and complaints that we have heard from both sides of the House, that the allocation or the provision for this Ministry for this year is certainly living up to what has been described by the Minister of Finance as an austerity Budget, and, as such, of course, the Ministry of Health will suffer along with the other Ministries in its allocations for the following year.

Sir, a lot has been said about the shortage of doctors and many other forms of personnel in the health services of this country, with which I

certainly agree, but I also believe that the Minister of Health, though with the best of faith and goodwill, would be willing to cover those shortages, but nevertheless, he is not a magician, and to produce a doctor, as has been said, it takes at least six years. At the present time our community in Malaya has got one doctor to about 7,000 of the population, and this has been worked out according to statistics and this is far short of the requirement that more developed communities has had the pleasure of having. In the United Kingdom, for instance, where the level of health services is very much more advanced than what it is in our country, they have got one doctor to 930 of the population, and even there they say, "We still have not got enough doctors". Thus, there is a world shortage of doctors and they cannot be turned out just like frying *kachang puteh*, for instance, in fifteen minutes. So things must develop gradually by process of evolution and careful planning, and it is no use indulging in wishful thinking that things can be remedied over a short period. No doubt, we realise that the health of a country is a most important factor not only in the development of the country but also in the economics of that country. But what are we to do? We have got an austerity budget to deal with and we have got to cut our coat according to the cloth that we have available. But nevertheless, I have been rather saddened when I looked at the Budget and I would draw the attention of the House to Head S. 32 under "Other Charges Annually Recurrent" on page 312, and under Sub-head 25, the allocation for Stores for the following year will be about \$10,082,730. This includes the year's requirements and the year's requirements, I think, will have to be supplemented because that has been the routine in the previous years, because supplies tend to get short not only towards the end of the year but even in the middle of the year, sometimes at the beginning of the year. If I had my say in the matter—the allocation of \$10 million is certainly little—it should be increased, especially, in face of the emergency that we are facing, when we may not be able to get the supplies

when we need it. We have got to build up a reserve.

Then I would draw the attention of the House to the Special Expenditure on the next page 313, and here there is a series of allocations that are far short to my mind of the actual requirements. Now, if you look at Sub-head 33 there is a contribution of \$100,000 for voluntary bodies for medical and welfare work. This means a reduction of \$25,000 on the previous year's budget. I cannot understand why, if you want to preserve the health of the country as a whole, that encouragement to the voluntary bodies carry out this form of work should be curbed like this, but there you are. I know that the Minister of Health is not a magician, as I said. Then again in the next item, Sub-head 34, you have got St. John Ambulance Association and Brigade and the Red Cross, all having their allocations cut, in spite of the fact that we have been told, "You must be prepared, you must expand into the rural areas". How can we expand if the money is being cut? We have got in fact to contract instead of to expand. The Lady Templer Hospital is down for \$500,000 for the next year, but if you remember, we have just had to give another \$200,000 just recently, at the beginning of the present session, as a supplementary vote. So, the requirements will have to be supplemented by another supplementary vote sometimes perhaps towards the middle of next year, or perhaps towards the end.

Sir, I would like to take Sub-heads 48, 50 and 63 together, because there you see that Medical and Surgical Equipment is being allocated a sum of \$550,000, Ward and Hospital Equipment \$375,000 and under Sub-head 63, X-rays \$100,000. This brings up the point that has already been raised by the Honourable Member from Tanjong that all these allocations could have been consolidated and perhaps some savings could be made on it, because I cannot imagine, knowing that a lot of hospitals in this country today are making do with out-dated and out-moded equipment, that these will not have to be replaced, and replaced they must be, but probably gradually, as a

lot of the staff working in these hospitals have been saying, "How can we do our work when we have not got the tools". Now, for a sum of \$100,000 for instance, you can hardly get one decent X-ray set to fit a hospital, in the General Hospital; as for medical and surgical equipment of half a million dollars, this equipment has to be distributed to all the hospitals within the country! Well, one single forceps is going to cost about \$12. I know that, because I am a doctor and I have been buying them. Ward and hospital equipment are all under fair criticism, that is to say that these are the very items that should be given allocation far in excess of what is actually being done; then I would draw the attention of the House to the provision under Sub-head 66, Expenses of part-time private Medical Practitioners of \$15,000. For a sum of \$15,000 to be spent in one year for the work that is going to be given by the private practitioners of the country and all the hospitals, in order to help the resident members of the staff, is just a drop in the ocean, something that goes in between the crevices of the teeth, so to speak. It does bring to my mind the fact that the Government itself is not convinced that there is going to be any form of success—that is why they have made such a small provision for it. Although the upper limit of the earnings of one particular doctor is going to be only \$400 per month, the Government probably thinks that it is not going to get many of these chaps coming along to do the work. So why make a big provision? I think that is a showing up of a lack of faith when we draw up the budget itself.

Lastly, but by no means least, I would draw your attention to Sub-head 71, the very last one on the page, Reserve Emergency Stores for which a provision of \$5,700,000 was allowed last year but for this year it is "nil"—and I think, with all due respects to my friend, the Minister of Health, who is my good friend and my school mate, I think he should have fought tooth and nail to have something in reserve in times like this, because with an emergency maybe in the form of a

cholera outbreak—it has already started in Kuala Lumpur, floods in Kelantan and Trengganu—there may be no end to the requirements that will have to be met with from the Emergency Stores. Nevertheless, I am ready and quite willing to make all allowances for the shortcomings of our Budget and I would request the tolerance of my Honourable friends across the floor that we must try and make do with what we have because, I think, in the last course we can always have recourse to supplementary votes, although supplementary votes come for more severe questioning when they do come up, but still let us not give up hope but work with what we have; and although we have not got the tools, let us get on with the work and do what we can with what we have.

Mr Chairman: Saya suka hendak bertanya Yang Berhormat Menteri Kesihatan, berapa lama agak-nya dia hendakkan waktu hendak menjawab.

Enche' Bahaman bin Samsudin: Sa-tengah jam.

Tuan Haji Othman bin Abdullah (Hilir Perak): Dato' Pengerusi, saya mengambil kesempatan ini menguchapkan sa-tinggi² shukor kepada perkhidmatan kesihatan dan perubatan daripada Kementerian ini yang telah mengambil berat soal² kesihatan ra'ayat dan memberikan khidmat² mereka sa-kadar yang mereka dapat buat dan memberikan usaha² mereka bagi mencheгах sa-barang penyakit yang boleh menimbulkan berjangkit dari satu orang kepada satu orang yang lain dan menengok kepada perkhidmatan² yang di-berikan oleh pegawai² kita daripada doktor-nya sampai-lah kepada ka-bawah²-nya itu. Perkhidmat mereka ini, pada faham saya, lebeh mementingkan perasaan kemanusiaan daripada perasaan kewangan, walau pun pada masa² kebelakangan ini kita ada mendengar ada permogokan atau tuntutan² gaji daripada pegawai² di-rumah² sakit, tetapi ini tidak-lah merupakan satu ugutan yang akan memundorkan chara perubatan kita di-Malaysia ini. Atas perasaan mereka itu sa-bagai sa-orang manusia dan kemudian merasakan

sakit kepada manusia yang lain, kemudian mereka berkhidmat, maka di-atas asas ini kita menguchapkan sa-tinggi² tahniah kepada pegawai² kita daripada doktor sampai ka-bawah-nya di-atas perkhidmatan mereka. Bukan sahaja, Dato' Pengerusi, mereka ini bekerja di-hospital² yang telah di-dirikan oleh Kerajaan, tetapi juga mereka ini bekerja sampai ka-luar² bandar, menaiki motor bot, berjalan kaki dan sa-umpama-nya bagi menyampaikan kewajipan mereka sa-bagai orang yang bertanggung-jawab di-atas kesihatan ra'ayat dan malahan kalau kita tengok di-dalam Anggaran ini kita nampak beberapa pegawai² juga bertugas terhadap orang² asli kita yang jauh masuk ka-hutan²—juga mendapat perkhidmatan yang baik daripada mereka.

Ada pun kekurangan² kita di-dalam pegawai² perubatan ini tidak-lah dapat kita tidakkan ada-nya kekurangan itu dan oleh kerana itu kita telah merayu, kalau saya tidak salah, kepada doktor² yang membuka despansari-nya sendiri supaya mereka itu memberikan khidmat mereka kepada Kerajaan, kepada rumah² sakit, dalam tempoh yang tertentu, dan bukan pula sahaja mereka itu berkhidmat chara sukarela, tetapi mendapat bayaran agak lumayan juga. Jadi kekurangan² ini sa-hingga memaksakan kita mengambil doktor² daripada luar negeri untuk mengatasi kesulitan² ini.

Tetapi pada fahaman saya, kalau sa-kira-nya Faculty Perubatan kita sekarang ini berjalan dengan baik dan mahasiswa² kita sudah mula di-tempatkan di-faculty² itu, kita akan dapat, insha Allah daripada satu masa ka-satu masa mengurangkan kekurangan² kita yang kita berhajat supaya kesihatan kita ini, kesihatan ra'ayat kita, dapat terpelihara mengikut ukoran yang sesuai dengan kemajuan zaman ini. Hendak kita bedzakan negeri kita ini dengan England, dengan Amerika, mithal-nya, jauh benar-lah, Tuan Pengerusi, kerana kita ini baharu menchehuba dalam beberapa hal termasuklah dalam perubatan, bagaimana hendak menghadapi kesulitan² kita.

Satu lagi, saya rasa, kesulitan kita ini bukan sahaja oleh kerana orang² kita

ini sudah begitu mundur fikiran-nya dan tidak begitu memperchayai ubat² daripada doctor, mereka lebeh perchaya kapada bomoh, kapada jampi², serapah², mithal-nya, tetapi lama-kelamaan mereka itu yakin juga dengan perubatan sa-chara modern ini, bukan sahaja itu yang menjadi kesulitan kapada pegawai² perubatan kita dan menghadapi masaalah masharakat, tetapi juga chara perhubungan diantara pegawai itu dengan ra'ayat menjadi satu hal yang patut di-fikirkan. Kalau di-England mithal-nya, atau di-Amerika, atau di-mana² negeri yang telah maju, soal perhubungan ini tidak menjadi perkara yang berat, sebab jalan sudah sempurna, rumah², orang², itu ta' banyak negeri² orang—itu tidak banyak sungai² yang menghalangkan, ta' banyak paya², ta' banyak gunung-ganang macham negeri kita dan udara kita pun tengok-lah. Tuan Pengerusi, baharu-lah ini dengan tidak semena² di-Kelantan dan Trengganu telah menghadapi satu kemalangan banjir yang kita tidak dapat menerka-nya, dan terpaksa Pegawai² Perubatan kita bekejar ka-sana, bekejar ka-sini, untok menghalangkan sa-barang penyakit yang boleh timbul daripada wabak² yang seperti itu. Jadi, kekurangan² kita dalam sudut ini memang jelas, tetapi dengan keinsafan kita, akan dapat kita atasi dari satu masa ka-satu masa.

Satu lagi, Tuan Pengerusi, yang kita nampak bagaimana Perkhidmatan Kesihatan kita dalam negeri ini baik, mithal-nya, kalau kita masok hospital, masok hospital kebanyakan hospital kita ini membuat layanan² yang sakadar yang boleh, tetapi hendak buat macham rumah sendiri, tentu-lah payah. Hendakkan makanan yang sedap, segala²-nya sedap, semua-nya sedap, sedangkan kelmarin kita dengar, Tuan Pengerusi, hendak naik kapal haji pergi ka-Mekah, bayar \$1,000 cabin A, Cabin Satu—itu pun makan ta' sedap, sebab orang ramai. Kita khenduri pun, Tuan Pengerusi kita khenduri panggil dua ribu orang, walau pun kerbau baharu kita sembeleh, ada makanan itu tidak sedap, sebab terlalu ramai. Jadi, ini kita gunakan sadikit kepala bahawa

layanannya itu tentu-lah agak kurang daripada layanan kita di-rumah, tetapi walau bagaimana pun layanan itu ada, walau pun ta' begitu memuaskan hati, itu dapat-lah kita perbaiki dari satu masa ka-satu masa, tetapi yang menarek perhatian saya ia-itu di-sini di-hospital kita ini banyak free, banyak perchuma, sa-hingga botol pun hendak minta kapada dispensari kita: mana botol, kalau dia beri mixture, kalau dia beri, kalau beri free—minta botol free, sumbat² botol semua hendak free. Ini chara kita. Chara pemikiran kita. Ra'ayat kita ini kita kena sabar bagaimana hendak mendidek mereka ini supaya mereka mempunyai tanggung-jawab yang lebeh berat, yang lebeh mendalam terhadap kesihatan mereka itu sendiri. Kalau orang itu bersesak²—kita di-sini bersesak², Tuan Pengerusi, dia ta' pandai queue sendiri, tetapi hendak kita bezakan dengan kita, hendak kita tengok macham di-England dengan negeri² lain, dia orang kalau sudah bersesak² dengan sendiri-nya dia orang berator, macham naik bas, dia berator sendiri. Kalau tengok ambil ubat, berator sendiri. Di-sini tidak—siapa chepat, siapa dahulu! Jadi, bagaimana-kah pegawai itu ta' marah kadang²—bukan ta' ada pegawai² kesihatan kita itu, macham Pegawai Dispensary pamarah, kasar—memang ada, tetapi di-tekan dengan keadaan udara, perbuatan, dengan muka, dengan chakap yang terlayan ini. Jadi, ini-lah dua belah pihak kita harus memikirkan bagaimana chara-nya yang kita hendak memberi nasihat yang baik kapada orang² kita, dan oleh tugas Jabatan Kesihatan ini memberi penerangan² yang lebeh berguna kapada ra'ayat kita supaya dapat mereka itu menjaga kesihatan itu dengan perasaan tanggung-jawab mereka.

Bagitu-lah, Tuan Pengerusi, perkhidmatan yang saya nampak sa-kali imbas, sa-kali pun saya ini bukan-lah sa-orang yang ahli dalam soal perubatan itu, tetapi sa-kali imbas, kita nampak bahawa layanan kapada ra'ayat oleh pegawai² dan rumah² sakit kita, patut dan kita berasa bangga, terutama sa-kali sekarang ini sudah mula-lah orang² kampung tidak

lagi menchari bidan² yang main hem-bus, kalau hendak bersalin, dia tidak hembus! Dia chari bidan² kampung, bidan² yang berkelayakan, yang ditempatkan oleh Kerajaan di-klinik² bidan umpama-nya, dan saya berserulah kepada ra'ayat negeri ini supaya menghormati bidan² ini, jangan sampai mereka itu di-chabul, di-tarek, di-tipu macham kita bacha dalam surat khabar baharu² ini. Dia kata perempuan dia sakit, dia bawa bidan ini, rupa-nya dia hendak menchuba buat jahat kepada bidan ini. Jadi, kalau macham ini mentality orang² kita terhadap pegawai yang berkhidmat, lebeh banyak perasaan kemanusiaan-nya daripada hawa nafsu-nya, kemudian kita tekan dengan perasaan hawa nafsu di-atas, dia nanti lari. Kalau dia lari, susah-lah kita, susah-lah ra'ayat di-kampung. Jadi, kita merayu kepada ra'ayat kita supaya menghormati mereka² yang berkhidmat kerana kemanusiaan ini.

Tuan Pengerusi, saya suka menimbulkan masaalah kekurangan doktor dalam negeri kita ini. Yang sa-benar pada fahaman saya, kita tidak mempunyai kekurangan doktor. Doktor² kita bersepah²—banyak sa-kali. Kalau kita berjalan di-Batu Road yang sekarang ini bernama Jalan Tuanku Abdul Rahman, kita banyak berjumpa kelinik², di-antara kelinik itu ia-lah Clinic Tan yang di-punyai oleh Ahli Yang Berhormat dari Batu dan sapanjang² itu ada sahaja doktor² yang membuka kelinik-nya sendiri. Ini berm-a'na bahawa kita tidak kekurangan doktor. Yang kekurangan doktor ia-lah pegawai² Kerajaan yang bekerja di-dalam rumah² sakit kita—itu yang kurang. Orang ini bukan-ka' ra'ayat Malaysia, macham Dr Tan, mithal-nya, yang membuka di-Batu Road, bukan-lah dia ini ra'ayat Malaysia—dia ini ra'ayat Malaysia—tetapi kenapa tidak bekerja untok perkhidmatan kemanusiaan di-hospital. Ini soal-nya lain, Tuan Pengerusi. Soal-nya ia-lah soal kepentingan diri dengan kepentingan masyarakat. Kalau manusia memandang kepentingan diri lebeh besar daripada kepentingan masha-rakat, dia tidak memandang kemanusiaan itu lebeh tinggi daripada harga ubat, atau harga wang yang

ada dalam saku-nya. Jadi, oleh kerana manusia itu memandang wang, memandang kekayaan, memandang ketinggian, rumah besar, dengan segala kemewahan—itu lebeh tinggi daripada moral kemanusiaan, mereka meninggalkan Jabatan² Kerajaan, bukan oleh kerana doktor² kita itu tidak mendapat layanan yang baik daripada Kerajaan. Pendapatan start mula² \$810 kalau begitu bagini dapat-lah \$1,000 lebeh, pendapatan-nya. Itu satu pembayaran yang lumayan, tetapi oleh kerana dia itu ada competition, ada persaingan dengan kawan² yang lain, kawan² yang telah membuka dispensari² ini, kelinik² ini, dia kata awak ini bodoh, buat apa awak dudok di-hospital, awak chuma mendapat \$800. Kalau awak buat satu kelinik dengan saya, atau awak share dengan saya, kita boleh buat duit, dalam masa dua tahun, kita jadi millionaire.

Ahli Yang Berhormat daripada Batu, kalau mengikut sejarah-nya, ia-lah sa-orang yang sa-rupa macham kita, sa-orang yang miskin juga, sa-orang yang tidak mempunyai kedudukan yang agak lumayan sa-masa dia kanak² sampai dia menjadi doktor pada permulaan-nya. Tetapi sekarang menjadi sa-orang yang paling millionaire sa-kali di-sapanjang Batu Road. Dari mana wang ini dia dapat? Adakah perasaan kemanusiaan? Tidak daripada penindasan terhadap ra'ayat oleh doktor² yang saperti itu. Chuba, Tuan Pengerusi, ra'ayat susah, ra'ayat ini kalau dia sakit kepala, sakit mata kurang tidor, sakit hidong, sakit perut, buang ayer tidak chukup, dia mula chari doktor. Kalau chari doktor, pergi ka-hospital kena queue, lama, 2, 3 jam, perut dia tidak sedap. Jadi kata kawan, "Esh, tidak usah ini di-hospital, ubat pun tidak baik, ini free punya fasal tidak baik". Fasal bagi free tidak baik, pergi jumpa Dr Tan, bagus, di-sana ada di-Batu Road, baik punya, sa-kali injection \$8.00, bagus. Sa-kali ubat bagus, pergi ka-sana, Tuan Pengerusi. Bila pergi . . .

Mr Chairman: Saya suka hendak mengingatkan tentang masa. Itu sahaja.

Tuan Haji Othman bin Abdullah: Itu sebab saya hendak cheritakan, Tuan Pengerusi, perasaan dan pengalaman saya.

Pergi berjumpa dengan private doctor, yang kita hendak pergi berjumpa dengan dia, kita menyatakan, dia tanya pada kita, "Apa macham Enche', sakit apa?" Dia pula tanya pada kita, bukan dia chari ubat, tengok kita punya pulse, tengok kita punya apa—tidak! Ini dia tanya pada kita pula, "Apa sakit?" Kalau kita tahu apa yang kita punya sakit, apa guna kita berjumpa dengan doktor! Tetapi pergi jumpa dengan doktor Kerajaan dengan chara lembut, begitu bagini, dia kata doktor Kerajaan kasar, doktor Kerajaan chuchok dia sampai sakit berdetus sampai kadalam, sebab jarum-nya itu tidak berasah. Doktor sana jarum itu juga tetapi di-asah sedikit, begitu bagini, di-beri sa-biji injection sampai \$8.00. Tidak ada apa rasa oleh ra'ayat, pada hal, Tuan Pengerusi, dia datang itu kena flu, dia sakit hidong tidak betul exhaust-nya keluar, dia berjumpa dengan doktor atau dia sakit demam pialu—demam² sedikit—dia pergi berjumpa dengan doktor atau dia ada gastric atau dia ada apa rasa² tidak sedap dalam perut-nya—dia pergi berjumpa dengan doktor, sesak nafas kerana asthma, dia pergi jumpa doktor. Ada enam tujoh perkara yang common, yang menjadi perkara biasa kapada ra'ayat, pergi jumpa doktor, bila pergi doktor, doktor pun buat-lah pepereksaan—maksud-nya bagaimana orang menghisap darah ra'ayat ini, pergi berjumpa dengan private doctor, private doctor ini pun layan-lah orang ini baik² dan beri ubat. Sa-telah dia ini tengok sini, tengok sana, lama²-nya, Tuan Pengerusi, 5 minit dia consult, dia tanya kawan itu, "Apa sakit, ada berak, tidak ada berak, ada buang ayer besar, tidak ada buang ayer besar." di-tanya balek pada kita. Kita kata, "Ada". Kita kata begitu bagini—5 minit chukup. Pergi jumpa dengan dia punya assistant, dia beri injection—\$10.00. Apa yang di-beri-nya kalau flu, kalau hidong-nya tidak sedap, dia beri apa, Tuan Pengerusi, ubat-nya mixture—champonan ubat—champonan ubat dia beri, mithal-nya,

harga-nya yang di-beri tahu kapada saya chuma tidak lebeh daripada 40 sen pada 4 gram, 4 gram satu botol isi-nya dan tidak lebeh harga-nya daripada 40 sen. Tetapi berapa dia charge kapada ra'ayat, \$5.00—berapa kali double dia sudah charge kapada ra'ayat? Bukan ini-kah menghisap darah ra'ayat lebeh daripada Sharikat Kenderaan Matahari. Ini \$28.00 dengan dia punya kudrat, tetapi 40 sen punya modal dia charge sampai \$8.00, \$10.00, bukan-kah ini menghisap darah ra'ayat lagi, tulang sum-som pun di-hisap-nya. Tetapi oleh kerana orang dzaif, orang lemah, orang tidak ada demam bagini, bayar-lah, saya pergi kedai-lah dahulu, apa hendak buat, pinjam-lah gelang isteri—jual. Harga-nya chuma 40 sen, tetapi dengan kerana dia dengan punya gaya baju-nya itu nah kena \$10.00. Tetapi di-hospital bagi ubat perchuma—beri sahaja, Tuan Pengerusi, itu juga ubat-nya di-buang oleh orang ramai, fasal apa? Fasal free, fasal free, dia buang. Fasal apa Kerajaan kita boleh beri begitu free? Fasal harga-nya 40 sen sahaja. Jadi apa lagi kalau ra'ayat bayar chukai begitu bagini, Kerajaan hendak buat dengan baik kapada ra'ayat, beri ubat free 40 sen, kerana dia hanya 40 sen sahaja tetapi pergi kapada private doctor—ah! siap! Dekat hendak pilehan raya, boleh-lah free!

Tuan Pengerusi, dia beri, kadang² kalau sakit kepala, dia beri aspirin. Aspirin itu berapa harga-nya bagi 10 tablets? Dia charge \$5.00. Ini sakit² dalam muka berapa dia punya harga, chuma \$1.00 untok 20 biji pill. Itu dia kata 3 biji makan dalam satu hari dia charge berapa ringgit?—\$6.00. Kalau dia demam pula dia beri penicillin tablets harga-nya \$1.80 dia charge \$7.00—10 biji ini untok di-makan 3 hari. Banyak² dia beri orang sakit ini dia beri penicilin injection. Kalau dia beri penicillin injection harga-nya 10 c.c. harga-nya 76 sen sahaja, yang biasa di-gunakan kapada orang itu demam-nya chuma 2 c.c. sahaja—bukan sampai 10 c.c. 2 c.c. berapa sen, 15 sen—dia charge \$10.00! Bukan-kah ini menghisap darah ra'ayat. 15 sen sa-kali injection, tetapi kita katakan

\$10.00. Chuba, Tuan Pengerusi, fikirkan siapa yang menghisap darah ra'ayat? Ini-lah orang supaya kita meminta mereka berkhidmat. Itu-lah yang saya katakan daripada mula ucapan tadi, doktor² dan orang² yang bekerja, pegawai² Kerajaan sekarang ini lebeh mengutamakan kepentingan kemanusiaan daripada kepentingan kaki dia sendiri. Kalau dia tidak ada perasaan kemanusiaan, barangkali, orang ini semua akan keluar daripada hospital, bekerja sendiri, berapa dapat senang. Mana doktor yang tidak menjadi senang, mana doktor tidak kaya, mana doktor tidak menjadi millionaire? Fasal apa? Dari mana dia dapat wang? Bukan dia ada kebun getah, dia chuma ada injection, jarum itu sahaja! Sa-kali injection \$10.00. Harga 15 sen di-jual \$10.00—berapa kali dia sudah menghisap darah ra'ayat!

Berchakap berkenaan dengan hendak membela ra'ayat, bagi-lah free, tengok apa macham! Ini yang kita minta supaya ra'ayat pergi ka-hospital. Ada kita punya kelinik, kita adakan kelinik, kita ada Health Centre kita, kita ada hospital pergi ka-sana—free. Bayar 10 sen, 20 sen. Saya suka hendak menhadangkan kepada Menteri yang berkenaan, chuba chari ikhtiar supaya di-kenakan wang di-dalam hospital kita itu, kalau di-sana, di-klinik private, di-kenakan \$10.00, kita kenakan \$1.00 sa-kali suntek. Dia punya ubat sama, chuma kekuatan-nya penicillin juga, sama² tetapi kita compete dengan dia betul². Itu kita akan mendapat layanan daripada ra'ayat sebab kita kerana kita free ini yang ra'ayat kata ini tidak bagus bukan kerana ubat tidak bagus kerana free punya fasal.

Tuan Pengerusi, dia kata kalau sa-kira-nya dua jarum itu mahal. Jarum itu berapa sen sangat, dia punya botol berapa sen sangat, Tuan Pengerusi, dan boleh di-pakai berbulan², dia sudah hisap habis semua sa-kali wang baharu dia beli-nya yang lain yang baharu. Kalau asthma di-beri injection, di-beri injection mithal-nya, harga dia \$1.75 sahaja, tetapi tidak sa-kali sa-botol itu dia beri, dia beri berapa c.c. sahaja, harga dia 17½ sen

bagi orang asthma. Tetapi orang, kerana orang kena penyakit asthma ini, tidak sedap badan, sa-kali dia injection hilang nafas dia, \$20.00 pun dia bayar. Ini-lah chara bagaimana orang² kita kekurangan doktor dalam negeri ini. Sebab orang² yang meninggalkan pejabat, meninggalkan perkhidmatan yang ada di-hospital, lebeh memandang kepentingan masa hadapan dia, lebeh daripada yang lain. Kita sekarang sedang menghadapi masalah cholera, mithal-nya, dalam negeri kita—di-bandar kita ini—cheret-beret. Kita di-minta supaya ra'ayat pergi suntek free, ra'ayat tidak mahu free, tidak mahu pergi. Sa-tengah²-nya tidak hendak jumpa, dia pergi jumpa balek private doctor, di-kenakan \$10.00—kalau tidak awak mati kata dia. \$10.00 lagi bererti harga-nya chuma 15 sen sahaja sa-kali injection. Jadi, Tuan Pengerusi, ini-lah yang saya katakan

Mr Chairman: Masa sudah sampai.

Tuan Haji Othman bin Abdullah: Ya, sedikit sahaja untuk saya hendak tutup.

Ini-lah yang saya katakan, supaya kekurangan doktor ini dapat di-atasi. Chara-nya orang² membuat private practice ini, Tuan Pengerusi, orang² yang membuat amalan sendiri, di-beri Undang²—peratoran² yang chukup—mithal-nya kita beri dia harga ubat, berapa harga ubat yang mesti di-berikan kepada orang ramai.

Ta' mahu dengan sa-kehendak hati dia sa-orang², itu satu. Yang kedua, oleh kerana dia kaya dalam negeri ini, senang menchari duit, dia terpaksa memberikan khidmat di-rumah sakit, sa-kurang²-nya dua hari dalam sa-minggu—mesti berikan 2 hari dalam sa-minggu, dan jangan pandang sangat duit \$400.00 atau berapa ratus ringgit. Dan control yang hendak di-buat oleh Kerajaan terhadap mereka² ini mustahak sa-kali sa-bagaimana negeri² lain yang telah buat, berjumpa dengan doctor private, dia bagi sahaja surat bagitu, dia berjumpa tempat lain, dia beli ubat sekarang ini bagitu. Jadi control² yang patut di-kawal oleh Kerajaan—oleh Kementerian ini supaya

jangan ada berlaku hisapan darah di-antara satu manusia dengan manusia yang lain dengan menghilangkan semua sa-kali rasa kemanusiaan.

Akhir-nya, Tuan Pengerusi, sa-kali lagi saya katakan—tidak ada masa lagi saya hendak berchakap, sa-benarnya saya sudah sediakan ucapan ini chukup panjang, Tuan Pengerusi, saya hendak buka tembelang² doktor terutama Ahli Yang Berhormat daripada Batu ini sa-bagaimana dia menghisap darah ra'ayat, tetapi oleh kerana masa itu tidak ada, ta' apa-lah, Tuan Pengerusi

Mr Chairman: Jangan menggunakan perkataan macham itu, ta' elok-lah di-chakapkan dalam Rumah yang mulia ini.

Tuan Haji Othman bin Abdullah: Itu-lah fasal-nya saya tidak berchakap. Jadi akhir-nya saya memberikan tahniah kepada pegawai² bukan kepada Menteri sahaja, tidak—kapada pegawai² kita yang sudah bersusah payah untuk menjaga kesihatan ra'ayat dan mudah²an mereka memandang kesihatan ra'ayat dan peri kemanusiaan akan lebeh di-utamakan daripada kepentingan² saperti doktor² Yang Berhormat daripada Batu itu, terima kaseh.

The Parliamentary Secretary to the Minister of Health (Enche' Ibrahim bin Abdul Rahman): Tuan Pengerusi, saya akan chuba menjawab bagi pehak Yang Berhormat Menteri Kesihatan atas chadangan², atau pun pandangan² dan kritik² yang di-buat oleh beberapa orang Ahli Yang Berhormat dalam Dewan ini, pertama-nya kapada Ahli Yang Berhormat daripada Kota Star Selatan. Yang Berhormat itu telah menudoh pegawai² tadbir dalam Kementerian Kesihatan ini tidak mengambil berat kapada surat² yang dihantar oleh pegawai² perubahan dan ini-lah sebab²-nya—salah satu sebab—yang pegawai² perubahan, atau doktor² telah bosan bekerja dan berhenti daripada pekerjaan. Jadi perkara ini pehak Kementerian ini tidak tahu dan saya berharap-lah kalau sa-kira-nya ada perkara² itu berlaku, boleh-lah Yang Berhormat itu sendiri beritahu kapada

Yang Berhormat Menteri, atau pun kapada saya sendiri supaya dapat kami mengambil langkah supaya surat² itu chepat di-jawab. Yang Berhormat daripada Kota Star Selatan itu juga telah banyak memberi pandangan, ada pandangan² yang baik dan berguna, tetapi ada juga yang saya rasa tuduhan²-nya yang di-lemparkan kapada Kementerian ini, nampak-nya berat sadikit. Chadangan² yang dikemukakan oleh Yang Berhormat—yang berguna itu sa-bagai mengadakan perhubungan di-antara orang ramai dengan pehak rumah sakit, atau pegawai² rumah sakit, atau kakitangan rumah sakit—ini telah pun Kementerian Kesihatan mengambil satu pandangan yang berat dan telah mengadakan satu Jawatan-kuasa Muhibbah. Jawatan-kuasa ini telah pun di-tubuhkan boleh di-katakan hampir² di-semua rumah² sakit dalam seluruh Persekutuan Tanah Melayu ini dan telah mendapat sambutan yang sangat baik kerana banyak-lah masalah² yang telah berlaku telah dapat di-selesaikan.

Berkenaan dengan Surgery Unit atau pun Plastic Surgery Unit, ini adalah satu chadangan yang baik dan pehak Kementerian akan mengambil perhatian dalam soal ini. Perkara ini juga banyak di-antara Ahli² Yang Berhormat—termasok Ahli daripada Tanjong—yang juga berchakap berkenaan dengan masaalah itu.

Dan berkenaan dengan Perkhidmatan Kesihatan di-luar bandar, saya berasa dukachita sadikit Ahli Yang Berhormat daripada Tanjong yang banyak menegor Kerajaan mengatakan yang Kementerian ini tidak mengambil berat sama sa-kali. Jadi, kalau-lah Yang Berhormat daripada Tanjong ini dengar ucapan Yang Berhormat Menteri pada mula² tadi, tentu-lah Yang Berhormat itu tidak mengatakan yang Kementerian Kesihatan ini tidak mengambil berat berkenaan dengan kesihatan penduduk² yang tinggal di-luar bandar. Dalam ucapan itu, Yang Berhormat telah pun memberi tahu beratus² kelinik, berpuluh² pusat kesihatan yang besar dan kechil telah di-buat dan angka² kematian daripada

12.4 pada tahun 1957 telah turun 8.1 pada tahun 1964. Jadi ini menunjukkan langkah² yang tegas sedang diambil oleh pehak Kementerian Kesihatan untuk membaiki lagi kesihatan penduduk² yang tinggal di-luar bandar yang kita tahu beberapa tahun telah di-biarkan oleh pehak penjajah dahulu. Saya tidak dapat-lah memberi butir² yang detail, atau halusi berkenaan dengan perbelanjaan, atau pun bilangan kelinik² kerana masa, saya rasa, tidak mengizinkan, walau bagaimana pun saya akan chuba merengskakan jawapan² saya kepada Ahli² Yang Berhormat yang lain.

Berkenaan dengan Health Education atau pun Pelajaran Kesihatan ini telah juga di-bangkitkan oleh Yang Berhormat daripada Kota Star Selatan dan juga Ahli Yang Berhormat dari Tanjong. Pehak Kementerian telah pun ada sa-orang pegawai yang telah mendapat latehan di-America, di-Filipina dan juga beberapa tahun di-Jitra dan telah di-tempatkan dalam Kementerian ini. Dan ada juga penasihat², atau pun pakar² daripada Pertubuhan Kesihatan Sa-dunia ia-itu Sanitary Engineer dan sa-orang pakar berkenaan dengan Jurutera Kebersihan—Sanitary Engineer dan Sanitarian. Pegawai² ini sedang melawat ka-kampong² untuk menyiasat bagaimana hendak menggali perigi supaya dapat ayer yang jernih, atau pun ayer yang baik untuk di-minum oleh penduduk² yang tinggal jauh terpenchil di-dalam kampong².

Dan sa-lain daripada itu juga ada beberapa orang Ahli Yang Berhormat yang telah berchakap berkenaan dengan peruntokan untuk penyakit T.B. sangat-lah kekurangan. Ini telah pun di-bangkitkan oleh Ahli Yang Berhormat daripada Tanjong, dan daripada Batu terutama-nya. Kapada Ahli Yang Berhormat daripada Batu, saya rasa Ahli Yang Berhormat yang baharu berchakap sa-bentar tadi—Yang Berhormat daripada Hilir Perak telah pun berchakap panjang lebar berkenaan dengan Ahli Yang Berhormat itu, tetapi saya suka-lah memberitahu kapada Ahli Yang Berhormat daripada Batu, ia-itu hampir² \$2.8

juta yang telah di-untokkan untuk ranchangan mengubat, atau pun menchegeh penyakit T.B. Tetapi dalam peruntokan ini barangkali Yang Berhormat itu melihat \$160,000 sahaja, tetapi kalau Yang Berhormat itu membuat analisa sadikit, atau pun semak sadikit kapada muka 1 sampai muka² yang berikut, dia akan dapati ia-itu National T.B. Centre \$746,604. Elaun dan lain² berkenaan dengan Central T.B. Centre itu \$534,000. Kemudian peruntokan kapada Rumah Sakit Lady Templer T.B. duit sabanyak \$500,000. National T.B. Control \$1,150,000 dan \$106,000. Jadi semuanya berjumlah, Tuan Pengerusi, sabanyak lebeh daripada \$2.8 juta. Ini tidak termasuk perbelanjaan orang² yang maseh mengidap penyakit T.B. yang ada di-hospital², atau pun di-rumah² sakit daerah ia-itu lebeh kurang 6,000 orang yang ada diseluruh Persekutuan Tanah Melayu dalam rumah sakit.

Berkenaan dengan suntek atau immunisation yang di-bangkitkan oleh Yang Berhormat daripada Kota Star Selatan, pehak Kementerian ini telah pun menjalankan usaha menyuntek ia-itu small-pox, atau penyakit chachar pada tahun 1964 sa-banyak 280,253 orang. Dan untok penyakit tekak atau diptheria, whooping cough, tetanus sabanyak 120,000 orang. Ini tidak-lah benar menyatakan yang penduduk² luar bandar lain² lagi tidak mendapat suntekan daripada pehak Kementerian ini.

Ahli Yang Berhormat daripada Parit, saya tidak mahu-lah menjawab, oleh sebab sa-benar-nya berkenaan dengan pembenaan rumah sakit dan sa-bagainya ada-lah masok dalam ranchangan Development Estimates dan bila kita membincangkan Anggaran Perbelanjaan Pembangunan, saya akan memberi jawapan kapada Yang Berhormat, tetapi walau bagaimana pun Yang Berhormat Menteri dalam ucapan-nya telah memberitahu ia-itu pembenaan akan di-mulakan dalam Ranchangan Malaysia Yang Pertama ia-itu tahun 1966 hingga 1970.

Sekarang saya suka-lah mengambil bahagian berkenaan dengan tuduhan²

yang di-lemparkan oleh Ahli Yang Berhormat daripada Batu. Ahli Yang Berhormat daripada Batu juga telah pun menudoh dengan hebat-nya berkenaan Setia-usaha Tetap Kementerian ini, jadi banyak-lah Ahli Yang Berhormat daripada Hilir Perak telah pun menjawab. Jadi, pehak Kementerian Kesihatan ada-lah perchaya penoh kapada semua pegawai² yang ada dalam Kementerian, dan juga dalam rumah² sakit sakalian, dan kita patut-lah menguchapkan terima kaseh kapada segala pegawai² yang memang bertugas hari ini sungguh pun kita tahu bilangan orang sakit bertambah, bilangan tempat tidur bertambah, tetapi bilangan kaki-tangan rumah sakit itu tidak begitu menchukupi, tetapi walau bagaimana pun pehak pegawai² di-rumah sakit dan juga pehak pegawai² Kementerian telah pun menjalankan tugas-nya dengan baik. Berkenaan dengan doktor² yang telah pun berhenti oleh sebab tidak puas hati berkenaan dengan tangga gaji atau pun jawatan superscale dan lain² lagi, ini memang pehak Kementerian sedang mengambil langkah untuk mengatasi perkara ini.

Berkenaan dengan Khaw Kai-Boh Report, ia-itu Pegawai² Perubatan yang ada diploma D.P.H. atau Diploma of Public Health ia-itu diploma untuk ilmu kesihatan, akan mendapat sabanyak \$350 sa-bulan dan Pegawai² Perubatan yang tidak ada diploma, tetapi bekerja di-luar bandar untuk kesihatan akan mendapat \$175. Ahli Yang Berhormat daripada Batu mengatakan yang Kerajaan belum buat apa² lagi, tetapi saya suka bagi tahu kapada Yang Berhormat, ia-itu Kerajaan telah pun meluluskan dan mereka itu akan di-bayar mulai daripada bulan Ogos, 1965—bukan tahun 1966.

Ahli Yang Berhormat ini juga telah menudoh yang pehak Kementerian ini mendapat wang terlalu sedikit berbanding dengan tahun sudah. Jadi yang sa-benar-nya tahun sudah sabanyak \$121,000,000 tetapi tahun ini \$119,000,000 tetapi itu-lah sebab saya katakan tadi kalau Ahli Yang Berhormat itu berada di-waktu Yang Berhormat Menteri membuat uchapan-nya tadi. beliau akan faham kerana, sama

ada kita dapat tahun ini kurang atau lebeh, tetapi sa-benar-nya tahun ini kita dapat \$3.8 juta lebeh daripada tahun sudah, oleh sebab tahun sudah kita ada membeli ubat² untuk Setor Dharurat Simpanan S. 32 muka 314, Pechahan-kepala 71 yang memakan belanja \$5,700,000 tahun sudah, tetapi tahun ini tidak di-belanjakan satu sen pun. Jadi ini berma'ana yang pehak Kementerian ini telah mendapat sa-banyak \$3.8 juta lebeh daripada tahun sudah. Dan beliau juga telah pun mengatakan yang tiap² tahun pehak Kementerian terpaksa bagi balek wang kapada Kementerian Kawangan oleh sebab tidak dapat kita habiskan perbelanjaan. Sa-benar-nya memang benar—ada juga 2 atau 3 tahun yang sudah, pehak Kementerian ini tidak dapat menggunakan wang itu kesemua-nya, sebab perkara anggaran untuk mengambil doktor². Pada tahun 1965 mengikut anggaran kita akan dapat memenohi untuk jawatan sabanyak 650 orang doktor, tetapi hanya kita dapat 450 orang. Kita dapat peruntokan wang untuk 650 orang doktor, tetapi hanya 450 orang doktor yang kita dapat. Maka terpaksa-lah wang peruntokan untuk 200 orang lagi itu, kita kena bagi balek tidak boleh simpan. Jadi kalau sa-saorang doktor itu \$12,000.00 gaji-nya sa-tahun, kalau 200 orang tentu-lah perbelanjaan-nya banyak.

Yang Berhormat itu juga mengatakan ada sa-orang chemist yang ada Ph.D.—doktor dalam pharmacy tetapi Ph.D. ini bukan doctor of pharmacy, tetapi doctor of philosophy dan philosophy pula ada bermacam² jurusan. Saya sedar banyak yang ada degree Ph.D. ini, ada honorary degree dan lain². Yang Berhormat itu beri tahu tadi orang itu chemist—orang ini memang maseh lagi bekerja, dan patut-lah orang yang ada degree Ph.D. ini bekerja di-tempat kita buat ubat di-Petaling Jaya dan kena apa-kah bagi dia pegang botol dan buat ubat sahaja di-dispensary, ini tidak patut. Saya telah pun katakan tadi dia hanya ada diploma sahaja, diploma of pharmacy, bukan ada degree lain² hanya diploma of pharmacy yang biasa, yang keluar daripada university yang biasa sahaja.

Ahli Yang Berhormat daripada Batu juga telah berchakap dengan panjang lebar berkenaan dengan Perkhidmatan Kesihatan di-luar bandar, khas-nya Pusat Kesihatan di-Bukit Tunggal. Kata-nya tidak ada langsung sa-orang pegawai pun yang berkhidmat, yang bekerja di-Pusat Kesihatan Bukit Tunggal. Yang sa-benar-nya, Pusat Kesihatan di-Bukit Tunggal ini telah pun di-buka dengan rasmi-nya. Pegawai² dan kaki-tangan sedang bekerja, tetapi memang ta' chukup ta' lengkap—bukan kata ta' ada langsung. Yang Berhormat juga berchakap berkenaan dengan Rumah Sakit Lady Templer—ini tidak payah saya menjawab, kerana saya telah pun menjawab pada tempoh hari kepada Yang Berhormat itu. Sa-benar-nya peruntokan \$500,000 atau sa-tengah juta itu, ia-lah di-buat oleh Kementerian ini pada tiap² tahun. Tetapi, sa-kira-nya pehak Lembaga Rumah Sakit Lady Templer itu berkehendakkan wang kerana tidak chukup, boleh-lah membuat permintaan kepada Kementerian. Ahli² Yang Berhormat sedia ma'alum, ia-itu kita telah pun membuat peruntokan tambahan sa-banyak \$200,000 lagi pada tahun lalu. Jadi, sa-kira-nya pada tahun 1966 tidak chukup, pehak Kementerian Kesihatan akan sedia menimbang dan akan beri pula \$200,000 atau pun kurang sedikit.

Berkenaan dengan kekurangan doktor²—ini memang pehak Kementerian telah pun membuat beberapa ranchangan, dan barangkali dua hari lagi, 18 orang doktor daripada Korea akan tiba—18 daripada 40. Dan dalam pertengahan bulan ini lagi 18—menjadi 36, sa-hingga-lah akhir bulan December ini, 40 doktor daripada Korea akan tiba.

Ahli Yang Berhormat daripada Tanjong juga berchakap berkenaan dengan penyakit T.B., National Health Policy, anti-Malaria—berkenaan dengan peruntokan untuk malaria, atau pun penyakit demam kura ini kurang, saya suka bagi tahu kepada Yang Berhormat itu, ia-itu peruntokan untuk penyakit malaria sahaja, lebeh daripada \$5 juta sudah di-peruntokkan pada tahun 1966.

Muka 311, Sub-head 4, ada peruntokan sa-banyak \$5,250,000—ini diberi kepada Kerajaan² Negeri untuk menchegeh penyakit malaria. Dan muka 313, Sub-head 55, ada lagi peruntokan sa-banyak \$100,000. Dan muka 303—Pre-eradication \$68,000. Jadi jumlah \$5,418,840. Jadi, Ahli Yang Berhormat daripada Tanjong itu berchakap dengan tidak terlebih dahulu mengambil butir², atau pechahan²-kepala yang telah di-sediakan dalam buku ini. Jadi hanya hendak mengelirukan orang ramai mengatakan yang pehak Kementerian, atau Kerajaan Perikatan, tidak mengambil berat untuk mengatasi penyakit malaria yang sedang bermaharajalela di-luar² badar.

Berkenaan dengan pandangan Ahli Yang Berhormat daripada Tanjong, supaya mengadakan Crash Programme, atau Ranchangan Kilat. Ini Kerajaan memang telah pun menjalankan semenjak tahun 1960, untuk doktor² dan lain². Tetapi yang hebat sa-kali yang Kerajaan akan menjalankan ia-itu pada tahun hadapan yang mana Yang Berhormat Menteri telah memberi tahu ia-itu lebeh daripada 600 Jururawat—segala peringkat, dan 110 orang Pembantu Rumat Sakit akan mula berlatih pada tahun 1966.

Ahli Yang Berhormat itu pun telah berchakap berkenaan dengan Director IMR—kenapa ada 10 ringgit sahaja. Yang sa-benar-nya gaji Pengarah IMR dahulu itu ada di-peruntokkan ditempat lain, kerana pegawai itu bukan-lah pegawai tetap. Pegawai itu pegawai hanya month-to-month. Jadi, sebab itu-lah tidak ada di-tunjuk langsung dalam Anggaran Perbelanjaan ini.

Berkenaan dengan chadangan Yang Berhormat supaya penyakit² untut, penyakit puru dan lain² lagi penyakit yang di-dapati di-luar² bandar ini ditempatkan di-bawah kelolaan IMR—ini, pehak Kementerian akan mengambil perhatian, sa-kira-nya sesuai kita akan menjalankan bagaimana chadangan yang di-buat oleh Ahli Yang Berhormat daripada Tanjong tadi. Dan Ahli Yang Berhormat itu juga menchadangkan supaya diadakan satu Academy of Medical

Sciences. Jadi, sa-kira-nya ada pe-perangan, dapat-lah doktor² ini bersedia dan tahu bagaimana chara mengubat orang² yang terkena chedera dalam zaman moden ini—saperti hydrogen dan lain² lagi. Pehak Kementerian akan mengambil perhatian.

Ahli Yang Berhormat daripada Kuala Kangsar telah berchakap berkenaan dengan Store Rumah Sakit T.B. Lady Templer, berkenaan dengan X-ray dan part-time doctors. Yang Berhormat Menteri, telah pun beri tahu tadi, beratus² ribu orang telah pun di-X-ray dan banyak perkakas² X-ray telah di-beli pada tahun sudah—ini tidak akan di-beli lagi pada tahun ini. Sebab itu-lah perbelanjaan tidak sabagaimana tahun yang sudah. Perbelanjaan tahun ini kurang \$200,000 oleh sebab perkakas² yang telah kita beli pada tahun sudah, kita tidak akan beli lagi pada tahun ini. Dan berkenaan dengan \$15,000 untok part-time doctors. Doktor² private yang akan berkhidmat di-rumah² sakit, akan dapat sa-banyak \$400 untok sa-orang—tidak lebeh daripada \$400 sa-bulan. Mengikut Ahli Yang Berhormat daripada Kuala Kangsar, \$15,000 ini tidak cukup. Kita ta' tahu sama ada ranchangan ini akan di-sambut baik oleh

doktor² private atau tidak, sebab itu kita telah membuat anggaran ini. Kalau sa-kira-nya sambutan itu baik, maka pehak Kementerian akan membuat perbelanjaan—tambahan.

Tuan Pengerusi, saya rasa tidak-lah ada apa² lagi, chuma kapada Ahli Yang Berhormat daripada Hilir Perak, saya ucapkan terima kaseh, kerana telah menjawab bagi pehak Kementerian dan bagi pehak saya ini, terhadap Ahli Yang Berhormat daripada Batu. Kapada Ahli² Yang Berhormat yang lain yang telah pun memberi pandangan² itu, pehak Kementerian ucapkan berbanyak² terima kaseh.

Question put and agreed to.

The sum of \$119,192,888 for Head S. 32 ordered to stand part of the Schedule.

House resumes.

Mr Speaker: Ahli² Yang Berhormat, saya hendak menyatakan ada-lah Committee of Supply bagi Supply Bill tahun 1966 telah meluluskan hingga Kepala S. 32 bagi Jadual Bill itu. Meshuarat ini di-tanggohkan hingga pukul 10 esok pagi.

Adjourned at 8.02 p.m.